1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

KING COUNTY

Signature Report

Ordinance 19583

Proposed No. 2023-0097.2 **Sponsors** Upthegrove

AN ORDINANCE establishing a workgroup to develop a program plan for the 2020 bond to support facility and infrastructure improvements at Harborview Medical Center and requiring monthly status reports.

STATEMENT OF FACTS:

1. Harborview Medical Center ("Harborview") is a comprehensive regional health care facility owned by King County and, in accordance with the hospital services agreement between the Harborview Medical Center, the University of Washington and King County, is operated by UW Medicine and is overseen by a thirteen-member board of trustees.

2. Harborview is the only Level 1 Trauma Center for adults and children serving a four-state region that includes Alaska, Idaho, Montana and Washington, and provides specialized care for a broad spectrum of patients. Harborview is maintained as a public hospital by King County to improve the health and well-being of the entire community and to provide quality healthcare to the most vulnerable.

3. Motion 15183 created a planning process for a potential bond and established the Harborview leadership group, which produced and transmitted to the council an April 1, 2020, recommendation report outlining the size, scope and total cost of a bond to make health and safety

improvements to the medical center. In that report, the leadership group recommended the following bond program components: a new tower to increase bed capacity; a new behavioral health building; existing hospital space renovations; improvements to Harborview Hall; upgrades to the Center Tower; improvements at the Pioneer Square Clinic; demolition of the East Clinic building; and other costs. Included as part of the recommendations were the estimated costs for each component, with an estimated cost for the overall recommended bond program of $1.74 billion.

4. Based on those recommendations, Ordinance 19117 placed a $1.74 billion twenty-year bond on the November 3, 2020, ballot to fund facility and infrastructure improvements at Harborview. The ballot measure was approved by more than seventy-five percent of King County voters.

5. As of February 2023, inflation is at the highest levels seen in decades, with the fourth quarter 2022 Econpulse report from the King County office of economic and financial analysis ("OEFA") stating that the annual inflation rate was 8.6 percent in October and December 2022.

6. In the same report, OEFA states that the degree to which the federal reserve must raise interest rates to deal with inflation is likely to impact construction, meaning that bond-funded capital projects could experience substantial adjustments to anticipated size and scope.

7. Due to inflationary pressures and the current lending environment, a substantial financial gap exists between the capital improvements that

were envisioned in the recommendation report and what the $1.74 billion of projected bond revenues will support, making it impractical to accomplish the leadership group's recommended capital improvements within the anticipated bond proceeds.

8. The March 7, 2023, Harborview master plan cost study report, which was produced by the consultants Vanir and Cumming, provided new estimates showing that costs are projected to exceed forecasted bond revenues by approximately $889 million.

9. Ordinance 19117 provided that if future changed conditions result in costs substantially in excess of the amount of the bond revenues, that the King County council shall determine how those components deemed most necessary and in the best interest of the county be prioritized.

BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

SECTION 1. A. The county, in collaboration with the Harborview Medical Center board of trustees and UW Medicine, shall convene a workgroup as described in subsection G. of this section. The workgroup shall develop a program plan that recommends those health and safety improvements at the Harborview Medical Center that can be built within the amount of the bond revenues estimated to be available and as authorized by Ordinance 19117, and referred to in this section as the "program plan." The executive shall transmit the program plan to council, and a motion approving the plan as described in subsection I. of this section.

B. Each proposed component capital improvement project within the program plan shall be described, including but not limited to a description of: the size of the

component capital improvement project, such as estimated overall square footage; the planned purpose of, or service to be provided in, the component capital improvement project; the estimated cost of the component capital improvement project; and estimated timeline of the start and end of construction of the component capital improvement. The program shall also identify and describe those factors that could adversely impact the program plan's proposed square footage, cost, planned uses, and timelines. The program plan shall also include an estimated milestone completion timeline for the overall program.

C. In addition to identifying the elements of the program plan to be built within the amount of the bond revenues available, the program plan may also include a description of other legally available funds proposed to support the workgroup's program plan, if, under the workgroup's program plan, bond revenues are insufficient to accomplish all the workgroup's program plan components.

D. The program plan shall describe how the executive, in collaboration with the council, the Harborview board of trustees and UW Medicine, should implement the program so that the proposed component capital improvement projects within the program shall meet the requirements of K.C.C. 2.42.080.E. and K.C.C. Title 4A.

E. The program plan shall include a recommended process by which the executive will notify council if planned components may become impractical during the remainder of the twenty-year bond and necessitate a substantive change to any of the planned components. The recommended process shall ensure that the council has no fewer than thirty days prior to any proposed change for the council to take such actions as accepting, rejecting, or modifying the proposed change.

F. The program plan shall include as attachments to it any available reports produced by county departments or contractors that the workgroup used in developing the program plan recommendations.

G.1. The workgroup shall be facilitated by a neutral party and produce the program plan described in subsections A. through F. of this section. The workgroup shall consist of ten members, including six members selected in the same representative apportionment as the capital planning oversight committee described in the 2016 hospital services agreement, as well as the following members:

a. a member selected by the King County executive;

b. a member selected by the King County council;

c. a member selected by the Harborview board of trustees, and

d. a member selected by UW Medicine.

2. Workgroup members representing the council shall be appointed by the council chair.

3. Staff to members of the workgroup may attend meetings of the workgroup and provide support to the workgroup.

4. The workgroup shall consult with and provide meaningful opportunities for input from labor organizations that represent Harborview employees, residents of the First Hill neighborhood, members of the Harborview mission population, and any other constituent entities the workgroup determines would help inform a Harborview bond plan that best serves the public interest. The mission population of Harborview is defined by Exhibit 2 to the 2016 hospital services agreement as the non-English-speaking poor, the uninsured and underinsured, people who experience domestic violence and or sexual

assault, incarcerated people in King County's jails, people with behavioral health illnesses, particularly those treated involuntarily, people with sexually transmitted diseases and individuals who require specialized emergency care, trauma care and severe burn care.

5. The workgroup shall be guided by the analytical criteria used by the Harborview leadership group and set out in Appendix D to its April 1, 2020, recommendation report.

6. The workgroup shall conduct and include a robust analysis of the impacts of the program plan on equity and social justice from the analytical criteria.

H. The workgroup shall meet with the county council's committee of the whole to present the workgroup's program plan described in subsections A. through F. of this section no later than July 31, 2023.

I. The executive shall electronically transmit the workgroup's recommended program plan, and a motion approving the plan, no later than August 1, 2023, with the clerk of the council, who shall retain an electronic copy and provide an electronic copy to all councilmembers, the council chief of staff, and the lead staff for the committee of the whole, or its successor.

J. The workgroup established by subsection G. of this section shall disband upon the effective date of a motion approving a program plan.

SECTION 2. A. The executive shall transmit monthly status reports to the council describing any changes to the program plan required by section 1 of this ordinance and should also include, but not be limited to, information previously included in the department of executive services and facilities management division Harborview

bond capital program status reports. The monthly status reports shall include the following:

1. A description of the current program scope;

2. Updates on the project schedule including the status of and planned dates for major milestones;

3. Status and progress to date for each component capital improvement project;

4. Updates on the budget including expenditures to date and remaining budget for each component capital improvement project, budget and expenditures;

5. Update on tasks completed on major milestones since the preceding report and a three-month projected outlook on upcoming tasks to accomplish milestones;

6. A description of and stakeholder engagement and public communications over the preceding month including appearances on agendas at regional meetings and mailings; and

7. A description of risks including newly identified risks and realized risks since the preceding monthly report, with a focus on risks that may have significant impacts on the program plan scope, schedule, or budget.

B. The executive shall begin electronically filing the status reports by the end of the month following the transmittal of the program plan required by section 1 of this ordinance, and by the end of each month thereafter, with the clerk of the council, who shall retain an electronic copy an provide an electronic copy to all councilmembers, the council chief of staff and the lead staff for the committee of the whole, or its successor.

C. The final status report shall be filed by the end of the first month following the completion of the final milestone described in the program plan.

Ordinance 19583 was introduced on 2/23/2023 and passed by the Metropolitan King County Council on 3/21/2023, by the following vote:

Yes: 9 - Balducci, Dembowski, Dunn, Kohl-Welles, Perry, McDermott, Upthegrove, von Reichbauer and Zahilay

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

DocuSigned by:
_____
E76CE01F07B14EF...
Dave Upthegrove, Chair

ATTEST:

DocuSigned by:
_____
8DE1BB375AD3422...
Melani Pedroza, Clerk of the Council

APPROVED this _____ day of _____, _____.

_____

Dow Constantine, County Executive

Attachments: None

Harborview Master Plan

Cost Study

March 7, 2023

22-01222

Prepared for King County

King County

VANIR

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Updated Bond Project Cost Modeling

Bond Component Name	Bond Component Description	2019 Estimated Cost	2023 Estimated Cost	Delta
Harborview New Tower	Increase bed capacity; expand/modify ED; meet privacy and infection control standards; disaster prep; plant infrastructure	$952,000,000	$1,415,115,833	($463,115,833)
New Behavioral Health Building	Existing behavioral health services/programs and Behavioral Health Institute services/programs	$79,000,000	$136,477,284	($57,477,284)
Existing Hospital Space Renovation	Expand ITA court in most appropriate location; move/expand gamma knife; lab; Public Health TB, STD, MEO; nutrition, etc.	$178,000,000	$301,080,111	($123,080,111)
Harborview Hall	Seismic upgrades; improve/modify space; create space for up to 150 respite beds; maintain enhanced homeless shelter in most appropriate location	$108,000,000	$162,504,259	($54,504,259)
Center Tower	Seismic upgrades; improve and modify space for offices	$248,000,000	$317,944,966	($69,944,966)
Pioneer Square Clinic	Seismic and code improvements; improve and modify space for medical clinic/office space	$20,000,000	$29,973,332	($9,973,332)
East Clinic	Demolish East Clinic Building	$9,000,000	$12,071,381	($3,071,381)
Site Improvements / Other Costs	Site preparation; 1% for Art; Project Labor Agreement; Project Management; Infrastructure Improvements	$146,000,000	$253,660,841	($107,660,841)
Total Project Cost		**$1,740,000,000**	**$2,628,828,008**	**($888,828,008)**

Harborview Master Plan
Seattle, WA
Cost Study

Project # 22-01222
03/07/23

EXECUTIVE SUMMARY

1.1 Introduction

This estimate has been prepared, pursuant to an agreement between King County and the Vanir team, for the purpose of establishing a probable cost of construction at the cost study stage.

The project scope encompasses a new 571,000 SF patient tower to meet the multiple needs of Harborview's wide range of medical services. The tower is designed to maximize 36 rooms per floor for a total of 360 beds.

1.2 Cost Estimation Breakdown

The total estimated construction cost within our cost report is summarized below:

Building	Estimate 11/03/22	Estimate 12/05/22	Estimate 12/21/22		Estimate 1/24/23		Estimate 3/7/23	
			Base	Options	Base	Options	Base	Options
Harborview New Tower	$1,397,343,276	$1,465,135,477	$1,465,135,477		$1,465,135,477		$1,415,115,833	
Pat Steel Building		$229,203,629	$229,203,629			$229,203,629		$229,203,629
BHI Option 2				$136,477,284	$136,477,284		$136,477,284	
Center Tower		$317,944,966	$317,944,966		$317,944,966		$317,944,966	
Center Tower Buttress Option A				$113,775,793		$113,775,793		$113,775,793
Center Tower Buttress Option B				$197,441,096		$197,441,096		$197,441,096
Harborview Hall Option A			$96,544,982		$96,544,982		$96,544,982	
Harborview Hall Option B				$65,959,278	$65,959,278		$65,959,278	
East Clinic		$12,071,381	$12,071,381		$12,071,381		$12,071,381	
Pioneer Square Clinic		$29,973,332	$29,973,332		$29,973,332		$29,973,332	
Existing Hospital Renovation					$301,080,111		$301,080,111	
Site Improvements / Other Costs					$253,660,841		$253,660,841	
Total Project Cost	**$1,397,343,276**	**$2,054,328,786**	**$2,150,873,767**		**$2,678,847,652 ***		**$2,628,828,008**	

*1/24 Report had total project cost typo that has been corrected in 3/7 report

1.3 Escalation

Escalation has been included on the project summary level to take through 2028.

1.4 Key Assumptions & Exclusions

Key assumptions and exclusions for the project are listed below.

Key Assumptions / Inclusions
- Sales tax included at 10.1%
- New tower will require permanent shoring system
- Temporary shared parking included
- Existing demolition of View Park 1 Included
- The options are initial preliminary considerations that require analysis

Key Exclusions
- WSDOT Procurement
- Rerouting of emergency generator exhaust
- Public safety upgrade requirements
- Shuttling to and from temporary parking
- Forecast for campus infrastructure cost not related to construction of new tower

Building Project Summary

1.1 Cost Estimation Breakdown

The total project cost for each building is summarized below:

Description	Current Construction Cost	Current Construction Cost / SF	Escalation through 2028	Total
New Tower 571,000 SF				
Direct Costs	$584,895,980	$1,024.34 / SF	$184,917,171	$769,813,151
Interim Parking Lot	$2,009,282		$481,209	$2,490,491
Medical Equipment / General FF&E (35%)	$166,709,191		$52,705,768	$219,414,959
Indirect Costs on Subtotal (55%)	$321,692,789		$101,704,444	$423,397,233
New Tower Total Project Cost	**$1,075,307,242**	**$1,024.34 / SF**	**$339,808,591**	**$1,415,115,833**
Pat Steel Building (BHI) 124,119 SF				
Direct Costs	$99,512,297	$801.75 / SF	$31,461,205	$130,973,503
Indirect Costs (75%)	$74,634,223		$23,595,904	$98,230,127
Pat Steel Building (BHI) Total Project Cost	**$174,146,520**	**$801.75 / SF**	**$55,057,109**	**$229,203,629**
BHI Option 2 65,000 SF				
Direct Costs	$59,253,722	$911.60 / SF	$18,733,298	$77,987,019
Indirect Costs (75%)	$44,440,291		$14,049,973	$58,490,265
BHI Option 2 Total Project Cost	**$103,694,013**	**$911.60 / SF**	**$32,783,271**	**$136,477,284**
Center Tower 202,000 SF				
Direct Costs	$153,867,044	$761.72 / SF	$48,645,673	$202,512,717
Indirect Costs (57%)	$87,704,215		$27,728,034	$115,432,249
Center Tower Total Project Cost	**$241,571,260**	**$761.72 / SF**	**$76,373,706**	**$317,944,966**
Center Tower Buttress Option A 60,000 SF				
Direct Costs	$56,500,430	$941.67 / SF	$17,862,834	$74,363,263
Indirect Costs (53%)	$29,945,228		$9,467,302	$39,412,530
Center Tower Buttress Option A Total Project Cost	**$86,445,657**	**$941.67 / SF**	**$27,330,135**	**$113,775,793**

Description	Current Construction Cost	Current Construction Cost / SF	Escalation through 2028	Total
Center Tower Buttress Option B 60,000 SF				
Direct Costs	$85,722,103	$1,428.70 / SF	$27,101,381	$112,823,484
Indirect Costs (75%)	$64,291,577		$20,326,036	$84,617,613
Center Tower Buttress Option B Total Project Cost	**$150,013,680**	**$1,428.70 / SF**	**$47,427,416**	**$197,441,096**
Harborview Hall Option A 95,900 SF				
Direct Costs	$46,722,208	$487.20 / SF	$14,771,410	$61,493,619
Indirect Costs (57%)	$26,631,659		$8,419,704	$35,051,363
Harborview Hall Option A Total Project Cost	**$73,353,867**	**$487.20 / SF**	**$23,191,114**	**$96,544,982**
Harborview Hall Option B 30,000 SF				
Direct Costs	$28,637,240	$954.57 / SF	$9,053,776	$37,691,016
Indirect Costs (75%)	$21,477,930		$6,790,332	$28,268,262
Harborview Hall Option B Total Project Cost	**$50,115,169**	**$954.57 / SF**	**$15,844,108**	**$65,959,278**
East Clinic Demo 110,000 SF				
Direct Costs	$6,948,264	$63.17 / SF	$2,196,721	$9,144,986
Indirect Costs (32%)	$2,223,445		$702,951	$2,926,395
East Clinic Demo Total Project Cost	**$9,171,709**	**$63.17 / SF**	**$2,899,672**	**$12,071,381**
Pioneer Square Clinic 12,000 SF				
Direct Costs	$13,013,385	$1,084.45 / SF	$4,114,233	$17,127,618
Indirect Costs (75%)	$9,760,039		$3,085,675	$12,845,714
Pioneer Square Clinic Total Project Cost	**$22,773,424**	**$1,084.45 / SF**	**$7,199,908**	**$29,973,332**
Existing Hospital Renovation 248,940 SF				
Direct Costs	$106,816,886	$429.09 / SF	$33,770,580	$140,587,465
Indirect Costs	$121,940,634		$38,552,012	$160,492,646
Existing Hospital Renovation Total Project Cost	**$228,757,519**	**$429.09 / SF**	**$72,322,592**	**$301,080,111**
Site Improvements				
Direct Costs	$112,786,225		$80,004,133	$192,790,358
Indirect Costs	$35,610,453		$25,260,030	$60,870,483
Existing Hospital Renovation Total Project Cost	**$148,396,678**	**$0.00 / SF**	**$105,264,163**	**$253,660,841**

ESCALATION

1.1 Escalation Introduction

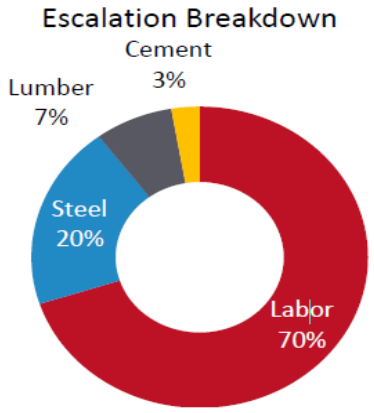
Escalation for Harborview New Tower is carried through the end of the bond period, 2028. Cumming is carrying year by year escalation rates based on local market partner data as well as research from their in-house economics team.

1.2 Escalation Breakdown

Key sources used for escalation figures:

- Construction employment figures from Bureau of Labor Statistics and compiled by the Federal Reserve Bank of St. Louis
- Construction volume figures from IHS Markit
- Location factors for each city provided by RSMeans
- Materials data from ENR's Construction Cost Index

Cumming's escalation breakdown between labor and materials are in the figure below.



1.3 Escalation

Escalation rates by year can be found in the table below.

Seattle, WA	
Year	Rate
2020	4.50%
2021	13.79%
2022	9.22%
2023	8.50%
2024	6.00%
2025	3.86%
2026	3.86%
2027	3.00%
2028	3.00%

Harborview Master Plan
Seattle, WA
Cost Study

Project # 22-01222
03/07/23

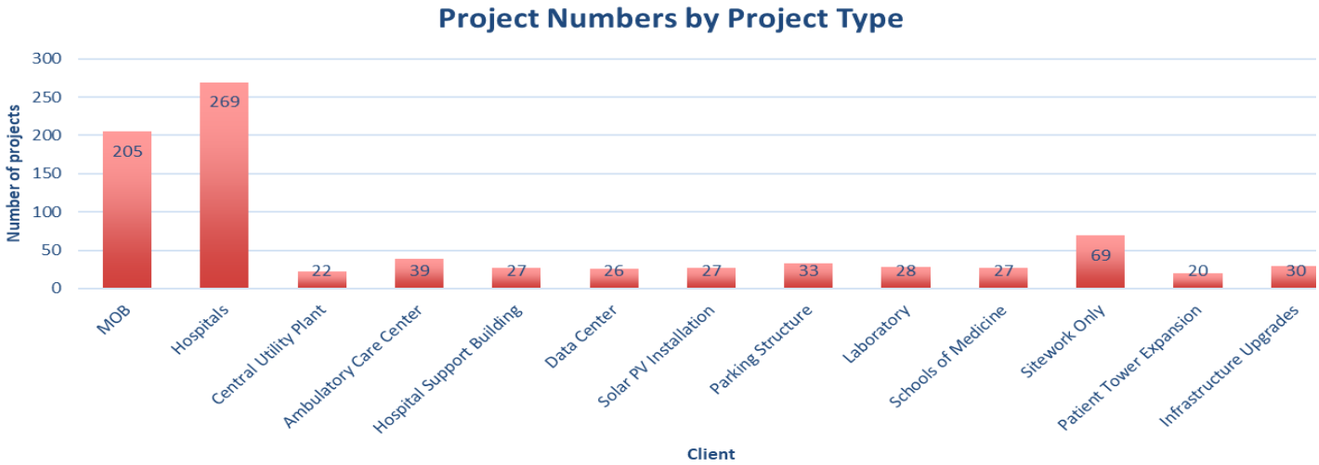
Benchmarking

1.1 Benchmark Introduction

Measurement of costs, products, and overall outcomes of a project against a similar array of other projects with generally aligned goals. Cummings benchmarking consists of all healthcare projects nationwide and geomodified to any city. The Harborview Cost Model was geomodified to Seattle, WA and updated to reflect current pricing in today's dollars (December 2022)

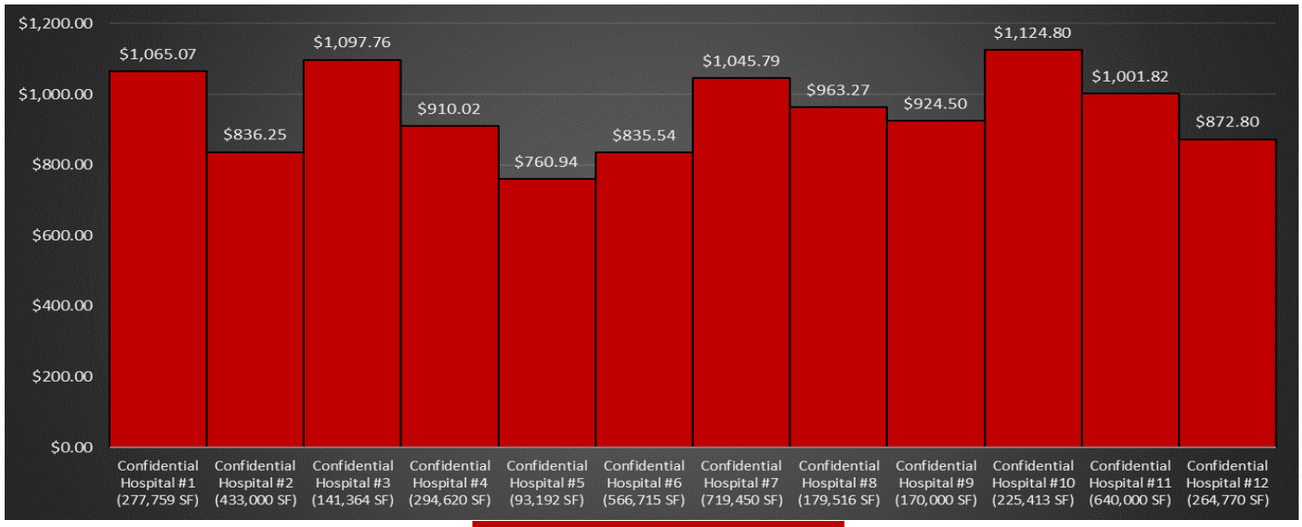
1.2 Benchmarking Data

Benchmarking used for this data consisted of similar hospital projects similar in size completed on the west coast. Cumming's west coast experience (last 5 years only) is shown below and listed by project type.



1.3 Benchmarks comparable to Harborview New Tower

The price per square foot for Harborview New Tower, $1,024.34/SF, falls between high and average. It's common to see cost models this early on lean more on the higher side of average when there is more conservative assumptions made to cover for unknown conditions.



HOSPTIAL BENCMARKS		
Statistics ($/SF)		
High	Average	Low
$1,124.80	$953.21	$760.94

Harborview New Tower

					4.50%	13.79%	9.22%	8.50%	6.00%	3.86%	3.86%	3.00%	3.00%	
Base Scheme								Escalation through 2028						
Description	Quan	Unit	Unit Rate	Total	2020	2021	2022	2023	2024	2025	2026	2027	2028	Totals
New Tower														
Core and Shell	512,000	sf	$ 385.00	$ 197,120,000	$ 8,870,400	$ 28,406,076	$ 21,611,355	$ 21,760,666	$ 16,666,110	$ 11,365,176	$ 11,803,872	$ 9,528,110	$ 9,813,953	$ 336,945,717
Shoring	512,000	sf	$ 20.00	$ 10,240,000	$ 460,800	$ 1,475,640	$ 1,122,668	$ 1,130,424	$ 865,772	$ 590,399	$ 613,188	$ 494,967	$ 509,816	$ 17,503,674
10 Floors - Acute Care Beds (360 beds)	340,000	sf	$ 348.00	$ 118,320,000	$ 5,324,400	$ 17,050,563	$ 12,972,076	$ 13,061,698	$ 10,003,724	$ 6,821,873	$ 7,085,197	$ 5,719,186	$ 5,890,762	$ 202,249,478
3 Mechanical Floors	114,000	sf	$ 182.00	$ 20,748,000	$ 933,660	$ 2,989,901	$ 2,274,718	$ 2,290,434	$ 1,754,203	$ 1,196,249	$ 1,242,425	$ 1,002,888	$ 1,032,974	$ 35,465,451
Grossing	55,000	sf	$ 153.00	$ 8,415,000	$ 378,675	$ 1,212,648	$ 922,583	$ 928,957	$ 711,472	$ 485,176	$ 503,904	$ 406,752	$ 418,955	$ 14,384,122
2 Fl Emergency Depts.	46,000	sf	$ 423.00	$ 19,458,000	$ 875,610	$ 2,804,005	$ 2,133,288	$ 2,148,027	$ 1,645,136	$ 1,121,873	$ 1,165,177	$ 940,533	$ 968,749	$ 33,260,399
1 Fl Pharmacy	25,000	sf	$ 481.00	$ 12,025,000	$ 541,125	$ 1,732,869	$ 1,318,367	$ 1,327,476	$ 1,016,690	$ 693,315	$ 720,077	$ 581,248	$ 598,685	$ 20,554,851
1 Fl Operating Rooms	46,000	sf	$ 431.00	$ 19,826,000	$ 892,170	$ 2,857,036	$ 2,173,634	$ 2,188,651	$ 1,676,249	$ 1,143,090	$ 1,187,214	$ 958,321	$ 987,071	$ 33,889,437
3 floor garage	380	stall	$ 41,700.00	$ 15,846,000	$ 713,070	$ 2,283,496	$ 1,737,285	$ 1,749,287	$ 1,339,748	$ 913,619	$ 948,885	$ 765,942	$ 788,920	$ 27,086,251
Helipad	3	ea	$ 750,000.00	$ 2,250,000	$ 101,250	$ 324,237	$ 246,680	$ 248,384	$ 190,233	$ 129,726	$ 134,734	$ 108,757	$ 112,020	$ 3,846,022
Add for tight site, restrictions, hrs, sequence	1	ea	$ 20,000,000.00	$ 20,000,000	$ 900,000	$ 2,882,110	$ 2,192,711	$ 2,207,860	$ 1,690,961	$ 1,153,123	$ 1,197,633	$ 966,732	$ 995,734	$ 34,186,862
Demolition of existing garage	109,440	sf	$ 25.00	$ 2,736,000	$ 123,120	$ 394,273	$ 299,963	$ 302,035	$ 231,323	$ 157,747	$ 163,836	$ 132,249	$ 136,216	$ 4,676,763
Relocate Sewer Main	300	ft	$ 234.16	$ 70,248	$ 3,161	$ 10,123	$ 7,702	$ 7,755	$ 5,939	$ 4,050	$ 4,207	$ 3,396	$ 3,497	$ 120,078
Temporary Vehicular Turnarounds	30,000	sf	$ 13.45	$ 403,500	$ 18,158	$ 58,147	$ 44,238	$ 44,544	$ 34,115	$ 23,264	$ 24,162	$ 19,504	$ 20,089	$ 689,720
Loop Road	56,300	sf	$ 42.60	$ 2,398,380	$ 107,927	$ 345,620	$ 262,948	$ 264,764	$ 202,778	$ 138,281	$ 143,619	$ 115,930	$ 119,407	$ 4,099,654
Utility/Infrastructure upgrades	1	ea	$ 500,000.00	$ 500,000	$ 22,500	$ 72,053	$ 54,818	$ 55,196	$ 42,274	$ 28,828	$ 29,941	$ 24,168	$ 24,893	$ 854,672
Subtotal				**$ 450,356,128**	**$ 20,266,026**	**$ 64,898,795**	**$ 49,375,031**	**$ 49,716,158**	**$ 38,076,728**	**$ 25,965,790**	**$ 26,968,070**	**$ 21,768,682**	**$ 22,421,742**	**$ 769,813,151**
Interim Parking lot	90,000	sf	$ 17.19	$ 1,547,100	**$ 69,620**	**$ 222,946**	**$ 169,617**	$ 170,789	$ 37,978	$ 85,617	$ 88,922	$ 25,365	$ 72,539	$ 2,490,491
Medical Equipment / General FF&E on 512,000 sfa	35%			$ 128,362,150	$ 5,776,297	$ 18,497,692	$ 14,073,052	$ 14,170,281	$ 10,852,768	$ 7,400,864	$ 7,686,538	$ 6,204,589	$ 6,390,727	$ 219,414,959
Indirect Costs-on subtotal	55%			$ 247,695,870	$ 11,146,314	$ 35,694,337	$ 27,156,267	$ 27,343,887	$ 20,942,201	$ 14,281,185	$ 14,832,438	$ 11,972,775	$ 12,331,958	$ 423,397,233
Escalation start 2024	14.20%			INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.
Project total				**$ 827,961,248**	**$ 37,258,256**	**$ 119,313,770**	**$ 90,773,968**	**$ 91,401,116**	**$ 70,002,501**	**$ 47,737,039**	**$ 49,579,689**	**$ 40,020,828**	**$ 41,221,452**	**$ 1,415,115,833**

Behavioral Health Options

					4.50%	13.79%	9.22%	8.50%	6.00%	3.86%	3.86%	3.00%	3.00%	
Base Scheme								Escalation through 2028						
Description	Quan	Unit	Unit Rate	Total	2020	2021	2022	2023	2024	2025	2026	2027	2028	Totals
Pat Steel Building (includes BHI)														
Crisis Stabilization Unit	5,940	sf	$ 375.00	$ 2,227,500	$ 100,238	$ 320,995	$ 244,213	$ 245,900	$ 188,331	$ 128,429	$ 133,386	$ 107,670	$ 110,900	$ 3,807,562
STEP Program	9,000	sf	$ 300.00	$ 2,700,000	$ 121,500	$ 389,085	$ 296,016	$ 298,061	$ 228,280	$ 155,672	$ 161,680	$ 130,509	$ 134,424	$ 4,615,226
Center of Excellence	12,000	sf	$ 250.00	$ 3,000,000	$ 135,000	$ 432,317	$ 328,907	$ 331,179	$ 253,644	$ 172,968	$ 179,645	$ 145,010	$ 149,360	$ 5,128,029
Telepsych	3,000	sf	$ 250.00	$ 750,000	$ 33,750	$ 108,079	$ 82,227	$ 82,795	$ 63,411	$ 43,242	$ 44,911	$ 36,252	$ 37,340	$ 1,282,007
Consolidated Expanded Clinic Space for BH	40,000	sf	$ 375.00	$ 15,000,000	$ 675,000	$ 2,161,583	$ 1,644,533	$ 1,655,895	$ 1,268,221	$ 864,842	$ 898,225	$ 725,049	$ 746,800	$ 25,640,147
Sobering center	12,000	sf	$ 325.00	$ 3,900,000	$ 175,500	$ 562,011	$ 427,579	$ 430,533	$ 329,737	$ 224,859	$ 233,538	$ 188,513	$ 194,168	$ 6,666,438
Evidence based practice training center	10,000	sf	$ 250.00	$ 2,500,000	$ 112,500	$ 360,264	$ 274,089	$ 275,982	$ 211,370	$ 144,140	$ 149,704	$ 120,841	$ 124,467	$ 4,273,358
Shell and core construction	124,119	sf	$ 375.00	$ 46,544,625	$ 2,094,508	$ 6,707,336	$ 5,102,944	$ 5,138,200	$ 3,935,257	$ 2,683,583	$ 2,787,169	$ 2,249,809	$ 2,317,303	$ 79,560,735
Subtotal				**$ 76,622,125**	**$ 3,447,996**	**$ 11,041,670**	**$ 8,400,507**	**$ 8,458,545**	**$ 6,478,251**	**$ 4,417,735**	**$ 4,588,260**	**$ 3,703,653**	**$ 3,814,762**	**$ 130,973,503**
Indirect costs	75%			$ 57,466,594	$ 2,585,997	$ 8,281,252	$ 6,300,380	$ 6,343,909	$ 4,858,688	$ 3,313,301	$ 3,441,195	$ 2,777,739	$ 2,861,072	$ 98,230,127
Escalation start 2028	23.50%			INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.
Project total				**$ 134,088,719**	**$ 6,033,992**	**$ 19,322,922**	**$ 14,700,887**	**$ 14,802,454**	**$ 11,336,938**	**$ 7,731,036**	**$ 8,029,454**	**$ 6,481,392**	**$ 6,675,834**	**$ 229,203,629**

Description	Quan	Unit	Unit Rate	Total	2020	2021	2022	2023	2024	2025	2026	2027	2028	Totals
BHI Option 2														
Core and Shell	65,000	sf	$ 375.00	$ 24,375,000	$ 1,096,875	$ 3,512,572	$ 2,672,366	$ 2,690,829	$ 2,060,858	$ 1,405,368	$ 1,459,615	$ 1,178,205	$ 1,213,551	$ 41,665,239
Expanded Clinic Space for BH	28,060	sf	$ 375.00	$ 10,522,500	$ 473,513	$ 1,516,350	$ 1,153,640	$ 1,161,610	$ 889,657	$ 606,687	$ 630,105	$ 508,622	$ 523,880	$ 17,986,563
Crisis Stabilization Unit	5,940	sf	$ 375.00	$ 2,227,500	$ 100,238	$ 320,995	$ 244,213	$ 245,900	$ 188,331	$ 128,429	$ 133,386	$ 107,670	$ 110,900	$ 3,807,562
STEP Program	9,000	sf	$ 300.00	$ 2,700,000	$ 121,500	$ 389,085	$ 296,016	$ 298,061	$ 228,280	$ 155,672	$ 161,680	$ 130,509	$ 134,424	$ 4,615,226
Evidence based practice training center	10,000	sf	$ 250.00	$ 2,500,000	$ 112,500	$ 360,264	$ 274,089	$ 275,982	$ 211,370	$ 144,140	$ 149,704	$ 120,841	$ 124,467	$ 4,273,358
Center of Excellence	12,000	sf	$ 250.00	$ 3,000,000	$ 135,000	$ 432,317	$ 328,907	$ 331,179	$ 253,644	$ 172,968	$ 179,645	$ 145,010	$ 149,360	$ 5,128,029
Demolition of WSB Building	8,542	sf	$ 35.00	$ 298,970	$ 13,454	$ 43,083	$ 32,778	$ 33,004	$ 25,277	$ 17,237	$ 17,903	$ 14,451	$ 14,885	$ 511,042
Subtotal				**$ 45,623,970**	**$ 2,053,079**	**$ 6,574,665**	**$ 5,002,008**	**$ 5,036,566**	**$ 3,857,417**	**$ 2,630,501**	**$ 2,732,039**	**$ 2,205,307**	**$ 2,271,467**	**$ 77,987,019**
Indirect costs	75%			$ 34,217,978	$ 1,539,809	$ 4,930,999	$ 3,751,506	$ 3,777,425	$ 2,893,063	$ 1,972,876	$ 2,049,029	$ 1,653,981	$ 1,703,600	$ 58,490,265
Escalation start 2024	14.20%			INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.
Project total				**$ 79,841,948**	**$ 3,592,888**	**$ 11,505,664**	**$ 8,753,514**	**$ 8,813,991**	**$ 6,750,480**	**$ 4,603,377**	**$ 4,781,068**	**$ 3,859,288**	**$ 3,975,067**	**$ 136,477,284**

Center Tower Options

Base Scheme

Description	Quan	Unit	Unit Rate	Total	4.50% 2020	13.79% 2021	9.22% 2022	8.50% 2023	6.00% 2024	3.86% 2025	3.86% 2026	3.00% 2027	3.00% 2028	Totals
					Escalation through 2028									
Center Tower														
Interior Seismic upgrades, system upgrades	202,000	sf	$ 250.00	$ 50,500,000	$ 2,272,500	$ 7,277,328	$ 5,536,594	$ 5,574,846	$ 4,269,676	$ 2,911,634	$ 3,024,024	$ 2,440,998	$ 2,514,228	$ 86,321,828
Relocation costs	202,000	sf	$ 52.00	$ 10,504,000	$ 472,680	$ 1,513,684	$ 1,151,612	$ 1,159,568	$ 888,093	$ 605,620	$ 628,997	$ 507,728	$ 522,959	$ 17,954,940
TI - Office spaces	202,000	sf	$ 235.00	$ 47,470,000	$ 2,136,150	$ 6,840,688	$ 5,204,398	$ 5,240,355	$ 4,013,495	$ 2,736,936	$ 2,842,582	$ 2,294,538	$ 2,363,374	$ 81,142,518
Exterior façade rebuild at East Clinic	10,000	sf	$ 1,000.00	$ 10,000,000	$ 450,000	$ 1,441,055	$ 1,096,355	$ 1,103,930	$ 845,480	$ 576,561	$ 598,817	$ 483,366	$ 497,867	$ 17,093,431
Subtotal				**$ 118,474,000**	**$ 5,331,330**	**$ 17,072,755**	**$ 12,988,959**	**$ 13,078,699**	**$ 10,016,745**	**$ 6,830,752**	**$ 7,094,419**	**$ 5,726,630**	**$ 5,898,429**	**$ 202,512,717**
Indirect costs	57%			$ 67,530,180	$ 3,038,858	$ 9,731,470	$ 7,403,707	$ 7,454,858	$ 5,709,544	$ 3,893,529	$ 4,043,819	$ 3,264,179	$ 3,362,104	$ 115,432,249
Escalation start 2028	33.60%			INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.
Project total				**$ 186,004,180**	**$ 8,370,188**	**$ 26,804,225**	**$ 20,392,666**	**$ 20,533,557**	**$ 15,726,289**	**$ 10,724,281**	**$ 11,138,238**	**$ 8,990,809**	**$ 9,260,533**	**$ 317,944,966**

Description	Quan	Unit	Unit Rate	Total	2020	2021	2022	2023	2024	2025	2026	2027	2028	Totals
Center Tower - Buttress Option A														
Core and Shell, concrete structure, including fire separation, warm shell,	60,000	sf	$ 550.00	$ 33,000,000	$ 1,485,000	$ 4,755,482	$ 3,617,972	$ 3,642,969	$ 2,790,085	$ 1,902,652	$ 1,976,095	$ 1,595,108	$ 1,642,961	$ 56,408,323
Relocation costs	202,000	sf	$ 52.00	$ 10,504,000	$ 472,680	$ 1,513,684	$ 1,151,612	$ 1,159,568	$ 888,093	$ 605,620	$ 628,997	$ 507,728	$ 522,959	$ 17,954,940
Subtotal				**$ 43,504,000**	**$ 1,957,680**	**$ 6,269,166**	**$ 4,769,584**	**$ 4,802,537**	**$ 3,678,178**	**$ 2,508,272**	**$ 2,605,091**	**$ 2,102,835**	**$ 2,165,920**	**$ 74,363,263**
Indirect costs	53%			$ 23,057,120	$ 1,037,570	$ 3,322,658	$ 2,527,880	$ 2,545,344	$ 1,949,434	$ 1,329,384	$ 1,380,698	$ 1,114,503	$ 1,147,938	$ 39,412,530
Escalation start 2024	14.20%			INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.
Project total				**$ 66,561,120**	**$ 2,995,250**	**$ 9,591,823**	**$ 7,297,463**	**$ 7,347,881**	**$ 5,627,612**	**$ 3,837,656**	**$ 3,985,790**	**$ 3,217,338**	**$ 3,313,858**	**$ 113,775,793**

Description	Quan	Unit	Unit Rate	Total	2020	2021	2022	2023	2024	2025	2026	2027	2028	Totals
Center Tower - Buttress Option B														
Core and Shell, concrete structure, including fire separation	60,000	sf	$ 550.00	$ 33,000,000	$ 1,485,000	$ 4,755,482	$ 3,617,972	$ 3,642,969	$ 2,790,085	$ 1,902,652	$ 1,976,095	$ 1,595,108	$ 1,642,961	$ 56,408,323
Relocation costs	202,000	sf	$ 52.00	$ 10,504,000	$ 472,680	$ 1,513,684	$ 1,151,612	$ 1,159,568	$ 888,093	$ 605,620	$ 628,997	$ 507,728	$ 522,959	$ 17,954,940
TI - Clinic Space for BH	60,000	sf	$ 375.00	$ 22,500,000	$ 1,012,500	$ 3,242,374	$ 2,466,799	$ 2,483,842	$ 1,902,331	$ 1,297,263	$ 1,347,337	$ 1,087,573	$ 1,120,201	$ 38,460,220
Subtotal				**$ 66,004,000**	**$ 2,970,180**	**$ 9,511,539**	**$ 7,236,383**	**$ 7,286,379**	**$ 5,580,509**	**$ 3,805,535**	**$ 3,952,429**	**$ 3,190,409**	**$ 3,286,121**	**$ 112,823,484**
Indirect costs	75%			$ 49,503,000	$ 2,227,635	$ 7,133,655	$ 5,427,287	$ 5,464,784	$ 4,185,382	$ 2,854,151	$ 2,964,322	$ 2,392,806	$ 2,464,591	$ 84,617,613
Escalation start 2024	14.20%			INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.
Project total				**$ 115,507,000**	**$ 5,197,815**	**$ 16,645,194**	**$ 12,663,671**	**$ 12,751,163**	**$ 9,765,891**	**$ 6,659,686**	**$ 6,916,750**	**$ 5,583,215**	**$ 5,750,712**	**$ 197,441,096**

Harborview Hall

					4.50%	13.79%	9.22%	8.50%	6.00%	3.86%	3.86%	3.00%	3.00%	
Base Scheme								Escalation through 2028						
Description	Quan	Unit	Unit Rate	Total	2020	2021	2022	2023	2024	2025	2026	2027	2028	Totals
Harborview Hall Option A														
Seismic and Systems Upgrade	95,900	sf	$ 250.00	$ 23,975,000	$ 1,078,875	$ 3,454,929	$ 2,628,512	$ 2,646,672	$ 2,027,039	$ 1,382,306	$ 1,435,663	$ 1,158,870	$ 1,193,636	$ 40,981,501
Respite bed (150)	60,000	sf	$ 200.00	$ 12,000,000	$ 540,000	$ 1,729,266	$ 1,315,626	$ 1,324,716	$ 1,014,576	$ 691,874	$ 718,580	$ 580,039	$ 597,440	$ 20,512,117
Subtotal				**$ 35,975,000**	**$ 1,618,875**	**$ 5,184,195**	**$ 3,944,138**	**$ 3,971,388**	**$ 3,041,616**	**$ 2,074,179**	**$ 2,154,242**	**$ 1,738,909**	**$ 1,791,076**	**$ 61,493,619**
Indirect costs	57%			$ 20,505,750	$ 922,759	$ 2,954,991	$ 2,248,159	$ 2,263,691	$ 1,733,721	$ 1,182,282	$ 1,227,918	$ 991,178	$ 1,020,913	$ 35,051,363
Escalation start 2026	23.50%			INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.
Project total				**$ 56,480,750**	**$ 2,541,634**	**$ 8,139,187**	**$ 6,192,297**	**$ 6,235,079**	**$ 4,775,337**	**$ 3,256,461**	**$ 3,382,161**	**$ 2,730,087**	**$ 2,811,990**	**$ 96,544,982**

Description	Quan	Unit	Unit Rate	Total	2020	2021	2022	2023	2024	2025	2026	2027	2028	Totals
Harborview Hall Option B														
Core and Shell	30,000	sf	$ 500.00	$ 15,000,000	$ 675,000	$ 2,161,583	$ 1,644,533	$ 1,655,895	$ 1,268,221	$ 864,842	$ 898,225	$ 725,049	$ 746,800	$ 25,640,147
TI - Office	30,000	sf	$ 235.00	$ 7,050,000	$ 317,250	$ 1,015,944	$ 772,930	$ 778,271	$ 596,064	$ 406,476	$ 422,166	$ 340,773	$ 350,996	$ 12,050,869
Subtotal				**$ 22,050,000**	**$ 992,250**	**$ 3,177,526**	**$ 2,417,463**	**$ 2,434,165**	**$ 1,864,284**	**$ 1,271,318**	**$ 1,320,390**	**$ 1,065,822**	**$ 1,097,797**	**$ 37,691,016**
Indirect costs	75%			$ 16,537,500	$ 744,188	$ 2,383,145	$ 1,813,098	$ 1,825,624	$ 1,398,213	$ 953,488	$ 990,293	$ 799,366	$ 823,347	$ 28,268,262
Escalation start 2024	14.20%			INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.
Project total				**$ 38,587,500**	**$ 1,736,438**	**$ 5,560,671**	**$ 4,230,561**	**$ 4,259,789**	**$ 3,262,498**	**$ 2,224,806**	**$ 2,310,683**	**$ 1,865,188**	**$ 1,921,144**	**$ 65,959,278**

Additional Program Demolition and Renovation

Base Scheme

					4.50%	13.79%	9.22%	8.50%	6.00%	3.86%	3.86%	3.00%	3.00%	
					Escalation through 2028									
Description	Quan	Unit	Unit Rate	Total	2020	2021	2022	2023	2024	2025	2026	2027	2028	Totals
East Clinic														
Demolition	110,000	sf	$ 35.00	$ 3,850,000	$ 173,250	$ 554,806	$ 422,097	$ 425,013	$ 325,510	$ 221,976	$ 230,544	$ 186,096	$ 191,679	$ 6,580,971
Site Improvements	60,000	sf	$ 25.00	$ 1,500,000	$ 67,500	$ 216,158	$ 164,453	$ 165,589	$ 126,822	$ 86,484	$ 89,822	$ 72,505	$ 74,680	$ 2,564,015
Subtotal				**$ 5,350,000**	**$ 240,750**	**$ 770,964**	**$ 586,550**	**$ 590,602**	**$ 452,332**	**$ 308,460**	**$ 320,367**	**$ 258,601**	**$ 266,359**	**$ 9,144,986**
Indirect costs	32%			$ 1,712,000	$ 77,040	$ 246,709	$ 187,696	$ 188,993	$ 144,746	$ 98,707	$ 102,517	$ 82,752	$ 85,235	$ 2,926,395
Escalation start 2028	23.50%			INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.
Project total				**$ 7,062,000**	**$ 317,790**	**$ 1,017,673**	**$ 774,246**	**$ 779,595**	**$ 597,078**	**$ 407,168**	**$ 422,884**	**$ 341,353**	**$ 351,594**	**$ 12,071,381**

									Escalation through 2028					
Description	Quan	Unit	Unit Rate	Total	2020	2021	2022	2023	2024	2025	2026	2027	2028	Totals
Pioneer Square Clinic Renovation														
Code Improvements	12,000	sf	$ 350.00	$ 4,200,000	$ 189,000	$ 605,243	$ 460,469	$ 463,651	$ 355,102	$ 242,156	$ 251,503	$ 203,014	$ 209,104	$ 7,179,241
TI - Office	6,000	sf	$ 235.00	$ 1,410,000	$ 63,450	$ 203,189	$ 154,586	$ 155,654	$ 119,213	$ 81,295	$ 84,433	$ 68,155	$ 70,199	$ 2,410,174
TI - Clinical	3,000	sf	$ 325.00	$ 975,000	$ 43,875	$ 140,503	$ 106,895	$ 107,633	$ 82,434	$ 56,215	$ 58,385	$ 47,128	$ 48,542	$ 1,666,610
Pharmacy	3,000	sf	$ 465.00	$ 1,395,000	$ 62,775	$ 201,027	$ 152,942	$ 153,998	$ 117,945	$ 80,430	$ 83,535	$ 67,430	$ 69,452	$ 2,384,534
Facility Upgrades	12,000	sf	$ 170.00	$ 2,040,000	$ 91,800	$ 293,975	$ 223,656	$ 225,202	$ 172,478	$ 117,618	$ 122,159	$ 98,607	$ 101,565	$ 3,487,060
Subtotal				**$ 10,020,000**	**$ 450,900**	**$ 1,443,937**	**$ 1,098,548**	**$ 1,106,138**	**$ 847,171**	**$ 577,714**	**$ 600,014**	**$ 484,333**	**$ 498,863**	**$ 17,127,618**
Indirect costs	75%			$ 7,515,000	$ 338,175	$ 1,082,953	$ 823,911	$ 829,603	$ 635,379	$ 433,286	$ 450,011	$ 363,250	$ 374,147	$ 12,845,714
Escalation start 2024	14.20%			INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.
Project total				**$ 17,535,000**	**$ 789,075**	**$ 2,526,890**	**$ 1,922,459**	**$ 1,935,741**	**$ 1,482,550**	**$ 1,011,000**	**$ 1,050,025**	**$ 847,582**	**$ 873,010**	**$ 29,973,332**

Description	Quan	Unit	Unit Rate	Total	2020	2021	2022	2023	2024	2025	2026	2027	2028	Totals
Existing Hospital Renovation														
Emergency Dept. Reno	25,000	sf	$ 525.00	$ 13,129,950	$ 590,848	$ 1,892,098	$ 1,439,509	$ 1,449,454	$ 1,110,112	$ 757,022	$ 786,243	$ 634,657	$ 653,697	$ 22,443,590
Lab (from CT B Level)	15,000	sf	$ 460.00	$ 6,901,779	$ 310,580	$ 994,584	$ 756,680	$ 761,908	$ 583,532	$ 397,930	$ 413,290	$ 333,608	$ 343,617	$ 11,797,508
OR / Prep recovery	15,000	sf	$ 506.00	$ 7,591,957	$ 341,638	$ 1,094,043	$ 832,348	$ 838,099	$ 641,885	$ 437,723	$ 454,619	$ 366,969	$ 377,978	$ 12,977,259
Nutrition	45,000	sf	$ 350.00	$ 15,750,000	$ 708,750	$ 2,269,662	$ 1,726,760	$ 1,738,690	$ 1,331,632	$ 908,084	$ 943,136	$ 761,301	$ 784,140	$ 26,922,154
Gamma knige, Angio, Transfusion	10,000	sf	$ 500.00	$ 5,000,000	$ 225,000	$ 720,528	$ 548,178	$ 551,965	$ 422,740	$ 288,281	$ 299,408	$ 241,683	$ 248,933	$ 8,546,716
TI of Vacated basement level	120,000	sf	$ 235.00	$ 28,200,000	$ 1,269,000	$ 4,063,775	$ 3,091,722	$ 3,113,082	$ 2,384,255	$ 1,625,903	$ 1,688,663	$ 1,363,092	$ 1,403,985	$ 48,203,476
KC Health Services	10,000	sf	$ 235.00	$ 2,350,000	$ 105,750	$ 338,648	$ 257,643	$ 259,424	$ 198,688	$ 135,492	$ 140,722	$ 113,591	$ 116,999	$ 4,016,956
Public Health renovation	5,940	ea	$ 370.00	$ 2,197,800	$ 98,901	$ 316,715	$ 240,957	$ 242,622	$ 185,820	$ 126,717	$ 131,608	$ 106,234	$ 109,421	$ 3,756,794
ITA Court TI expansion	3,000	sf	$ 375.00	$ 1,125,000	$ 50,625	$ 162,119	$ 123,340	$ 124,192	$ 95,117	$ 64,863	$ 67,367	$ 54,379	$ 56,010	$ 1,923,011
Subtotal				**$ 82,246,486**	**$ 3,701,092**	**$ 11,852,171**	**$ 9,017,137**	**$ 9,079,435**	**$ 6,953,779**	**$ 4,742,014**	**$ 4,925,056**	**$ 3,975,515**	**$ 4,094,781**	**$ 140,587,465**
FF&E on Basement TI, KC Health	27%			$ 22,206,551	$ 999,295	$ 3,200,086	$ 2,434,627	$ 2,451,448	$ 1,877,520	$ 1,280,344	$ 1,329,765	$ 1,073,389	$ 1,105,591	$ 37,958,616
Medical Equipment / General FF&E on 110,000 sfa	35%			$ 28,786,270	$ 1,295,382	$ 4,148,260	$ 3,155,998	$ 3,177,802	$ 2,433,823	$ 1,659,705	$ 1,723,769	$ 1,391,430	$ 1,433,173	$ 49,205,613
Indirect costs on subtotal	40%			$ 32,898,594	$ 1,480,437	$ 4,740,868	$ 3,606,855	$ 3,631,774	$ 2,781,512	$ 1,896,806	$ 1,970,022	$ 1,590,206	$ 1,637,912	$ 56,234,986
Add at Gamma knige equipment	1	ls	$ 10,000.00	$ 10,000,000	$ 450,000	$ 1,441,055	$ 1,096,355	$ 1,103,930	$ 845,480	$ 576,561	$ 598,817	$ 483,366	$ 497,867	$ 17,093,431
Escalation start 2025	18.70%			INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.
Project total				**$ 176,137,902**	**$ 7,926,206**	**$ 25,382,440**	**$ 19,310,972**	**$ 19,444,389**	**$ 14,892,115**	**$ 10,155,429**	**$ 10,547,429**	**$ 8,513,906**	**$ 8,769,324**	**$ 301,080,111**

Description	Quan	Unit	Unit Rate	Total	2020	2021	2022	2023	2024	2025	2026	2027	2028	Totals
Site Improvements														
Plant Infrastructure Upgrades	1	ls	$ 46,375,000	$ 46,375,000	$ 2,086,875	$ 6,682,893	$ 5,084,348	$ 5,119,475	$ 3,920,915	$ 2,673,803	$ 2,777,012	$ 2,241,610	$ 2,308,858	$ 79,270,787
Site Improvements	1	ls	$ 66,411,225	$ 66,411,225	$ 2,988,505	$ 9,570,223	$ 7,281,030	$ 7,331,334	$ 5,614,939	$ 3,829,014	$ 3,976,814	$ 3,210,092	$ 3,306,395	$ 113,519,571
Subtotal				**$ 112,786,225**	**$ 5,075,380**	**$ 16,253,115**	**$ 12,365,377**	**$ 12,450,808**	**$ 9,535,854**	**$ 6,502,817**	**$ 6,753,826**	**$ 5,451,702**	**$ 5,615,253**	**$ 192,790,358**
Indirect costs	1.00	ls	$ 35,610,453	$ 35,610,453	$ 1,602,470	**$ 5,131,662**	**$ 3,904,171**	**$ 3,931,144**	**$ 3,010,794**	**$ 2,053,161**	**$ 2,132,413**	**$ 1,721,288**	**$ 1,772,927**	$ 60,870,483
Escalation start 2028	23.50%			INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.	INCL.
Project total				**$ 148,396,678**	**$ 6,677,851**	**$ 21,384,777**	**$ 16,269,548**	**$ 16,381,953**	**$ 12,546,648**	**$ 8,555,978**	**$ 8,886,239**	**$ 7,172,990**	**$ 7,388,180**	**$ 253,660,841**

OWG Project and Analytical Teams & Consultant Roster

**Indicates members of the Project Team – all UW Medicine/Harborview and King County Staff participated on the Analytical Team.*

Name	Organization	Title
Ted Klainer	Harborview Medical Center	Sr. Director of Capital Development
Jeff Filmore*	Harborview Medical Center	Sr. Program Director, Major Projects and Bond
Ian Goodhew*	UW Medicine	Sr. Director of External Affairs, Associate VP
Madeline Grant*	UW Medicine	Director, Government Relations
Kellie Hurley	Harborview Medical Center	Associate Chief Nursing Officer
Tim Patmont	Harborview Medical Center	Senior Director, Strategy
Joseph Smelter	Harborview Medical Center	Finance Director Site Leader
Dave Reeves	Harborview Medical Center	Director of Capital Development
April Harr	Harborview Medical Center	Healthcare Architect, Project Manager
Jen Seibert	Harborview Medical Center	Interior Design Lead
Cheng Yu	UW Medicine	Decision Support, Priority Projects Manager
Susan Mclaughlin	Harborview Medical Center	Director, Behavioral Health Institute
Ron Maier	Harborview Medical Center	Emeritus, Surgeon-in-Chief
Margaret Bay	King County Facilities Management Division	Senior Project Manger
Teresa Beran	King County Facilities Management Division	Project Manager
Kelli Carroll*	King County Executive Office	Director of Special Projects
Garrett Farrell	King County Facilities Management Division	Senior Project Manger
Jon Fowler	King County Council	Local and Regional Affairs Manager
Melvin Givens	King County Facilities Management Division	Communications Specialist
Tom Goff*	King County Council	Local and Regional Affairs Director
Leslie Harper Miles	King County Facilities Management Division	Harborview Bond Program Administrator
Alex Hurtado	King County Facilities Management Division	Project Manager
Jeannie Macnab	King County Council District 6 Office	Chief of Staff
Chis McGowan	King County Budget Office	Executive Analyst
Lan Nguyen	King County Council District 8 Office	Senior Policy Advisor
Ayesha Taylor	King County Facilities Management Division	Special Projects Manager
Anthony Wright	King County Facilities Management Division	Division Director
Nishant Bordia	Cumming	Associate Director Estimator
Lois Broadway	TgB Architects	Principal

Name	Organization	Title
Melissa Kelli	TgB Architects	Principal
Kimberly McHugh	Cumming	Executive Vice President
Rafael Martin	Vanir	Director of Technical Services
Brenda Bacon	Vanir	Project Coordinator
Bryan Hall	Vanir	Program Manager
Olton Swanson	Vanir	Operations Director
John Lett	Vanir	Sr. Program Director

Appendix D

UW Medicine
HARBORVIEW MEDICAL CENTER

King County

HMC Bond Ordinance Workgroup - Principals Meeting

March 29, 2023 / 3:00-5:00 pm

Agenda

3:00 pm	**Welcome**	
	● Introductions & meeting goals	Christina Hulet, Facilitator
3:15 pm	**Our Collective Charge**	
	● Historical context: HMC bond & HLG	Leslie Harper-Miles, Kelli Carroll
	● Current industry context	John Lett
	● Ordinance 19583 requirements	Sam Porter
3:45 pm	**Workgroup Team Commitments & Process**	
	● Proposed Workgroup structure, process & timeline	Jeff Fillmore
	● Proposed Workgroup decision-making process	Christina Hulet
4:15 pm	**Guidance to the Analytical Team**	
	● Approach & guidance for Analytical Team	All
	● Shared understanding of what we are working towards	Christina Hulet
	● HLG analytical criteria	Christina Hulet
4:50 pm	**Wrap Up & Next Steps**	
	● Next steps & meeting reflections	Christina Hulet, John Lett
5:00 pm	**Adjourn**	

Enclosed Meeting Materials – March 29, 2023

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

KING COUNTY

Signature Report

Ordinance 19117

Proposed No. 2020-0176.2

Sponsors McDermott, Dembowski and Kohl-Welles

AN ORDINANCE providing for the submission to the qualified electors of King County, at a general election to be held on November 3, 2020, of a proposition authorizing the county to issue its general obligation bonds in the aggregate principal amount of not to exceed $1,740,000,000 or so much thereof as may be issued under the laws governing the indebtedness of counties, for the purpose of providing funds to pay for public health, safety and seismic improvements for Harborview Medical Center.

STATEMENT OF FACTS:

1. Harborview Medical Center facilities include a state licensed 413-bed hospital owned by King County and operated by University of Washington. The hospital is overseen by a 13-member Board of Trustees. Harborview Medical Center is a comprehensive regional health care facility providing specialized care for a broad spectrum of patients, the control of illness and the promotion and restoration of health. Harborview Medical Center is one of the nation's leading academic medical centers and is the only Level 1 Trauma Center for adults and children serving a four-state region that includes Alaska, Idaho, Montana and Washington.

The hospital is maintained as a "public health and safety facility" as defined in RCW 36.89.010. As such, the essential public health and safety services provided by Harborview Medical Center are of benefit to all of the residents of King County.

2. Harborview Medical Center is maintained as a public hospital by King County to improve the health and well-being of the entire community and to provide quality healthcare to the most vulnerable. The mission population, as defined in Ordinance 18232, includes: the non-English speaking poor; the uninsured or underinsured, victims of domestic violence or sexual assault; people incarcerated in King County's jails; people with mental illness or substance abuse problems, particularly those treated involuntarily; people with sexually transmitted diseases; and those who require specialized emergency, trauma or burn care.

3. Nearly 20 years ago, King County voters authorized the county to issue $193,130,000 in general obligation bonds to fund seismic and public health and safety improvements for Harborview Medical Center. The bond proceeds provided for: construction of an inpatient facility; a 14-story medical office tower; demolition of seismically unsound buildings; and limited renovations of some hospital spaces. The 2000 Harborview Medical Center bonds will be largely paid off by 2024.

4. Over the past 20 years, the growth in population, and changes in medical practice, equipment and technology, have resulted in the need for upgrades to the facilities of Harborview Medical Center. Between

December 2018 and January 2020, the Harborview leadership group, as called for by Motion 15183, conducted analyses on the state of Harborview Medical Center facilities, including the Pioneer Square Clinic, which is part of the Harborview Medical Center owned by King County. The Harborview leadership group was charged with making recommendations on Harborview Medical Center's capital program to the Capital Planning Oversight Committee, the Harborview Medical Center Board of Trustees, the King County executive and the King County council. The Harborview leadership group found that the aging Harborview Medical Center physical plant limits the ability of Harborview and King County to provide care and services to the residents of King County and recommended improvements to the physical plant of Harborview Medical Center.

5. A majority of Harborview Medical Center's facilities are aging and out of date in terms of modern medical best practice standards for infection control and privacy. Due to facility configuration, Harborview Medical Center often operates at 100 percent capacity, and critical surge capacity and emergency department capacity are limited. The majority of the medical center's patient beds are in double patient rooms or multi patient wards. On average, 50 patient beds per day cannot be used due to modern infection control requirements for shared rooms. A new inpatient facility would increase single bed capacity and enable Harborview Medical Center to meet modern infection control and privacy standards. It would provide

surge capacity for the hospital to effectively respond to a disaster or mass casualty event.

6. Harborview Medical Center is the designated disaster control hospital for the region. The Harborview Medical Center facilities include older masonry buildings that would suffer significant damage during an earthquake. Building collapse or inaccessibility of buildings after an earthquake would negatively impact facility operations during a disaster by limiting availability of services and posing life-safety risks to patients, employees and visitors. Seismically stabilizing buildings allows the facilities to continue to operate during an earthquake and protects patients, employees and visitors to the campus.

7. King County has a growing number of people experiencing unmet and complex behavioral health needs, including substance use disorders. The King County suicide rate has increased by an estimated 18 percent in the last decade. Clinical space is at capacity in Harborview Medical Center facilities. Untreated behavioral health conditions can result in increased involvement in the justice system through repeated jail bookings, and use of involuntary commitment, as well as homelessness. Increasing and improving behavioral health spaces in the Harborview Medical Center facilities would result in improved behavioral health care through expanding space capacity and providing space for research and training on behavioral health matters. The proposed bond measure would allow for the expansion of addiction services by twenty percent and the integration

of substance use disorder treatment with academic medicine through fellowships aimed to increase positive outcomes through treatment.

8. Individuals who are homeless or marginally housed stay in the hospital longer than clinically indicated because they have nowhere else to go to receive lower-acuity medical and recuperative care. There is a very small number of respite beds in King County, resulting in a need that exceeds supply. The lack of medical respite beds increases morbidity and mortality among homeless and marginally housed patients, as well as acting as a bottleneck for discharge from emergency departments and hospital beds.

9. To protect and advance the public health and safety services provided at Harborview Medical Center facilities, including its role as the designated disaster control hospital for the region, King County requires public health, safety and seismic improvements to Harborview Medical Center facilities, as further described in Attachment A to this ordinance (collectively, "the Improvements").

10. The recommendations of the Harborview leadership group are the basis of the Improvements. Harborview's Capital Planning Oversight Committee approved of the Harborview leadership group recommendations on February 14, 2020. The Harborview Board of Trustees approved the Harborview leadership group recommendations on February 27, 2020. The King County executive transmitted the Harborview leadership group recommendations to the King County

council on April 7, 2020.

11. Harborview Medical Center provides substantial economic benefit to King County, employing over 4,450 individuals.

12. As illustrated by the 2020 pandemic COVID-19, there is a critical need in King County for expanded medical facilities with greater capacity for infectious disease control. The Improvements include facility improvements that prioritize infection control through construction of single patient rooms, modernized and expanded emergency department and upgraded infrastructure.

13. Construction of the Improvements will create an estimated 7,700 jobs. The construction is subject to King County's Master Community Workforce Agreement approved by Ordinance 18672, which would create an estimated 2,300 opportunities for apprenticeship and local hire.

BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

SECTION 1. **Findings - Authorization of Capital Improvements.**

A. The county council hereby finds that all of the Harborview Medical Center facilities in the county are a "public health and safety facility" as defined in RCW 36.89.010, and finds further that the essential public health and safety services provided by this facility are of general benefit to all the residents of King County. To minimize disruptions in the public health and safety service provided by Harborview Medical Center, the county council therefore further finds that the best interests of all of the residents of the county require the county undertake and finance public health, safety and seismic improvements to Harborview Medical Center facilities, as further described on

Attachment A to this ordinance and incorporated herein by this reference (collectively, "the Improvements").

B. In accordance with RCW 36.89.040, the county council hereby finds and declares that the proposition authorized to be submitted to the voters by this ordinance and the Improvements authorized thereby and described in this ordinance have for their object the furtherance and accomplishment of a system of public health and safety facilities for the benefit of all the residents of King County and constitute a single purpose.

C. The cost of all necessary design, engineering and other consulting services, inspection and testing, administrative expenses including project administration and election expenses, permitting and mitigation costs and the other costs incurred in connection with the Improvements shall be deemed a part of the costs of the Improvements.

D. The total estimated cost of the Improvements, including the cost of issuing and selling the Bonds provided in this ordinance, is declared to be, as nearly as may be determined, the amount of $1,740,000,000.

E. The exact timing and specifications for projects included in the Improvements shall be determined by the county.

F. If the county council determines that it has become impractical to acquire, construct or equip any portion of the Improvements by reason of changed conditions, or costs substantially in excess of the amount of the Bond proceeds or other funds estimated to be available, the county shall not be required to acquire, construct or equip such portions and may apply the Bond proceeds to other portions of the Improvements.

G. If proceeds of the Bonds, plus other funds of the county legally available for the Improvements, are insufficient to accomplish all of the Improvements, the county will use the Bond proceeds and other available funds for those of the Improvements deemed by the county council as most necessary and in the best interest of the county.

H. If all of the Improvements shall have been accomplished or duly provided for, or those that are not accomplished or duly provided for are found to be impractical, the county may apply the Bond proceeds or any portion thereof to the payment of principal of and interest on the Bonds or to other capital improvements in furtherance of the public health and safety system, as the council, by ordinance and in its discretion, shall determine.

SECTION 2. **Authorization of Bonds.**

A. For the purpose of providing part of the moneys necessary to pay costs of the Improvements, together with incidental costs and costs related to the issuance and sale of the Bonds, including capitalized interest, the county shall issue and sell its unlimited tax general obligation Bonds in the aggregate principal amount of not to exceed $1,740,000,000. The Bonds shall be issued in an amount not exceeding the amount approved by the qualified electors of the county or exceeding the amount permitted by the constitution and laws of the state of Washington. The balance, if any, of the cost of the Improvements shall be paid out of any money that the county now has or may later have on hand that is legally available for such purpose.

B. The Bonds to be issued shall be issued in such amounts and at such time or times as found necessary and advisable by the county council. The Bonds may be issued in one or more series and shall bear interest payable at a rate or rates not to exceed the

maximum rate permitted by law at the time the Bonds are sold. Any series of Bonds shall mature in such amounts at such times within a maximum term of 20 years from the date of issue of the series, but may mature at an earlier date or dates as authorized by the county council and as provided by law. The exact date, form, terms, options of redemption, maturities and conditions of sale of the Bonds shall be as hereafter fixed by ordinance of the county council passed for such purpose. The Bonds shall be general obligations of the county and, unless paid from other sources, both principal of and interest on the Bonds shall be payable out of annual tax levies to be made upon all the taxable property within the county without limitation as to rate or amount and in excess of any constitutional or statutory tax limitations. After voter approval of the Bond proposition and in anticipation of the issuance of the Bonds, the county may issue short term obligations as authorized by chapter 39.50 RCW. Proceeds of the Bonds may be used to redeem and retire short term obligations or to reimburse the county for expenditures previously made for the Improvements.

SECTION 3. **Bonds Election.**

The clerk of the council shall certify the following proposition to the director of elections, in substantially the following form, with such additions, deletions or modifications as may be required by the prosecuting attorney:

KING COUNTY PROPOSITION NO. ___

HARBORVIEW MEDICAL CENTER

HEALTH AND SAFETY IMPROVEMENT BONDS - $1,740,000,000

The Metropolitan King County Council has passed Ordinance _____ concerning this proposition to issue Harborview Medical Center

improvement bonds. This proposition would authorize King County to make public health, safety and seismic improvements to Harborview Medical Center facilities, including construction of new buildings, renovation and upgrading of existing facilities and demolition of existing buildings, and to issue $1,740,000,000 of general obligation bonds maturing within a maximum of 20 years to pay for such improvements and to levy property taxes annually in excess of regular property tax levies to repay such bonds, all as provided in Ordinance ____. Should the proposition be:

Approved

Rejected

SECTION 4. **Severability.** In the event one or more of the provisions of this ordinance shall for any reason be held to be invalid, such invalidity shall not affect or invalidate any other provision of this ordinance or the Bonds, and this ordinance and the Bonds shall be construed and enforced as if the invalid provision is separable from and was not contained in this ordinance. Any

provision that shall for any reason be invalid shall be deemed to be in effect to the extent permitted by law.

Ordinance 19117 was introduced on 4/28/2020 and passed as amended by the Metropolitan King County Council on 6/23/2020, by the following vote:

Yes: 9 - Ms. Balducci, Mr. Dembowski, Mr. Dunn, Ms. Kohl-Welles, Ms. Lambert, Mr. McDermott, Mr. Upthegrove, Mr. von Reichbauer and Mr. Zahilay

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

DocuSigned by:
Claudia Balducci
F8830816F1C4427...

Claudia Balducci, Chair

ATTEST:

DocuSigned by:
Melani Pedroza
8DE1BB375AD3422...

Melani Pedroza, Clerk of the Council

APPROVED this _____ day of _____.

DocuSigned by:
Dow Constantine
4FBCAB8196AE4C6...

DocuSigned by:
Dow Constantine
4FBCAB8196AE4C6...

Dow Constantine, County Executive

Attachments: A. Health and Safety Improvements for Harborview Medical Center, dated June 23, 2020

ATTACHMENT A

Health and Safety Improvements
for Harborview Medical Center

- New construction and renovation of existing buildings to provide for: increasing critical health care capacity; updating and expanding infection control capability; and expanding capacity for behavioral health services, including facilities for substance use disorder and mental health treatment.

- Renovation, retrofitting, and improvements to existing buildings to increase seismic stability.

- Upgrade of mechanical, electrical, way finding, and other building and physical plant systems.

- Street improvements, landscaping, and mitigation required in connection with the above improvements.

- Demolition of buildings.

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

KING COUNTY

Signature Report

Ordinance 19583

Proposed No. 2023-0097.2 **Sponsors** Upthegrove

AN ORDINANCE establishing a workgroup to develop a program plan for the 2020 bond to support facility and infrastructure improvements at Harborview Medical Center and requiring monthly status reports.

STATEMENT OF FACTS:

1. Harborview Medical Center ("Harborview") is a comprehensive regional health care facility owned by King County and, in accordance with the hospital services agreement between the Harborview Medical Center, the University of Washington and King County, is operated by UW Medicine and is overseen by a thirteen-member board of trustees.

2. Harborview is the only Level 1 Trauma Center for adults and children serving a four-state region that includes Alaska, Idaho, Montana and Washington, and provides specialized care for a broad spectrum of patients. Harborview is maintained as a public hospital by King County to improve the health and well-being of the entire community and to provide quality healthcare to the most vulnerable.

3. Motion 15183 created a planning process for a potential bond and established the Harborview leadership group, which produced and transmitted to the council an April 1, 2020, recommendation report outlining the size, scope and total cost of a bond to make health and safety

improvements to the medical center. In that report, the leadership group recommended the following bond program components: a new tower to increase bed capacity; a new behavioral health building; existing hospital space renovations; improvements to Harborview Hall; upgrades to the Center Tower; improvements at the Pioneer Square Clinic; demolition of the East Clinic building; and other costs. Included as part of the recommendations were the estimated costs for each component, with an estimated cost for the overall recommended bond program of $1.74 billion.

4. Based on those recommendations, Ordinance 19117 placed a $1.74 billion twenty-year bond on the November 3, 2020, ballot to fund facility and infrastructure improvements at Harborview. The ballot measure was approved by more than seventy-five percent of King County voters.

5. As of February 2023, inflation is at the highest levels seen in decades, with the fourth quarter 2022 Econpulse report from the King County office of economic and financial analysis ("OEFA") stating that the annual inflation rate was 8.6 percent in October and December 2022.

6. In the same report, OEFA states that the degree to which the federal reserve must raise interest rates to deal with inflation is likely to impact construction, meaning that bond-funded capital projects could experience substantial adjustments to anticipated size and scope.

7. Due to inflationary pressures and the current lending environment, a substantial financial gap exists between the capital improvements that

were envisioned in the recommendation report and what the $1.74 billion of projected bond revenues will support, making it impractical to accomplish the leadership group's recommended capital improvements within the anticipated bond proceeds.

8. The March 7, 2023, Harborview master plan cost study report, which was produced by the consultants Vanir and Cumming, provided new estimates showing that costs are projected to exceed forecasted bond revenues by approximately $889 million.

9. Ordinance 19117 provided that if future changed conditions result in costs substantially in excess of the amount of the bond revenues, that the King County council shall determine how those components deemed most necessary and in the best interest of the county be prioritized.

BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

SECTION 1. A. The county, in collaboration with the Harborview Medical Center board of trustees and UW Medicine, shall convene a workgroup as described in subsection G. of this section. The workgroup shall develop a program plan that recommends those health and safety improvements at the Harborview Medical Center that can be built within the amount of the bond revenues estimated to be available and as authorized by Ordinance 19117, and referred to in this section as the "program plan." The executive shall transmit the program plan to council, and a motion approving the plan as described in subsection I. of this section.

B. Each proposed component capital improvement project within the program plan shall be described, including but not limited to a description of: the size of the

component capital improvement project, such as estimated overall square footage; the planned purpose of, or service to be provided in, the component capital improvement project; the estimated cost of the component capital improvement project; and estimated timeline of the start and end of construction of the component capital improvement. The program shall also identify and describe those factors that could adversely impact the program plan's proposed square footage, cost, planned uses, and timelines. The program plan shall also include an estimated milestone completion timeline for the overall program.

C. In addition to identifying the elements of the program plan to be built within the amount of the bond revenues available, the program plan may also include a description of other legally available funds proposed to support the workgroup's program plan, if, under the workgroup's program plan, bond revenues are insufficient to accomplish all the workgroup's program plan components.

D. The program plan shall describe how the executive, in collaboration with the council, the Harborview board of trustees and UW Medicine, should implement the program so that the proposed component capital improvement projects within the program shall meet the requirements of K.C.C. 2.42.080.E. and K.C.C. Title 4A.

E. The program plan shall include a recommended process by which the executive will notify council if planned components may become impractical during the remainder of the twenty-year bond and necessitate a substantive change to any of the planned components. The recommended process shall ensure that the council has no fewer than thirty days prior to any proposed change for the council to take such actions as accepting, rejecting, or modifying the proposed change.

F. The program plan shall include as attachments to it any available reports produced by county departments or contractors that the workgroup used in developing the program plan recommendations.

G.1. The workgroup shall be facilitated by a neutral party and produce the program plan described in subsections A. through F. of this section. The workgroup shall consist of ten members, including six members selected in the same representative apportionment as the capital planning oversight committee described in the 2016 hospital services agreement, as well as the following members:

a. a member selected by the King County executive;

b. a member selected by the King County council;

c. a member selected by the Harborview board of trustees, and

d. a member selected by UW Medicine.

2. Workgroup members representing the council shall be appointed by the council chair.

3. Staff to members of the workgroup may attend meetings of the workgroup and provide support to the workgroup.

4. The workgroup shall consult with and provide meaningful opportunities for input from labor organizations that represent Harborview employees, residents of the First Hill neighborhood, members of the Harborview mission population, and any other constituent entities the workgroup determines would help inform a Harborview bond plan that best serves the public interest. The mission population of Harborview is defined by Exhibit 2 to the 2016 hospital services agreement as the non-English-speaking poor, the uninsured and underinsured, people who experience domestic violence and or sexual

assault, incarcerated people in King County's jails, people with behavioral health illnesses, particularly those treated involuntarily, people with sexually transmitted diseases and individuals who require specialized emergency care, trauma care and severe burn care.

5. The workgroup shall be guided by the analytical criteria used by the Harborview leadership group and set out in Appendix D to its April 1, 2020, recommendation report.

6. The workgroup shall conduct and include a robust analysis of the impacts of the program plan on equity and social justice from the analytical criteria.

H. The workgroup shall meet with the county council's committee of the whole to present the workgroup's program plan described in subsections A. through F. of this section no later than July 31, 2023.

I. The executive shall electronically transmit the workgroup's recommended program plan, and a motion approving the plan, no later than August 1, 2023, with the clerk of the council, who shall retain an electronic copy and provide an electronic copy to all councilmembers, the council chief of staff, and the lead staff for the committee of the whole, or its successor.

J. The workgroup established by subsection G. of this section shall disband upon the effective date of a motion approving a program plan.

SECTION 2. A. The executive shall transmit monthly status reports to the council describing any changes to the program plan required by section 1 of this ordinance and should also include, but not be limited to, information previously included in the department of executive services and facilities management division Harborview

bond capital program status reports. The monthly status reports shall include the following:

1. A description of the current program scope;

2. Updates on the project schedule including the status of and planned dates for major milestones;

3. Status and progress to date for each component capital improvement project;

4. Updates on the budget including expenditures to date and remaining budget for each component capital improvement project, budget and expenditures;

5. Update on tasks completed on major milestones since the preceding report and a three-month projected outlook on upcoming tasks to accomplish milestones;

6. A description of and stakeholder engagement and public communications over the preceding month including appearances on agendas at regional meetings and mailings; and

7. A description of risks including newly identified risks and realized risks since the preceding monthly report, with a focus on risks that may have significant impacts on the program plan scope, schedule, or budget.

B. The executive shall begin electronically filing the status reports by the end of the month following the transmittal of the program plan required by section 1 of this ordinance, and by the end of each month thereafter, with the clerk of the council, who shall retain an electronic copy an provide an electronic copy to all councilmembers, the council chief of staff and the lead staff for the committee of the whole, or its successor.

C. The final status report shall be filed by the end of the first month following the completion of the final milestone described in the program plan.

Ordinance 19583 was introduced on 2/23/2023 and passed by the Metropolitan King County Council on 3/21/2023, by the following vote:

Yes: 9 - Balducci, Dembowski, Dunn, Kohl-Welles, Perry, McDermott, Upthegrove, von Reichbauer and Zahilay

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

DocuSigned by:
E76CE01F07B14EF...
Dave Upthegrove, Chair

ATTEST:

DocuSigned by:
8DE1BB375AD3422...
Melani Pedroza, Clerk of the Council

APPROVED this _____ day of _____, _____.

Dow Constantine, County Executive

Attachments: None

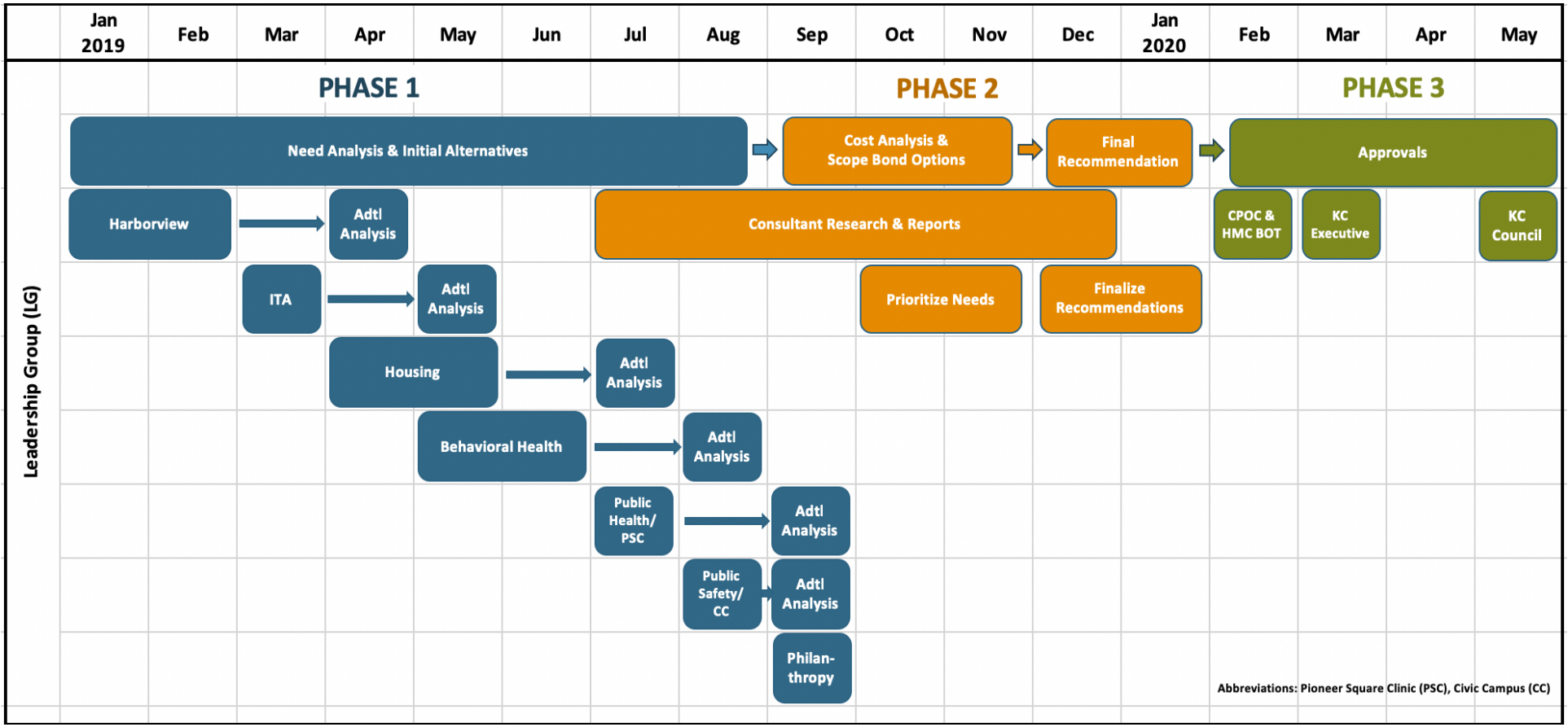
Ordinance 19583 Requirement Table
HMC Ordinance Workgroup
3.24.23

Summary Requirement	Specific Requirement
Convene workgroup	The county, in collaboration with the Harborview Medical Center board of trustees and UW Medicine
Develop a program plan	Recommends those health and safety improvements at the Harborview Medical Center that can be built within the amount of the bond revenues estimated to be available and as authorized by Ordinance 19117
Required elements of the program plan	1. Describe each proposed component capital improvement project within the program plan including but not limited to a description of: 1a. the size of the component capital improvement project - estimated overall square footage 2a. the planned purpose of, or service to be provided in, the component capital improvement project 3a. the estimated cost of the component capital improvement project 4a. estimated timeline of the start and end of construction of the component capital improvement
	2. Identify and describe those factors that could adversely impact the program plan's proposed square footage, cost, planned uses, and timelines
	3. An estimated milestone completion timeline for the overall program
	4. A description of other legally available funds proposed to support the workgroup's program plan, if, under the workgroup's program plan, bond revenues are insufficient to accomplish all the workgroup's program plan components
	5. Describe how the Executive, in collaboration with the Council, the Harborview board of trustees and UW Medicine, should implement the program so that the proposed component capital improvement projects within the program meet the requirements of K.C.C. 2.42.080.E. and K.C.C. Title 4A
	6. A recommended process by which the executive will notify council if planned components may become impractical during the remainder of the twenty-year bond and necessitate a substantive change to any of the planned components. The recommended process shall ensure that the council has no fewer than thirty days prior to any proposed change for the council to take such actions as accepting, rejecting, or modifying the proposed change
	7. Include as attachments to it any available reports produced by county departments or contractors that the workgroup used in developing the program plan recommendations
Consultation requirements	8. The workgroup shall consult with and provide meaningful opportunities for input

Summary Requirement	Specific Requirement
	8a. Labor organizations that represent Harborview employees 8b. Residents of the First Hill neighborhood 8c. Members of the Harborview mission population 8d. Any other constituent entities the workgroup determines would help inform a Harborview bond plan that best serves the public interest
Process requirements	9. The workgroup shall be guided by the analytical criteria used by the Harborview leadership group 9a. The workgroup shall conduct and include a robust analysis of the impacts of the program plan on equity and social justice from the analytical criteria
Presentation and transmittal requirements	10. The workgroup shall meet with the county council's committee of the whole to present the workgroup's program plan described in subsections A. through F. of this section no later than July 31, 2023 10a. The Executive shall electronically transmit the workgroup's recommended program plan, and a motion approving the plan, no later than August 1, 2023

2018-2020 Harborview Leadership Group Work Plan

♦ HLG kick off meeting 12.11.18
♦ HLG recommendation report transmitted to the Council 4.7.20 following 12 month analytical process and three month deliberation by HLG
♦ Executive transmitted proposed Bond Ordinance ballot measure 4.16.20
♦ Council final action on ballot measure Ordinance 6.23.20



King County

Executive Summary

Harborview Leadership Group Recommendation Report
Per King County Motion 15183

February 2020

I. Executive Summary

Motion 15183: King County Motion 15183[1] created a planning process for a potential bond to support capital improvement at Harborview Medical Center (HMC). The motion called for the establishment of a leadership group, comprised of representatives from HMC management, HMC Board of Trustees, University of Washington, labor, the First Neighborhood Association, the mission population served by HMC, the King County Council, and Executive's Office, to identify hospital and community needs in the planning for a potential facilities bond for HMC.[2] The Harborview Leadership Group (HLG) was charged with making recommendations on HMC's capital program to the Capital Planning Oversight Group, the HMC Board of Trustees, the County Executive and the County Council.

This report fulfills the requirements of Motion 15183. It serves as the format for the HLG to make recommendations to the Capital Planning Oversight Committee. This report has been reviewed and approved by the HLG.

Background: HMC is a 413-licensed bed hospital owned by King County and operated by University of Washington Medicine (UW Medicine). The hospital is overseen by a 13-member Board of Trustees appointed by King County. HMC is a comprehensive regional health care facility dedicated to providing specialized care for a broad spectrum of patients, the control of illness, and the promotion and restoration of health. Harborview is one of the nation's leading academic medical centers and is the only Level 1 Trauma Center for adults and children serving a four-state region (Alaska, Idaho, Montana, and Washington).

Over time Harborview's medical facilities have expanded and changed to meet the demands of a growing and diverse population, as well as advancements in the fields of patient care, research, medicine, and technology. King County has provided for such facility improvements and expansions through voter-approved financing, generally occurring every 15-20 years. The voters of King County have supported the hospital through a number of bond measures over the years, most recently in the year 2000 with a $193 million bond.

The medical center's facilities are aging and outdated in terms of modern medical best practice standards for infection control and privacy. The hospital operates at almost 100 percent capacity on a

Motion 15183 Charge

The Harborview Leadership group is charged with making recommendations on Harborview's clinical facility master plan, addressing the clinical facility master plan needs of the hospital and include, at a minimum:

1. An evaluation of the size and scope of a potential bond effort;
2. Exploration of the possibility of private philanthropy that could be anticipated were such an effort to go forward;
3. An evaluation of inclusion of the needs of the department of public health;
4. An evaluation of housing needs of the mission population and how the bond could address those needs;
5. An evaluation of how the project could address the needs of those impacted by the Involuntary Treatment Act;
6. An evaluation of how best to address behavioral health needs;
7. Whether bond proceeds should be invested in public health facilities beyond the Harborview campus to better serve residents countywide; and
8. Whether bond funds for other public safety infrastructure needs should be included and, if so, for what needs.

[1] Motion 15183 is attached as Appendix A
[2] List of Harborview Leadership Group members attached as Appendix B

daily basis. Facility configuration and capacity constraints significantly impact hospital operations, resulting in virtually no vital surge capacity (ability to house more patients in the event of an emergency), no capacity for growth, and limited flexibility for hospital operations. The older structures on the campus have not been seismically upgraded and pose life safety risks during a major earthquake. In summary, the aging HMC physical plant limits the ability of HMC and King County to provide care and services to the mission population and residents of King County.

New equipment, innovations in medical technology, updated infection control protocols, expanding emergency preparedness needs, growing behavioral health demands, and increasingly complex health needs of the mission populations necessitate planning for regional health facilities improvements. The medical center, and other health related facilities owned by King County, require facility improvements to better serve the mission populations and ensure compliance with infection control protocols, modern privacy standards, and facility seismic requirements.

King County Code 2.42.020

King County maintains Harborview Medical Center as a county hospital, pursuant to state law, for the primary purpose of providing comprehensive health care to the indigent, sick, injured or infirm of King County, and is dedicated to the control of illness and the promotion and restoration of health within the King County area.

Harborview Leadership Group Approach: The HLG met for 13 months between December 2018 and January 2020 to review facility needs as required by Motion 15183. Supported by staff from HMC, UW Medicine, King County Council, and King County Executive, the HLG reviewed data and information to come to its recommendation on size and scope of a potential bond for HMC.[3]

The County, with participation from HMC, engaged the architectural/space planning consulting firm of HDR to assist with options development and cost estimates to inform HLG's consideration of size and scope of a potential bond. A facilitation consultant, Christina Hulet, was contracted to support the HLG in meeting its charge.

A stakeholder engagement process was deployed so that community priorities could be taken into consideration by the HLG in its deliberations. Subcommittees aligning with the specific areas outlined in the motion gathered data, conducted analyses, and developed initial options for the HLG to study, with each subcommittee presenting its findings to the HLG for review and discussion. Subcommittees included an array of subject matter experts, including participation from individuals outside of King County government, UW Medicine, and HMC.

Findings and Recommendations on Harborview Medical Center's Clinical Facility Master Plan: On January 29, 2020, the Leadership Group voted unanimously to approve a recommended size and scope for Harborview's clinical facility master plan. Prior to the vote, the group highlighted the following discussion points:

- Desire to design the very best space feasible;
- New and renovated space should be developed and designed to provide the most flexibility and latitude for operations and services; services and programs should not be constrained by inappropriate space;

[3] List of staff included as Appendix C

- Subject matter experts with expertise in areas such as operations, services, and facilities should be engaged in the planning and development of spaces on the Harborview Campus; and,
- The final location of specific services and programs identified in the HLG recommended package may change due to evolving best practices, program needs, building code requirements, or unforeseen factors.

The table below summarizes the size and scope recommendation approved by the Harborview Leadership Group on January 29, 2020. It includes clarifications endorsed by the Leadership Group, as underlined.

Table 1

Component Name	Component Description	Estimated Cost* **Subject to modification*
New Tower	Increase bed capacity; expand/modify ED; meet privacy and infection control standards; disaster prep; plant infrastructure	$952M
New Behavioral Health Building	Existing behavioral health services/programs and Behavioral Health Institute services/programs	$79M
Existing Hospital Space Renovations	Expand ITA court in most appropriate location; move/expand gamma knife; lab; Public Health TB, STD, MEO; nutrition, etc.	$178M
Harborview Hall	Seismic upgrades; improve/modify space; create space for up to 150 respite beds; maintain enhanced homeless shelter in most appropriate location	$108M
Center Tower	Seismic upgrades; improve and modify space for offices	$248M
Pioneer Square Clinic	Seismic and code improvements; improve and modify space for medical clinic/office space	$20M
East Clinic	Demolish East Clinic Building	$9M
Site Improvements/Other Costs	Site preparation; 1% for Art; Project Labor Agreement; Project Management	$146M
Total		***$1.74B***

Next Steps: This report and the recommendations of the Harborview Leadership Group will be provided to the Harborview Capital Planning Oversight Committee. The recommendations then proceed to the HMC Board of Trustees, the King County Executive, and King County Council. The Council may choose to vote to place a bond measure on a ballot for consideration by King County Voters. The next general election is November 2020.

II. Background

Overview: Harborview Medical Center (HMC) is a 413-licensed bed hospital owned by King County and operated by University of Washington Medicine (UW Medicine) through a Hospital Services Agreement[4] between King County and the University of Washington. The hospital is overseen by a 13-member Board of Trustees appointed by King County.

HMC is a comprehensive regional health care facility dedicated to providing specialized care for a broad spectrum of patients, the control of illness, and the promotion and restoration of health. Harborview is one of the nation's leading academic medical centers and is the only Level 1 Trauma Center serving a four-state region (Alaska, Idaho, Montana, and Washington).

The medical center is home to a wide range of critical medical and behavioral health services, including state-of-the-art emergency medical services, general medicine and specialty clinics and centers of excellence in burn, neurosciences, ophthalmology, infectious disease, rehab therapy. Harborview's mission ensures that the following patients and programs are given priority care:

- ❑ Persons who are non-English speaking poor
- ❑ Persons who are uninsured or underinsured
- ❑ Persons who experience domestic violence
- ❑ Persons who experience sexual assault
- ❑ Persons incarcerated in King County's Jails
- ❑ Persons with mental illness, particularly those treated involuntarily
- ❑ Persons with substance abuse
- ❑ Persons with sexually transmitted diseases
- ❑ Persons who require specialized emergency care
- ❑ Persons who require trauma care
- ❑ Persons who require burn care

Services Offered at HMC: The Harborview campus facilities house a variety of services provided by UW Medicine and also by King County as highlighted below:

Behavioral Health: A variety of in- and out-patient behavioral health services, including psychiatric emergency services, outpatient clinics, and medication assisted treatment are provided at the HMC campus. In addition, King County's Superior Court operates the Involuntary Treatment Court at Harborview.

Trauma Response: As the only Level I Adult and Pediatric Trauma Center in Washington, HMC provides specialized comprehensive emergency services to patients throughout the region, and serves as the disaster preparedness

[4] Ordinance 18232.

and disaster control hospital for Seattle and King County. It is also the only Level 1 Trauma Center serving a four-state region (Alaska, Idaho, Montana, and Washington).

International Medicine: HMC is unique in its offering of an International Medicine Clinic, providing primary care and mental health care services to adult refugees and immigrants. Staff speak a number of languages in addition to English, including Spanish, Amharic, Cantonese, Chao Jo, Mandarin, Hmong, Khmer, Laotian, Mien, Oromo, Somali, Tigrinya and Vietnamese; interpreter services are also available.

Emergency Management / Disaster Relief: The medical center is the regional emergency management command center during a natural disaster or major crisis event. The hospital is required to have flexible inpatient beds and operating capacity and rapid response systems as needed for a crisis response.

Infection and Infectious Disease Control: HMC is at the forefront of containing and combating infectious diseases. Harborview is required to have clinical facilities and isolation room capacity to respond to emergency infectious disease outbreaks.

King County Clinics and Services: A number of King County's core public health services are located at Harborview, including the Tuberculosis (TB) clinic, STD/HIV clinic, the county's Public Health Lab, the Vital Statistics Office, and the King County Medical Examiner. King County operates a 24/7 homeless shelter at Harborview Hall in partnership with the Salvation Army.

Over time Harborview's medical facilities have expanded and changed to meet the demands of a growing and diverse population, as well as advancements in the fields of patient care, research, medicine, and technology. King County has provided for such facility improvements and expansions through voter-approved financing, generally occurring every 15-20 years.

Harborview Leadership Group: In 2018, the Executive and King County Council agreed to evaluate Harborview's facility needs along with the other related healthcare facilities via Motion 15183. King County Motion 15183[5] created a planning process for a potential bond to support capital improvement at HMC. The motion called for the establishment of a leadership group, comprised of representatives from HMC management, HMC Board of Trustees, University of Washington, labor, the First Neighborhood Association, the mission population served by HMC, the King County Council, and Executive Office, to identify hospital and community needs in the planning for a potential facilities bond for HMC.[6] The Harborview Leadership Group (HLG) was charged with making recommendations on HMC's capital program to the Capital Planning Oversight Group, the HMC Board of Trustees, the County Executive and the County Council.

[5] Motion 15183 is attached as Appendix A
[6] List of Harborview Leadership Group members attached as Appendix B

The HLG met for 13 months between December 2018 and January 2020 to review facility needs as required by Motion 15183. Supported by staff from HMC, UW Medicine, King County Council, and King County Executive, the HLG reviewed data and information to come to its recommendation on size and scope of a potential bond for HMC.[7]

The County, with participation from HMC, engaged the architectural/space planning consulting firm of HDR to assist with options development and cost estimates to inform HLG's consideration of size and scope of a potential bond. A facilitation consultant, Hulet Consulting, was contracted to support the HLG in meeting its charge.

2018 HMC Statistics
Provided by HMC

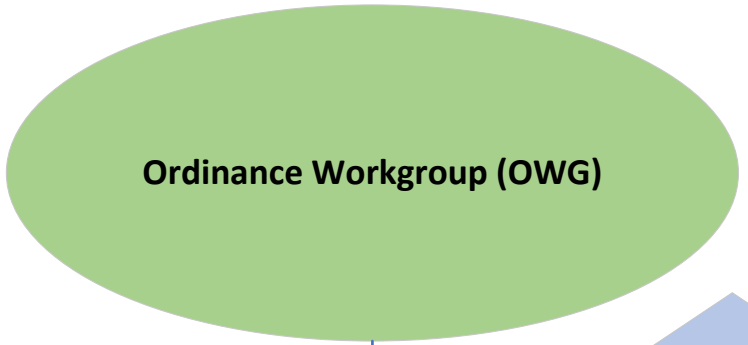
Licensed beds: 413
Employees: 4,501
Admissions: 16,716
Emergency Department visits: 57,516
Clinical visits: 262,132

A stakeholder engagement process was deployed so that community priorities could be taken into consideration by the HLG in its deliberations. Subcommittees aligning with the specific areas outlined in the motion gathered data, conducted analyses, and developed initial options for the HLG to study, with each subcommittee presenting its findings to the HLG for review and discussion. Subcommittees included an array of subject matter experts, including participation from individuals outside of King County government, UW Medicine, and HMC. Additional information on the stakeholder engagement the subcommittee approaches are described in subsequent sections of this report.

Report Methodology: This report was developed by King County staff, with review and feedback by staff from HMC and the King County Council. The HLG reviewed and made final edits and approved its contents at the January 29th HLG meeting. The information contained in this report is extracted from data, reports, and presentations provided to the HLG, along with data and information provided by HDR.

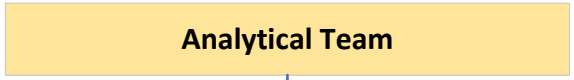
[7] Staff list is attached as Appendix C

DRAFT Overview HMC Ordinance Workgroup Structure 3.24.23



Project Team:

- Supports OWG & Facilitator by organizing processes, materials, work and deliverables of Analytical Team
- Staff support for OWG
- Includes HMC staff, Council staff, Exec staff



Consultation Groups:

- Service, site, and/or interest based
- Reviews and provides input and feedback on options and implications
- Raises issues/ implications

Analytical Team:

- Gathers information and data, synthesizes information for presentation to OWG
- Conducts analyses according to Analytical Criteria
- Meets with Consultation Groups to provide information, analyses, and receive feedback
- Includes consultants, HMC and County subject matter experts

Potential Consultation Groups

- HMC Clinical Services (tower/existing spaces)
- BH Services
- Respite Beds/Homelessness
- Pioneer Square Clinic
- ESJ
- Mission Pop
- Neighborhood
- Labor

Draft HMC Bond Ordinance Workgroup Structure

Group/Committee	Members		Role
Ordinance Workgroup (CPOC+1)	**Council:** CMs Balducci, McDermott **UWM:** Kleweno Walley, Dold, Cabe **BOT:** Fain, Lewis, McDonald **Executive:** Putney, TBD		• Informed by Ordinance • Review findings provided by Analytical Team and Subject Matter Workgroups • Identify recommendations for report to be transmitted August 1
Project Team	**UWM/HMC:** Jeff Fillmore **Executive:** Kelli Carroll **Council:** Tom Goff **External Facilitator:** Christina Hulet		• Organize project, people, processes, information, deliverables to meet timelines • Staff support for OWG
Analytical Team	**HMC:** April Harr, Kellie Hurlie, Ted Klainer, Ron Maier, Susan McLaughlin, Tim Patmont, Dave Reeves, Joe Smeltzer, Mike Warren, Cheng Yu **Executive:** Margaret Bay, Garrett Farrell, Leslie Harper Miles, Chris McGowan, *others TBD* **Council:** Madeline Cavazos, Tom Goff, Jeannie Macnabb, Lan Nguyen **Consulting:** Vanir team, Christina Hulet, TBD as needed		• Generate initial options for review by Consultation Groups & OWG • Conduct options analysis using identified criteria • Identify implications of options • Share findings with OWG and Consultation – review and update • Develop draft recommendations for Ordinance Workgroup, based on analyses and feedback from Subject Matter Workgroups • Present for review & feedback the draft recommendations to Ordinance Workgroup • Generate documentation, reports, data for recommendations and report
Potential Consultation Groups *Organized by: Site, Service, and/or Interest Based* *Will be further developed*	• HMC Clinical Services • BH Services • ESJ • Respite/Homeless shelter • Labor • Neighborhood	• Mission Pop • Pioneer Square Clinic	• Review initial options & implications • Provide feedback and input • Suggest revisions to options, including identifying new options • Input and guidance is documented and will be provided to Ordinance Workgroup • Ongoing communication loops needed for updates and quarterly reports

Draft HMC Bond Ordinance Workgroup Timeline 3.27.23

Group	Activity/Process Element	3/20	3/29	4/3	4/10	4/17	4/24	5/1	5/8	5/15	5/22	5/29	6/5	6/12	6/19	6/26	7/3	7/10	7/17	7/24	7/31
		Planning/ Kickoff		Develop Options					Edit and Refine Options				Final Decision-Making				Write and Submit Report				
Ordinance Workgroup/CPOC+1 (OWG)	Kickoff Meeting																				
	Work Sessions - Cadence TBD by OWG																				
	Receive, Review, Discuss Reports from Analytical Team; Direct Analyses																				
	Determine Final Recommendations																				
	Review and Approve Recommendations & Report																				
	Attend Committee of the Whole Meeting to Present Recommendations																				★
Project Team	Organize & Draft Processes, Structures, Templates for review by OWG																				
	Support Facilitator to Gather and Provide Information, Reports, Presentations to OWG																				
	Organize & Support Analytical Team Work Sessions and Deliverables																				
	Organize Consultation Group Sessions																				
	Work w/OWG to Draft Recommendation Report																				
	Staff Support for OWG Members																				
	General Troubleshooting & Proces Problem Solving																				
Analytical Team (AT)	Generate Options/Perform Options Analysis Using Criteria											★									
	Evaluate/Revise/Scope Options/Identify Implications																				
	Gather & Present Information/Data to OWG, Respond to Questions, Conduct Research															★					
	Meet with Consultation Groups to Share Information & Options/Gather Input																				
	Analyze Input from Consultation Groups and OWG																				
	Present Information/Data to OWG, Respond to Questions																				
	Provide inputs/documentation to Draft OWG Report																				
Consultation Groups	Review Options/Provide Input Documented for OWG																				

HMC Ordinance Workgroup Decision Making Process
Draft for Discussion on 3/29/23

FINAL HMC ORDINANCE WORKGROUP (OWG) RECOMMENDATION REPORT

The HMC Ordinance Workgroup (OWG) will provide its final recommendations via report to the King County Council on the health and safety improvements at Harborview Medical Center that can be built within the $1.74 billion bond revenues authorized by Ordinance 19117. This report will also include all of the required elements as outlined in Ordinance 19583.

PROPOSED DECISION-MAKING PROCESS

To arrive at this final recommendation report, the OWG will use the following decision-making process *(draft/starting point for discussion):*

1. That we **aim for full consensus** on the final recommendation report.
    - We use a thumbs up (support/agree), thumbs sideways (neutral/can live with), thumbs down (oppose/disagree) methodology to vote on the final report
    - Full consensus means every OWG member is either supportive (thumbs up) or can live with (thumbs sideways) the recommendation report
    - If an OWG member opposes any or all elements of the report (i.e., thumbs down), it is our collective expectation that s/he provide a rationale for his/her position and explain what it would take to get to neutral or supportive; the team will do its best to address the member's concern

2. That we will consider **[the report as a whole]** or **[each proposed component capital improvement project of the program plan individually]** when making our final recommendation.

3. In the event that full consensus cannot be achieved (i.e., one or more OWG members remain thumbs down), the OWG will proceed with its final recommendation report if there is **consensus minus two**—that is, if two members are thumbs down (oppose).[1]

4. **Acknowledgements of dissenting opinions** or concerns will be included in the final recommendation report.

5. A **quorum is required** for the final recommendation report; 6 out of 10 members must be present with at least 1 representative from each entity.

[1] Other options include: a 2/3rd supermajority, a simple majority, full consensus minus 1, 2, 3, etc.

Introduction: Over the coming months, the Harborview Leadership Group will be presented with a variety of facility options to consider as they develop and prioritize recommendations for a potential capital bond measure to support the county-owned Harborview Medical Center (HMC) pursuant to Motion 15183.

In order to assist the Leadership Group to conduct its options analysis, a consistent analytical structure that can be applied to all proposals has been developed. The framework is structured with four overarching areas, each with specific impact elements.

Each facility proposal/option will be examined using the criteria below.

Area 1: People Impact
- Mission Population
- Patients and clients
- Labor and employees
- Neighbors and community

Area 2: Service/Operational Impact
- Delivery of emergency services
- Addresses facility deficiencies and needs
- Supports innovation, best practices, and/or new models of care

Area 3: Equity and Social Justice
- Service models that promote equity
- Influenced by community priorities
- Addresses Determinants of Equity
- Access to healthcare and improved health outcomes

Area 4: Fiscal/Financial Impact
- The long-term financial position of Harborview and King County
- Existing facilities
- Opportunities for other funding

Area 1: What is the impact to people?

A. How would the proposal impact clients, patients, and the community in the following areas?
   1. Prioritizes the needs of the Mission Population, providing for new or expanded services to address gaps
   2. Increase and/or ease of access
   3. Improves care

B. How would the proposal impact labor and employees in the following areas?
   1. Increases job opportunities
   2. Enhances employee and patient safety
   3. Supports more efficient workflow and productivity
   4. Supports recruitment and retention

C. How would the proposal impact neighbors and surrounding communities in the long-term?
    1. Decreases in traffic and/or noise
    2. Increase in availability and accessibility by community
    3. Improves neighborhood safety
    4. Supported by neighbors and communities
    5. Responsive to changing population patterns and geographic needs of county residents

Area 2: What is the impact to services and operations?

A. How would the proposal impact delivery of emergency services?
    1. Ensures functionality of public resource of Level 1 trauma center
    2. Provides surge capacity during high census periods, natural disasters, or mass casualty events
    3. Stabilizes facility to fulfill regional emergency preparedness role

B. How would the proposal address facility needs/deficiencies?
    1. Provides for seismic upgrades and requirements
    2. Modernizes building systems (e.g. HVAC, elevators, lighting)
    3. Incorporates green building practices
    4. Maximizes use of existing facilities

C. How does the proposal support innovation, best practices, and/or new models of care?
    1. Enables modern infection control standards
    2. Improves safety, effectiveness, and efficiency of patient care
    3. Supports innovative service delivery
    4. Positions the facility to accommodate future growth or service demands

Area 3: What is the equity and social justice impact?

A. Does the proposal advance new service models that promote equity?
B. How has the proposal been influenced by community priorities?
C. What determinants of equity are impacted by the facility proposal? See King County Determinants of Equity
D. How would the proposal promote access to healthcare and improve health outcomes for communities of color, communities where English is not the primary language, and other marginalized communities?

Area 4: What is the fiscal impact?

A. How does the proposal strengthen long-term financial position of Harborview and King County?
B. What opportunities to renovate existing facilities to house the service would be included in the proposal?
C. Does the proposal provide opportunities for philanthropic, federal, state, or other facility funding?

Harborview Bond: Ordinance Workgroup Meeting

April 19, 2023

HARBORVIEW MEDICAL CENTER

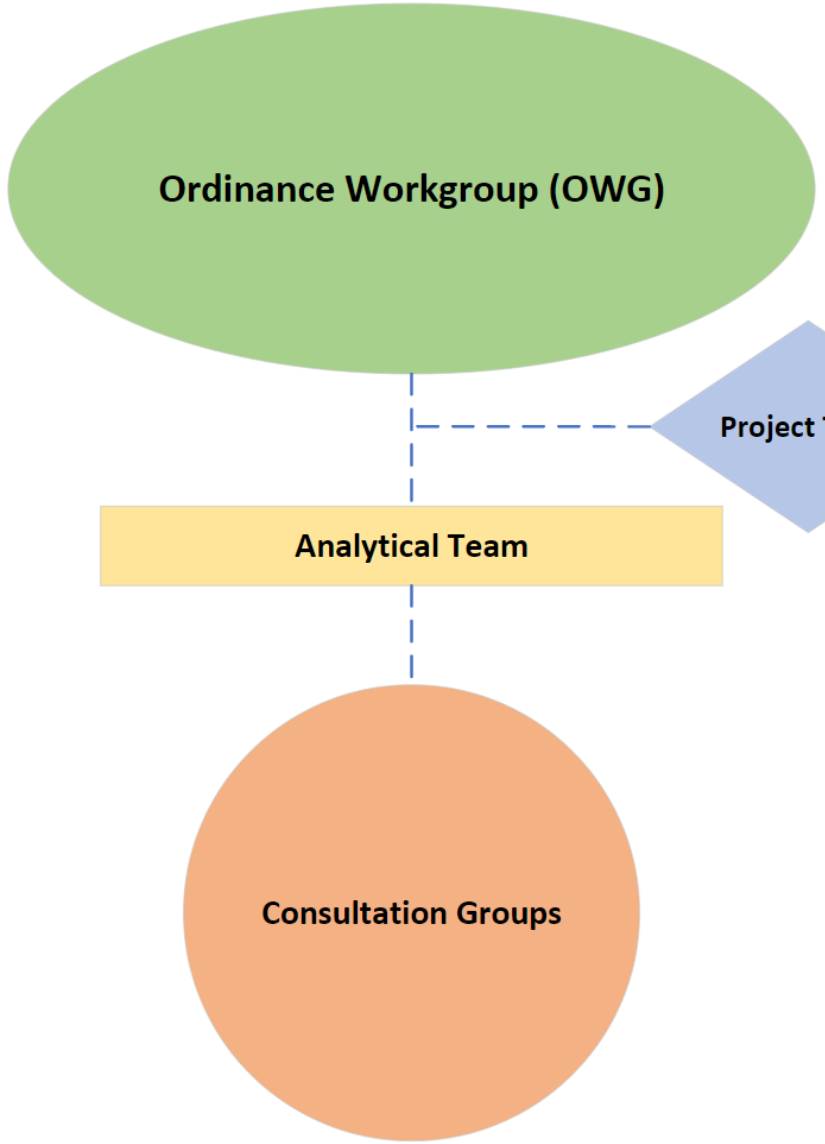
UW Medicine | King County

Agenda

- Welcome
  - Approval of Meeting Notes 3/29
  - Business Items & Updates
- Harborview Current Landscape and Strategic Needs
- Implications for Analytical Criteria
- Analytical Team Subgroups: Progress Updates and Feedback
- Wrap Up/Next Steps

HARBORVIEW MEDICAL CENTER
UW Medicine King County

DRAFT Overview HMC Ordinance Workgroup Structure 3.24.23



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Draft HMC Bond Ordinance Workgroup Structure

Group/Committee	Members		Role
Ordinance Workgroup (CPOC+1)	**Council:** CMs Balducci, McDermott **UWM:** Kleweno Walley, Dold, Cabe **BOT:** Fain, Lewis, McDonald **Executive:** Putney, Dively		• Informed by Ordinance • Review findings provided by Analytical Team and Subject Matter Workgroups • Identify recommendations for report to be transmitted August 1
Project Team	**UWM/HMC:** Jeff Fillmore, Ian Goodhew, Madeline Grant **Executive:** Kelli Carroll **Council:** Tom Goff **External Facilitator:** Christina Hulet		• Organize project, people, processes, information, deliverables to meet timelines • Staff support for OWG
Analytical Team	**HMC:** Ted Klainer, Dave Reeves, April Harr, Kellie Hurlie, Joe Smeltzer, Tim Patmont, Jeff Fillmore, Mike Warren, Ron Maier, Cheng Yu, Susan McLaughlin, April Harr, Ian Goodhew, Madeline Grant, **Executive:** Kelli Carroll, Leslie Harper Miles, Margaret Bay, Garrett Farrell, Chris McGowan, Teresa Beran, Anthony Wright **Council:** Tom Goff, Lan Nguyen, Jeannie Macnabb, Madeline Cavazos, Samantha Porter, Wendy Soohoo, **Consulting:** Vanir team, Christina Hulet, TBD as needed		• Generate initial options for review by Consultation Groups & OWG • Conduct options analysis using identified criteria • Identify implications of options • Share findings with OWG and Consultation – review and update • Develop draft recommendations for Ordinance Workgroup, based on analyses and feedback from Subject Matter Workgroups • Present for review & feedback the draft recommendations to Ordinance Workgroup • Generate documentation, reports, data for recommendations and report
Consultation Groups *Organized by: Site, Service, and/or Interest Based* *Will be further developed*	• HMC Clinical Services • BH Services • ESJ • Respite/Homeless shelter • Labor • Neighborhood	• Mission Pop • Pioneer Square Clinic	• Review initial options & implications • Provide feedback and input • Suggest revisions to options, including identifying new options • Input and guidance is documented and will be provided to Ordinance Workgroup • Ongoing communication loops needed for updates and quarterly reports

HMC Bond Ordinance Workgroup Timeline

Draft HMC Bond Ordinance Workgroup Timeline 3.27.23

Group	Activity/Process Element	3/20	3/29	4/3	4/10	4/17	4/24	5/1	5/8	5/15	5/22	5/29	6/5	6/12	6/19	6/26	7/3	7/10	7/17	7/24	7/31
		Planning/ Kickoff		Develop Options					Edit and Refine Options				Final Decision-Making				Write and Submit Report				
Ordinance Workgroup/CPOC+1 (OWG)	Kickoff Meeting																				
	Work Sessions - Cadence TBD by OWG																				
	Receive, Review, Discuss Reports from Analytical Team; Direct Analyses																				
	Determine Final Recommendations																				
	Review and Approve Recommendations & Report																				
	Attend Committee of the Whole Meeting to Present Recommendations																				★
Project Team	Organize & Draft Processes, Structures, Templates for review by OWG																				
	Support Facilitator to Gather and Provide Information, Reports, Presentations to OWG																				
	Organize & Support Analytical Team Work Sessions and Deliverables																				
	Organize Consultation Group Sessions																				
	Work w/OWG to Draft Recommendation Report																				
	Staff Support for OWG Members																				
	General Troubleshooting & Proces Problem Solving																				
Analytical Team (AT)	Generate Options/Perform Options Analysis Using Criteria											★									
	Evaluate/Revise/Scope Options/Identify Implications																				
	Gather & Present Information/Data to OWG, Respond to Questions, Conduct Research															★					
	Meet with Consultation Groups to Share Information & Options/Gather Input																				
	Analyze Input from Consultation Groups and OWG																				
	Present Information/Data to OWG, Respond to Questions																				
	Provide inputs/documentation to Draft OWG Report																				
Consultation Groups	Review Options/Provide Input Documented for OWG																				

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HMC Landscape and Strategic Needs

- Shared understanding of current/projected needs and the connection to the OWG's work

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Analytical Work Group – HMC Bond Ordinance

Inpatient & OR Sizing Summary

April 19, 2023

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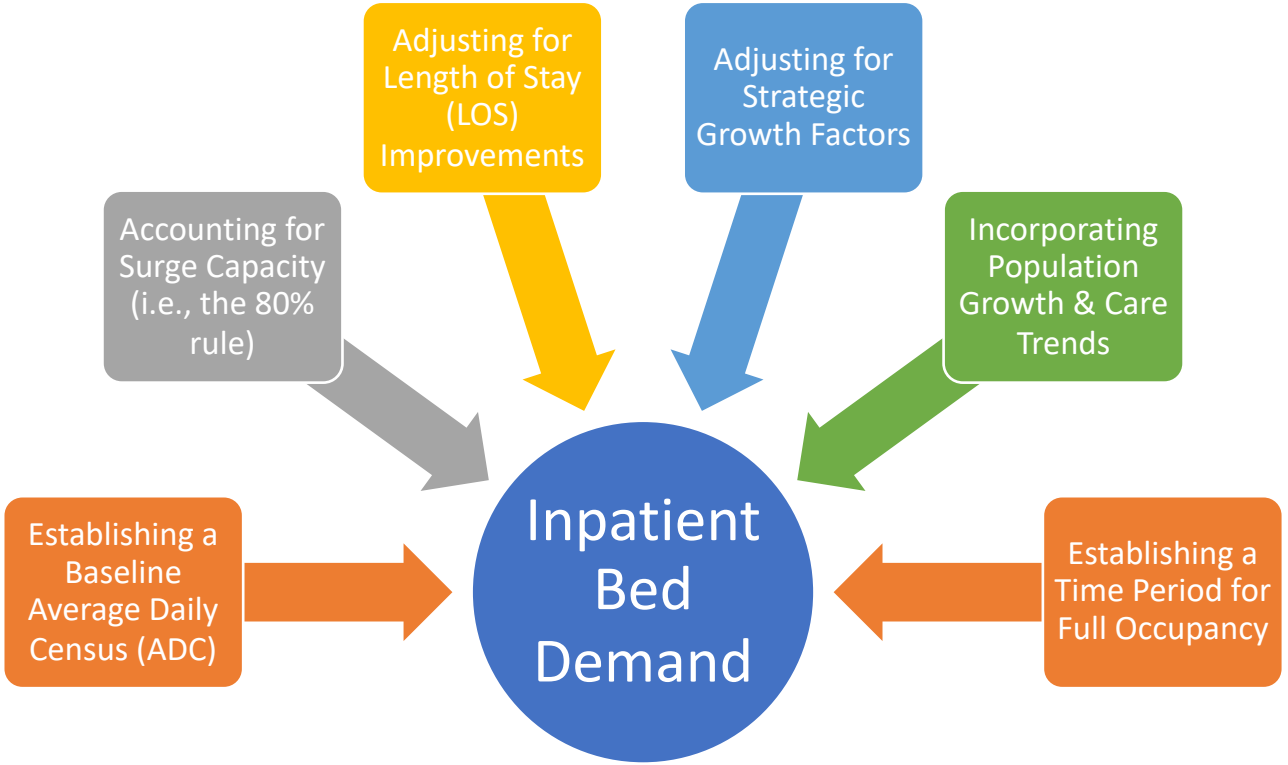
Provide Update on Campus Sizing Projections – Inpatient

Predicting the demand for inpatient beds at HMC is a fluid formula with multiple inputs required; it will change over time.



An inpatient bed projection tool was not used to inform 2020 Bond

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Provide Update on Campus Sizing Projections – Inpatient

HMC's latest version of the inpatient Bed Capacity Model is outlined below:

Bed Cohort	Baseline ADC	Adjustment for Seasonality/Surge	Baseline Bed Need	Adjustment for LOS	Strategic Plan Impact	Growth Rate	Future Bed Need
MED SURG - MEDICINE	Fiscal Year 2023 average daily census at HMC	Volume surges vary by unit, by season, and by time of day	Current state volumes indicate demand for:	Length of Stay projects are in flight, led by Huron Consulting Group	HMC Strategic imperatives will support financial sustainability	Sg2 Consulting Group has provided localized growth rates	2031 Demand: 684 Beds
MED SURG – NEURO							
MED SURG - TCU							
MED SURG - PLANNED SURG							
MED SURG - SURG HIGH ACUITY							
MED SURG - BURN/PEDS							
ICU							2040 Demand: 740 Beds
ICU - BURN/PEDS							
ICU – TRAUMA							
PSYCH – ICU	503 ADC	~116%	582 Beds	(26 beds)	+25 Beds	1.9% annual through 2031	
PSYCH							
REHAB							
Total							

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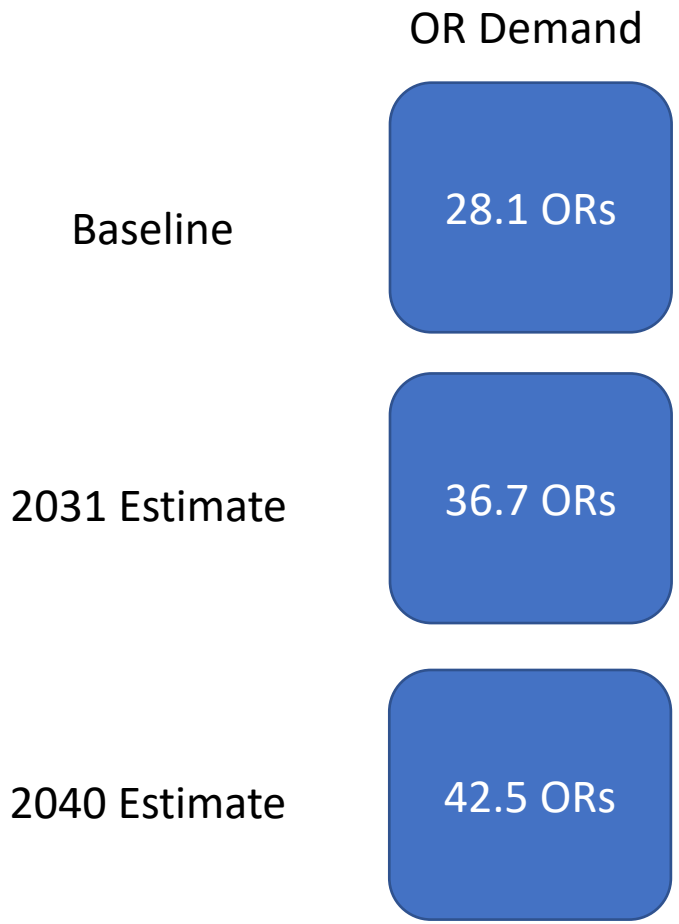
Provide Update on Campus Sizing Projections – OR

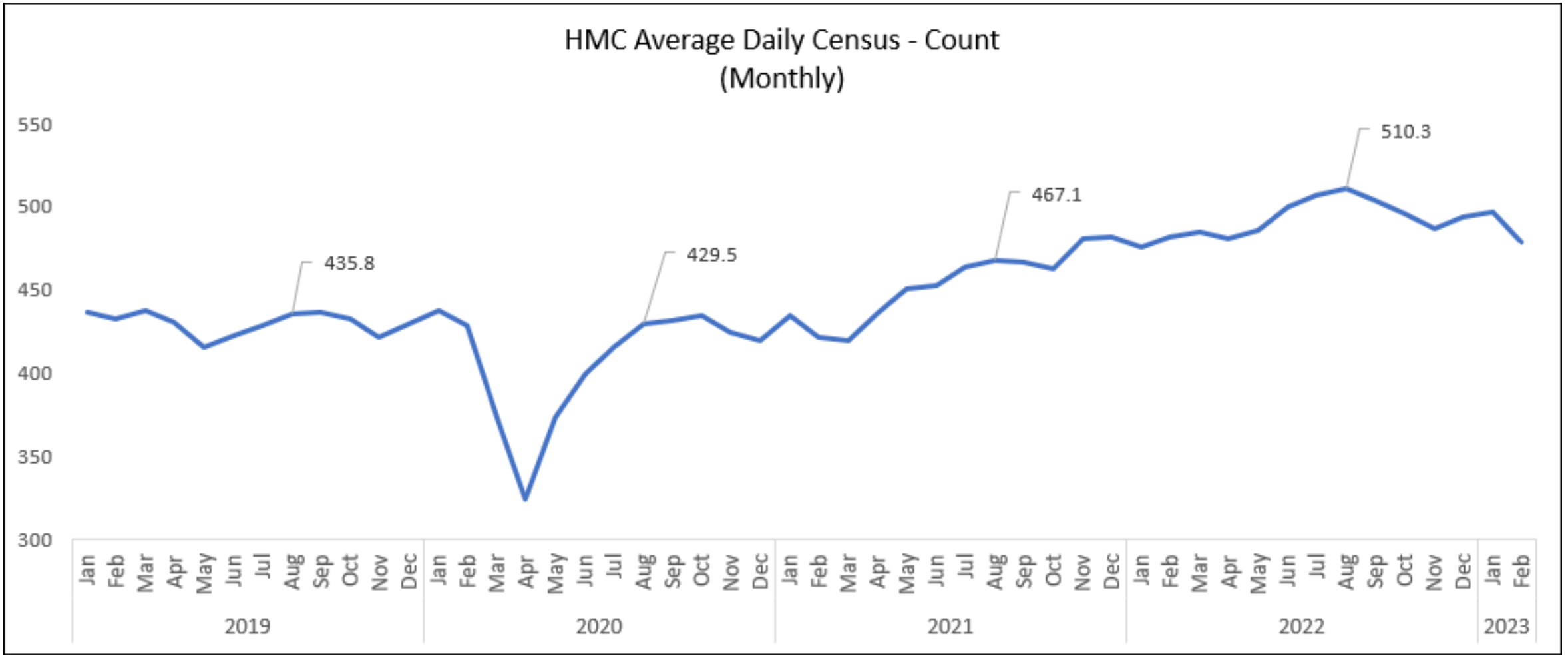
Similar sizing efforts are underway to assess the demand for operating rooms:



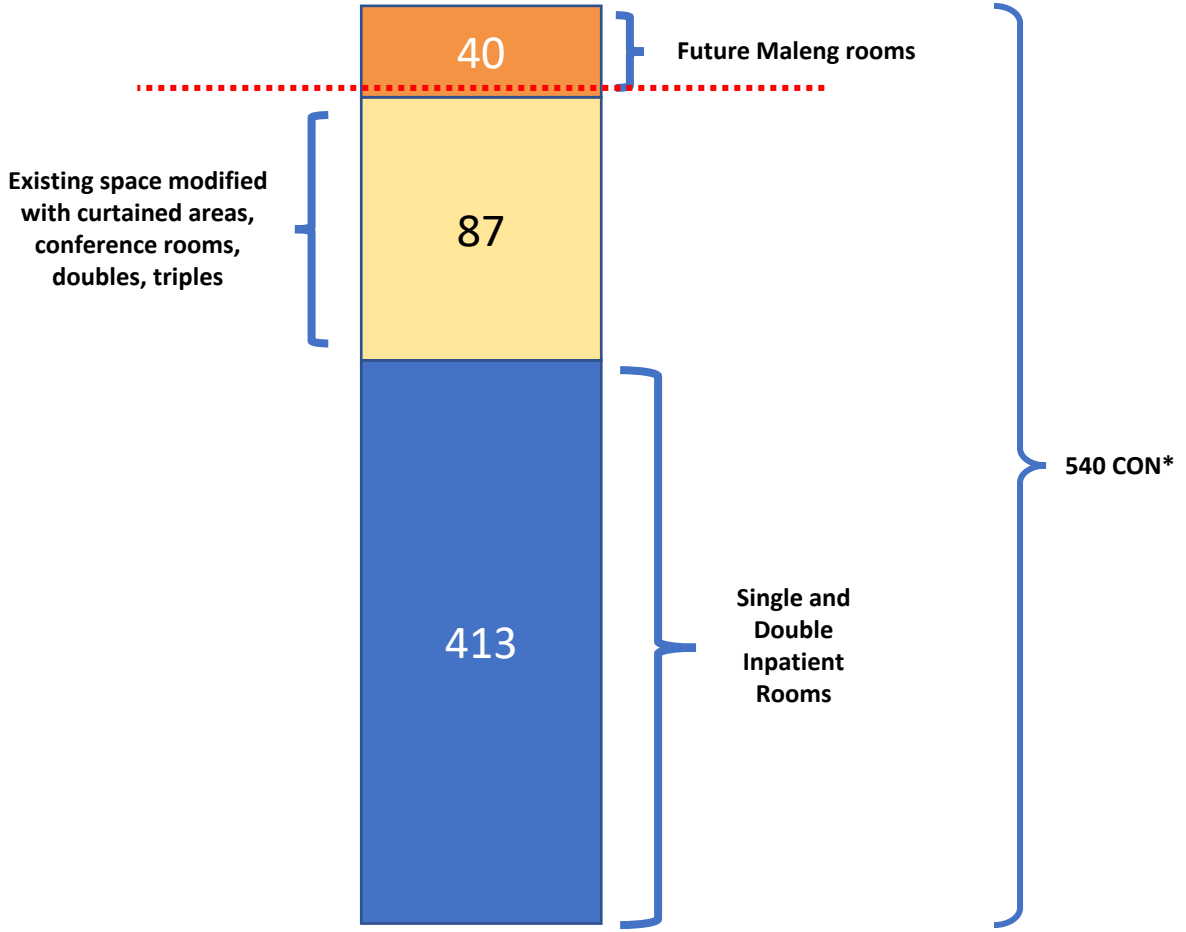
OR Service Name	Baseline Volume (1)
Burns	541
Cardiology	12
Cardiovascular	40
General Surgery	1818
Gynecology	247
Hand Surgery	1496
Neurosurgery	2004
Obstetrics	10
Ophthalmology	2765
Oral-Maxillofacial	461
Organ Donor	40
Orthopedics	4063
Otolaryngology	729
Plastics	627
Podiatry	53
Thoracic Surgery	79
Urology	705
Vascular	562
TOTAL	16,252

*Sg2 also projected NORA demand of 9 rooms by 2031 inclusive of Angio Suites, Endoscopy, and Pain

Demand – Daily Census 2019-Current



Current State



*Includes 46 “exempt” beds

Implications for Analytical Criteria

HLG Analytical Criteria Area	Elements
1. People Impact	• Mission population • Patients and clients • Labor and employees • Neighbors and community
2. Service/Operational Impact	• Delivery of emergency services • Addresses facility deficiencies and needs • Supports innovation, best practices, and/or new models of care
3. Equity and Social Justice	• Service models that promote equity • Influenced by community priorities • Addresses Determinants of Equity • Access to healthcare and improved health outcomes
4. Fiscal/Financial Impact	• The long-term financial position of Harborview and King County • Existing facilities • Opportunities for other funding

The Analytical Team reviewed the Harborview Leadership Group's criteria in accordance with Ordinance 19583. Two key points emerged during the discussion for OWG feedback:

1. Importance of increased bed capacity and space to meet current and future patient needs at Harborview
2. Opportunity to improve utilities, infrastructure, and other key facility systems to enhance the campus' long-term resiliency

- HLG analytical criteria and Analytical Team reflections
- Guidance to Analytical Team as it studies options

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Analytical Team Subgroups: Progress Updates and Feedback

- New tower analysis on HMC's projected needs and costs
- Financial tools/legally permissible funding
- Behavioral health needs and program analyses
- Building code review (seismic, zoning, other)
- Walter Scott Brown Building site analysis
- Other areas under consideration

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New Tower Space Program and Costing

Topic	Information
1. Work Underway	• Started work on Thursday, April 6th • Group members: Ted Klainer, Tim Patmont, Leslie Harper-Miles, John Lett, Kim McHugh, Lois Broadway, Melissa Kelii & Margaret Bay • Deliverable(s): • Initial: An SBAR (Situation, Background, Analysis, Recommendation) document that provided a high-level crosswalk that shows how the current New Tower space program is different from what was developed for the HLG report in 2019. • Final: Revised estimate for the New Tower based on an updated New Tower space program.
2. Work Since Last AT Meeting	• Summary of what group has done since last Analytical Team meeting: We have had one meeting that helped summarize what needed to be in the SBAR. The SBAR was then created with the space program crosswalk.
3. Work Remaining	• Re-convene the work group and establish the parameters for how the New Tower space program will be used for the estimating process. • Cumming will need to update the New Tower estimate based on current information and then provide a final estimate once the UW Medicine Strategic Planning inputs are delivered this summer.
4. Potential Deliverables for Upcoming OWG Meeting	• Early blocking and stacking exercises indicate that a full-sized New Tower will allow the hospital to effectively meet the required bed capacity needed by 2040. • A single floor plate Emergency Department will be much safter patient care environment than a two floor ED.
5. Barriers or Challenges	• General overall workload
6. Questions/Issues for OWG	• Nothing at this time

Behavioral Health Services Programming

Topic	Information

1. Work Underway	• Group Members: Susan McLaughlin, Mark Snowden, Tim Patmont, Tom Goff, Kelli Carroll
	• HMC team working to update Behavioral Health Services (BHS) volume and space status and needs
	• Full subgroup meeting scheduled for 4/19/23
	• Deliverable(s):
	  ○ Updated data on BHS need/demand
	  ○ Cross walk of original HLG recommendations and current needs
	  ○ Analysis of options for BHS/BHI programming including assumptions and adjacency requirements

2. Work Since Last AT Meeting	• Updated current state BHS volume and space • Completed Draft SBAR for BHS options and cross walk
3. Work Remaining	• Refine and finalize BHS needs/demands • Identify space options in alignment with needs and HMC campus-wide planning • Conduct analysis of options • Complete cross walk of original HLG recommendations and current state
4. Potential Deliverables for Upcoming OWG Meeting	• TBD – not sure we are ready to bring any specifics to OWG this week beyond the process steps we have done
5. Barriers or Challenges	• So far, we are getting what we need; lots of catch up needed due to staff turnover from original work to understand assumptions and estimates, bring current and to conduct cross walk
6. Questions/Issues for OWG	• Not at this time

Building Code Review (seismic, zoning, other)

Topic	Information
1. Work Underway	• Group members: Tony Wright, Leslie Harper-Miles, Ted Klainer, John Lett • Initial Outreach to the Director of Seattle Department of Construction & Inspections (SDCI) • SDCI is assembling a team; working on setting meeting date
2. Work Since Last AT Meeting	• Initial Outreach to the Director of SDCI

3. Work Remaining	• Discussion with SDCI on:
	  • Substantial alteration triggers
	  • Relationship of seismic work to substantial alteration
	  • Expanding forum to include other code areas

4. Potential Deliverables for Upcoming OWG Meeting	• Will be woven into options analysis for other elements of the Bond Program
5. Barriers or Challenges	• Changing City code requirements
6. Questions/Issues for OWG	• Is there anything missing that requires further analysis?

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Walter Scott Brown Building Site Analysis

Topic	Information

1. Work Underway	• Group Members: Ted Klainer, April Harr, Susan Mclaughlin, Leslie Harper-Miles, John Lett, Kim McHugh, Lois Broadway, Melissa Kelii
	• Deliverable(s):
	  ○ Initial: SBAR reviewing the following aspects of the site: MIMP zoning height, parking requirements, blocking and stacking, mixed-use considerations and alternate funding sources
	  ○ Final: Blocking and Stacking options for the potential building on that site

2. Work Since Last AT Meeting	• The team has met twice to review the potential use for the building. Parking requirements for the building have been revised to a lower number (200-300)
3. Work Remaining	• HMC to confirm the clinic volumes for BH services and use that info to develop blocking and stacking options for the building • HMC to confirm if any financially viable clinical functions can co-locate with BH Services clinics (highly unlikely at this time) • Considering if we should ask the City of Seattle for an administrative amendment to allow the building to be built at full zoning height – this would be a separate request from the current MIMP Major Amendment work
4. Potential Deliverables for Upcoming OWG Meeting	• Current and projected state Behavioral Health/BHI program needs • Blocking and Stacking options to be delivered in the next 30-60 days • Financing and/or funding alternatives – Lease-leaseback (63/20) or Public-Private Partnership (P3)
5. Barriers or Challenges	• Clinical volumes for Behavioral Health clinics to inform the blocking and stacking exercise
6. Questions/Issues for OWG	• NA

Financial Tools/Legally-Permissible Funding

Topic	Information
1. Work Underway	• Group convened April 5, 2023 • Group Members: Jeff Fillmore, Tom Goff, Chris McGowan, Leslie Harper-Miles, John Lett, Michael White, Mac Nicholson, Madeline Grant, Joe Smeltzer, Kelli Carroll • Analysis of eight potential funding options: state funds, county hospital maintenance levy, public hospital district levy, public/private partnership, philanthropy/fundraising, federal funds, HMC levy expansion, leveraging potential/existing County revenue tools • One to two-page writeups of each option due April 24, subgroup will review and discuss on April 26
2. Work Since Last AT Meeting	• Ongoing analysis by team members as identified above
3. Work Remaining	• Finalize write-ups of options, review and update based on feedback from financial tools team • Review and discussion by AT
4. Potential Deliverables for Upcoming OWG Meeting	• Summary analysis of options presented to OWG for review and discussion • One/two-page writeups provided as background
5. Barriers or Challenges	• Compressed timeline for analysis
6. Questions/Issues for OWG	• Is there anything missing that requires further analysis? • Are any of the options off the table?

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Other Areas Under Consideration for Analysis

- Harborview Hall
- Pioneer Square Clinic
- Respite
- Existing Hospital Space Renovations
  - Expand ITA court in most appropriate location; move/expand gamma knife; lab; Public Health TB, STD, MEO; nutrition, etc.

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Analytical Team Subgroup: Progress Updates

- Your feedback? Reflections/guidance on this work?

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Wrap Up

- Next steps
- Final reflections

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HMC Bond Ordinance Workgroup - Principals Meeting

May 5, 2023 / 2:00-3:30 pm

AGENDA

2:00 pm	**Welcome** ● Meeting agenda ● Approval of 4/19 meeting notes ● Business items, updates & engagement ● Where we are & where we're going	**Christina Hulet**
2:10 pm	**Subgroup Report: East Clinic** ● Options analysis for East Clinic	**Garrett Farrell & Tony Wright**
2:20 pm	**Subgroup Report: Financial Tools/Legally Permissible Funding** ● Options analysis of other available funds to support workgroup's program plan if bond revenues are insufficient to accomplish components per Ordinance 19583	**Kelli Carroll & Madeline Grant**
2:40 pm	**Behavioral Health Orientation - Part 1** ● Introduction to current behavioral health programming to set context for future options analysis discussion	**Susan McLaughlin**
3:00 pm	**Subgroup Report: County Spaces** ● Review assumptions for existing hospital spaces (e.g., MEO, public health, STD)	**Leslie Harper-Miles & April Harr**
3:15 pm	**Looking Ahead** ● June deliberations & finalizing recommendations ● Next steps & reflections	**Christina Hulet**
3:30 pm	**Adjourn**	

HMC Bond Ordinance Workgroup - Principals
Meeting Minutes

April 19, 2023 / 12:00 - 1:30 pm

WORKGROUP MEMBERS:

ORGANIZATION	MEMBER	PRESENT
King County Executive	April Putney Dwight Dively	Yes Yes
King County Council	Joe McDermott Claudia Balducci	Yes Yes
HMC Board of Trustees	Steffanie Fain Clayton Lewis David McDonald	Yes Yes Yes
UW Medicine	Sommer Kleweno-Walley Cynthia Dold Jacque Cabe	Yes Yes Yes
Facilitator	Christina Hulet	Yes

Other meeting attendees:

- Lily Clifton
- Jon Fowler
- Tom Goff
- Melanie Kelii
- Ian M. Goodhew
- Elizabeth Fleming
- Kellie Hurley
- Teresa Beran
- Tim Patmont
- Ted Klainer
- Jeff Fillmore
- Susan McLaughlin
- Kelli Carroll
- Jeannie Macnab
- Leslie Harper-Miles
- Madeline Grant
- Lan Nguyen
- Jon Le

AGENDA

12:00 pm **Welcome - Christina Hulet**

- Christina Hulet called the meeting to order at 12:03PM.
- Motion made to pass the meeting minutes was approved and seconded.
- Members were encouraged to schedule a Harborview tour. The intention is to have a good understanding of what's happening day-to-day at Harborview.
- Provided reminder that workgroup is subject to the rules and regulations of the Open Public Meetings Act.
- Provided recap of previous meeting.

12:05 pm **HMC Current Landscape & Strategic Needs - Tim Patmont & Kellie Hurley**

- Staff shared the bed needs forecasting tool and current census snapshot.
- Staff reported that predicting demand for inpatient beds at HMC is based on a fluid formula that will change over time.
- Currently the formula uses the following inputs: established baseline, accounting for surge capacity, adjustments for length of stay improvements, adjustments for strategic growth factors, incorporation of population growth and care trends, and the establishment of a time for full occupancy.
- Staff stated purpose is to ensure campus is supported until next large bond proposal.

12:35 pm **Implications for Analytical Criteria – Christina Hulet**

- Members made the decision to add two points that were listed on the right side of the slide titled "Implications for Analytical Criteria."
- These points emerged as a part of the Analytical Team's review of the Harborview Leadership Group's criteria in accordance with Ordinance 19583.
- The two key points were: 1. Importance of increased bed capacity and space to meet current and future patient needs at Harborview, and; 2. Opportunity to improve utilities, infrastructure, and other key facility systems to enhance the campus' long-term resiliency.
- Members decided to embed these two points into HLG Analytical Criteria Area #2 "Service/Operational Impact" as presented on the PowerPoint slide.
- Additionally, there was a plan to build off the criteria that they have and acknowledge that there is new information since that criteria came forward. There was also clarification that the analysis that comes out of the subgroups should speak to and provide information on how well Harborview can meet the future needs of the community and what the cost will be.

12:45 pm **Analytical Team Subgroups: Progress Updates & Feedback – Christina Hulet/Project Team**

- The presentation provided details about the five different subgroups.
- Members were asked if they had any feedback, reflections, or guidance about the subgroups.
- Overall, members felt that the subcommittees are on the right track.
- By summer, staff plan to have a cost analysis prepared.
- Staff were asked to consider including information about infrastructure needed.

1:25 pm **Wrap Up – Christina Hulet**

- Board Member Fain requested PowerPoint decks to be emailed in advance to help prepare for meetings.

1:30 pm **Adjourn**

- Adjourned at approximately 1:30 pm

Harborview Bond: Ordinance Workgroup Meeting

May 5, 2023

- Final -

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Agenda

- Welcome
  - Approval of Meeting Notes 4/19
  - Business Items, Updates & Engagement
  - Where We Are & Where We're Going
- Subgroup Report: East Clinic
- Subgroup Report: Financial Tools/Legally Permissible Funding
- Behavioral Health Orientation: Part 1
- Subgroup Report: County Spaces *(postponing)*
- Looking Ahead

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Business Items & Updates

- Harborview tour scheduled 5/24 at 7:30am
  - Contact Ian Goodhew if interested (206-679-8764)

- Engagement underway:
  - Immigrant & Refugee Commission – 5/2
  - Healthcare for the Homeless Governance Council – 5/3
  - First Hill Neighborhood Association – 5/3
  - Behavioral Health Advisory Board – 5/4
  - Pioneer Square Clinic – 5/10
  - Yesler Neighborhood Focus Group – 5/17
  - Labor Focus Group – 5/24

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Where We Are & Where We're Going

Draft HMC Bond Ordinance Workgroup Timeline 3.27.23

Group	Activity/Process Element	3/20	3/29	4/3	4/10	4/17	4/24	5/1	5/8	5/15	5/22	5/29	6/5	6/12	6/19	6/26	7/3	7/10	7/17	7/24	7/31
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	Analyze Input from Consultation Groups and OWG																				
	Present Information/Data to OWG, Respond to Questions																				
	Provide inputs/documentation to Draft OWG Report																				
Consultation Groups	Review Options/Provide Input Documented for OWG																				

Where We Are & Where We're Going

Developing & Analyzing Options

May 5

- East Clinic
- Financial Tools
- Behavioral Health #1
- County Spaces (tbd)

May 19

- New Tower #1
- Pioneer Square Clinic
- Respite
- WSB, Harborview Hall and Center Tower
- Behavioral Health #2

June 2

- New Tower #2
- New Tower Ancillary
- Behavioral Health #3 (if needed)
- Stakeholder Input

Analysis of costs, implications, assumptions and criteria alignment for the various options

Final Decision-Making

June 16

- Summary Table of Options Analysis
- OWG Decision Making: Initial Tiering Exercise
  - Tier 1: What would you prioritize/buy with original bond revenues of $1.7B*?
  - Tier 2: What would you buy with the next $100M*?
  - Tier 3: What would you buy with the next $100M*?

June 30

- OWG Decision Making: Cont. Deliberations on Bond Tiering/ Rescoping
- Additional Recommendations (e.g., programmatic, financial tools)

Recommendation that we add and lengthen OWG meetings in June to allow for more deliberation

Review/Submit Report

July 14

- Review Final Report at 7/14 Meeting (will send draft to members the week prior)
- Council COW 7/19
- Submit Final Report 7/31

* Exact dollar thresholds subject to change; pending cost analyses/additional information

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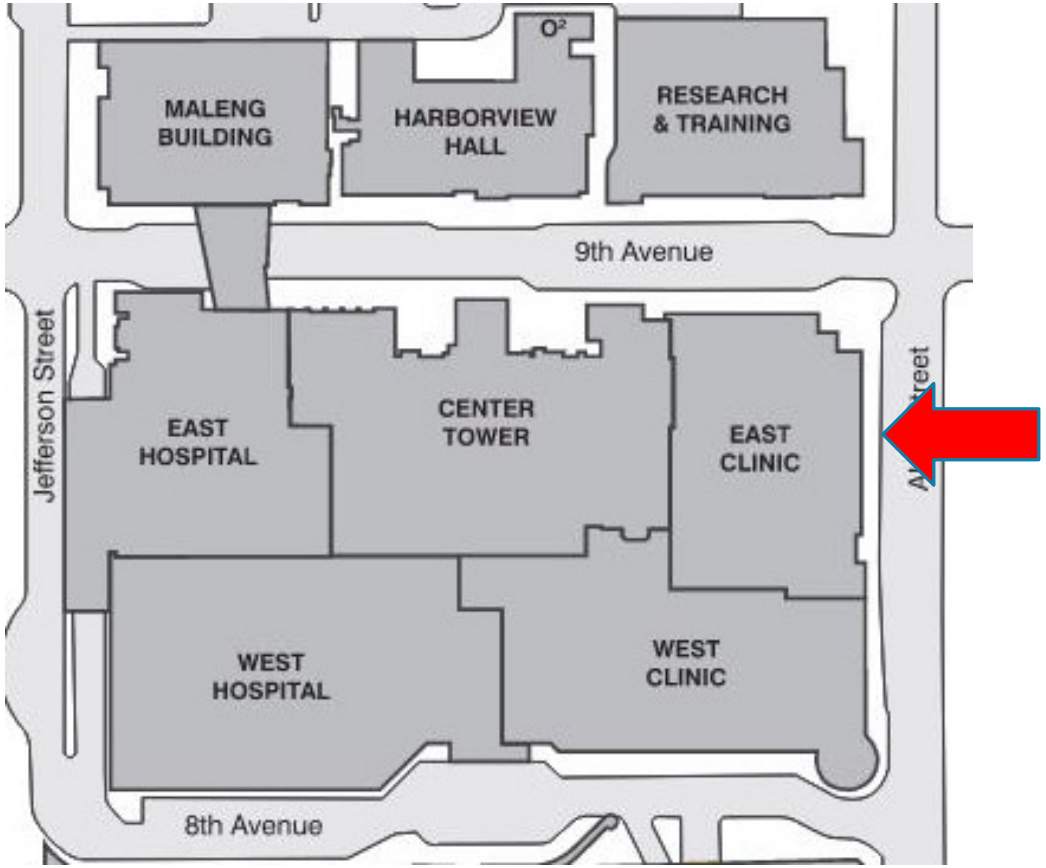
Harborview Bond Ordinance Workgroup Analytical Team Subgroup
EAST CLINIC

MAY 5, 2023

Subgroup Members

- Anthony Wright, FMD Division Director, King County
- Garrett Farrell, Harborview Bond Program, King County
- Ted Klainer, Harborview Medical Center

EAST CLINIC


MALENG BUILDING
HARBORVIEW HALL
RESEARCH & TRAINING
9th Avenue
Jefferson Street
EAST HOSPITAL
CENTER TOWER
EAST CLINIC
WEST HOSPITAL
WEST CLINIC
8th Avenue

EAST CLINIC

East Clinic:

- 97,000 SF of space
- Offices for clinical staff, hospital administration, faculty
- Essential services: sterilization, clinical engineering pharmacy, transfusion support, linen and housekeeping, laboratory testing
- Outpatient clinics (TB Clinic, etc.)

Overview

The 1950s East Clinic building does not meet current seismic standards, posing potential life/safety threats. It was evaluated in 2011 and 2014, with engineers determining that "structural and non-structural deficiencies in both the north and south building sections for the life safety performance goal for a major earthquake." (HDR Report page 114). Building systems are at or past the end of their useful life, operations and maintenance costs are high and are anticipated to increase as the building ages.

Two options are identified for the clinic:

1. **Retain East Clinic** (as is, no renovation)

2. **Demolish East Clinic**

Option 1: Retain East Clinic

- **Option 1 Estimated Cost:** no capital costs; ongoing maintenance and utility costs (not Bond Program costs)

Benefits	Challenges
Bond Program cost avoidance	Potential life/safety threat to staff and public utilizing building
Reduces pressure to find spaces for services and offices during construction or with reduced scope	Operational and maintenance costs increase over time as the building continues to degrade
	Building elevators are out of service and cannot be repaired; replacement is cost prohibitive
	Building floor plan and overall configuration is not functional for modern clinical or office use

Option 2: Demolish East Clinic

- **Option 2 Estimated Cost: $12,071,381** per Vanir
  - Demolition cost estimate does ***not*** include cost of moving of critical utilities impacted by demolition
  - Demolition cost does ***not*** include relocation cost for services and offices housed in the building

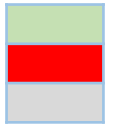
Benefits	Challenges
Removes potential life safety threat from Harborview campus	Building occupants relocated into constrained campus
Provides a buildable site for future growth of services	Relocation costs likely substantial
Potential public benefit of 'interim' open space	

Criteria Analysis: Areas 1 and 2

Positive Impact
Negative Impact
N/A

Criteria Area	Option 1	Option 2
Area 1: People Impact		
Mission Population		
Patients and clients		
Labor and employees		
Neighbors and community		
Area 2: Service/Operational Impact		
Delivery of emergency services		
Addresses facility deficiencies and needs		
Supports innovation, best practices, and/or new models of care		
Increases bed capacity and space to meet current/future patient needs at HMC		
Improves utilities, infrastructure, and other key facility systems to enhance the campus' long-term resiliency		

Criteria Analysis: Areas 3 and 4



Criteria Area	Option 1	Option 2
Area 3: Equity and Social Justice		
Service models that promote equity		
Influenced by community priorities		
Addresses Determinants of Equity		
Access to healthcare and improved health outcomes		
Area 4: Fiscal/Financial Impact		
The long-term financial position of Harborview and King County		
Existing facilities		
Opportunities for other funding		

Discussion

Harborview Bond Ordinance Workgroup Analytical Team Subgroup
Financial Tools Team – Funding Options Report

MAY 5, 2023

Subgroup Members

- Jeff Fillmore, UW Medicine
- Madeline Grant, UW Medicine
- Joe Smeltzer, UW Medicine
- Tom Goff, King County
- Michael White, King County
- Mac Nicholson, King County
- Chris McGowan, King County
- Leslie Harper-Miles, King County
- Kelli Carroll, King County
- John Lett, Vanir

Overview

This presentation includes summary analysis of “legally available funds proposed to support the workgroup's program plan” as required by Ordinance 19583. The following three categories are included:

1. **State and federal funding**
2. **Philanthropy**
3. **County funding options**

Option 1: State & Federal Funding

- Seeking funding from the state and federal governments recognizes that Harborview is a state and regional resource – particularly around trauma, pandemics, disaster management, and services to safety net population.

- Actions include: briefing officials and identifying potential asks, including amending state statutes for greater revenue tool flexibility; and seeking competitive grant funding opportunities through the Bipartisan Infrastructure Law and the Inflation Reduction Act.

Benefits	Challenges
Offers greatest opportunity for larger funding packages	Uncertain timing of funding availability
Track records of success by UW Medicine and King County	Competition for scarce resources
	Subject to political will

Option 2: Philanthropic Funds

- The Hospital Services Agreement (HSA) between King County, the Harborview Board of Trustees, and the University of Washington Regents specifies that UW Medicine fundraises on behalf of Harborview for clinical programs and that the County is responsible for facility improvements to the medical center over $5 million.

- Many organizations benefit from offering naming rights of or in a facility, such as The Zuckerberg San Francisco General Hospital and Trauma Center.

Benefits	Challenges
Region has a number of active philanthropists	Concern over competition for funds
Enables UW Medicine to focus on existing fundraising strategies	County would need to identify funding for a consultant to conduct a feasibility study and cultivate donors
	Longer time horizon to launch campaign
	Must amend King County Code to allow naming rights

Option 3: County Financing

- Eight distinct councilmanic and voter approved actions are outlined in the table in the full report, including expansion of the current HMC capital levy (UTGO bonds), limited general obligation bonds, an array of property tax levy lid lifts, a hospital benefit zone, a public hospital district, and hospital maintenance statute.

- King County's existing Mental Illness and Drug Dependency (MIDD) sales tax and the recent voter approved Crisis Care Center (CCC) levy are analyzed for leveraging potential relative to the Bond Program funding gap, with CCC offering a potential future opportunity for the Harborview Bond Program and MIDD offering minimal opportunity.

- Public-private partnerships (P3s) are discussed, focusing on 63-20 bonds for potential use for a parking garage due to revenue generating potential.

Option 3: County Financing

Benefits	Challenges
Levies offer greater potential to raise larger amounts to cover the full Program funding gap and flexibility to raise project specific amounts	Voter approved levies require significant work and planning on the part of King County leaders and may face opposition campaigns
63-20 bonds offer a known mechanism outside of levies to cover costs of a building, especially for a building that can generate revenue to pay rent costs	Under a 63-20 option, a developer has a financial incentive to cut construction costs, which can result in higher operational and maintenance costs
County hospital districts offer broad powers to purchase, acquire, lease, maintain, and operate hospitals and other health care facilities	Hospital benefit zones must be used to promote private development within the benefit zone; benefit zones are complicated to establish
	County hospital maintenance tax cannot be used for capital facilities costs unless the RCW is amended

Criteria Analysis: Note

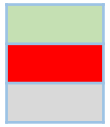
To the extent that additional funds become available to supplement the Bond Program, the Analytical Team expects a generally positive impact to the analytical criteria. However, specific funding decisions will need to be considered with more comprehensive analysis.

Criteria Analysis: Areas 1 and 2

Positive Impact
Negative Impact
N/A

Criteria	Additional Funding
Area 1: People Impact	
Mission Population	
Patients and clients	
Labor and employees	
Neighbors and community	
Area 2: Service/Operational Impact	
Delivery of emergency services	
Addresses facility deficiencies and needs	
Supports innovation, best practices, and/or new models of care	
Increases bed capacity and space to meet current/future patient needs at HMC	
Improves utilities, infrastructure, and other key facility systems to enhance the campus' long-term resiliency	

Criteria Analysis: Areas 3 and 4



Criteria	Additional Funding
Area 3: Equity and Social Justice	
Service models that promote equity	
Influenced by community priorities	
Addresses Determinants of Equity	
Access to healthcare and improved health outcomes	
Area 4: Fiscal/Financial Impact	
The long-term financial position of Harborview and King County	
Existing facilities	
Opportunities for other funding	

Discussion

Harborview Behavioral Health Services

Bond Ordinance Work Group

May 5, 2023

Purpose of BH Services Subgroup

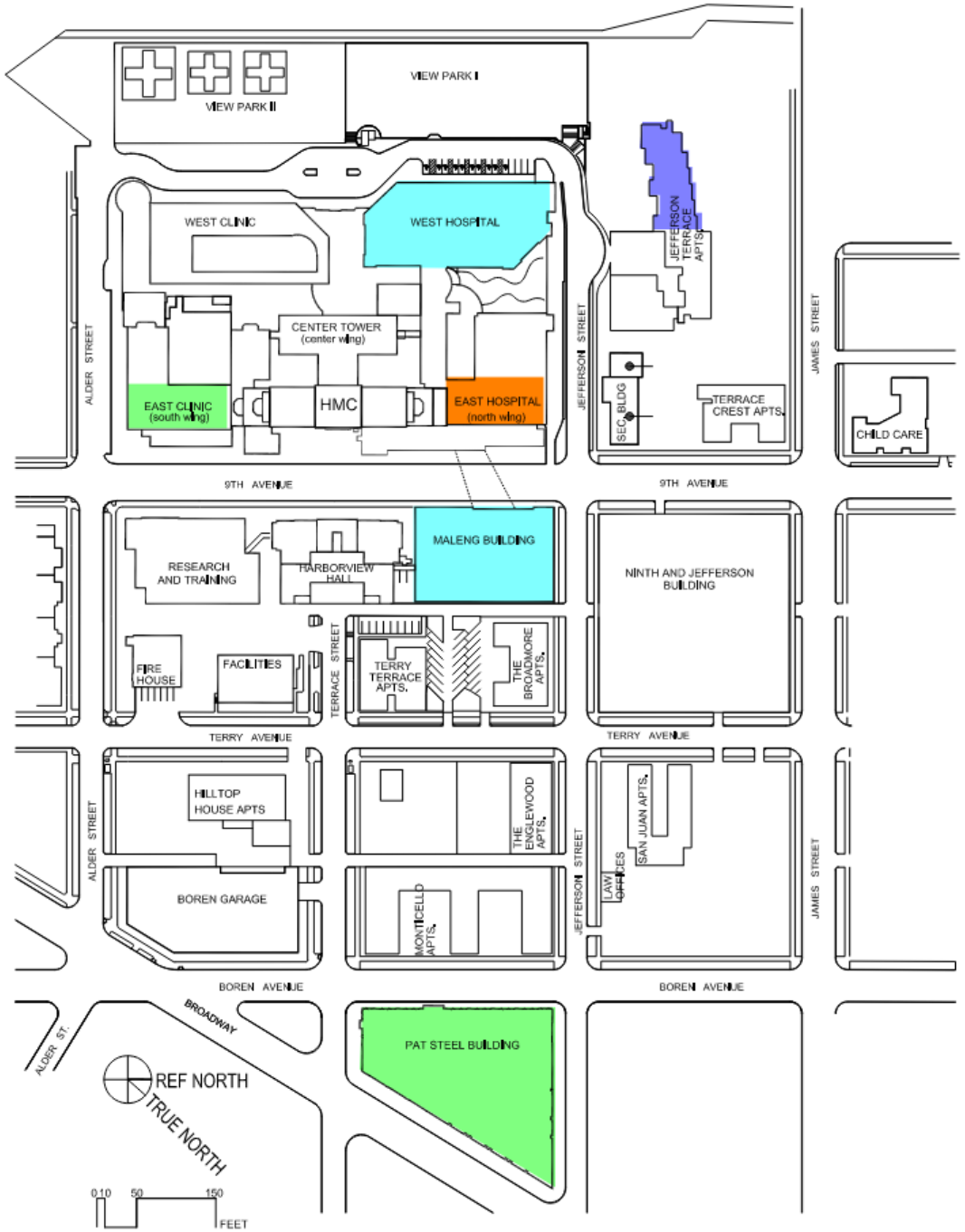
- Update HMC data on behavioral health services needs/volume and space
- Estimate BHS/BHI programmatic and space needs (2031/2040)
- Identify options to locate services, right size space for BH services, including BHI and expanded programs as appropriate
- Conduct analysis of options and report to Analytics Team and OWG – including costs to build/renovate and operating costs
- Develop summary report
  - To include a cross walk to original HLG report

Today's Focus

- Update HMC data on behavioral health service needs/volume and space
- Estimate BHS/BHI programmatic and space needs (2031/2040)
- Identify options to locate services, right size space for BH services, including BHI and expanded programs as appropriate
- Conduct analysis of options and report to Analytics Team and OWG – including costs to build/renovate and operating costs
- Develop summary report
  - To include a cross walk to original HLG report

HLG Original Recommendation

- *Build a new behavioral health building on the campus that would include space for*
  - ***expanded outpatient clinical space***
  - ***programs for the developing Behavioral Health Institute***
  - ***a sobering center, and***
  - ***a step up/step down program***



Inpatient and Outpatient Psychiatric Services on the Harborview Medical Center Campus

Outpatient Psychiatry

Inpatient Psychiatry
66 beds

Psychiatric Emergency Services
Emergency Department - 10 beds

Respite Care at Jefferson Terrace

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Expanded Outpatient Services

- HMC offers a range of outpatient behavioral health services in 2 primary locations: 5EC and Pat Steele Building
- Current programs are limited by space
- Goals:
  - Right-size space to meet current demand
  - Co-locate services as appropriate to deliver more efficient/effective care
  - Scale space for growth estimates

Programs within the Behavioral Health Institute

- Brings the expertise of Harborview Medical Center and the University of Washington to bear on the challenges facing Washington's behavioral health system through
  - Clinical Innovation
  - Training and Workforce Development
  - Research and Evaluation
- Serves as a regional resource for the advancement of behavioral health outcomes and policy, and to support sustainable system change
- In addition to office-based space for staff, also need:
  - Clinical space to develop innovations (Examples: STEP; ERSP)
  - Community Training space
  - Space for clinical research trials

Expand and Enhance Crisis Services

- Expand HMC's ability to respond to behavioral health crises and add option for additional level of care
  - Psychiatric Emergency Services (PES)
    - 24/7 operation; locked hallway off emergency department (ED)
    - Currently 10 beds proposing to expand to ~16
    - Provides short term emergency psychiatric care to individuals with high acuity and complex psychiatric and medical needs
    - ~3500 visits per year (2/5th admitted; 50% of those to HMC)
    - Many individuals stay longer awaiting inpatient psychiatric beds
  - Crisis Stabilization Unit (CSU)
    - Calm, therapeutic environment
    - Combination of recliner chairs and quiet rooms
    - Patients stay <24 hours
    - Intended to stabilize patients quickly and return to community
- To be located together in the super block

Other BH Program Space Considerations

- Inpatient Psychiatric Beds (66) – *falls under scope of overall hospital planning*
- Attendings/Residents/Students for Inpatient Psychiatry
- Psychiatry Consultation and other hospital-based behavioral health programs

Options for BHS/BHI co-location

- Crisis Stabilization Unit (CSU) and Psychiatric Emergency Services (PES) expansion in super block
- PES and CSU + **build a new building** – HLG original recommendation
  - Possible site: Walter Scott Brown
- PES and CSU + **renovate an existing space** to locate BH Outpatient services and BHI programs
  - Harborview Hall
  - Pat Steele Building
  - Central Tower
  - 5East Clinic

Questions?

Appendix

Current Outpatient Services Space & Volume

Program	2022 Clinic Service Volume/(Units)	Current Square Footage	Adjacencies/ Requirements
Outpatient Services (5EC) • STEP • Psych Consult • OBOT • SBIRT • ITA • Admin/BHI	6422	5812	• STEP requires separate entrance/space from OP Clinic • Psych Consult/OBOT and SBIRT need to be close to hospital
Outpatient Services (PSB) • Mental health services • Addiction services • OBOT • Recovery Support Services • IBIS • Integrated physical and BH care • Group Rooms • Pharmacy	61663	18746	• Need 2 + Exam rooms to code • Pharmacy must go where MHAS OP clinic is
PES Crisis Stabilization Units	10 beds N/A	2751	• In super block adjacent to Emergency Department

Harborview Bond: Ordinance Workgroup Meeting

May 19, 2023

- Final -

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Agenda

- Welcome
  - Approval of Meeting Notes 5/5
  - Business Items & Updates
  - Where We Are & Where We're Going
- Subgroup Report: New Tower – Part 1
- Scenario Development & Dependencies
- Subgroup Report: Pioneer Square Clinic
- Looking Ahead

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Business Items & Updates

- Harborview tour scheduled 5/24 at 7:30am
  - Contact Ian Goodhew if interested (206-679-8764)

- Engagement well underway:
  - Immigrant & Refugee Commission – 5/2
  - Healthcare for the Homeless Governance Council – 5/3
  - First Hill Neighborhood Association – 5/3
  - Behavioral Health Advisory Board – 5/4
  - Pioneer Square Clinic – 5/10
  - Yesler Neighborhood Focus Group – 5/17
  - Labor Focus Group – 5/24

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Where We Are & Where We're Going

(Proposed Timeline - Subject to Change)

Developing & Analyzing Options

Final Decision-Making

Review/Submit Report

May 5	May 19	June 2	June 9	June 16	June 23	June 30	July 14

• East Clinic
• Financial Tools
• Behavioral Health #1
	• New Tower #1
	• Introduction to Scenarios & Dependencies
	• Pioneer Square Clinic
		• Scenarios & Dependencies
		• New Tower #2: Cost Analysis
		• Behavioral Health #2
			• Scenarios & Dependencies Continued
			• Stakeholder Input
			• Remaining Bond Component Analyses – Specifics TBD (e.g., Respite, WSB, Harborview Hall, Center Tower, County Spaces)
				• Remaining Bond Component Analyses
				• Summary Table Options Analysis
				• OWG Decision Making: Initial Tiering Exercise*
				  • Tier 1: What would you buy/ prioritize with the current bond revenues, $1.7B?
				  • Tier 2: What would you buy next?
				  • Tier 3: What next?
					• OWG Decision Making: Continued Deliberations on Bond Tiering / Rescoping
					• Additional Recommendations (e.g., Financial Tools/Funding, Programmatic)
						• Finalize OWG Decisions / Recommendations	• Review Final Report at 7/14 Meeting (will send draft to members the week prior)
							• Council COW 7/19
							• Submit Final Report 7/31

Analysis of costs, implications, assumptions and criteria alignment for the various options

* Specific prioritization exercise to be determined; pending cost analyses

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Harborview Bond Ordinance Workgroup Analytical Team Subgroup
New Tower Part 1

MAY 19, 2023

Subgroup Members

- Lois Broadway, TGB Architects
- Leslie Harper-Miles, King County
- Melissa Kelii, TGB Architects
- Ted Klainer, UW Medicine
- John Lett, Vanir
- Kimberly McHugh, Cumming Group
- Tim Patmont, UW Medicine

Objectives For Today and June 2nd

OWG Members will walk away from the presentation today with a firm understanding of the original HLG recommendations pertaining to the New Tower, how HMC's needs have changed since those recommendations, and the options the Analytical Team plans to bring back in June.

- **Part 1 (Today)**
  - Review HLG recommendation Specific to the New Tower
  - Update on what we've learned since HLG's 2020 recommendation
  - Outline new tower options
- **Part 2 (June 2)**
  - Review and discuss details of new tower options, including cost estimates

Hospital Needs Identified by HLG

HLG identified the following needs to address at Harborview:

- Increase bed capacity[1,2]
- Replace double-patient rooms with single-patient rooms[1]
- Expand/Modify emergency department[1]
- Meet Privacy and Infection Control Standards[1]
- Support disaster preparedness[1]
- Add operating rooms[3]

HLG did not address changing or right-sizing essential services in order to support operations in the new tower, but anticipated relocating some essential services due to Center Tower seismic renovation and East Clinic demolition

[1]HLG Report, Page 5, 13
[2]Prioritizing capacity by improving throughput, not adding additional beds – Harborview Medical Center Subcommittee Analysis for the Harborview Leadership Group, April 24 2019, Page 3
[3]HDR report, Pages 10, 17, 88

HLG Hospital Need: Bed Capacity

2020 HLG recommendation did ***not*** include an increase to Harborview's licensed beds[4].

HLG presumed improving efficiency of existing operations, including addressing length of stay, and un-gridlocking operations[5] in order to improve Harborview's ability to respond to public health emergencies[6] and increase surge capacity during a mass-casualty event or disaster[7].

	2019
Average Daily Census	424
Licensed Beds	413

[4]Harborview Medical Center Subcommittee Analysis for the Harborview Leadership Group, April 24 2019, Page 3
[5]HLG Report, Page 11
[6]HLG Facility Master Plan Overview, Jan 29, 2019, Page 12
[7]HDR Report, Page 2

HLG Hospital Need: All Single-Patient Rooms

Moving Harborview to all single-patient rooms:

- Improves Infection prevention and control[8]
- Provides all patients with the dignity and privacy they deserve[9]

2019				
	East Hospital	West Hospital	Maleng	Total
Beds	194	144	75	413
% Double-Patient/ Communal Space	78%	55%	47%	70%

[8]HLG Report, Page 11
[9]HDR Report, Page 10

HLG Hospital Need: Operating Rooms

Original HLG recommendations did not speak to operating room capacity

Subsequent HDR report recommended adding 8 operating rooms to increase overall campus capacity from 25 to 33 ORs

Summary of HLG/HDR Recommendations

HLG recommended the following clinical elements to address these needs[10]:

Build new tower with:

- 360 single-patient acute care inpatient beds
- Expanded Emergency Department

HDR recommended:

- 8 operating rooms

[10]HLG Report, Pages 5, 13
[11]HDR Report, Page 17

Current State

Healthcare Landscape Changes

Broad-Based Changes

- The COVID pandemic underscores the critical need for infection control capabilities
- Underlying financial dynamics of healthcare have shifted -- rising costs and stagnant reimbursement have made it harder for hospitals to maintain solvency
- Hospitals, which are struggling financially, are cutting programs and closing services

Harborview-Specific Changes

- Census has increased significantly since 2019, current operations at critical capacity
- Operating Rooms are running at full capacity without enough space for demand
- future financial stability in crisis, dependent on strategic programs to sustain daily operations
- BHI clinical experts recognized need for Crisis Stabilization unit to be adjacent to Emergency Department, and increase in psychiatric emergency services (PES) in the ED

Current State at Harborview

Average Daily Census and beds available

	2019	2023
Average Daily Census	424	503
Bed Need	491	582
Licensed Beds	413	500*
Double/Communal Space %	70%	71%
Daily use Non-Standard/communal Spaces		

*includes 46 exempt beds and excludes 40 Maleng beds to be constructed

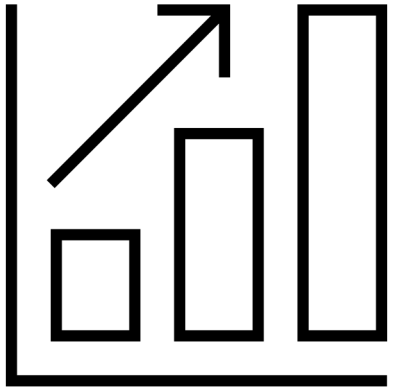
In summer months, census increases to 540-560 on a daily basis

Campus-Wide Beds: Current State

Work since HLG to determine HMC needs

There is work in-progress that will support the development of scenarios/options being brought to OWG in June[12].

- Developed clinical strategic plans for key programs at HMC
- Created the Inpatient Bed and Operating Room Forecast (Presented to OWG)
- Compiled square footages, current and right-sized, of all Departments across HMC – including essential services
- Utilized blocking and stacking tool to support visualization of new tower and dependencies
- Developing multiple scenarios for Emergency Department Sizing Requirements



[12]HLG Report, Page 4: *"Subject matter experts with expertise in areas such as operations, services, and facilities should be engaged in the planning and development of spaces on the Harborview Campus; and the final location of specific services and programs identified in the HLG recommended package may change due to evolving best practices, program needs, building code requirements, or unforeseen factors."*

New Tower Options*

Below options will be costed and analyzed for impacts to HLG Criteria, quality of care, hospital operations and finances

- Build Tower to 2019 HLG scope (strictly sticking to original)
- Build Tower to 2019 HLG scope (doing best to address 2030 census)
- Build Tower to 2019 HLG scope, shell some inpatient floors, move essential services to East Hospital
- Build Tower to Opening Day Census (2030) and assess essential services to meet bed needs
- No Action

Discussion

Harborview Bond Ordinance Workgroup

Update: Major Component Integration and Dependency Analysis

5.17.23

Team Members

- Kellie Hurley, Harborview
- Ted Klainer, Harborview
- Dave Reeves, Harborview
- Kelli Carroll, King County
- Garrett Farrell, King County
- Leslie Harper-Miles, King County
- Tony Wright, King County
- Lois Broadway, TGB Architects
- Bryan Hall, Vanir
- Melissa Kelii, TGB Architects
- John Lett, Vanir
- Kimberly McHugh, Cumming

Team Progress

- Develop and review methodology
- Conduct precursor and dependency analysis
- Capture and review assumptions
- Deliver major component briefings to OWG

Methodology

- **Identification of precursor requirements by component**
  - Example: Construction of the new loop road requires land acquisition, demolition of garage, parking mitigation, et al.
- **Classification of components by low/medium/high precursor requirements**
  - Example: Construction of new building on Walter Scott Brown site is ***Low*** as little to no impact on MIMP, displaces security and public defenders.
- **Crosswalk of potential options with each major component**
  - Example East Clinic decision, seismic renovation center tower approach, Harborview Hall adaptive reuse, new tower configuration, et al.
- **Capture assumptions**
  - Example: Loop Road construction requires garage demolition.

Next Actions

- Scenario Development and winnowing
  - Validation of assumptions
  - Elimination of infeasible and unsuitable scenarios
- Scenario Analysis
  - Confirmation of interactions
  - Cost estimating
  - Mission Impact
- Report to OWG on scenarios

Harborview Bond Ordinance Workgroup Analytical Team Subgroup
Pioneer Square Clinic Report

5.15.23

Subgroup Members

- Teresa Beran, King County
- Kelli Carroll, King County
- Leslie Harper-Miles, King County
- Ted Klainer, Harborview
- John Lett, Vanir

Pioneer Square Clinic

Clinic Overview

- Located at 3rd and Washington downtown Seattle in a historic, landmarked building owned by King County
- Space is deeply constrained and in need of significant facility & seismic improvements
- The clinic provides a comprehensive array of services to a vulnerable population of those living unhoused, unstably housed, and newly housed
- Population presents acute and chronic health conditions
- The clinic is currently open four days per week for scheduled and walk-in visits
- Current clinic data shows 151 clinic visits per week for 2023, serving about 2,000 unique patients per year; about 86% of the patients are on Medicaid or Medicare
- Harborview reports that the Clinic is projected to lose $1.7M in 2023

Summary

This presentation outlines potential facility options for the Pioneer Square Clinic that the Ordinance Workgroup may wish to consider regarding the facility and Bond funding.

1. **Status Quo: Do not renovate, maintain clinic operations on-site**

2. **Renovate Building: Renovate as envisioned by Harborview Leadership Group/HDR reports; maintain clinic operations on-site after renovation**

3. **Relocate Clinic within Area: Do not renovate; maintain clinic operations at new location**

Status Quo: Do not renovate, maintain clinic operations on-site

- **Status quo estimated cost avoidance: $29M**

Benefits	Challenges
Provides for scarce Bond funds identified for the PSQ clinic renovation and seismic upgrade to be reallocated to other Bond Program facility programming recommendations	Does not resolve significant facility needs including HVAC, plumbing and electrical, or seismic upgrading
Maintains clinic vital health services for vulnerable population; reduces emergency services use	Clinic operations continue to be limited by constrained space

Option 1: Renovate as envisioned by HLG/HDR Reports

- **Option 1 Cost: $29.97M + potential relocation costs (TBD)**

Benefits	Challenges
Resolves significant facility needs including HVAC, plumbing and electrical, or seismic upgrading	Renovated space may provide inadequate space for clinical operations
Maintains vital safety net health services for vulnerable population	To maintain provision of services during the renovation period, interim space would need to be obtained and the clinic would need to relocate at additional (cost TBD)
	Clinic closure during renovation period would negatively impact health access for the vulnerable population served by the clinic and increase use of emergency services

Option 2: Relocate Clinic within Area

Option 2 Cost: TBD

Benefits	Challenges
Maintains clinic vital health safety net services for vulnerable population; reduces emergency services use	Interim space would need to be obtained at additional and ongoing (cost TBD)
	Adds relocation costs (TBD)
	Ongoing operating costs of the new location would need to be assessed.

Criteria Analysis

Positive Impact
Negative Impact
N/A

Option 1 coding below assumes interim clinic space operational during renovation period and clinic remains open.

	No Change	Option 1**	Option 2
Area 1: People Impact			
Mission Population			
Patients and clients			
Labor and employees			
Neighbors and community			
Area 2: Service/Operational Impact			
Delivery of emergency services			
Addresses facility deficiencies and needs			
Supports innovation, best practices, and/or new models of care			
Increases bed capacity and space to meet current/future patient needs at HMC			
Improves utilities, infrastructure, and other key facility systems to enhance the campus' long-term resiliency			
Area 3: Equity and Social Justice			
Service models that promote equity			
Influenced by community priorities			
Addresses Determinants of Equity (health access)			
Access to healthcare and improved health outcomes			
Area 4: Fiscal/Financial Impact			
The long-term financial position of Harborview and King County			
Existing facilities			
Opportunities for other funding			

HMC Bond Re-Scoping: New Tower Options (analyzed for day building opens in 2030)

	2019 HLG Scope		New Tower w/50% Shelled Floors	New Tower Built to Opening Day Census (2030)	No Action
Headline Description	• New tower fully built out: ○ 360 inpatient beds ○ 8 ORs ○ Expanded ED on two floors (both options) • Crisis Stabilization Unit and Behavioral Health Institute Building planned as separate Bond component		• New tower built: ○ 180 inpatient beds ○ 8 ORs ○ 5 shelled as inpatient floors ○ Expanded ED ○ Crisis Stabilization Unit ○ Expanded Psychiatric Emergency Services (PES)	• New tower fully built out: ○ 360 inpatient beds ○ 8 ORs ○ Expanded ED ○ Crisis Stabilization Unit ○ Expanded Psychiatric Emergency Services (PES)	• Continue to operate with existing facilities and bed capacity
Bed Need (2030)	**670**	**670**	**670**	**670**	**670**
	To 2019 Scope Only	**Maximize Bed Capacity**			
Beds on Campus	413	875	465	645	540
Beds : Bed Need	-257	+205	-205	-25	-130
Surge Capacity	• 0 beds – communal	• 205 beds	• 0 beds – communal spaces only	• 0 beds – communal spaces only	• 0 beds – communal spaces only
Single/Double	• Single: 413/Double: 0	• Single: 542/Double: 333	• Single: 325/Double: 140	• Single: 503/Double: 142	• Single:188 /Double: 352
Superblock Beds	• 53	• 515	• 285	• 285	• 540
East Hospital	• Essential Services	• Inpatient Beds	• Essential Services	• Essential Services	• Inpatient Beds
High-Level Assumptions	• Operating 37 ORs on campus • East Hospital beds vacated/decanted for essential services from Center Tower seismic renovation and East Clinic demolition • Services and programs have been cut and limited to minimize census • Procedural and surgical capacity has been cut to accommodate boarding space • Basic and advanced life-support divert used to control census	• Operating 37 ORs on campus • Essential services not right-sized for 875 beds • Will move East Hospital to single-patient rooms with no remodel and operate at 765 when census allows	• 50% shelled inpatient floors • OR floor built out • 37 ORs on campus • Operating 180 inpatient rooms in new tower • Clinical care occurring in three towers (West, New, Maleng)	• Operating 360 inpatient rooms in new tower • 37 ORs on campus	• Services and programs cut and limited to minimize census • Procedural and surgical capacity cut to accommodate boarding space • Unable to provide Level 1 Trauma services • Basic and advanced life-support divert used to control census

HMC Bond Re-Scoping: New Tower Options (analyzed for day building opens in 2030)

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	To 2019 Scope Only	**Maximize Bed Capacity**			
Beds : Bed Need	-257	+205	-205	-25	-130
Initial Implications	• Constantly leveraging double rooms and communal spaces • Loss of beds from East Hospital eliminates critical bed and surge capacity needed to address opening day bed need • Essential services relocated to East Hospital, but were not right-sized appropriately • Essential services better located to support new tower • Two-floor ED operationally and clinically infeasible • Services and programs cut and limited to minimize census • Procedural and surgical capacity cut to accommodate boarding space • Unable to provide Level 1 Trauma services adequately • Likely financially crippling – new tower, no new beds	• Able to surge up to 875 • ED and OR capacity cannot support 765-875 beds • No space in this scenario to expand essential services to support this bed number • Less efficient ancillary staffing • Do not have enough procedural and OR space to generate revenue to support operational expense for this number of beds (labor, etc.) • Improvement in quality of care given through single-patient rooms	• Shelling floors could lower initial construction costs • Will need to identify capital funds at a later time to build out inpatient floors • Does not resolve ongoing bed crisis • Potential financial implications if building not fully utilized • Gain capacity, but efficiency decreases significantly ○ Labor costs increase ○ Staff satisfaction decreases ○ Length of Stay increases due to inefficiencies • Infection control and patient experience remains impacted • Creates worse financial situation than current state: ○ Decreased bed numbers ○ Increased operational expenses ○ Length of stay increase ○ Operational efficiencies decrease ○ Labor expense increase • Improvement in quality of care given through single-patient rooms • Services and programs cut and limited to minimize census • Procedural and surgical capacity cut to accommodate boarding space • Basic and advanced life-support divert used to control census • Unable to provide Level 1 Trauma services adequately	• Does not resolve ongoing bed crisis • Patient experience and infection control remains impacted due to communal spaces • Likely financially most stable option: provides increased capacity from inpatient bed and OR perspective • Improvement in quality of care given through single-patient rooms	• Does not resolve ongoing bed crisis • Infection control and patient experience remain significantly impacted • Double-patient/communal space at 71% • Cannot function as emergency preparedness and disaster center for city, county, and state • Services and programs cut and limited to minimize census • Procedural and surgical capacity cut to accommodate boarding space • Unable to provide Level 1 Trauma services • Financially crippling – high expenses, no revenue with procedural and surgical capacity limited

Harborview Bond: Ordinance Workgroup Meeting

June 2, 2023

- Final -

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Agenda

- Welcome
  - Approval of Meeting Notes 5/19
  - Business Items & Updates
  - Where We Are & Where We're Going
- HMC Bond Program – Draft Scenarios
- Looking Ahead

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Business Items & Updates

- Harborview tours completed
  - Reflections/learnings?

- Engagement complete – Expect Summary at 6/9 OWG meeting:
  - Immigrant & Refugee Commission
  - Healthcare for the Homeless Governance Council
  - First Hill Neighborhood Association
  - Behavioral Health Advisory Board
  - Pioneer Square Clinic
  - Yesler Neighborhood Focus Group
  - Labor Focus Group

Where We Are & Where We're Going

(Subject to Change)

Developing & Analyzing Options

May 5

- East Clinic
- Financial Tools
- Behavioral Health #1

May 19

- New Tower #1
- Introduction to Scenarios & Dependencies
- Pioneer Square Clinic *(postponed)*

June 2

- Bond Program Draft Scenarios & Analysis for Hospital & Behavioral Health:
  - Components
  - Assumptions
  - Comparison to Original Bond
  - Benefits & Challenges
  - Cost Ranges

June 9

- Scenarios & Analysis (Cont.)
- Stakeholder Engagement
- OWG Decision Making & Report Process

Analysis of costs, implications, assumptions and criteria alignment for the various scenarios

Final Decision-Making

June 16

- Scenarios & Analysis (Cont.)
- Summary Table Options Analysis
- OWG Decision Making: Tiering Exercise*
  - Tier 1: What would you buy/ prioritize with current bond revenues, $1.7B?
  - Tier 2: How might we fund remaining bond components (i.e., financial tools)?

June 23

- OWG Decision Making: Cont. Deliberations on Rescoping
- Additional Recommendations (e.g., financial tools/funding, programmatic)

June 30

- Finalize OWG Decisions / Recommendations
- Draft Report (if ready)

Review/Submit Report

July 14

- Review Final Report at 7/14 Meeting (will send draft to members the week prior)
- Council COW 7/19
- Submit Final Report 7/31

* May adjust prioritization exercise/process based on staff analyses and OWG discussion

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Harborview Bond Ordinance Workgroup

Scenario Update

6.2.23

Team Members

Kellie Hurley, Harborview
Ted Klainer, Harborview
Dave Reeves, Harborview
April Harr, Harborview
Kelli Carroll, King County
Garrett Farrell, King County
Leslie Harper-Miles, King County
Tony Wright, King County
John Lett, Vanir
Bryan Hall, Vanir
Kimberly McHugh, Cumming
Lois Broadway, TGB Architects
Melissa Kelii, TGB Architects

Team Progress

- Develop and review methodology
- Precursor and dependency analysis
- Capture and review assumptions
- Deliver major component briefings to OWG
- Develop and review scenarios
- Benchmark based cost analysis

Methodology

- **Identification of precursor requirements by component**
  - Example: Construction of the new loop road requires land acquisition, demolition of garage, parking mitigation, et al.
- **Classification of components by Low/Medium/High precursor requirements**
  - Example: Construction of new building on Walter Scott Brown site is ***Low*** as little to no impact on MIMP, displaces security and public defenders.
- **Crosswalk of potential options with each major component**
  - Example East Clinic decision, seismic renovation center tower approach, Harborview Hall adaptive reuse, new tower configuration, et al.
- **Capture Assumptions**
  - Example: Loop Road construction requires garage demolition.

Assumptions

Specific infrastructure impacts and requirements will be a function of the individual scenarios, which are assumed will be supplied with all needed infrastructure.

Essential services are a function of the individual scenarios.

Each scenario includes a single floor Emergency Department (ED) and pharmacy.

Psychiatric Emergency Service (PES) is part of the ED; the Crisis Stabilization Unit will be located adjacent to the ED (in renovated space).

Each scenario includes current King County Services such as the ITA, the MEO, and the TB Clinic.

Baseline (Harborview Leadership Group)

Includes all of the elements recommended in the HLG 2020 Report:

- Construction of a New Tower 7 med surg bed floors and 3 ICU bed floors (2 Story ED)
- Construction of a new building or renovation of existing building to house behavioral health services and programs
- Existing hospital space renovations, including King County clinics and services
- Adaptive reuse of Harborview Hall and establishment of up to 150 respite beds
- Seismic retrofits and tenant improvements for the Center Tower
- Seismic retrofits and tenant improvements for the Pioneer Square Clinic
- Demolition of East Clinic

Selected Component Options

New Tower
- Base Building with single floor ED
- Larger tower. Base Building with single floor ED. Add four floors (shelled)
- Reduced finished space in base Building with single floor ED. Reduce bed floors by 3 (shelled)

Center Tower
- No Change
- Seismic only
- Renovation - full
- Renovation - partial

Harborview Hall
- No Change
- Seismic Only
- Adaptive Reuse

Behavioral Health
- No Change
- New Building
- Renovate Pat Steele

East Clinic
- No Change
- Seismic Only
- Demo
- Mothball

Pioneer Square Clinic
- No Change
- Renovate
- Relocate

East Hospital
- No Change
- Renovation - full
- Renovation – partial
- Seismic Only

Scenario One

- Components
  - Base Tower
  - Seismic retrofit of center tower
  - Adaptive reuse of Harborview Hall
  - Full renovation of Pat Steele building
  - Demolition of East Clinic

Includes one new construction project, the New Tower.
New tower includes 7 med surg bed floors and 3 ICU bed floors. The Pat Steele building will be renovated to house existing behavioral health services and programs and the Behavioral Health Institute. The center tower will be seismically retrofitted and the east clinic will be demolished. Harborview Hall will be adapted to support respite beds and offices.

$2.4-2.8 Billion

Scenario Two

- Components
  - Base Tower
  - New building for Behavioral Health

Includes two new construction projects, the New Tower and Behavioral Health.
New tower includes 7 med surg bed floors and 3 ICU bed floors. A new building will also be constructed to house existing behavioral health services and programs and the Behavioral Health Institute.

$2.0-2.4 Billion

Scenario Three

- Components
  - Larger Tower
  - New building for Behavioral Health
  - Demolition of East Clinic

Includes two new construction projects, the New Tower and Behavioral Health.
New tower includes 7 med surg bed floors and 3 ICU bed floors with construction of an additional 4 shell floors, which can be finished at a later date as new funds become available and demand increases.
A new building will also be constructed to house existing behavioral health services and programs and the Behavioral Health Institute. The east clinic will be demolished, and its occupants relocated.

$2.2-2.6 Billion

Scenario Four

- Components
  - Larger Tower
  - Seismic retrofit of Center Tower
  - Adaptive reuse of Harborview Hall
  - New building for Behavioral Health
  - Demolition of East Clinic
  - Seismic renovation of Pioneer Square Clinic

Includes many of the elements recommended in the HLG 2020 Report. It includes two new construction projects, the New Tower and Behavioral Health.
New tower includes 7 med surg bed floors and 3 ICU bed floors with construction of an additional 4 shell floors, which can be finished at a later date as new funds become available and demand increases.
A new building will also be constructed to house existing behavioral health services and programs and the Behavioral Health Institute. The east clinic will be demolished and Harborview Hall will be adapted to support respite beds and offices. The Pioneer Square Clinic will be renovated for seismic, code, and tenant improvements.

$2.7-3.1 Billion

Scenario Five

- Components
  - Reduced Space Tower

Includes one new construction project, the New Tower.
New tower includes 4 med surg bed floors and 3 ICU bed floors. Three floors will be built to shell only for future expansion as funds become available.

$1.7-2.0 Billion

Scenario Six

- Components
  - Base Tower

Includes one new construction project, the New Tower.
New tower includes 7 med surg bed floors and 3 ICU bed floors.

$1.8-2.1 Billion

Scenario Components

Scenario	New Tower	Center Tower	Harborview Hall	Behavioral Health Services	East Clinic	Pioneer Square Clinic	Cost Range ($B)
HLG	Orig. (2ED Fl)	Seismic	Adaptive Reuse	New Bldg. or Renovate	Demo	Seismic & Code	2.6
1	Base Tower	Seismic	Adaptive Reuse	Renovate Pat Steele	Demo		2.4-2.8
2	Base Tower			New building			2.0-2.4
3	Larger Tower			New building	Demo		2.2-2.6
4	Larger Tower	Seismic	Adaptive Reuse	New building	Demo	Seismic & Code	2.7-3.1
5	Reduced Space						1.7-2.0
6	Base Tower						1.8-2.1

Crosswalk

	Scenario							
	1	2	3	4	5	6		HLG
Med Surg Beds (7 floors)	•	•	•	•		•		✓
Med Surg Beds (4 floors)					•			
ICU beds (3 floors)	•	•	•	•	•	•		✓
Shell floors - 3					•			
Shell floors - 4			•	•				
Parking spaces - 350	•	•			•	•		✓
Parking spaces - 450			•	•				
Helipads (direct to ED)	•	•	•	•	•	•		✓
Single Floor ED	•	•	•	•	•	•		
Two Floor ED								✓
New building for BHI		•	•	•				✓
Renovate Pat Steele Building	•							--
Center Tower seismic retrofit	•			•				✓
Harborview Hall adaptive reuse	•			•				--
Harborview Hall seismic retrofit								✓
Harborview Hall respite beds	•			•				✓
East Clinic demolition	•		•	•				✓
Pioneer Square - Seismic/code improvements				•				✓

Backup Slides

Scenario One

Clinical Services

Benefits

- Renovation of East Hospital improves sustainability and environment of existing building
- Reduces risk of seismic instability of existing buildings on campus. Improves safety and long-term sustainability of Center Tower
- East Clinic demolition creates green space on campus for future expansion
- Creates additional space capacity in Harborview Hall to be used as empty chair or future expansion needs for administrative use

Challenges

- Does not meet our 2031 bed count by 29 beds
- Cannot start renovation of East Hospital until New Tower is operational. Cannot start Center Tower or East Clinic work until East Hospital space is renovated. Will have impacts on overall schedule and cost
- Increases renovation costs for relocation of East Clinic and Center Tower occupants
- Floor plates on Harborview Hall are challenging to layout - limits planning options

Behavioral Health Services

Benefits

- Can co-locate most outpatient behavioral health services
- Allows for right-sizing of outpatient behavioral health services space for current volume
- Allows for expansion of outpatient behavioral health services to meet increased need now and over next ten years
- Allows for development of new clinical programs through the Behavioral Health Institute
- Creates space for a training center to train the behavioral health providers and community on behavioral health
- As a standalone outpatient building, patients would not have to navigate through the HMC campus to obtain care

Challenges

- Programs and offices currently located in PSB would need to be moved
- Certain hospital-based services cannot be located this far from the hospital superblock. Alternative space (~5,000 sf) will need to be provided somewhere in the hospital

Scenario Two

Clinical Services

Benefits

- Supports 2031 bed capacity needs
- Relocation of East Clinic and Center Tower programs/occupants is not required reducing costs and impacts to operations and staff
- Maintains East Hospital beds for surge capacity
- Reduces risk to East Hospital trigger of SDIC substantial alteration or unforeseen costs

Challenges

- East Hospital beds do not provide an equitable experience for patients, staff and families across campus.
- Safety of occupants in East Clinic and Center Tower not addressed

Behavioral Health Services

Benefits

- All outpatient behavioral health services can be co-located due to size and proximity to hospital
- Allows for development of new clinical programs through the Behavioral Health Institute and a training center to train the behavioral health providers and community on behavioral health best practices
- The proposed site available and currently approved for 6 floors; to pursue expanded capacity and empty chair space would build to 10 stories (pending MIMP amendment approval)
- As a standalone outpatient building, patients would not have to navigate through the HMC inpatient environment to obtain care

Challenges

- Patients would need to park at the Ninth & Jefferson Building (NJB), which could have an impact on overall parking availability at NJB
- City of Seattle approval would be needed to expand to 10 floors

Scenario Three

Clinical Services

Benefits

- Supports 2031 bed capacity needs
- Shelled floors allow for bed capacity flexibility for future needs for unanticipated changes/growth/demands of our community
- East Clinic demolition creates green space on campus for future expansion
- Partial renovation of East Hospital improves sustainability and environment of existing building
- Maximizes the number of beds on campus with the shelled floors (potential to add 144 beds in the future)

Challenges

- Cannot start renovation and backfill of East Hospital until New Tower is operational. Could impact schedule and costs
- MIMP would have to be adjusted to account for height limit modification to the New Tower

Behavioral Health Services

Benefits

- All outpatient behavioral health services can be co-located due to size and proximity to hospital
- Allows for development of new clinical programs through the Behavioral Health Institute and a training center to train the behavioral health providers and community on behavioral health best practices
- The Walter Scott Brown site is currently approved for 6 floors; to pursue expanded capacity and empty chair space could pursue building to 10
- As a standalone outpatient building, patients would not have to navigate through the HMC inpatient environment to obtain care

Challenges

- Patients would need to park at the Ninth & Jefferson Building (NJB), which could have an impact on overall parking availability at NJB
- City of Seattle approval would be needed to extend to 10 floors

Scenario Four

- Not fully analyzed due to cost

Scenario Five

Clinical Services

Benefits
- Maintains East Hospital beds for surge capacity
- Reduces risk of East Hospital building being required to obtain SDIC substantial alteration or unforeseen renovation costs
- Relocation of East Clinic and Center Tower are no longer required reducing costs and impacts to operations and staff

Challenges
- Does not support priority of single patient rooms on campus
- 304 beds needed to move Neuro from West Hospital and all bed floors from East Hospital, so would lose ability to relocate all these patient bed floors to the New Tower
- Would not meet strategic planning goals for UW Medicine
- Safety of occupants in East Clinic and Center Tower not addressed
- Building out floors while building occupied creates a negative environment for patients and visitors
- Due to limited built space, likely have ICU rooms across the campus

Behavioral Health Services

Benefits
- None identified

Challenges
- Does not address behavioral health capacity needs nor allow for new or expansion of any new behavioral health services

Scenario Six

Clinical Services

Benefits
- Maintains East Hospital beds
- Reduces risk of East Hospital building being required to obtain SDIC substantial alteration or unforeseen renovation costs
- Relocation of East Clinic and Center Tower are no longer required reducing costs and impacts to operations and staff

Challenges
- Safety of occupants in East Clinic and Center Tower not addressed
- Does not address seismic concerns of East Clinic, Harborview Hall or Center Tower
- East Hospital beds do not provide an equitable experience for patients, staff and families across campus

Behavioral Health Services

Benefits
- None identified

Challenges
- Does not address behavioral health capacity needs nor allow for new or expansion of any new behavioral health services

Harborview Bond: Ordinance Workgroup Meeting

June 9, 2023

- Final -

HARBORVIEW MEDICAL CENTER

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Agenda

- Welcome
  - Approval of Meeting Notes 6/2
  - Business Items & Updates
- HMC Bond Program Scenarios Analysis
  - Base tower option within available funds
  - Overview of component options if additional funds were available
- Looking Ahead
  - Decision making/final report process
  - June 16th meeting agenda

HARBORVIEW MEDICAL CENTER
UW Medicine King County

Harborview Bond Ordinance Workgroup

Scenario Update Part II – Working Document

6.9.23

6.6.23 Work Session Participants

Kellie Hurley, Harborview
Ted Klainer, Harborview
Dave Reeves, Harborview
April Harr, Harborview
Tim Patmont, Harborview
Susan Mclaughlin, Harborview
Joe Smeltzer, Harborview
Jen Siebert, Harborview
Ian Goodhew, UW Med
Madeline Grant, UW Med
Cheng Yu, UW Med
Kelli Carroll, King County
Margaret Bay, King County
Garrett Farrell, King County
Leslie Harper-Miles, King County

Tony Wright, King County
Chris McGowan, King County
Lan Nguyen, King County
Tom Goff, King County
John Lett, Vanir
Bryan Hall, Vanir
Kimberly McHugh, Cumming
Melissa Kelii, TGB Architects

**Not all attendees participated in the entire full day session*

Team Progress

- Develop and review methodology
- Precursor and dependency analysis
- Capture and review assumptions
- Deliver major component briefings to OWG
- Develop and review scenarios
- Benchmark based cost analysis

Assumptions

1. Specific infrastructure impacts and requirements will be a function of the individual scenarios, which are assumed will be supplied with all needed infrastructure.
2. Essential services are a function of the individual scenarios.
3. Each scenario includes a single floor Emergency Department (ED) and pharmacy.
4. Psychiatric Emergency Service (PES) is part of the ED; the Crisis Stabilization Unit is located adjacent to the ED (in renovated space).
5. Each scenario includes and expands footprint of current King County services such as the ITA, the MEO, and the TB Clinic.

Baseline = Harborview Leadership Group Recommendations

This **background** information includes all elements recommended in the HLG 2020 Report:

- ✓ Construction of a new tower: 7 med/surg bed floors & 3 ICU bed floors with 2 Story ED
- ✓ Construction of a new building or renovation of existing building to house expanded behavioral health services and programs
- ✓ Existing hospital space renovations, including King County clinics and services
- ✓ Adaptive reuse of Harborview Hall and establishment of up to 150 respite beds
- ✓ Seismic retrofits and tenant improvements for the Center Tower
- ✓ Seismic retrofits and tenant improvements for the Pioneer Square Clinic
- ✓ Demolition of East Clinic.

BASE BUILDING WITH SINGLE FLOOR ED:

14 BED FLOORS WITH 7 FINISHED BED FLOORS AND 7 SHELLED FLOORS

JUNE 9, 2023

BED COUNT SUMMARY

BED COUNT 2023:

Single Patient Room Count - 140
Beds in double or communal spaces - 360
Maximum Licensed Occupancy - 500

Surging capacity - 560
97 beds at risk for regulatory closure

BED COUNT 2025 (Maleng 4 & 7 Completed):

Single Patient Room Count - 180
Beds in double or communal spaces - 360
Maximum Licensed Occupancy - 540

Surging capacity - 600
97 beds at risk for regulatory closure

***BED COUNT 2031 (7 Floors Built Out):**

Maximum Licensed Occupancy Undetermined, New Certificate of Need required moving from shared rooms to single rooms based on national infection control policies

New Tower Single Patient Rooms - 224
**Maleng all rooms Single Patient Room - 96
**West Hospital all rooms Single Patient Room - 105
**East Hospital all rooms Single Patient Room - 124
Total Single Patient Rooms - 594

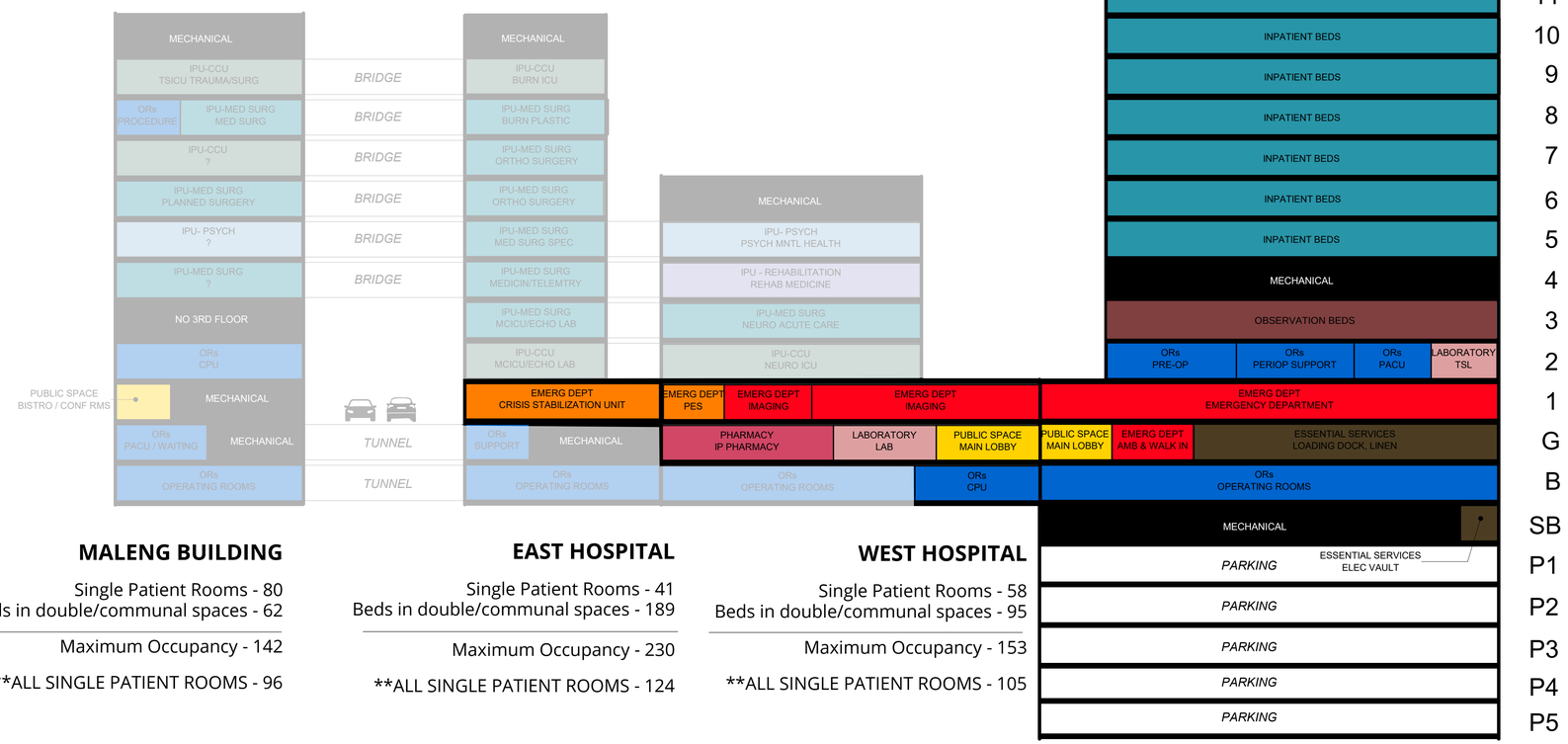
Maximum Occupancy (includes double/communal) - 749
97 beds at risk for regulatory closure

BED COUNT 2031 (14 Floors Built Out):

Maximum Licensed Occupancy Undetermined, New Certificate of Need required moving from shared rooms to single rooms based on national infection control policies

New Tower Single Patient Room Count - 448
**Maleng all rooms Single Patient Room - 96
~~East Hospital all rooms Single Patient Room - 124~~
**West Hospital all rooms Single Patient Room - 105
Total Single Patient Rooms - 649

Maximum Occupancy (includes double/communal) - 794
97 beds at risk for regulatory closure



MALENG BUILDING

Single Patient Rooms - 80
Beds in double/communal spaces - 62

Maximum Occupancy - 142

**ALL SINGLE PATIENT ROOMS - 96

EAST HOSPITAL

Single Patient Rooms - 41
Beds in double/communal spaces - 189

Maximum Occupancy - 230

**ALL SINGLE PATIENT ROOMS - 124

WEST HOSPITAL

Single Patient Rooms - 58
Beds in double/communal spaces - 95

Maximum Occupancy - 153

**ALL SINGLE PATIENT ROOMS - 105

NEW TOWER

Single Patient Rooms - 224
Beds in double/communal spaces - 0

ALL SINGLE PATIENT ROOMS - 224

**SHELLED FLOORS CREATE FUTURE CAPACITY FOR 224 SINGLE PATIENT ROOMS*
*** ALL DOUBLE ROOMS ARE CONVERTED TO SINGLE PATIENT ROOMS - NO CONSTRUCTION, JUST REMOVAL ADDITIONAL OF BED(S)*
HIGHLIGHTED NUMBERS REPRESENT BED UNITS LOCATED IN EAST HOSPITAL, WHICH ARE 50+ YEARS OLD AND AND NON-CODE COMPLIANT

Note: This is a conceptual blocking and stacking diagram

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BASE TOWER SCENARIO WITH SHELLED FLOORS:

BUILD OUT TOWER PER 2019 HLG AND SHELL (3) BED FLOORS

JUNE 9, 2023

BED COUNT SUMMARY

BED COUNT 2023:

Single Patient Room Count - 140
Beds in double or communal spaces - 360
Maximum Licensed Occupancy - 500

Surging capacity - 560
97 beds at risk for regulatory closure

BED COUNT 2025 (Maleng 4 & 7 Completed):

Single Patient Room Count - 180
Beds in double or communal spaces - 360
Maximum Licensed Occupancy - 540

Surging capacity - 600
97 beds at risk for regulatory closure

***BED COUNT 2031 (7 Floors Built Out):**

Maximum Licensed Occupancy Undetermined, New Certificate of Need required moving from shared rooms to single rooms based on national infection control policies

New Tower Single Patient Rooms - 224
**Maleng all rooms Single Patient Room - 96
**West Hospital all rooms Single Patient Room - 105
**East Hospital all rooms Single Patient Room - 124
Total Single Patient Rooms - 594

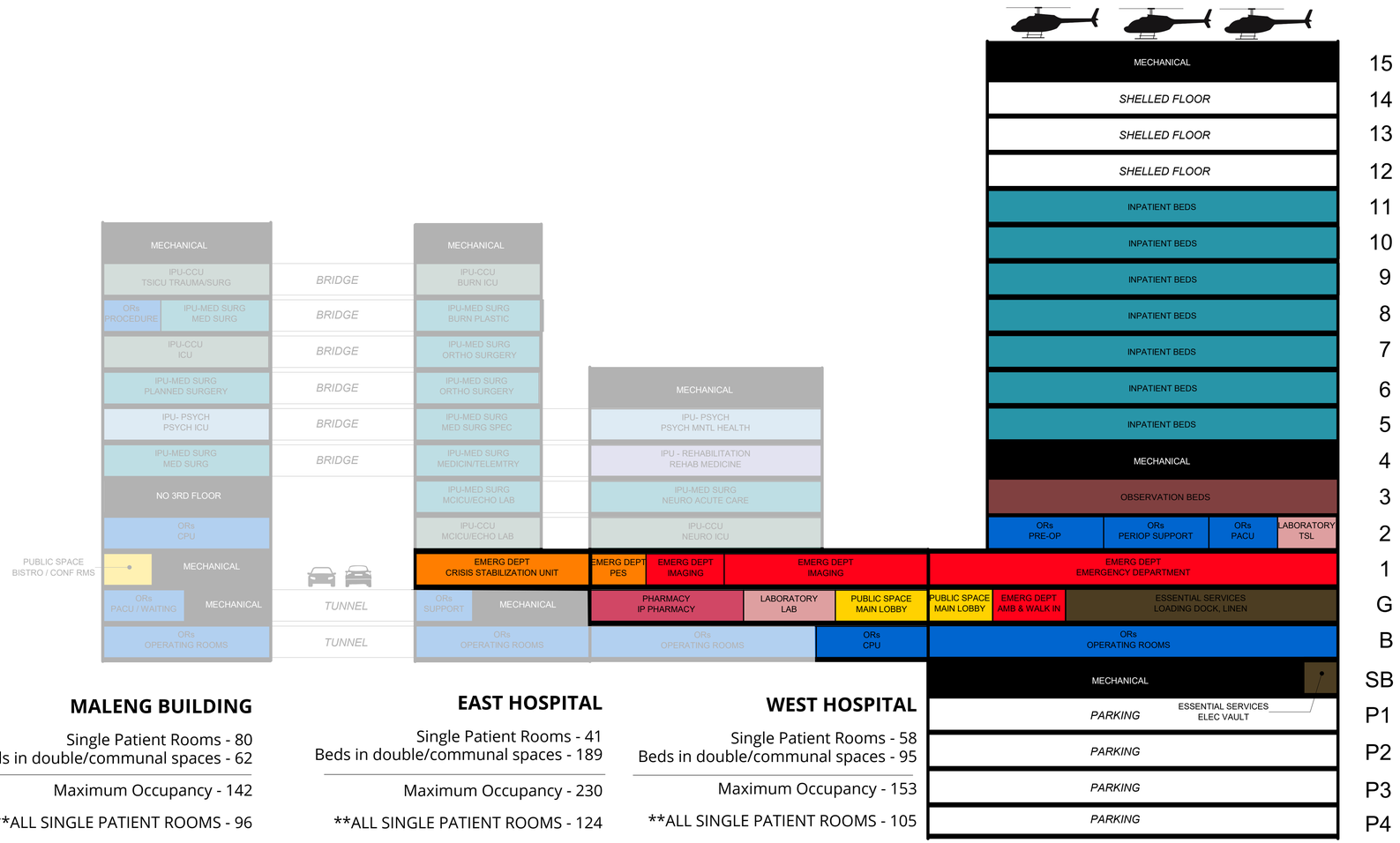
Maximum Occupancy (includes double/communal) - 749
97 beds at risk for regulatory closure

BED COUNT 2031 (10 Floors Built Out):

Maximum Licensed Occupancy Undetermined, New Certificate of Need required moving from shared rooms to single rooms based on national infection control policies

New Tower Single Patient Rooms - 320
**Maleng all rooms Single Patient Room - 96
**West Hospital all rooms Single Patient Room - 105
**East Hospital all rooms Single Patient Room - 124
Total Single Patient Rooms - 521

Maximum Occupancy (includes double/communal) - 666
97 beds at risk for regulatory closure



MALENG BUILDING

Single Patient Rooms - 80
Beds in double/communal spaces - 62

Maximum Occupancy - 142

**ALL SINGLE PATIENT ROOMS - 96

EAST HOSPITAL

Single Patient Rooms - 41
Beds in double/communal spaces - 189

Maximum Occupancy - 230

**ALL SINGLE PATIENT ROOMS - 124

WEST HOSPITAL

Single Patient Rooms - 58
Beds in double/communal spaces - 95

Maximum Occupancy - 153

**ALL SINGLE PATIENT ROOMS - 105

NEW TOWER

Single Patient Rooms - 224
Beds in double/communal spaces - 0

ALL SINGLE PATIENT ROOMS - 224

**SHELLED FLOORS CREATE FUTURE CAPACITY FOR 96 SINGLE PATIENT ROOMS*
*** ALL DOUBLE ROOMS ARE CONVERTED TO SINGLE PATIENT ROOMS - NO CONSTRUCTION, JUST REMOVAL ADDITIONAL OF BED(S)*
HIGHLIGHTED NUMBERS REPRESENT BED UNITS LOCATED IN EAST HOSPITAL, WHICH ARE 50+ YEARS OLD AND AND NON-CODE COMPLIANT

Note: This is a conceptual blocking and stacking diagram

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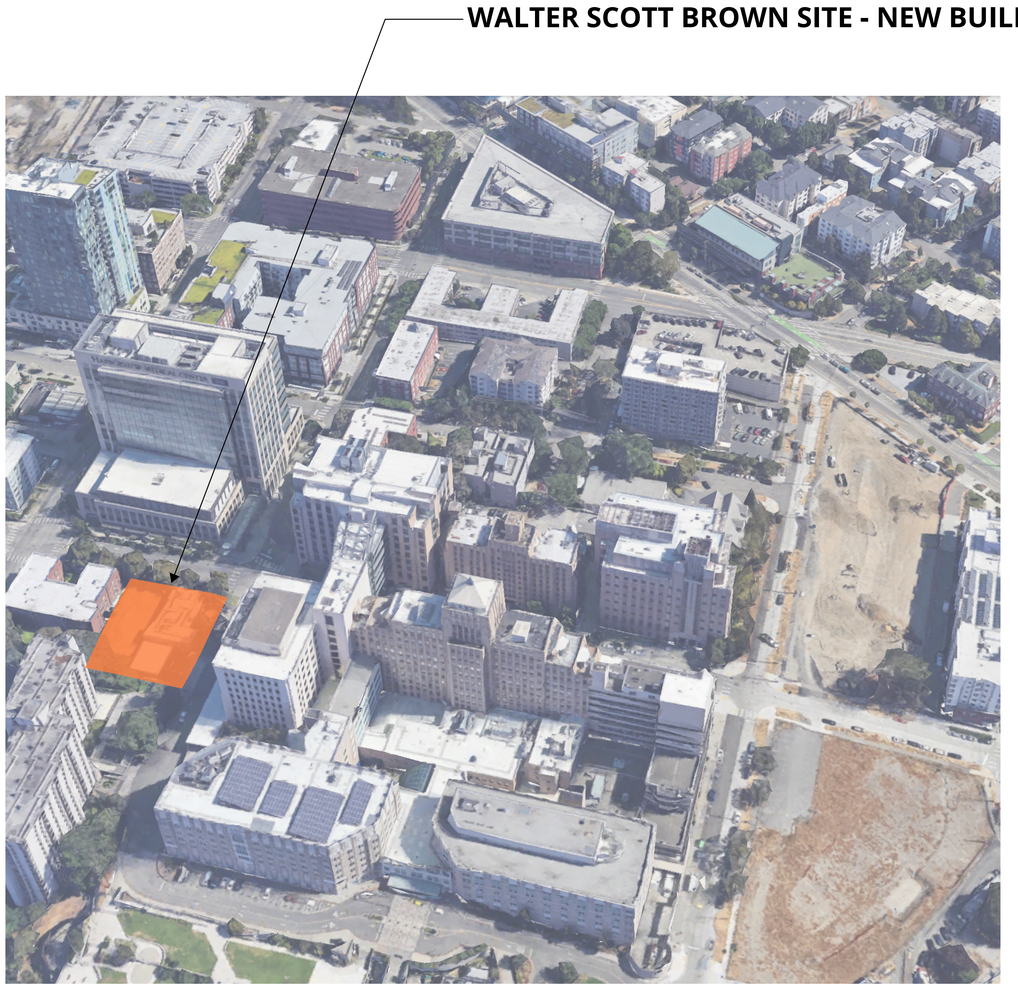

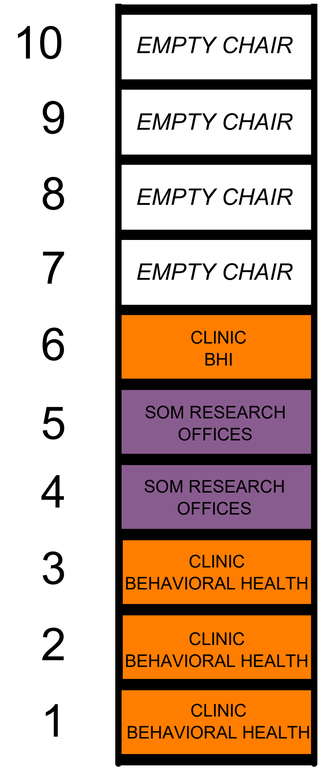

WALTER SCOTT BROWN

APPROXIMATELY 100,000 SF OF NEW BLDG

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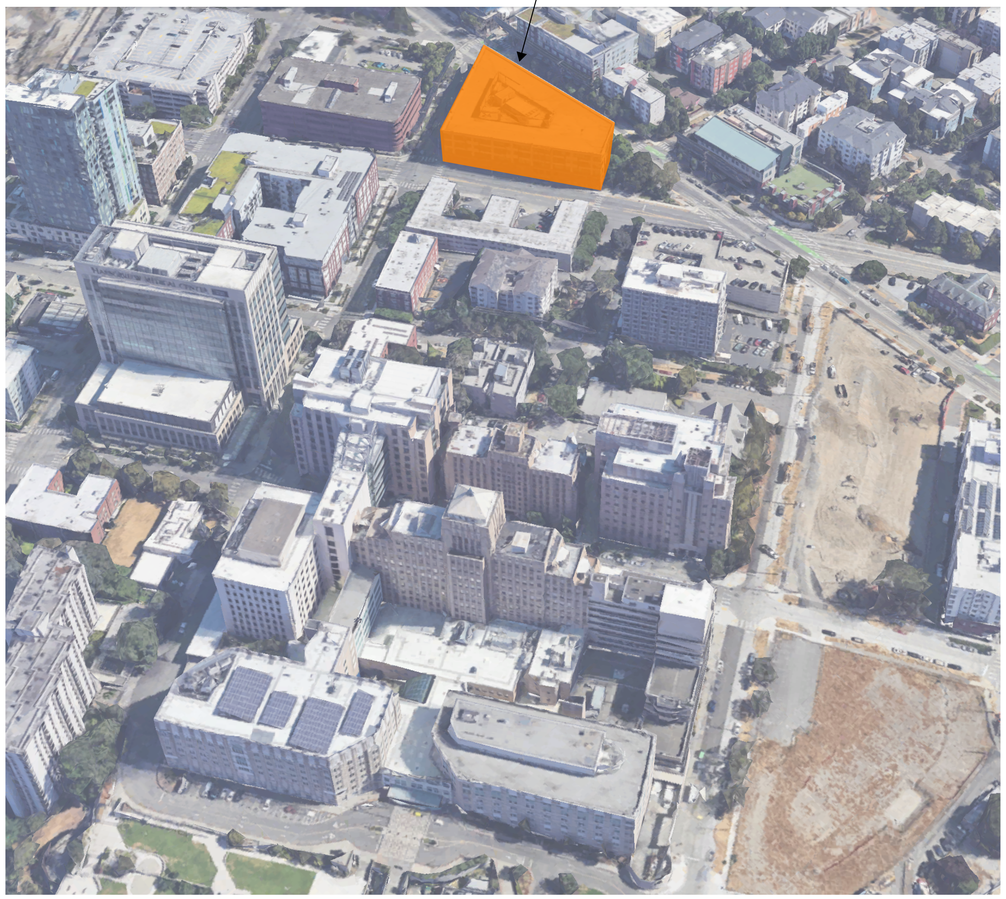
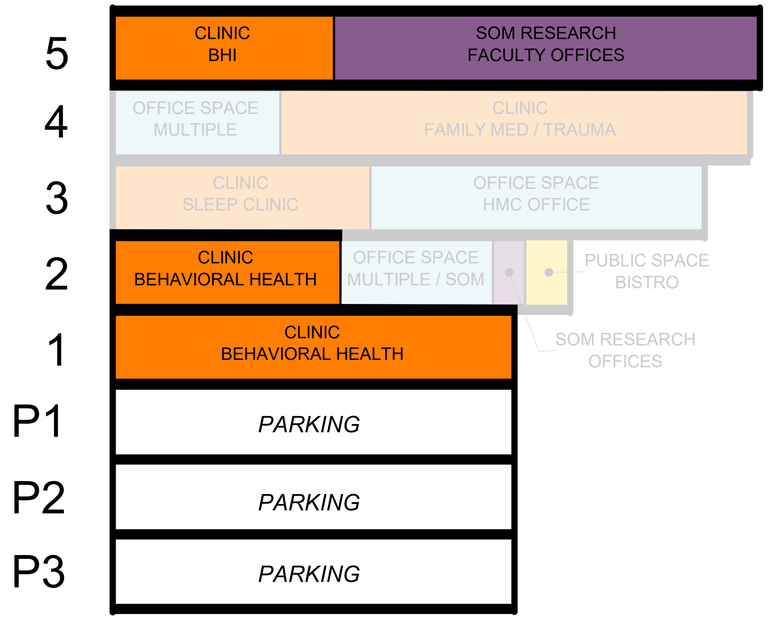
PAT STEEL BUILDING - INTERIOR RENOVATION





PAT STEEL BUILDING

APPROXIMATELY 70,000 SF OF RENOVATION

HARBORVIEW MEDICAL CENTER

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Selected Component Options from 6.2.23 OWG Meeting

New Tower

- Base building with single floor ED
- Larger tower; base building with single floor ED; add four shelled floors
- Reduced finished space in base building with single floor ED; reduce bed floors by 3 (shelled)

Center Tower

- No Change
- Seismic only
- Renovation - full
- Renovation – partial

Harborview Hall

- No Change
- Seismic Only
- Adaptive Reuse

Behavioral Health

- No Change
- New Building
- Renovate Pat Steel

East Clinic

- No Change
- Seismic Only
- Demo
- Mothball

Pioneer Square Clinic

- No Change
- Renovate
- Relocate

East Hospital

- No Change
- Renovation - full
- Renovation – partial
- Seismic Only

Updated 6.9.23 Selected Component Options

New Tower

- Base building with 10 finished bed floors; single floor ED
- **Base building with single floor ED; 10 bed floors with 7 finished bed floors and 3 shelled floors**
- Base building with single floor ED; 14 bed floors with 7 finished bed floors and 7 shelled floors (larger tower)

Center Tower

- No Change
- Seismic only
- Renovation - full
- Renovation – partial

Harborview Hall

- No Change
- Seismic Only
- Adaptive Reuse

Major lease for “empty chair”

Behavioral Health

- No Change
- New Building on Walter Scott Brown site
- Renovate Pat Steel

East Clinic

- No Change
- Seismic Only
- Demo
- Mothball

Pioneer Square Clinic

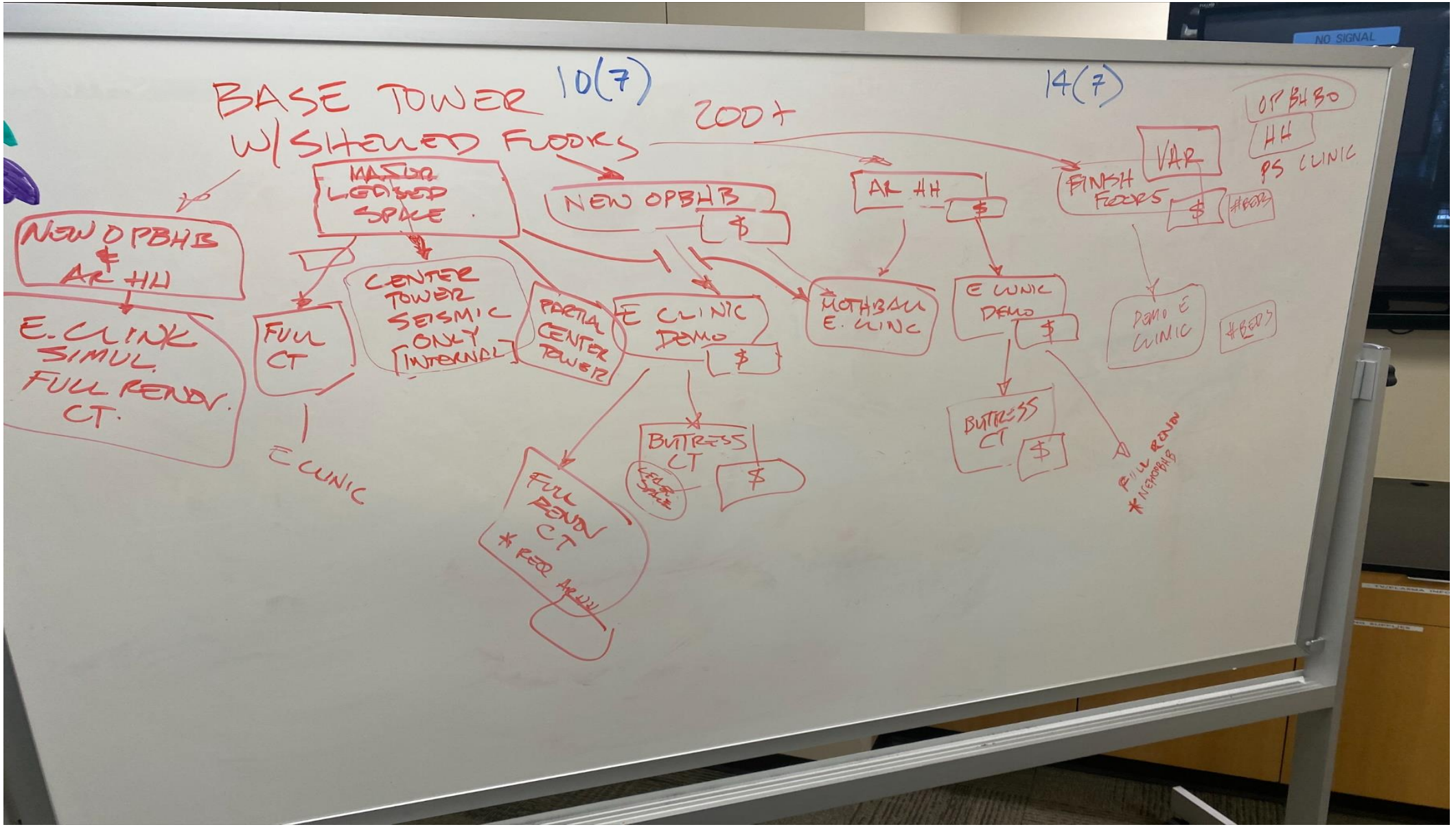
- No Change
- Renovate
- Relocate

~~- East Hospital~~

- ~~No Change~~
- ~~Renovation - full~~
- ~~Renovation – partial~~
- ~~Seismic Only~~

Amber = independent component option

Green = new component option


BASE TOWER W/SHELLED FLOORS
10(7)
14(7)
200+
NEW OPBHB & AR HH
E. CLINIC SIMUL. FULL RENOV. CT.
MASTER LEED BED SPACE
FULL CT
E CLINIC
CENTER TOWER SEISMIC ONLY [INTERNAL]
PARTIAL CENTER TOWER
NEW OPBHB
$
E CLINIC DEMO
$
FULL RENOV CT
* REQ ARMY
BUTTRESS CT
LEASE SPACE
$
AR HH
$
MOTHBALL E. CLINIC
E CLINIC DEMO
$
BUTTRESS CT
$
FULL RENOV * NEIGHBORS
FINISH FLOORS
VAR
$
#BEDS
DEMO E CLINIC
#BEDS
OPBHBO
HH
PS CLINIC
NO SIGNAL

Independent Component Options

New Outpatient Behavioral Health Building
- Impacts HMC Security Force, Hazmat Response Storage, Medic One and Dept. of Public Defense

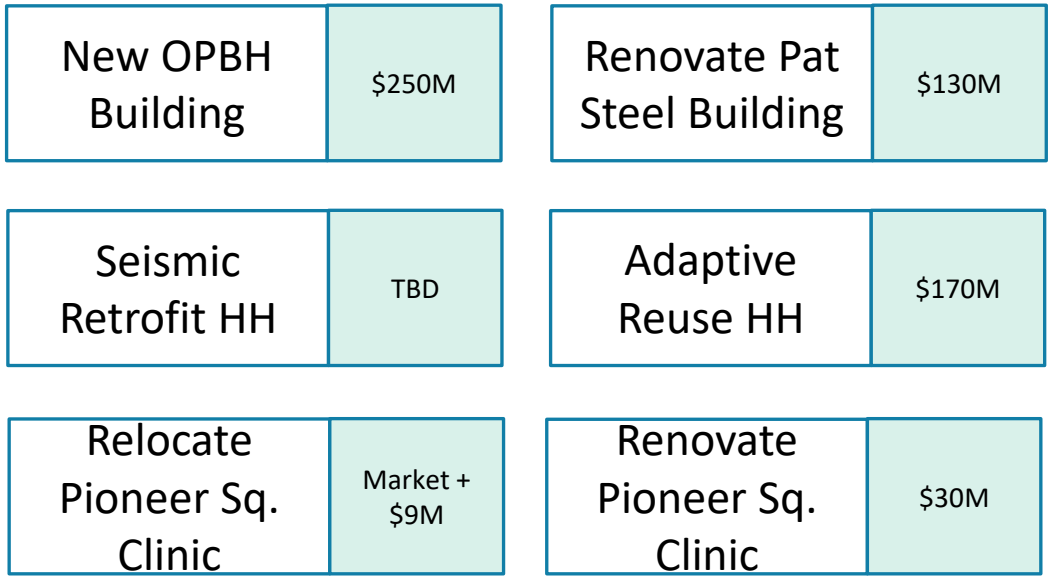
Renovation of the Pat Steel Building for expansion of Outpatient Behavioral Services
- Requires interim leased space for current occupants

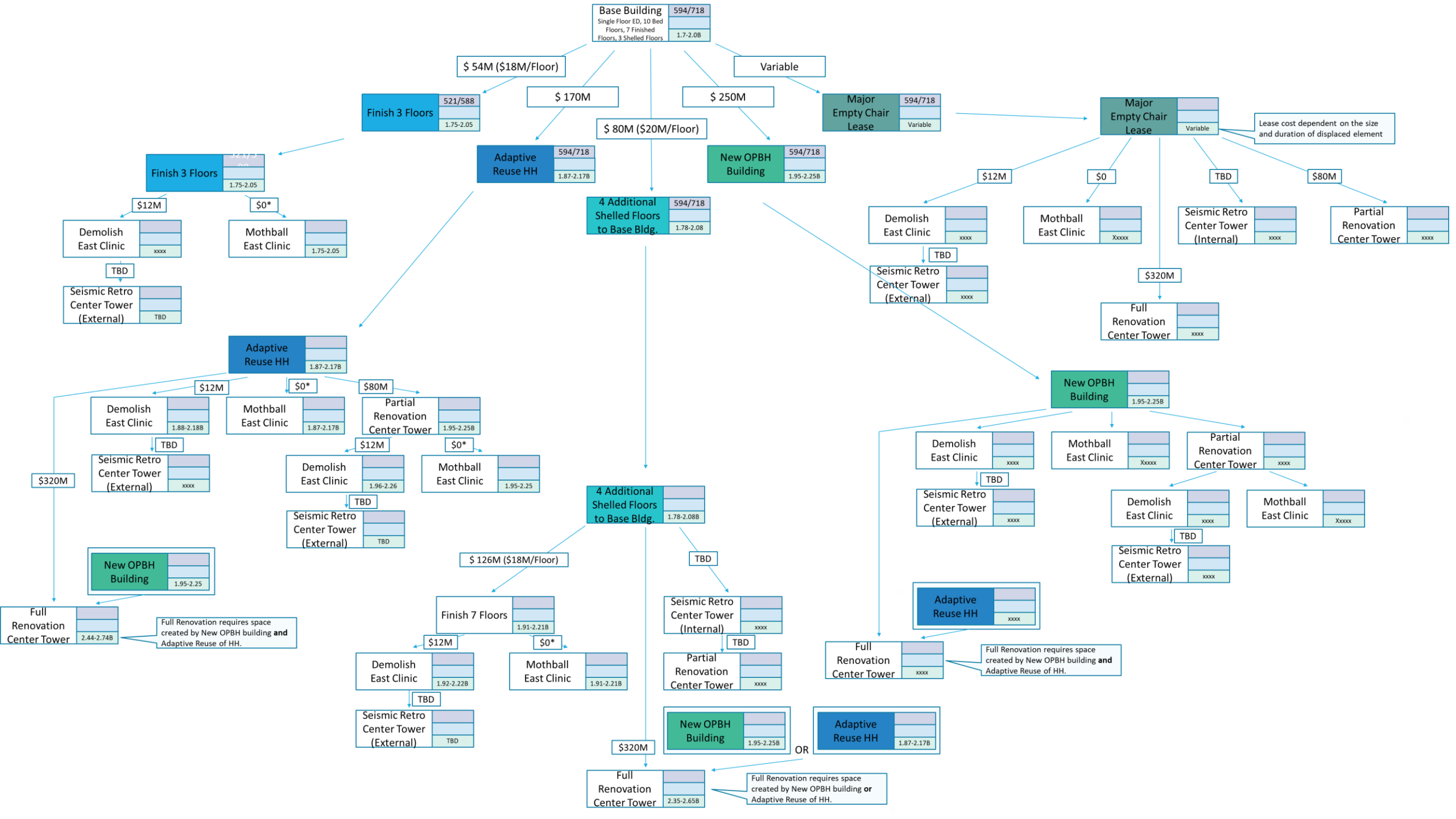
Seismic Retrofit Harborview Hall
- Impacts current Salvation Army shelter

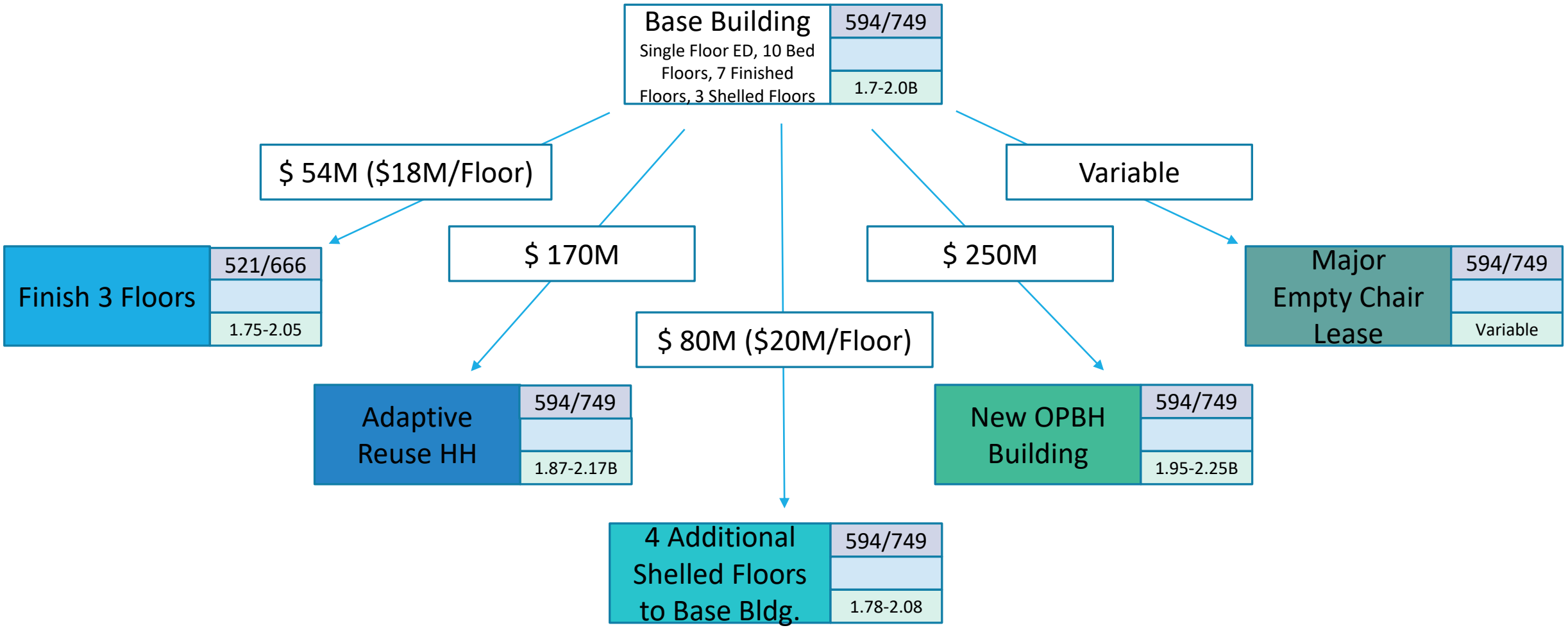
Adaptive Reuse Harborview Hall
- Impacts current Salvation Army Shelter

Relocate Pioneer Square Clinic
- Acquisition required to use bond funds

Renovate Pioneer Square Clinic
- Impacts clinic capacity and ease of operations
- Interim space needed during renovation




Base Building
Single Floor ED, 10 Bed Floors, 7 Finished Floors, 3 Shelled Floors
594/718
1.7-2.0B
$ 54M ($18M/Floor)
$ 170M
$ 80M ($20M/Floor)
$ 250M
Variable
Finish 3 Floors
521/588
1.75-2.05
Adaptive Reuse HH
594/718
1.87-2.17B
4 Additional Shelled Floors to Base Bldg.
594/718
1.78-2.08
New OPBH Building
594/718
1.95-2.25B
Major Empty Chair Lease
594/718
Variable
Lease cost dependent on the size and duration of displaced element
Finish 3 Floors
1.75-2.05
$12M
$0*
Demolish East Clinic
xxxx
Mothball East Clinic
1.75-2.05
TBD
Seismic Retro Center Tower (External)
TBD
Demolish East Clinic
xxxx
Mothball East Clinic
Xxxxx
Seismic Retro Center Tower (Internal)
xxxx
Partial Renovation Center Tower
xxxx
Seismic Retro Center Tower (External)
xxxx
$320M
Full Renovation Center Tower
xxxx
Adaptive Reuse HH
1.87-2.17B
$12M
$0*
$80M
Demolish East Clinic
1.88-2.18B
Mothball East Clinic
1.87-2.17B
Partial Renovation Center Tower
1.95-2.25B
Seismic Retro Center Tower (External)
xxxx
Demolish East Clinic
1.96-2.26
Mothball East Clinic
1.95-2.25
Seismic Retro Center Tower (External)
TBD
$320M
New OPBH Building
1.95-2.25
Full Renovation Center Tower
2.44-2.74B
Full Renovation requires space created by New OPBH building and Adaptive Reuse of HH.
New OPBH Building
1.95-2.25B
Demolish East Clinic
xxxx
Mothball East Clinic
Xxxxx
Partial Renovation Center Tower
xxxx
Seismic Retro Center Tower (External)
xxxx
Demolish East Clinic
xxxx
Mothball East Clinic
Xxxxx
Seismic Retro Center Tower (External)
xxxx
Adaptive Reuse HH
xxxx
Full Renovation Center Tower
xxxx
Full Renovation requires space created by New OPBH building and Adaptive Reuse of HH.
4 Additional Shelled Floors to Base Bldg.
1.78-2.08B
$ 126M ($18M/Floor)
TBD
Finish 7 Floors
1.91-2.21B
Seismic Retro Center Tower (Internal)
xxxx
Demolish East Clinic
1.92-2.22B
Mothball East Clinic
1.91-2.21B
Partial Renovation Center Tower
xxxx
Seismic Retro Center Tower (External)
TBD
New OPBH Building
1.95-2.25B
OR
Adaptive Reuse HH
1.87-2.17B
$320M
Full Renovation Center Tower
2.35-2.65B
Full Renovation requires space created by New OPBH building or Adaptive Reuse of HH.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Single Floor ED, 10 Bed Floors, 7 Finished Floors, 3 Shelled Floors
594/749
1.7-2.0B
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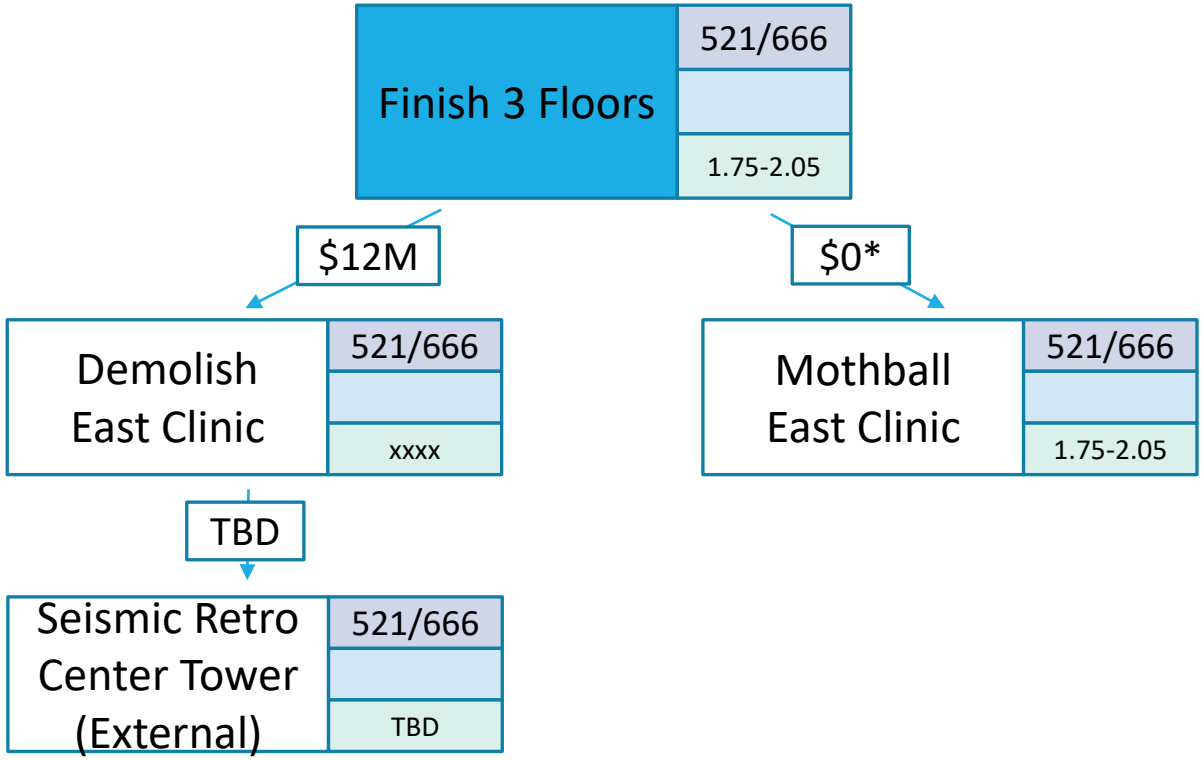
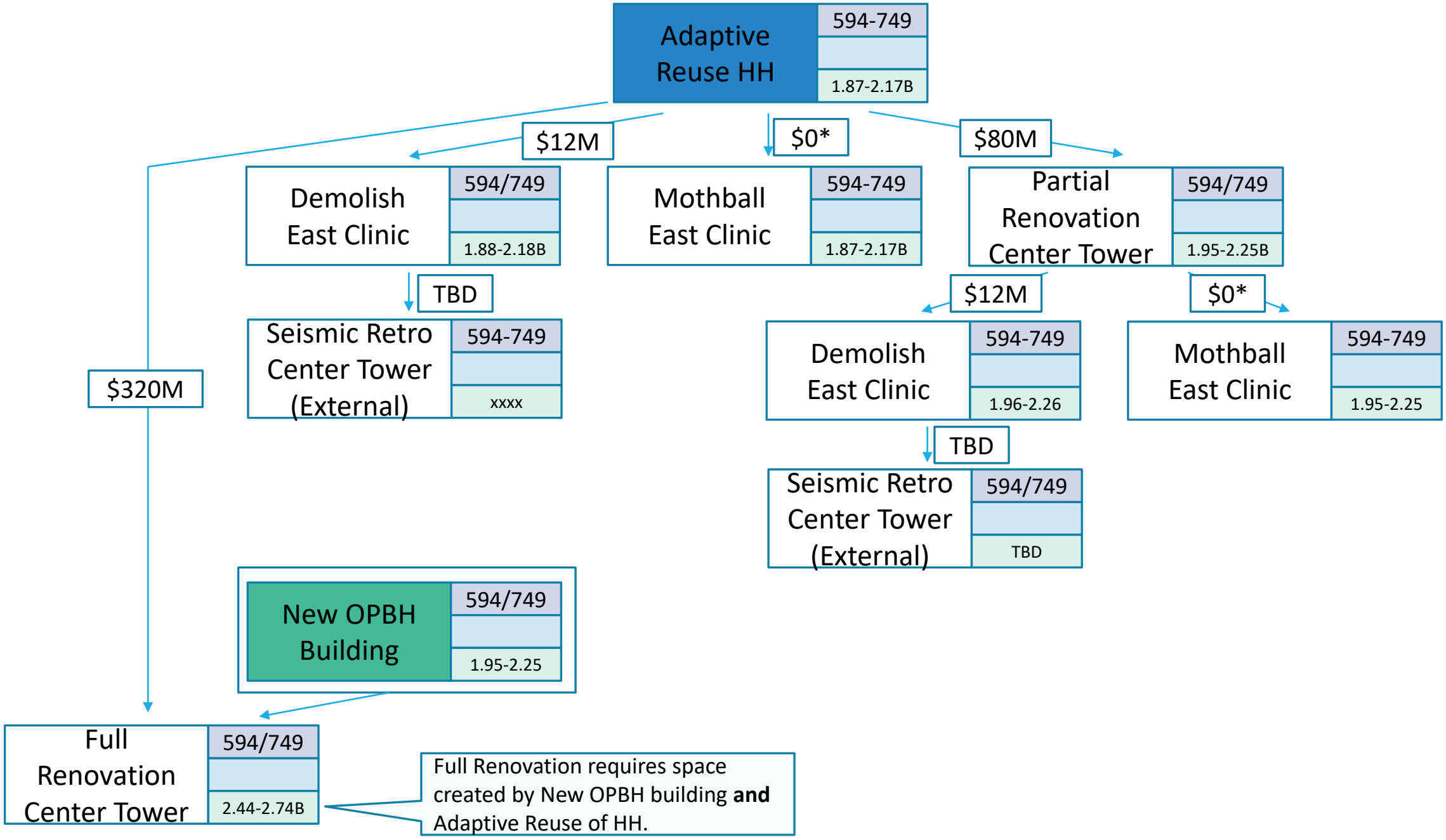
$ 170M
$ 80M ($20M/Floor)
$ 250M
Variable
Finish 3 Floors
521/666
1.75-2.05
Adaptive Reuse HH
594/749
1.87-2.17B
4 Additional Shelled Floors to Base Bldg.
594/749
1.78-2.08
New OPBH Building
594/749
1.95-2.25B
Major Empty Chair Lease
594/749
Variable


Finish 3 Floors
521/666
1.75-2.05
$12M
$0*
Demolish East Clinic
521/666
xxxx
Mothball East Clinic
521/666
1.75-2.05
TBD
Seismic Retro Center Tower (External)
521/666
TBD


Adaptive Reuse HH
594-749
1.87-2.17B
$12M
$0*
$80M
Demolish East Clinic
594/749
1.88-2.18B
Mothball East Clinic
594-749
1.87-2.17B
Partial Renovation Center Tower
594/749
1.95-2.25B
TBD
Seismic Retro Center Tower (External)
594-749
xxxx
$12M
$0*
Demolish East Clinic
594-749
1.96-2.26
Mothball East Clinic
594-749
1.95-2.25
TBD
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594/749
TBD
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New OPBH Building
594/749
1.95-2.25
Full Renovation Center Tower
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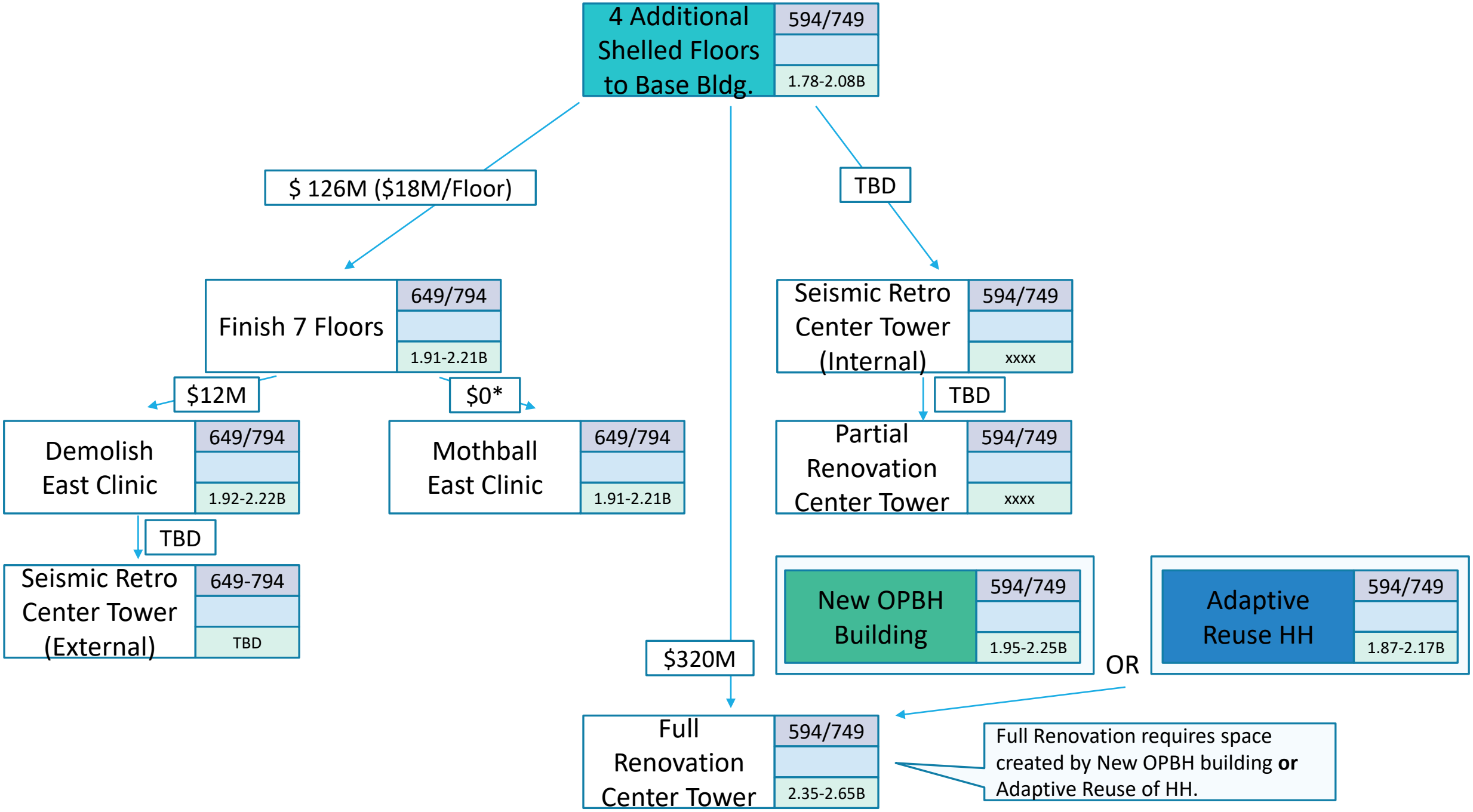
4 Additional Shelled Floors to Base Bldg.
594/749
1.78-2.08B
$ 126M ($18M/Floor)
TBD
Finish 7 Floors
649/794
1.91-2.21B
Seismic Retro Center Tower (Internal)
594/749
xxxx
$12M
$0*
TBD
Demolish East Clinic
649/794
1.92-2.22B
Mothball East Clinic
649/794
1.91-2.21B
Partial Renovation Center Tower
594/749
xxxx
TBD
Seismic Retro Center Tower (External)
649-794
TBD
$320M
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1.95-2.25B
OR
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Full Renovation Center Tower
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2.35-2.65B
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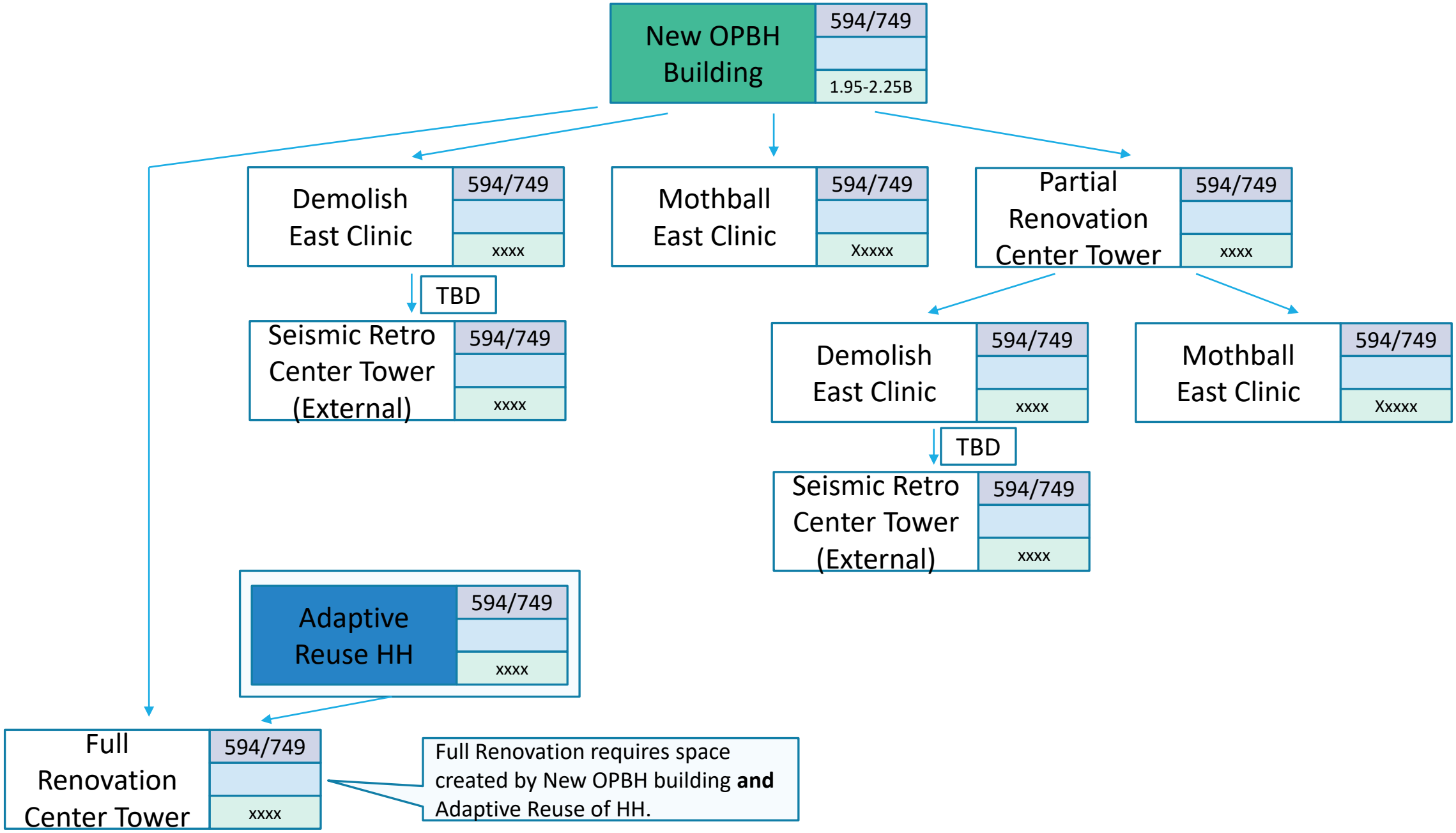
New OPBH Building
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Demolish East Clinic
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Mothball East Clinic
594/749
Xxxxx
Partial Renovation Center Tower
594/749
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TBD
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Demolish East Clinic
594/749
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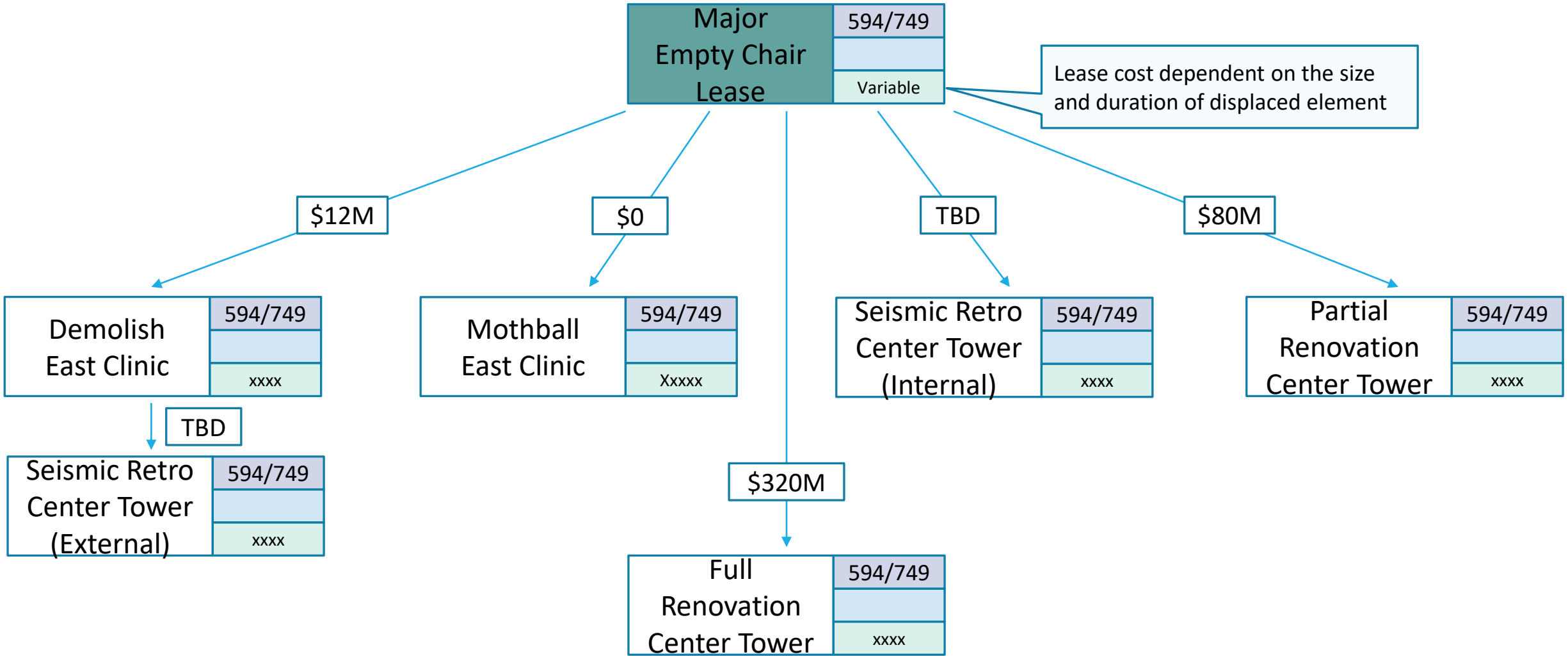
Major Empty Chair Lease
594/749
Variable
Lease cost dependent on the size and duration of displaced element
$12M
$0
TBD
$80M
Demolish East Clinic
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Xxxxx
Seismic Retro Center Tower (Internal)
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xxxx
Partial Renovation Center Tower
594/749
xxxx
TBD
Seismic Retro Center Tower (External)
594/749
xxxx
$320M
Full Renovation Center Tower
594/749
xxxx

Decision Making/Final Report Process

FOLLOW-UP TO 3.29.23 OWG DISCUSSION

Final OWG Recommendation Report

The HMC Ordinance Workgroup (OWG) will provide its final recommendations via report to the King County Council on the health and safety improvements at Harborview Medical Center that can be built within the $1.74 billion bond revenues authorized by Ordinance 19117. This report will also include all the required elements as outlined in Ordinance 19583.

Decision Making Process for Discussion

To arrive at this final recommendation report, the OWG will use the following decision-making process:

1. That we **aim for full consensus** on the final recommendation report.
   - We use a thumbs up (support/agree), thumbs sideways (neutral/can live with), thumbs down (oppose/disagree) methodology to vote on the final report
   - Full consensus means every OWG member is either supportive (thumbs up) or can live with (thumbs sideways) the recommendation report
   - If an OWG member opposes any or all elements of the report (i.e., thumbs down), it is our collective expectation that s/he provide a rationale for his/her position and explain what it would take to get to neutral or supportive; the team will do its best to address the member's concern

2. In the event that full consensus cannot be achieved (i.e., one or more OWG members remain thumbs down), the OWG will proceed with its final recommendation report if there is **consensus minus two**—that is, if two members are thumbs down (oppose).*

** Other options could include simple majority, full consensus minus 1, 2, 3, etc.*

Decision Making Process for Discussion

3. **Acknowledgements of dissenting opinions** or concerns will be included in the final recommendation report.

4. A **quorum is required** for the final recommendation report; 6 out of 10 members must be present with at least 1 representative from each entity.

Where We Are & Where We're Going

(Subject to Change)

Developing & Analyzing Options

May 5

- East Clinic
- Financial Tools
- Behavioral Health #1

May 19

- New Tower #1
- Introduction to Scenarios & Dependencies
- Pioneer Square Clinic *(postponed)*

June 2

- Bond Program Draft Scenarios & Analysis for Hospital & Behavioral Health:
  - Components
  - Assumptions
  - Comparison to original bond
  - Benefits & challenges
  - Cost ranges

June 9

- Continued Scenarios Analysis
  - Base tower package within available bond funds
  - Component options if additional funds were available
- OWG Decision Making/Final Report Process

Analysis of costs, implications, assumptions and criteria alignment for the various scenarios

Final Decision-Making

June 16

- Stakeholder Engagement
- Summary Table Options Analysis
- OWG Decision Making: Tiering Exercise*
  - Tier 1: What would we prioritize within current bond revenues, $1.7B?
  - Tier 2: Prioritized contingency list with additional funds

June 23

- OWG Decision Making: Cont. Deliberations on Rescoping
- Additional Recommendations (e.g., financial tools/funding, programmatic)

June 30

- Finalize OWG Decisions / Recommendations
- Draft Report (if ready)

Review/Submit Report

July 14

- Review Final Report at 7/14 Meeting (will send draft to members the week prior)
- Council COW 7/19
- Submit Final Report 7/31

* May adjust prioritization exercise/process based on staff analyses and OWG discussion

HARBORVIEW MEDICAL CENTER
UW Medicine King County

Harborview Bond: Ordinance Workgroup Meeting

June 16, 2023

- Final -

HARBORVIEW MEDICAL CENTER

UW Medicine | King County

Agenda

- **Welcome** (5 minutes)
  - Approval of Meeting Minutes 6/9
- **Public Comment** (10 minutes)
- **Stakeholder Engagement Summary** (10 minutes)
- **OWG Decision-Making Steps: Today & Next Friday 6/23** (5 minutes)
  - **Step 1 - Coming to agreement on what to prioritize with current bond revenues**: What is included in the base tower package? - *Today*
  - **Step 2 - First pass/high-level ranking of other program elements**: What would we prioritize if additional funds were available? - *Today*
  - **Step 3 - Final prioritization/recommendation considering dependencies, criteria, costs, etc.**: What would we prioritize if additional funds were available? - *Next Friday*
- **Step 1: Agreement on Prioritization of Current Bond Revenues** (30 minutes)
  - Overview of proposed base tower package
  - Follow-up on bed conversation/questions from last week
  - OWG discussion: Is there agreement on this package?
- **Step 2: First Pass/High-Level Ranking If We Had Additional Funds** (25 minutes)
  - Initial prioritization exercise of other program elements
  - OWG discussion: What are we observing? Areas of alignment/difference?
  - Confirm approach for next week's final prioritization/decision (step 3)
- **Looking Ahead – June 23rd Meeting Agenda** (5 minutes)

HARBORVIEW MEDICAL CENTER
UW Medicine King County

PUBLIC COMMENT

2 MINUTES PER GUEST

STAKEHOLDER ENGAGEMENT SUMMARY

WHAT WE HEARD

Stakeholder Engagement Summary

Ordinance 19583 calls for the workgroup to:

…consult with and provide meaningful opportunities for input from labor organizations that represent Harborview employees, residents of the First Hill neighborhood, members of the Harborview mission population, and any other constituent entities the workgroup determines would help inform a Harborview bond plan that best serves the public interest.

Stakeholder Engagement Summary

- Due to time constraints imposed by the Ordinance, limited time was available to conduct engagement
- Staff leveraged existing forums to brief on rescoping and gather feedback
- Several of the existing forums hosted staff during the 2018-2020 Harborview Leadership Group engagement process
- Two individual meetings were held to address specific issues with an array of participants
- A total of eight virtual and in-person engagements were held

Stakeholder Engagement Summary

- Existing forums included:
  - The Immigrant and Refugee Commission (5.2.23)
  - The Healthcare for the Homeless Advisory Group (5.3.23)
  - The First Hill Neighborhood Association (5.3.23)
  - The King County Behavioral Health Advisory Board (5.4.23)
  - Yesler Terrace Community Council (5.17.23)
  - MIMP Implementation Advisory Committee 5.18.23

- Two individual meetings were:
  - King County Harborview Bond Pioneer Square Clinic meeting (5.10.23)
  - Harborview Labor Partners (5.24.23)

- A total of eight engagement sessions were held.

Stakeholder Engagement Summary

Engagement Meeting Approach

- A total of eight engagement sessions were held
- Groups were briefed on the Harborview Bond Program
- Briefing included Bond Program background information, timeline, program goals, information on cost escalation, and the requirements of Ordinance 19587
- Opportunities for further input and next actions were specifically highlighted
- Most engagements included King County and Harborview staff

Stakeholder Engagement Summary

- Engagement themes generally echoed input received during the HLG engagement process:
  - More and better behavioral health facilities and resources are vital
  - Infection control and privacy are concerns
  - Respite care beds are crucial and should be expanded
  - Pioneer Square Clinic provides essential services to vulnerable, neighborhood specific population
  - Accessibility and way finding are community priorities
  - Patient and employee safety is essential
- Unique themes
  - Don’t build super fancy and expensive building
  - Lobby US Congress and Washington State Legislature for additional funds
  - Turn Harborview Hall into long-term care facility
  - Many questions on how the County will close the funding gap

Stakeholder Engagement Summary

Specific feedback examples:

- *Lack of space for some services means lack of privacy*
- *Not nurturing environments*
- *Having ED as a welcoming space would help*
- *Need dedicated open space for BH patients to be physical active*
- *Construction can make it seem like the hospital is closed; make sure signs are posted*
- *Need emergency room accessibility and environment that reduces stress*
- *East Clinic water is unsafe; either too cold or too hot; elevator can't be fixed; it's a gross space to work and see clients in*
- *Walk in and street front BH services are critical*
- *Co-locating BH programs that folks are familiar with and comfortable with are important*
- *Fear that BH services will be cut*
- *Respite reduces stress on the rest of the hospital*
- *Harborview main campus cannot absorb Pioneer Square Clinic services*
- *Expand and focus on philanthropy*
- *Respite saves costs and gets people out of the facility*
- *Due to limited bed space, respite has to choose between housing either a chemo patient or hospice patient*

OWG DECISION-MAKING STEPS

TODAY & NEXT FRIDAY

STEP 1: Do we agree on a recommendation for how to spend the $1.7B with the base tower package?

Today, we will review & confirm:

- Overarching goals of the base tower package
- What services & functions would be included
- Clarification on beds
- Criteria alignment

STEP 2 - First Pass/High-Level Ranking of Other Program Elements: What would we prioritize if additional funds were available?*

Every OWG member will receive 3 high priority and 3 medium priority dots to rank the following options:

A. Provide additional single patient room capacity in a larger tower by building 4 additional shelled floors

B. Increase single patient room capacity by finishing the 3 shelled floors in the base tower

C. Expand outpatient behavioral health services and programs

D. Support respite beds and office space through renovation and adaptive reuse of Harborview Hall

E. Address life safety/seismic issues with Harborview Hall (no other building renovation)

F. Address life safety/seismic issues and increase space in Center Tower

G. Address life safety/seismic issues and improve clinical operations at Pioneer Square Clinic

H. Address life safety/seismic issues with East Clinic

STEP 3 – Final Prioritization/Recommendation: What would we prioritize if additional funds were available?

Following up on OWG ranking in step 2, the items below would be further considered based on their dependencies, criteria, costs, benefits & challenges, other implications, etc. This may include looking at potential packages—or combination of program elements—that address key dependencies (last week's decision trees). For example, demolishing East Clinic depends on other options such as the Center Tower.

A. Provide additional single patient room capacity in a larger tower by building 4 additional shelled floors
- A1 Cost: $80M (does not include the $72M needed to finish these floors in the future)

B. Increase single patient room capacity by finishing 3 shelled floors in the base tower
- B1 Cost: $54M

C. Expand outpatient behavioral health services and programs
- C1 Cost: $250M for new building
- C2 Cost: $130M to renovate Pat Steel Building

D. Support respite beds and office space through renovation and adaptive reuse of Harborview Hall
- D1 Cost: $170M for adaptive reuse
- D2 Cost: $80M for partial renovation
- D3 Cost: $320M for full renovation

E. Address life safety/seismic issues with Harborview Hall (no other building renovation)
- E1 Cost: $tbd for seismic retrofit

F. Address life safety/seismic issues and increase space in Center Tower
- F1-F4 Costs: $tbd for external retrofit, internal retrofit, partial renovation, full renovation

G. Address life safety/seismic issues and improve clinical operations at Pioneer Square Clinic
- G1 Cost: $30M to renovate
- G2 Cost: $9M+Market to relocate

H. Address life safety/seismic issues with East Clinic
- H1 Cost: $12M to demolish
- H2 Cost: $0 to mothball

** We will circle back to the dependencies/decision trees, other implications, and costs in Step 3.*

STEP 1: Coming to agreement on what to prioritize with current bond revenues

WHAT IS INCLUDED IN THE BASE TOWER PACKAGE?

STEP 1: Do we agree on a recommendation for how to spend the $1.7B with the base tower package?

Today, we will review & confirm:

- Overarching goals of the base tower package
- What services & functions would be included
- Clarification on beds
- Criteria alignment

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Every OWG member will receive 3 high priority and 3 medium priority dots to rank the following options:

A. **Provide additional single patient room capacity in a larger tower by building 4 additional shelled floors**

B. **Increase single patient room capacity by finishing the 3 shelled floors in the base tower**

C. **Expand outpatient behavioral health services and programs**

D. **Support respite beds and office space through renovation and adaptive reuse of Harborview Hall**

E. **Address life safety/seismic issues with Harborview Hall (no other building renovation)**

F. **Address life safety/seismic issues and increase space in Center Tower**

G. **Address life safety/seismic issues and improve clinical operations at Pioneer Square Clinic**

H. **Address life safety/seismic issues with East Clinic**

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   - C1 Cost: $250M for new building
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   - D1 Cost: $170M for adaptive reuse
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E. **Address life safety/seismic issues with Harborview Hall (no other building renovation)**
   - H1 Cost: $tbd for seismic retrofit

F. **Address life safety/seismic issues and increase space in Center Tower**
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G. **Address life safety/seismic issues and improve clinical operations at Pioneer Square Clinic**
   - E1 Cost: $30M to renovate
   - E2 Cost: $9M+Market to relocate

H. **Address life safety/seismic issues with East Clinic**
   - F1 Cost: $12M to demolish
   - F2 Cost: $0 to mothball

** We will circle back to the dependencies/decision trees, other implications, and costs in Step 3.*

Base Tower Package: Goals

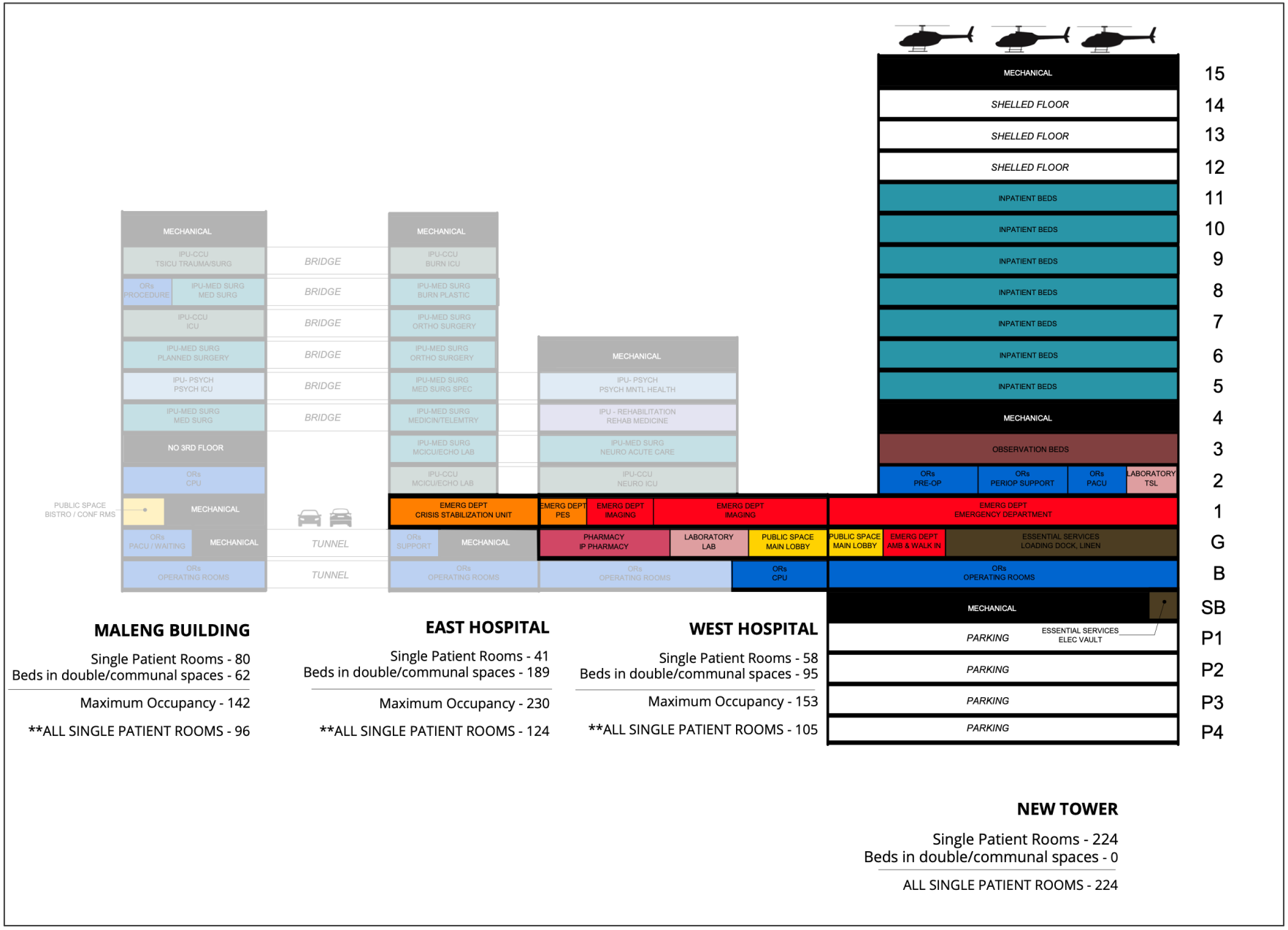
The overarching goals/priorities of this package would be to:

- Add single patient room capacity in a new building
- Provide additional OR and ED capacity
- Expand behavioral health services (e.g., PES, CSU)
- Incorporate essential services (e.g., pharmacy, lab)
- Increase operational efficiency through modern space

Base Tower Package: Services/Functions

Specifically, for $1.7 billion, the proposed base tower package would include:

- 7 floors of inpatient beds (at least 32 beds per floor = 224 new beds)
- 3 shelled floors
- 12 additional ORs, including perioperative support (PACU, prep/holding and OR support spaces)
- Single floor ED
- Right-sized essential services (e.g., pharmacy, lab, clinical engineering, environmental services, kitchen)
- Behavioral health: expanded Psychiatric Emergency Services
- Behavioral health: new Crisis Stabilization Unit
- Parking
- Helicopter pads
- Expansion of County spaces (e.g., ITA, MEO, TB Clinic)



MALENG BUILDING

Single Patient Rooms - 80
Beds in double/communal spaces - 62

Maximum Occupancy - 142

**ALL SINGLE PATIENT ROOMS - 96

EAST HOSPITAL

Single Patient Rooms - 41
Beds in double/communal spaces - 189

Maximum Occupancy - 230

**ALL SINGLE PATIENT ROOMS - 124

WEST HOSPITAL

Single Patient Rooms - 58
Beds in double/communal spaces - 95

Maximum Occupancy - 153

**ALL SINGLE PATIENT ROOMS - 105

NEW TOWER

Single Patient Rooms - 224
Beds in double/communal spaces - 0

ALL SINGLE PATIENT ROOMS - 224

Base Tower Package: Bed Count Information

Additional information forthcoming.

Base Tower Package: Criteria Analysis

Positive Impact
Negative Impact
N/A

Criteria Area	No Action	Base Tower Package*
Area 1: People Impact		
Mission population		
Patients and clients		
Labor and employees		
Neighbors and community		
Area 2: Service/Operational Impact		
Delivery of emergency services		
Addresses facility deficiencies and needs		
Supports innovation, best practices, and/or new models of care		
Increases bed capacity and space to meet current/future patient needs at HMC		
Improves utilities, infrastructure, and other key facility systems to enhance the campus' long-term resiliency		

*Criteria analysis made as a comparison between these two options, not objectively

Base Tower Package: Criteria Analysis

Positive Impact
Negative Impact
N/A

Criteria Area	No Action	Base Tower Package*
Area 3: Equity and Social Justice		
Service models that promote equity		
Influenced by community priorities		
Addresses Determinants of Equity		
Access to healthcare and improved health outcomes		
Area 4: Fiscal/Financial Impact		
The long-term financial position of Harborview and King County		
Existing facilities		
Opportunities for other funding		

*Criteria analysis made as a comparison between these two options, not objectively

Step 1: Coming to Agreement

OWG Discussion on Base Tower Package:

- Is there agreement on prioritizing this package with current bond revenues?
- Additional reflections or comments?

STEP 2: First pass/high-level ranking of other program elements

WHAT WOULD WE PRIORITIZE IF ADDITIONAL FUNDS WERE AVAILABLE?

STEP 1: Do we agree on a recommendation on how to spend the $1.7B with the base tower package?

We will review & discuss:

- Overarching priorities & goals
- What services & functions would be included
- Clarification on beds
- Criteria alignment

STEP 2 - First Pass/High-Level Ranking of Other Program Elements: What would we prioritize if additional funds were available?

This is an initial, high-level ranking.* Every OWG member will receive 3 high priority and 3 medium priority dots to rank the following options:

A. Provide additional single patient room capacity in a larger tower by building 4 additional shelled floors

B. Increase single patient room capacity by finishing the 3 shelled floors in the base tower

C. Expand outpatient behavioral health services and programs

D. Support respite beds and office space through renovation and adaptive reuse of Harborview Hall

E. Address life safety/seismic issues with Harborview Hall (no other building renovation)

F. Address life safety/seismic issues and increase space in Center Tower

G. Address life safety/seismic issues and improve clinical operations at Pioneer Square Clinic

H. Address life safety/seismic issues with East Clinic

STEP 3 – Final Prioritization/Recommendation: What would we prioritize if additional funds were available?

Following up on OWG ranking in step 2, the items below would be further considered based on their dependencies, criteria, costs, benefits & challenges, other implications, etc. This may include looking at potential packages—or combination of program elements—that address key dependencies (last week's decision trees). For example, demolishing East Clinic depends on other options such as the Center Tower.

A. Provide additional single patient room capacity in a larger tower by building 4 additional shelled floors
- A1 Cost: $80M (does not include the $72M needed to finish these floors in the future)

B. Increase single patient room capacity by finishing 3 shelled floors in the base tower
- B1 Cost: $54M

C. Expand outpatient behavioral health services and programs
- C1 Cost: $250M for new building
- C2 Cost: $130M to renovate Pat Steel Building

D. Support respite beds and office space through renovation and adaptive reuse of Harborview Hall
- D1 Cost: $170M for adaptive reuse
- D2 Cost: $80M for partial renovation
- D3 Cost: $320M for full renovation

E. Address life safety/seismic issues with Harborview Hall (no other building renovation)
- H1 Cost: $tbd for seismic retrofit

F. Address life safety/seismic issues and increase space in Center Tower
- G1-G4 Costs: $tbd for external retrofit, internal retrofit, partial renovation, full renovation

G. Address life safety/seismic issues and improve clinical operations at Pioneer Square Clinic
- E1 Cost: $30M to renovate
- E2 Cost: $9M+Market to relocate

H. Address life safety/seismic issues with East Clinic
- F1 Cost: $12M to demolish
- F2 Cost: $0 to mothball

** We will circle back to the dependencies/decision trees, other implications, and costs in Step 3.*

Step 2: First Pass/High-Level Ranking Exercise

Instructions:

1. Each OWG member will get 6 dots:
   - 3 dots for high priority (green)
   - 3 dots for medium priority (yellow)

2. Place your dots on the program elements you would prioritize (A-H)
   - E.g., you can place all of your green dots on 1 element or you can spread them across several

3. Optional: Use post-it notes to write any additional thoughts/questions you have on an element
   - Please put the letter of the item your note refers to
   - E.g., for C: “What’s the square footage comparison between Pat Steele and a new building?”
   - E.g., for D and E: “What’s the difference between adaptive reuse and addressing life safety?”

4. Note we are <u>not</u> making a decision today; this is an initial exercise to gauge member preferences
   - At our next meeting, we will incorporate dependencies, criteria, cost considerations, etc.

Step 2: First Pass/High-Level Ranking Exercise

OWG Discussion:

- What are we observing?
- Are there areas of alignment? Difference?

LOOKING AHEAD

6.23.23 MEETING AGENDA & NEXT STEPS

APPENDIX: Scenarios Background

SLIDE DECK FROM PRIOR MEETING (INCLUDED FOR REFERENCE)

Assumptions

1. Specific infrastructure impacts and requirements will be a function of the individual scenarios, which are assumed will be supplied with all needed infrastructure.
2. Essential services are a function of the individual scenarios.
3. Each scenario includes a single floor Emergency Department (ED) and pharmacy.
4. Psychiatric Emergency Service (PES) is part of the ED; the Crisis Stabilization Unit is located adjacent to the ED (in renovated space).
5. Each scenario includes and expands footprint of current King County services such as the ITA, the MEO, and the TB Clinic.

Baseline = Harborview Leadership Group Recommendations

This **background** information includes all elements recommended in the HLG 2020 Report:

- ✓ Construction of a new tower: 7 med/surg bed floors & 3 ICU bed floors with 2 Story ED
- ✓ Construction of a new building or renovation of existing building to house expanded behavioral health services and programs
- ✓ Existing hospital space renovations, including King County clinics and services
- ✓ Adaptive reuse of Harborview Hall and establishment of up to 150 respite beds
- ✓ Seismic retrofits and tenant improvements for the Center Tower
- ✓ Seismic retrofits and tenant improvements for the Pioneer Square Clinic
- ✓ Demolition of East Clinic.

BASE TOWER SCENARIO WITH SHELLED FLOORS:

BUILD OUT TOWER PER 2019 HLG AND SHELL (3) BED FLOORS

JUNE 9, 2023

BED COUNT SUMMARY

BED COUNT 2023:

Single Patient Room Count - 140
Beds in double or communal spaces - 360
Maximum Licensed Occupancy - 500

Surging capacity - 560
97 beds at risk for regulatory closure

BED COUNT 2025 (Maleng 4 & 7 Completed):

Single Patient Room Count - 180
Beds in double or communal spaces - 360
Maximum Licensed Occupancy - 540

Surging capacity - 600
97 beds at risk for regulatory closure

***BED COUNT 2031 (7 Floors Built Out):**

Maximum Licensed Occupancy Undetermined, New Certificate of Need required moving from shared rooms to single rooms based on national infection control policies

New Tower Single Patient Rooms - 224
**Maleng all rooms Single Patient Room - 96
**West Hospital all rooms Single Patient Room - 105
**East Hospital all rooms Single Patient Room - 124
Total Single Patient Rooms - 594

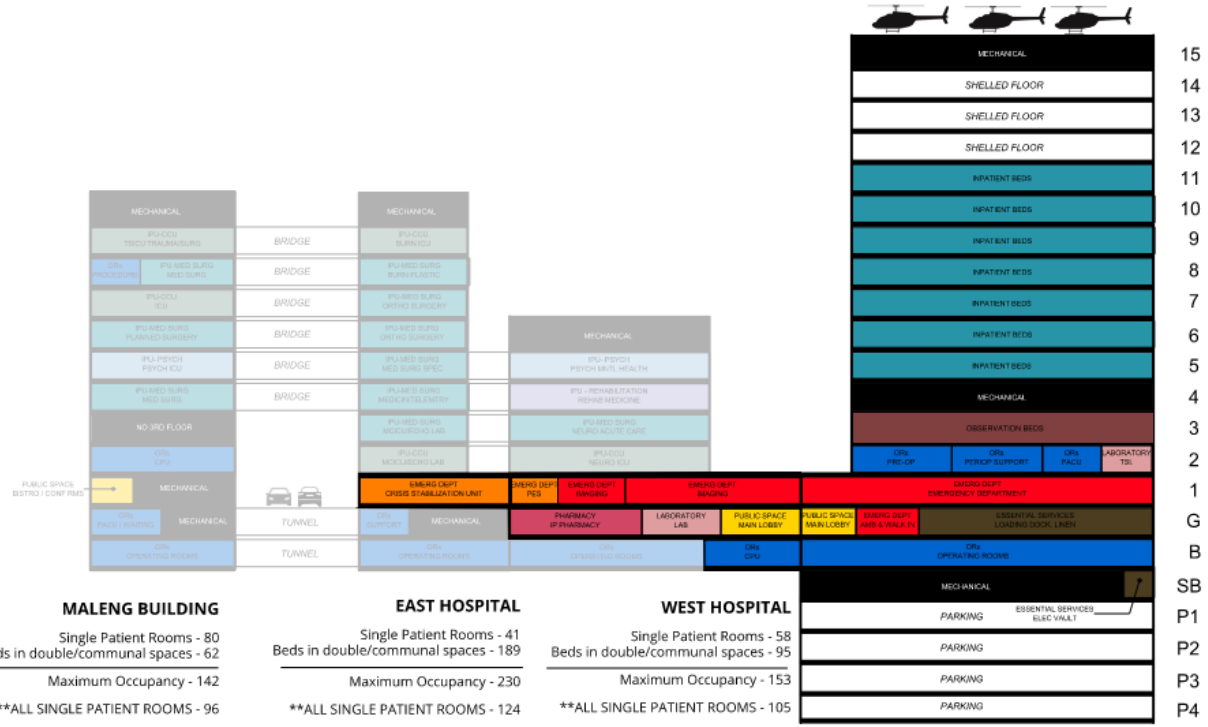
Maximum Occupancy (includes double/communal) - 749
97 beds at risk for regulatory closure

BED COUNT 2031 (10 Floors Built Out):

Maximum Licensed Occupancy Undetermined, New Certificate of Need required moving from shared rooms to single rooms based on national infection control policies

New Tower Single Patient Rooms - 320
**Maleng all rooms Single Patient Room - 96
**West Hospital all rooms Single Patient Room - 105
**East Hospital all rooms Single Patient Room - 124
Total Single Patient Rooms - 521

Maximum Occupancy (includes double/communal) - 666
97 beds at risk for regulatory closure



MALENG BUILDING

Single Patient Rooms - 80
Beds in double/communal spaces - 62

Maximum Occupancy - 142

**ALL SINGLE PATIENT ROOMS - 96

EAST HOSPITAL

Single Patient Rooms - 41
Beds in double/communal spaces - 189

Maximum Occupancy - 230

**ALL SINGLE PATIENT ROOMS - 124

WEST HOSPITAL

Single Patient Rooms - 58
Beds in double/communal spaces - 95

Maximum Occupancy - 153

**ALL SINGLE PATIENT ROOMS - 105

NEW TOWER

Single Patient Rooms - 224
Beds in double/communal spaces - 0

ALL SINGLE PATIENT ROOMS - 224

**SHELLED FLOORS CREATE FUTURE CAPACITY FOR 96 SINGLE PATIENT ROOMS*
*** ALL DOUBLE ROOMS ARE CONVERTED TO SINGLE PATIENT ROOMS - NO CONSTRUCTION, JUST REMOVAL ADDITIONAL OF BED(S)*
HIGHLIGHTED NUMBERS REPRESENT BED UNITS LOCATED IN EAST HOSPITAL, WHICH ARE 50+ YEARS OLD AND AND NON-CODE COMPLIANT

Note: This is a conceptual blocking and stacking diagram

HARBORVIEW MEDICAL CENTER
UW Medicine | King County

BASE BUILDING WITH SINGLE FLOOR ED:

14 BED FLOORS WITH 7 FINISHED BED FLOORS AND 7 SHELLED FLOORS

JUNE 9, 2023

BED COUNT SUMMARY

BED COUNT 2023:

Single Patient Room Count - 140
Beds in double or communal spaces - 360
Maximum Licensed Occupancy - 500

Surging capacity - 560
97 beds at risk for regulatory closure

BED COUNT 2025 (Maleng 4 & 7 Completed):

Single Patient Room Count - 180
Beds in double or communal spaces - 360
Maximum Licensed Occupancy - 540

Surging capacity - 600
97 beds at risk for regulatory closure

***BED COUNT 2031 (7 Floors Built Out):**

Maximum Licensed Occupancy Undetermined, New Certificate of Need required moving from shared rooms to single rooms based on national infection control policies

New Tower Single Patient Rooms - 224
**Maleng all rooms Single Patient Room - 96
**West Hospital all rooms Single Patient Room - 105
**East Hospital all rooms Single Patient Room - 124
Total Single Patient Rooms - 594

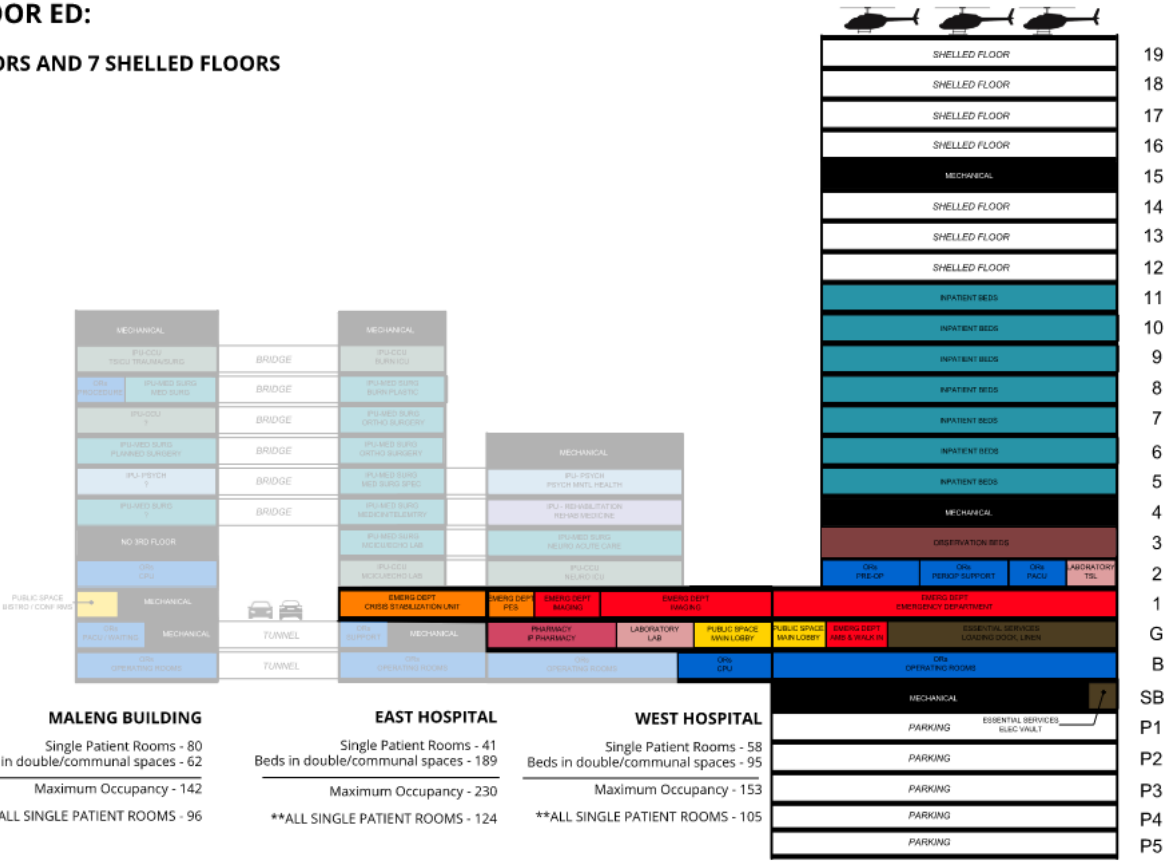
Maximum Occupancy (includes double/communal) - 749
97 beds at risk for regulatory closure

BED COUNT 2031 (14 Floors Built Out):

Maximum Licensed Occupancy Undetermined, New Certificate of Need required moving from shared rooms to single rooms based on national infection control policies

New Tower Single Patient Room Count - 448
**Maleng all rooms Single Patient Room - 96
~~East Hospital all rooms Single Patient Room - 124~~
**West Hospital all rooms Single Patient Room - 105
Total Single Patient Rooms - 649

Maximum Occupancy (includes double/communal) - 794
97 beds at risk for regulatory closure



MALENG BUILDING

Single Patient Rooms - 80
Beds in double/communal spaces - 62

Maximum Occupancy - 142

**ALL SINGLE PATIENT ROOMS - 96

EAST HOSPITAL

Single Patient Rooms - 41
Beds in double/communal spaces - 189

Maximum Occupancy - 230

**ALL SINGLE PATIENT ROOMS - 124

WEST HOSPITAL

Single Patient Rooms - 58
Beds in double/communal spaces - 95

Maximum Occupancy - 153

**ALL SINGLE PATIENT ROOMS - 105

NEW TOWER

Single Patient Rooms - 224
Beds in double/communal spaces - 0

ALL SINGLE PATIENT ROOMS - 224

**SHELLED FLOORS CREATE FUTURE CAPACITY FOR 224 SINGLE PATIENT ROOMS*
*** ALL DOUBLE ROOMS ARE CONVERTED TO SINGLE PATIENT ROOMS - NO CONSTRUCTION, JUST REMOVAL ADDITIONAL OF BED(S)*
HIGHLIGHTED NUMBERS REPRESENT BED UNITS LOCATED IN EAST HOSPITAL, WHICH ARE 50+ YEARS OLD AND AND NON-CODE COMPLIANT

Note: This is a conceptual blocking and stacking diagram

HARBORVIEW MEDICAL CENTER
UW Medicine | King County

Selected Component Options from 6.2.23 OWG Meeting

New Tower

- Base building with single floor ED
- Larger tower; base building with single floor ED; add four shelled floors
- Reduced finished space in base building with single floor ED; reduce bed floors by 3 (shelled)

Center Tower

- No Change
- Seismic only
- Renovation - full
- Renovation – partial

Harborview Hall

- No Change
- Seismic Only
- Adaptive Reuse

Behavioral Health

- No Change
- New Building
- Renovate Pat Steel

East Clinic

- No Change
- Seismic Only
- Demo
- Mothball

Pioneer Square Clinic

- No Change
- Renovate
- Relocate

East Hospital

- No Change
- Renovation - full
- Renovation – partial
- Seismic Only

Updated 6.9.23 Selected Component Options

New Tower

- Base building with 10 finished bed floors; single floor ED
- **Base building with single floor ED; 10 bed floors with 7 finished bed floors and 3 shelled floors**
- Base building with single floor ED; 14 bed floors with 7 finished bed floors and 7 shelled floors (larger tower)

Center Tower

- No Change
- Seismic only
- Renovation - full
- Renovation – partial

Harborview Hall

- No Change
- Seismic Only
- Adaptive Reuse

Major lease for "empty chair"

Behavioral Health

- No Change
- New Building on Walter Scott Brown site
- Renovate Pat Steel

East Clinic

- No Change
- Seismic Only
- Demo
- Mothball

Pioneer Square Clinic

- No Change
- Renovate
- Relocate

~~East Hospital~~

- ~~No Change~~
- ~~Renovation - full~~
- ~~Renovation – partial~~
- ~~Seismic Only~~

Amber = independent component option

Green = new component option

Independent Component Options

New Outpatient Behavioral Health Building
- Impacts HMC Security Force, Hazmat Response Storage, Medic One and Dept. of Public Defense

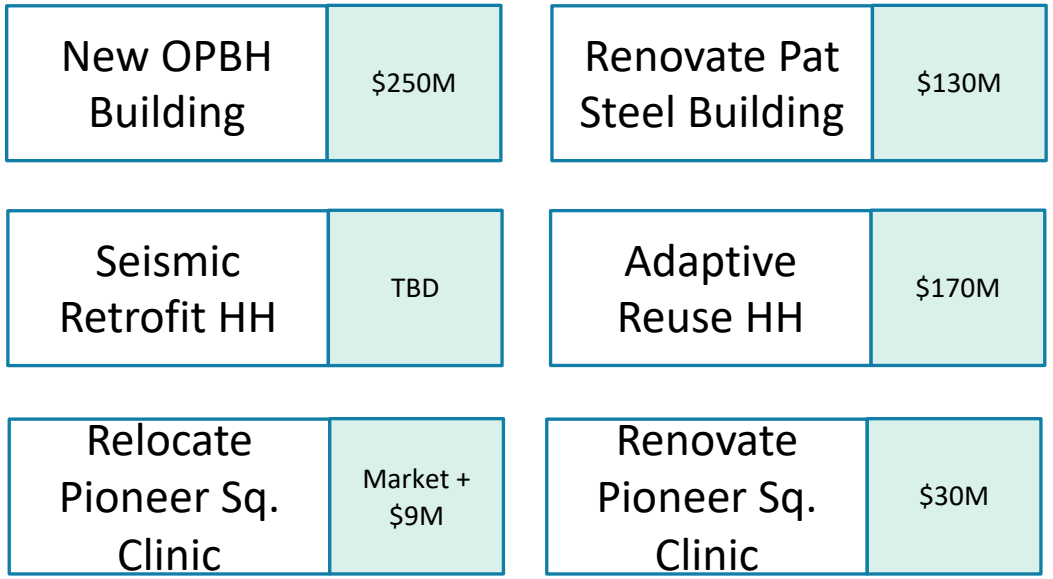
Renovation of the Pat Steel Building for expansion of Outpatient Behavioral Services
- Requires interim leased space for current occupants

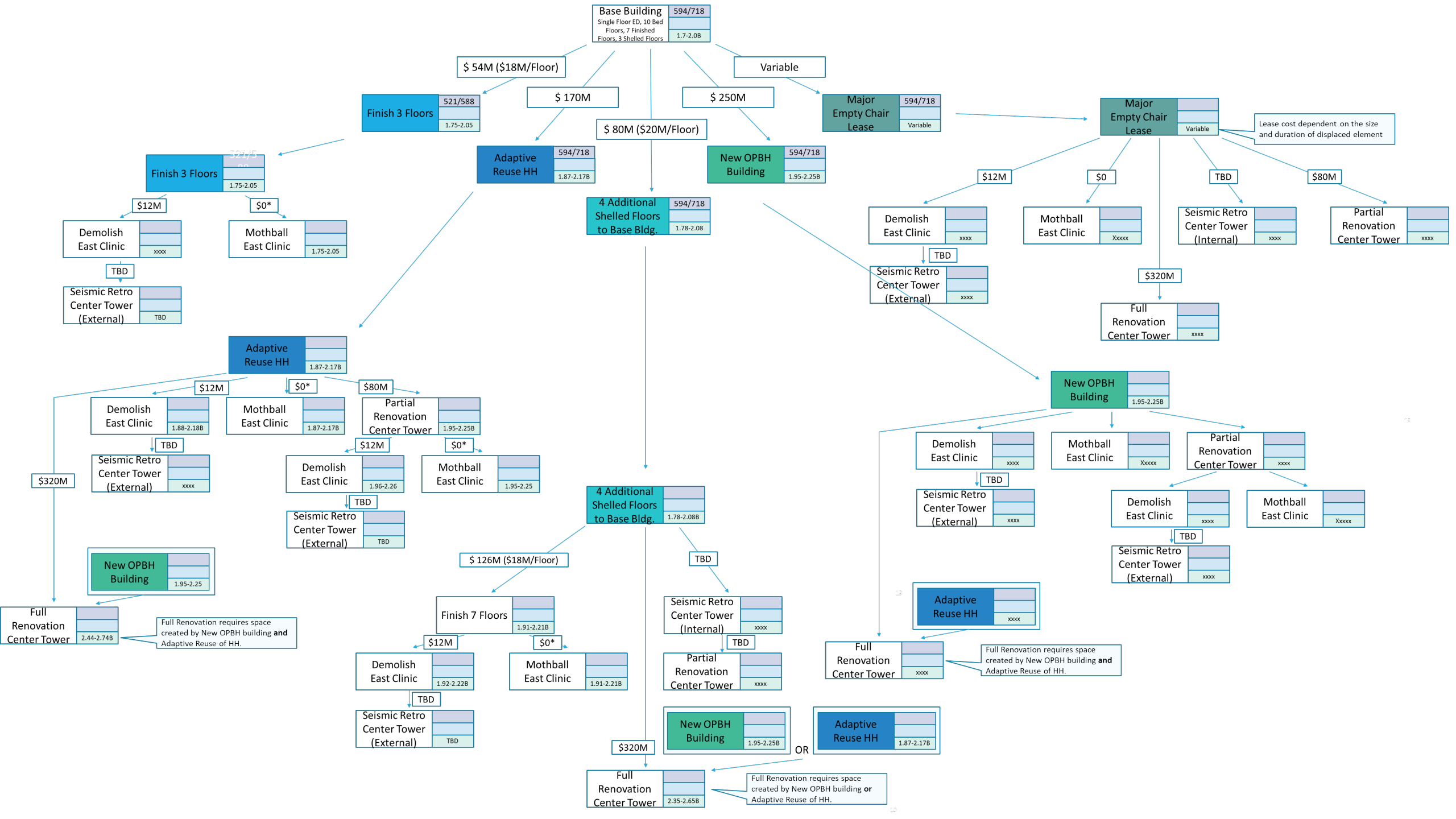
Seismic Retrofit Harborview Hall
- Impacts current Salvation Army shelter

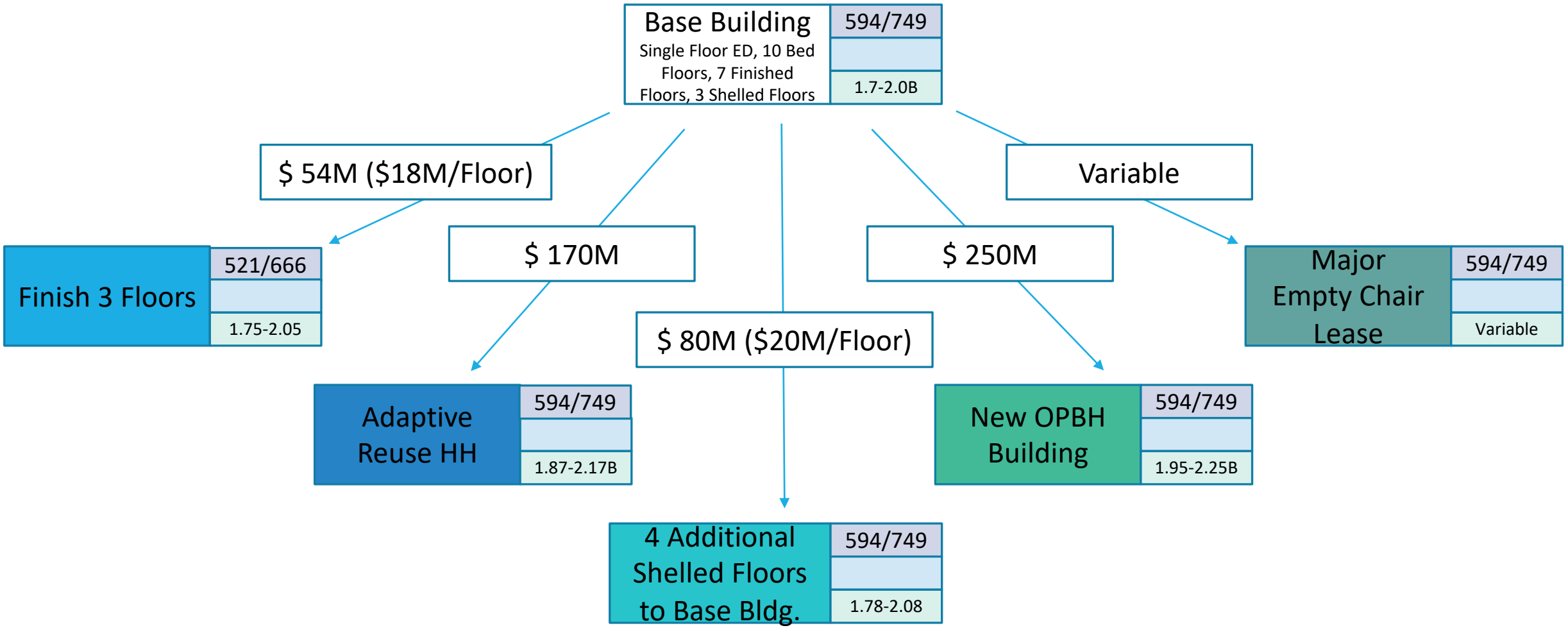
Adaptive Reuse Harborview Hall
- Impacts current Salvation Army Shelter

Relocate Pioneer Square Clinic
- Acquisition required to use bond funds

Renovate Pioneer Square Clinic
- Impacts clinic capacity and ease of operations
- Interim space needed during renovation




Base Building
Single Floor ED, 10 Bed Floors, 7 Finished Floors, 3 Shelled Floors
594/718
1.7-2.0B
$ 54M ($18M/Floor)
$ 170M
$ 80M ($20M/Floor)
$ 250M
Variable
Finish 3 Floors
521/588
1.75-2.05
Adaptive Reuse HH
594/718
1.87-2.17B
4 Additional Shelled Floors to Base Bldg.
594/718
1.78-2.08
New OPBH Building
594/718
1.95-2.25B
Major Empty Chair Lease
594/718
Variable
Lease cost dependent on the size and duration of displaced element
Finish 3 Floors
1.75-2.05
$12M
$0*
Demolish East Clinic
xxxx
Mothball East Clinic
1.75-2.05
TBD
Seismic Retro Center Tower (External)
TBD
Demolish East Clinic
xxxx
Mothball East Clinic
Xxxxx
Seismic Retro Center Tower (Internal)
xxxx
Partial Renovation Center Tower
xxxx
TBD
Seismic Retro Center Tower (External)
xxxx
$320M
Full Renovation Center Tower
xxxx
Adaptive Reuse HH
1.87-2.17B
$12M
$0*
$80M
Demolish East Clinic
1.88-2.18B
Mothball East Clinic
1.87-2.17B
Partial Renovation Center Tower
1.95-2.25B
TBD
Seismic Retro Center Tower (External)
xxxx
$320M
$12M
$0*
Demolish East Clinic
1.96-2.26
Mothball East Clinic
1.95-2.25
TBD
Seismic Retro Center Tower (External)
TBD
New OPBH Building
1.95-2.25
Full Renovation Center Tower
2.44-2.74B
Full Renovation requires space created by New OPBH building and Adaptive Reuse of HH.
4 Additional Shelled Floors to Base Bldg.
1.78-2.08B
$ 126M ($18M/Floor)
TBD
Finish 7 Floors
1.91-2.21B
Seismic Retro Center Tower (Internal)
xxxx
$12M
$0*
TBD
Demolish East Clinic
1.92-2.22B
Mothball East Clinic
1.91-2.21B
Partial Renovation Center Tower
xxxx
TBD
Seismic Retro Center Tower (External)
TBD
$320M
New OPBH Building
1.95-2.25B
OR
Adaptive Reuse HH
1.87-2.17B
Full Renovation Center Tower
2.35-2.65B
Full Renovation requires space created by New OPBH building or Adaptive Reuse of HH.
New OPBH Building
1.95-2.25B
Demolish East Clinic
xxxx
Mothball East Clinic
Xxxxx
Partial Renovation Center Tower
xxxx
TBD
Seismic Retro Center Tower (External)
xxxx
Demolish East Clinic
xxxx
Mothball East Clinic
Xxxxx
TBD
Seismic Retro Center Tower (External)
xxxx
Adaptive Reuse HH
xxxx
Full Renovation Center Tower
xxxx
Full Renovation requires space created by New OPBH building and Adaptive Reuse of HH.


Base Building
Single Floor ED, 10 Bed Floors, 7 Finished Floors, 3 Shelled Floors
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$ 54M ($18M/Floor)
$ 170M
$ 80M ($20M/Floor)
$ 250M
Variable
Finish 3 Floors
521/666
1.75-2.05
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594/749
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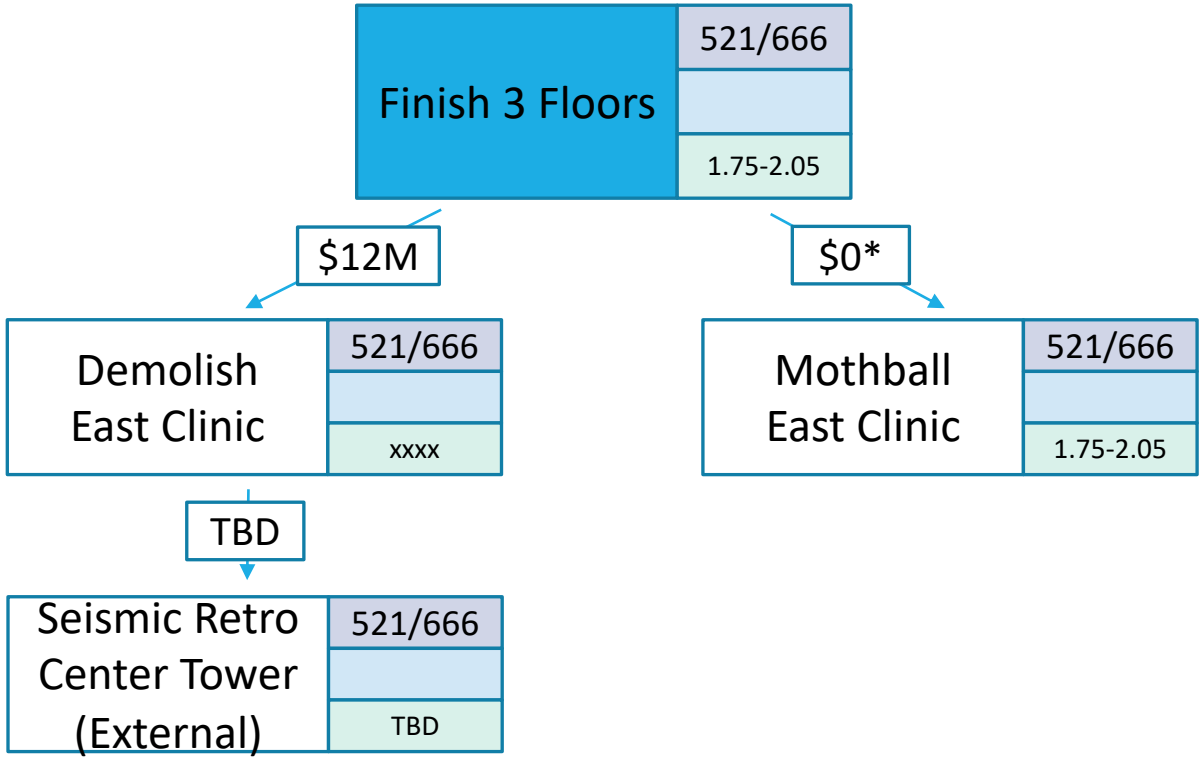
4 Additional Shelled Floors to Base Bldg.
594/749
1.78-2.08
New OPBH Building
594/749
1.95-2.25B
Major Empty Chair Lease
594/749
Variable


Finish 3 Floors
521/666
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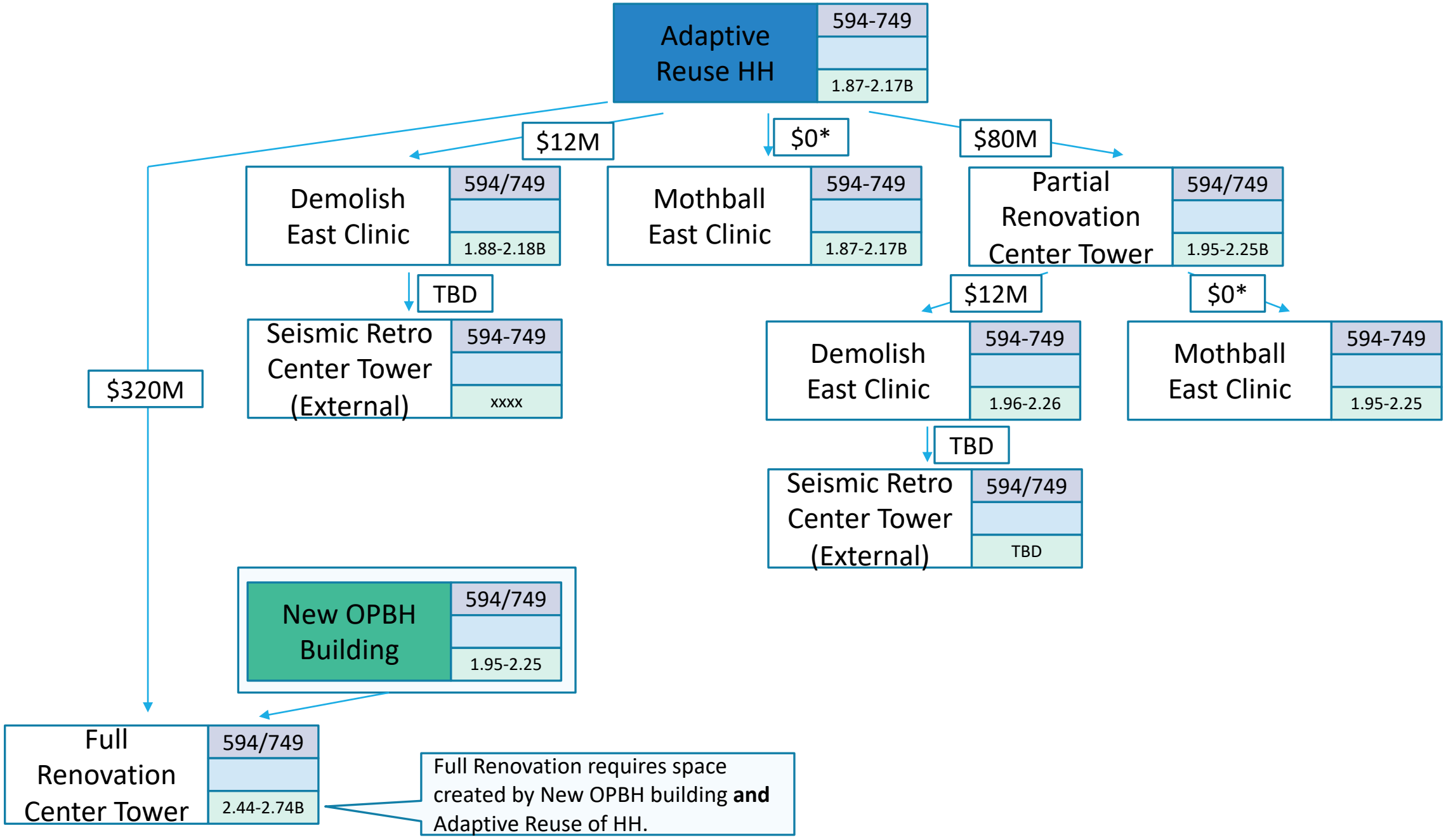
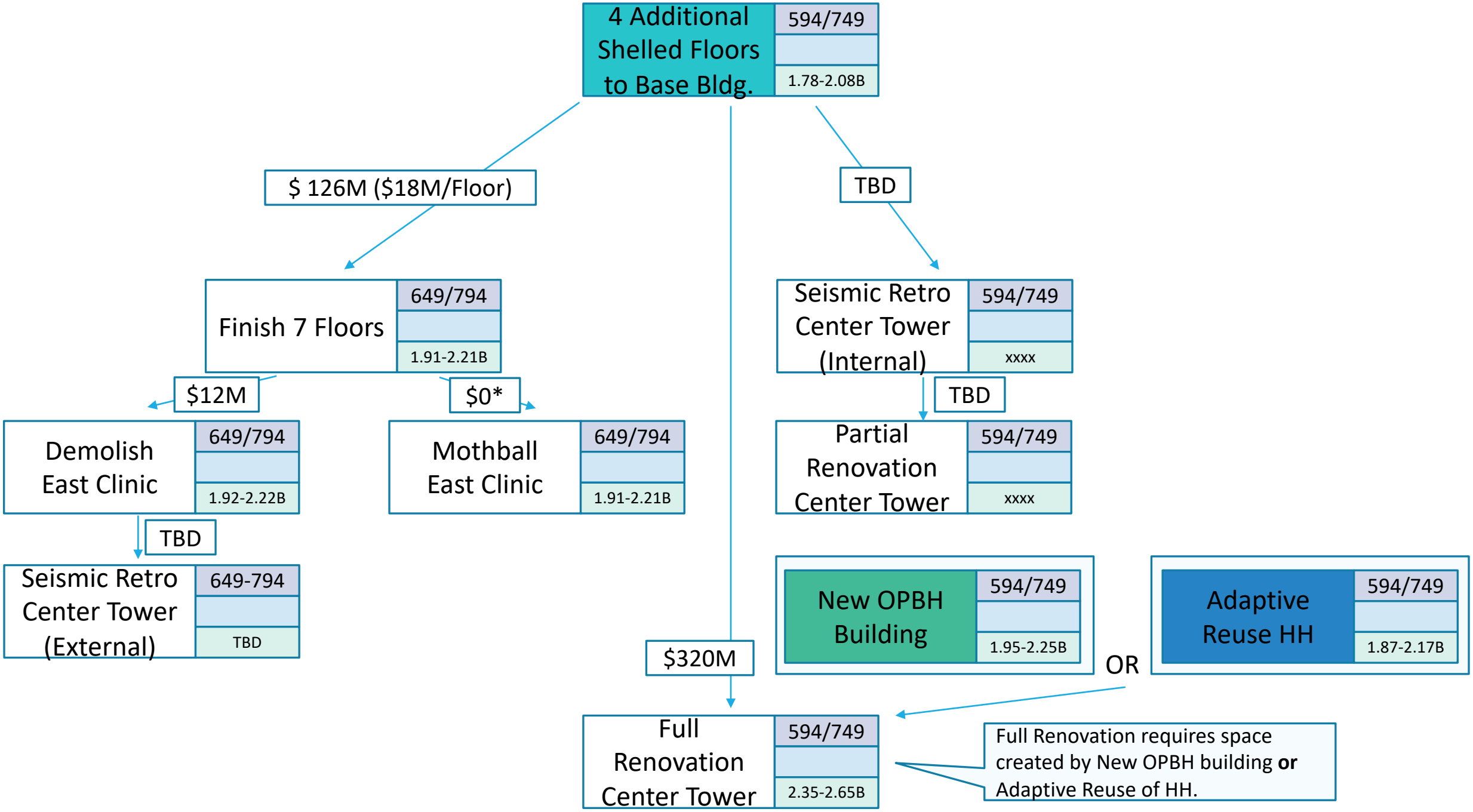
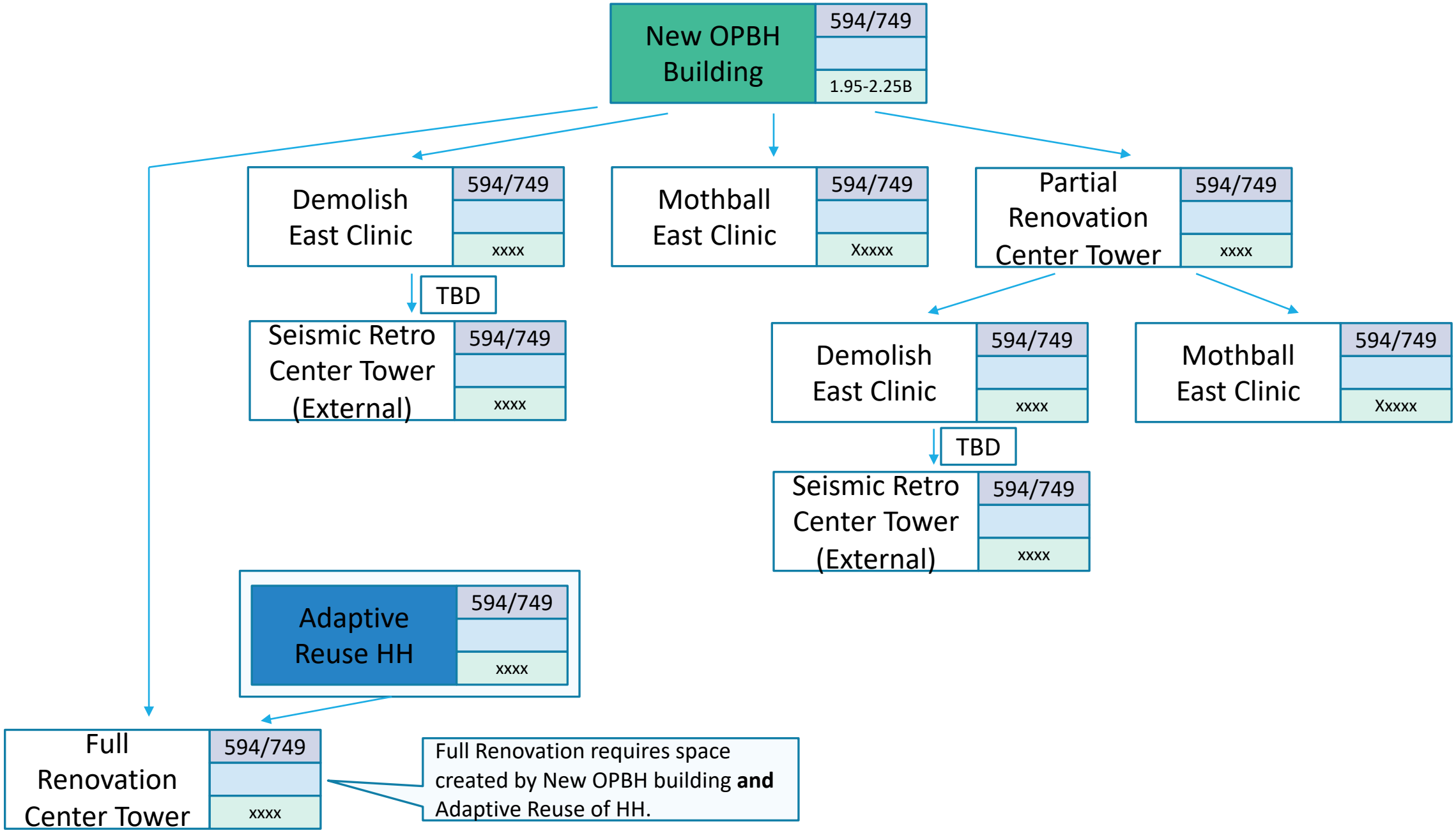
$12M
$0*
Demolish East Clinic
521/666
xxxx
Mothball East Clinic
521/666
1.75-2.05
TBD
Seismic Retro Center Tower (External)
521/666
TBD


Adaptive Reuse HH
594-749
1.87-2.17B
$12M
$0*
$80M
Demolish East Clinic
594/749
1.88-2.18B
Mothball East Clinic
594-749
1.87-2.17B
Partial Renovation Center Tower
594/749
1.95-2.25B
TBD
Seismic Retro Center Tower (External)
594-749
xxxx
$12M
$0*
Demolish East Clinic
594-749
1.96-2.26
Mothball East Clinic
594-749
1.95-2.25
TBD
Seismic Retro Center Tower (External)
594/749
TBD
$320M
New OPBH Building
594/749
1.95-2.25
Full Renovation Center Tower
594/749
2.44-2.74B
Full Renovation requires space created by New OPBH building **and** Adaptive Reuse of HH.


4 Additional Shelled Floors to Base Bldg.
594/749
1.78-2.08B
$ 126M ($18M/Floor)
TBD
Finish 7 Floors
649/794
1.91-2.21B
Seismic Retro Center Tower (Internal)
594/749
xxxx
$12M
$0*
TBD
Demolish East Clinic
649/794
1.92-2.22B
Mothball East Clinic
649/794
1.91-2.21B
Partial Renovation Center Tower
594/749
xxxx
TBD
Seismic Retro Center Tower (External)
649-794
TBD
$320M
New OPBH Building
594/749
1.95-2.25B
OR
Adaptive Reuse HH
594/749
1.87-2.17B
Full Renovation Center Tower
594/749
2.35-2.65B
Full Renovation requires space created by New OPBH building **or** Adaptive Reuse of HH.


New OPBH Building
594/749
1.95-2.25B
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594/749
xxxx
Mothball East Clinic
594/749
Xxxxx
Partial Renovation Center Tower
594/749
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TBD
Seismic Retro Center Tower (External)
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Demolish East Clinic
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Mothball East Clinic
594/749
Xxxxx
TBD
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594/749
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Adaptive Reuse HH
594/749
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Full Renovation Center Tower
594/749
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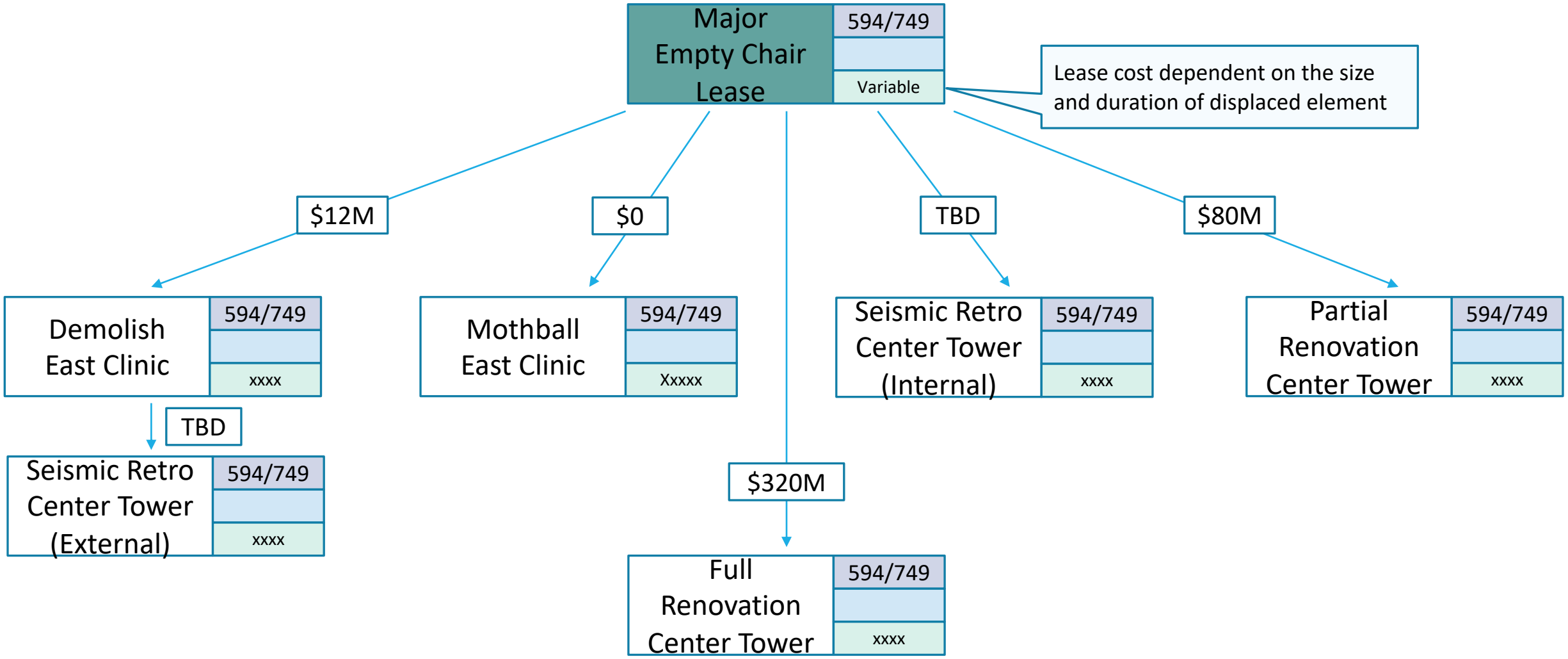
Full Renovation requires space created by New OPBH building **and** Adaptive Reuse of HH.


Major Empty Chair Lease
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Variable
Lease cost dependent on the size and duration of displaced element
$12M
$0
TBD
$80M
Demolish East Clinic
594/749
xxxx
Mothball East Clinic
594/749
Xxxxx
Seismic Retro Center Tower (Internal)
594/749
xxxx
Partial Renovation Center Tower
594/749
xxxx
TBD
Seismic Retro Center Tower (External)
594/749
xxxx
$320M
Full Renovation Center Tower
594/749
xxxx

Final OWG Recommendation Report

The HMC Ordinance Workgroup (OWG) will provide its final recommendations via report to the King County Council on the health and safety improvements at Harborview Medical Center that can be built within the $1.74 billion bond revenues authorized by Ordinance 19117. This report will also include all the required elements as outlined in Ordinance 19583.

Decision Making Process for Discussion

To arrive at this final recommendation report, the OWG will use the following decision-making process:

1. That we **aim for full consensus** on the final recommendation report.
   - We use a thumbs up (support/agree), thumbs sideways (neutral/can live with), thumbs down (oppose/disagree) methodology to vote on the final report
   - Full consensus means every OWG member is either supportive (thumbs up) or can live with (thumbs sideways) the recommendation report
   - If an OWG member opposes any or all elements of the report (i.e., thumbs down), it is our collective expectation that s/he provide a rationale for his/her position and explain what it would take to get to neutral or supportive; the team will do its best to address the member's concern

2. In the event that full consensus cannot be achieved (i.e., one or more OWG members remain thumbs down), the OWG will proceed with its final recommendation report if there is **consensus minus two**—that is, if two members are thumbs down (oppose).*

** Other options could include simple majority, full consensus minus 1, 2, 3, etc.*

Decision Making Process for Discussion

3. **Acknowledgements of dissenting opinions** or concerns will be included in the final recommendation report.

4. A **quorum is required** for the final recommendation report; 6 out of 10 members must be present with at least 1 representative from each entity.

Harborview Bond: Ordinance Workgroup Meeting

June 23, 2023

- Final -

HARBORVIEW MEDICAL CENTER

UW Medicine | King County

Agenda

- **Welcome** (5 minutes)
  - Approval of Meeting Minutes 6/16
- **Public Comment** (10 minutes)
- **Action Item: Agreement on Prioritization of Current Bond Revenues** (10 minutes)
  - Action: OWG vote on proposed base tower package
- **Ordinance 19583 Requirements Tracker** (30 minutes)
  - Review how OWG's final report will address Ordinance requirements
  - Discuss specific requirements that need additional OWG input
- **Additional Information to Include in OWG's Final Report** (25 minutes)
  - Circle back on approach for program elements if additional funds were available (follow-up on last week's Steps 2 & 3)
  - Discuss additional information/guidance the OWG would like to include in its final report
- **Final OWG Report Process & Next Steps** (10 minutes)

HARBORVIEW MEDICAL CENTER
UW Medicine King County

PUBLIC COMMENT

2 MINUTES PER GUEST

ACTION ITEM: Agreement on Prioritization of Current Bond Revenues

Base Tower Package: Goals

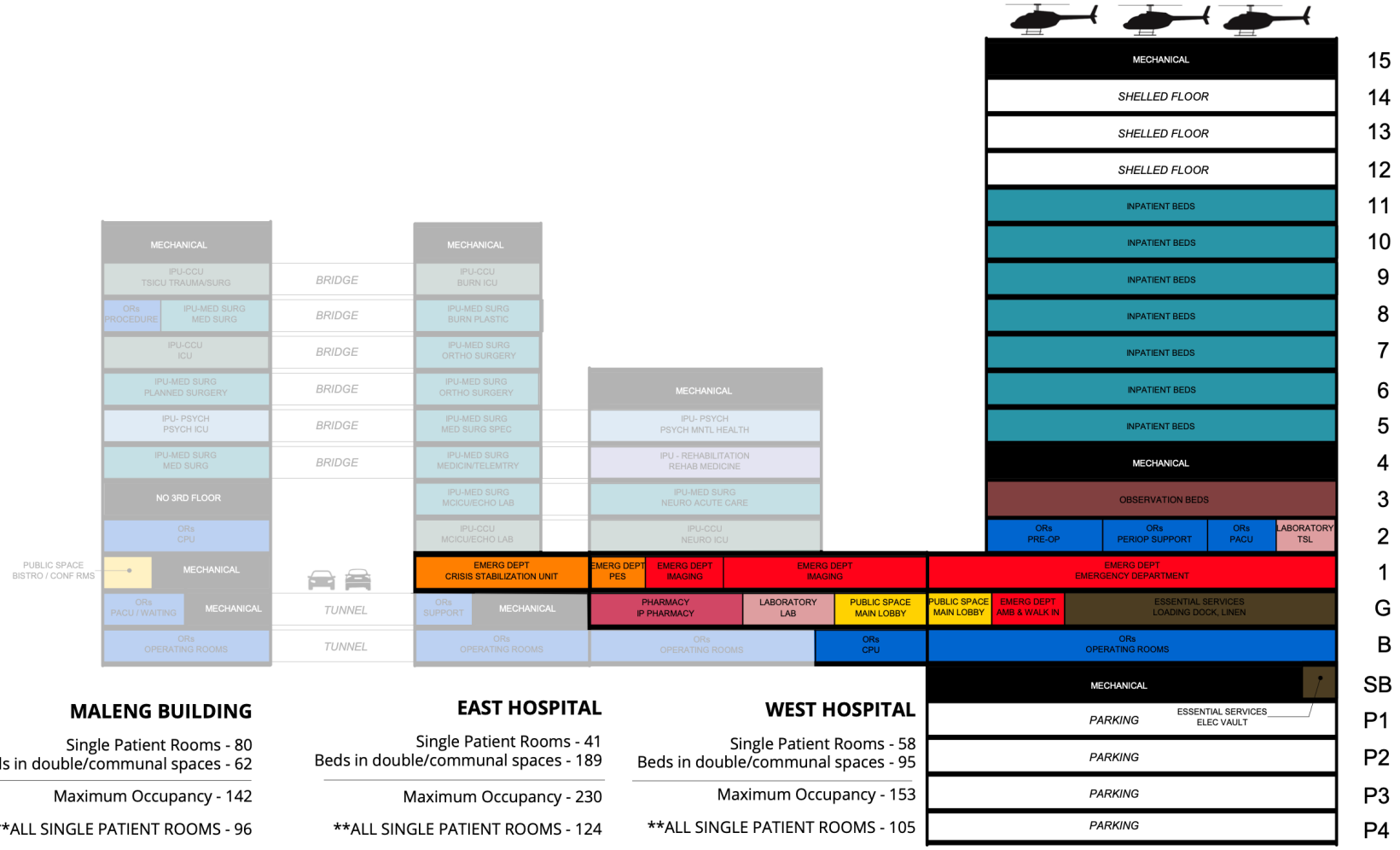
The overarching goals/priorities of this package would be to:

- Add single patient room capacity in a new building
- Provide additional OR and ED capacity
- Expand behavioral health services (e.g., PES, CSU)
- Incorporate essential services (e.g., pharmacy, lab)
- Increase operational efficiency through modern space

Base Tower Package: Services/Functions

Specifically, for $1.7 billion, the proposed base tower package would include:

- 7 floors of inpatient beds (at least 32 beds per floor = 224 new beds)
- 3 shelled floors
- 12 additional ORs, including perioperative support (PACU, prep/holding and OR support spaces)
- Single floor ED
- Right-sized essential services (e.g., pharmacy, lab, clinical engineering, environmental services, kitchen)
- Behavioral health: expanded Psychiatric Emergency Services
- Behavioral health: new Crisis Stabilization Unit
- Parking
- Helicopter pads
- Expansion of County spaces (e.g., ITA, MEO, TB Clinic)



MALENG BUILDING

Single Patient Rooms - 80
Beds in double/communal spaces - 62

Maximum Occupancy - 142

**ALL SINGLE PATIENT ROOMS - 96

EAST HOSPITAL

Single Patient Rooms - 41
Beds in double/communal spaces - 189

Maximum Occupancy - 230

**ALL SINGLE PATIENT ROOMS - 124

WEST HOSPITAL

Single Patient Rooms - 58
Beds in double/communal spaces - 95

Maximum Occupancy - 153

**ALL SINGLE PATIENT ROOMS - 105

NEW TOWER

Single Patient Rooms - 224
Beds in double/communal spaces - 0

ALL SINGLE PATIENT ROOMS - 224

Base Tower Package: Criteria Analysis

Positive Impact
Negative Impact
N/A

Criteria Area	No Action	Base Tower Package*
Area 1: People Impact		
Mission population		
Patients and clients		
Labor and employees		
Neighbors and community		
Area 2: Service/Operational Impact		
Delivery of emergency services		
Addresses facility deficiencies and needs		
Supports innovation, best practices, and/or new models of care		
Increases bed capacity and space to meet current/future patient needs at HMC		
Improves utilities, infrastructure, and other key facility systems to enhance the campus' long-term resiliency		

*Criteria analysis made as a comparison between these two options, not objectively

Base Tower Package: Criteria Analysis

Positive Impact
Negative Impact
N/A

Criteria Area	No Action	Base Tower Package*
Area 3: Equity and Social Justice		
Service models that promote equity		
Influenced by community priorities		
Addresses Determinants of Equity		
Access to healthcare and improved health outcomes		
Area 4: Fiscal/Financial Impact		
The long-term financial position of Harborview and King County		
Existing facilities		
Opportunities for other funding		

*Criteria analysis made as a comparison between these two options, not objectively

OWG Decision Making Process

As a reminder, the OWG agreed to the following decision-making process:

1. That we **aim for full consensus** on the final recommendation report.
    - We use a thumbs up (support/agree), thumbs sideways (neutral/can live with), thumbs down (oppose/disagree) methodology to vote on the final report
    - Full consensus means every OWG member is either supportive (thumbs up) or can live with (thumbs sideways) the recommendation report
    - If an OWG member opposes any or all elements of the report (i.e., thumbs down), it is our collective expectation that s/he provide a rationale for his/her position and explain what it would take to get to neutral or supportive; the team will do its best to address the member's concern

2. In the event that full consensus cannot be achieved (i.e., one or more OWG members remain thumbs down), the OWG will proceed with its final recommendation report if there is **consensus minus two**—that is, if two members are thumbs down (oppose).

OWG Decision Making Process

3. **Acknowledgements of dissenting opinions** or concerns will be included in the final recommendation report.

4. A **quorum is required** for the final recommendation report; 6 out of 10 members must be present with at least 1 representative from each entity.

ACTION ITEM: VOTE ON BASE TOWER PACKAGE

ORDINANCE 19583 REQUIREMENTS

OWG REVIEW & FEEDBACK ON PROPOSED OUTLINE

Ordinance Requirements

Review the Ordinance requirements tracker & proposed outline for the OWG's final report *(see pre-read for attachment)*:

- Is the agreement on how the OWG's final report will address each section?
- Any additional suggestions/feedback on the proposed outline?

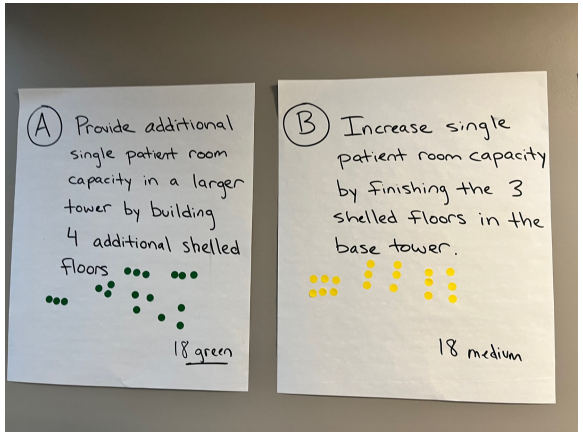
ADDITIONAL INFORMATION TO INCLUDE IN FINAL OWG REPORT

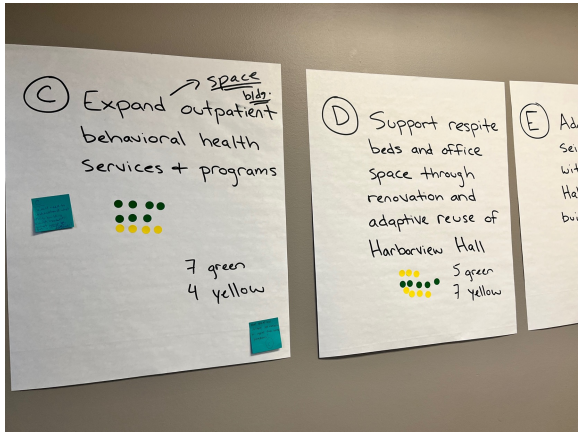
Circling Back on High-Level Ranking Exercise

Do you want the final report to address the other HMC bond program components if additional funds become available?

For example:

- Items A-D were collectively among the highest priority items identified by the OWG; items E-H were identified as the next tier
- Items A & B regarding single patient room capacity in the new tower were identified as particularly important to HMC; the County shared this priority alongside items C & D, expanded space for outpatient behavioral health and respite





STEP 1: Do we agree on a recommendation on how to spend the $1.7B with the base tower package?

We will review & discuss:

- Overarching priorities & goals
- What services & functions would be included
- Clarification on beds
- Criteria alignment

STEP 2 - First Pass/High-Level Ranking of Other Program Elements: What would we prioritize if additional funds were available?

This is an initial, high-level ranking.* Every OWG member will receive 3 high priority and 3 medium priority dots to rank the following options:

A. Provide additional single patient room capacity in a larger tower by building 4 additional shelled floors

B. Increase single patient room capacity by finishing the 3 shelled floors in the base tower

C. Expand outpatient behavioral health services and programs (space/building)

D. Support respite beds and office space through renovation and adaptive reuse of Harborview Hall

E. Address life safety/seismic issues with Harborview Hall (no other building renovation)

F. Address life safety/seismic issues and increase space in Center Tower

G. Address life safety/seismic issues and improve clinical operations at Pioneer Square Clinic

H. Address life safety/seismic issues with East Clinic

STEP 3 – Final Prioritization/Recommendation: What would we prioritize if additional funds were available?

Following up on OWG ranking in step 2, the items below would be further considered based on their dependencies, criteria, costs, benefits & challenges, other implications, etc. This may include looking at potential packages—or combination of program elements—that address key dependencies (last week's decision trees). For example, demolishing East Clinic depends on other options such as the Center Tower.

A. Provide additional single patient room capacity in a larger tower by building 4 additional shelled floors
- A1 Cost: $80M (does not include the $72M needed to finish these floors in the future)

B. Increase single patient room capacity by finishing 3 shelled floors in the base tower
- B1 Cost: $54M

C. Expand outpatient behavioral health services and programs
- C1 Cost: $250M for new building
- C2 Cost: $130M to renovate Pat Steel Building

D. Support respite beds and office space through renovation and adaptive reuse of Harborview Hall
- D1 Cost: $170M for adaptive reuse
- D2 Cost: $80M for partial renovation
- D3 Cost: $320M for full renovation

E. Address life safety/seismic issues with Harborview Hall (no other building renovation)
- H1 Cost: $tbd for seismic retrofit

F. Address life safety/seismic issues and increase space in Center Tower
- G1-G4 Costs: $tbd for external retrofit, internal retrofit, partial renovation, full renovation

G. Address life safety/seismic issues and improve clinical operations at Pioneer Square Clinic
- E1 Cost: $30M to renovate
- E2 Cost: $9M+Market to relocate

H. Address life safety/seismic issues with East Clinic
- F1 Cost: $12M to demolish
- F2 Cost: $0 to mothball

FINAL REPORT PROCESS & NEXT STEPS

Process for Finalizing Report

- The Project Team will draft the initial the report as reflected in Ordinance requirement tracker and based on today's feedback
- OWG members to submit key concepts to Project Team Leads by Friday, June 30
- As part of the drafting process, subject matter expert review will occur
- OWG members will receive a Sharepoint link to the report draft on or before the 2nd week of July
- Feedback will be due a week later through the Sharepoint document
  - Provide clear, substantive direction/suggestions; please avoid vague suggestions
  - Staff may follow-up with you
  - The report will note if feedback is in a different direction than what the OWG agreed on
  - Any substantive issues will be flagged for OWG members and will be summarized in the email to the OWG

Wrap Up

- Cancel OWG meetings currently scheduled for June 30th and July 14th?
- King County Council Committee of the Whole Meeting – July 19th
  - Briefing on OWG program plan and Ordinance requirements

King County Harborview Ordinance Work Group
Virtual Meeting
Wednesday, March 29, 2023
Minutes

WORKGROUP MEMBERS:

ORGANIZATION	MEMBER	PRESENT
King County Executive	April Putney Dwight Dively Tony Wright (Designee)	Yes No Yes
King County Council	Joe McDermott Claudia Balducci	Yes No
HMC Board of Trustees	Steffanie Fain Clayton Lewis David McDonald	Yes Yes Yes
UW Medicine	Sommer Kleweno-Walley Cynthia Dold Jacque Cabe Mo Broom, (Designee)	Yes Yes No Yes
Facilitator	Christina Hulet	Yes

ADDITIONAL ATTENDEES

- Tom Goff, King County Council
- Lan Nguyen, King County Council
- Jeannie Macnab, King County Council
- Diana Phibbs, County Council
- Sam Porter, County Council
- Joe Smeltzer, UW Medicine
- Ian Goodhew, UW Medicine
- Madeline Grant, UW Medicine
- Jeff Fillmore, UW Medicine
- Ted Klainer, UW Medicine
- Leslie Harper-Miles, King County
- Teresa Beran, King County
- Kelli Carroll, King County
- John Lett, Vanir

CALL TO ORDER

Christina Hulet called the meeting to order at 3:03PM

WELCOME – Christina Hulet

- Introductions

- Members outlined goals for work
    - More knowledge about cost analysis & current costing
    - Need clinical inputs

OUR COLLECTIVE CHARGE

- Leslie Harper-Miles, Kelli Carroll provided historical context: HMC bond & HLG
    - John Lett provided current industry context; not isolated event; not alone as all hospital projects seeing cost growth
    - Will be able to provide high level, conceptual information
- Sam Porter reviewed requirements of Ordinance 19583 requirements

WORKGROUP TEAM COMMITMENTS & PROCESS

- Jeff Fillmore provided proposed workgroup structure, process & timeline
- Christina Hulet reviewed proposed Workgroup decision-making process
    - Harborview Leadership Group used a similar process; worked well
    - Goal would be to achieve consensus on the OWG's final report
    - Cynthia Dold, Interim President UW Medicine Hospitals & Clinics, suggested one representative from each organization with a quorum of six
    - Team agreed to finalize decision-making process at future meeting

GUIDANCE TO THE ANALYTICAL TEAM

- Discussion of approach & guidance for Analytical Team
    - Understanding scenarios and cascading impacts of various elements
    - Implications of scenarios/options
- Any scenarios on or off the table?
    - From the Executive's perspective, not building a tower and doing everything poorly are not options; need to approach options development and analysis with creativity and flexibility
    - The needs of HMC are huge and different than when the HLG work was done
- Discussion of shared understanding of what group is working towards
    - The work produced will be conceptual and high level, such as cost per square foot, and offer a benchmark for bond program costs
    - Behavioral health is an interest of the Council along with needs and services for the mission population
    - Need to bring back campus master planning implications and assumptions for discussion
    - How will the group square the tension of shrinking dollars and greater/growing needs of the hospital?
    - What the hospital can afford to operate should be considered
    - Need to track cost growth that is a result of escalation and cost growth that is the result of expanding needs
- Overview of HLG analytical criteria
    - Suggestion of adding #5 to address changing landscape of needs

WRAP UP AND NEXT STEPS

- Next meeting week of April 17

- Meet every two weeks – shorter cycles between meetings – recognizing doing so means more draft materials at Workgroup as staff have limited time between meetings to produce and refine information
- Staff following up on OPMA requirements; reminder that if personal emails are used, they are subject to public disclosure

ADJOURNMENT – Christina Hulet
Meeting was adjourned at 5PM

HMC Bond Ordinance Workgroup - Principals
Meeting Minutes

April 19, 2023 / 12:00 - 1:30 pm

WORKGROUP MEMBERS:

ORGANIZATION	MEMBER	PRESENT
King County Executive	April Putney Dwight Dively	Yes Yes
King County Council	Joe McDermott Claudia Balducci	Yes Yes
HMC Board of Trustees	Steffanie Fain Clayton Lewis David McDonald	Yes Yes Yes
UW Medicine	Sommer Kleweno-Walley Cynthia Dold Jacque Cabe	Yes Yes Yes
Facilitator	Christina Hulet	Yes

Other meeting attendees:

- Lily Clifton
- Jon Fowler
- Tom Goff
- Melanie Kelii
- Ian M. Goodhew
- Elizabeth Fleming
- Kellie Hurley
- Teresa Beran
- Tim Patmont
- Ted Klainer
- Jeff Fillmore
- Susan McLaughlin
- Kelli Carroll
- Jeannie Macnab
- Leslie Harper-Miles
- Madeline Grant
- Lan Nguyen
- Jon Le

AGENDA

12:00 pm **Welcome - Christina Hulet**

- Christina Hulet called the meeting to order at 12:03PM.
- Motion made to pass the meeting minutes was approved and seconded.
- Members were encouraged to schedule a Harborview tour. The intention is to have a good understanding of what's happening day-to-day at Harborview.
- Provided reminder that workgroup is subject to the rules and regulations of the Open Public Meetings Act.
- Provided recap of previous meeting.

12:05 pm **HMC Current Landscape & Strategic Needs - Tim Patmont & Kellie Hurley**

- Staff shared the bed needs forecasting tool and current census snapshot.
- Staff reported that predicting demand for inpatient beds at HMC is based on a fluid formula that will change over time.
- Currently the formula uses the following inputs: established baseline, accounting for surge capacity, adjustments for length of stay improvements, adjustments for strategic growth factors, incorporation of population growth and care trends, and the establishment of a time for full occupancy.
- Staff stated purpose is to ensure campus is supported until next large bond proposal.

12:35 pm **Implications for Analytical Criteria – Christina Hulet**

- Members made the decision to add two points that were listed on the right side of the slide titled "Implications for Analytical Criteria."
- These points emerged as a part of the Analytical Team's review of the Harborview Leadership Group's criteria in accordance with Ordinance 19583.
- The two key points were: 1. Importance of increased bed capacity and space to meet current and future patient needs at Harborview, and; 2. Opportunity to improve utilities, infrastructure, and other key facility systems to enhance the campus' long-term resiliency.
- Members decided to embed these two points into HLG Analytical Criteria Area #2 "Service/Operational Impact" as presented on the PowerPoint slide.
- Additionally, there was a plan to build off the criteria that they have and acknowledge that there is new information since that criteria came forward. There was also clarification that the analysis that comes out of the subgroups should speak to and provide information on how well Harborview can meet the future needs of the community and what the cost will be.

12:45 pm **Analytical Team Subgroups: Progress Updates & Feedback – Christina Hulet/Project Team**

- The presentation provided details about the five different subgroups.
- Members were asked if they had any feedback, reflections, or guidance about the subgroups.
- Overall, members felt that the subcommittees are on the right track.
- By summer, staff plan to have a cost analysis prepared.
- Staff were asked to consider including information about infrastructure needed.

1:25 pm **Wrap Up – Christina Hulet**

- Board Member Fain requested PowerPoint decks to be emailed in advance to help prepare for meetings.

1:30 pm **Adjourn**

- Adjourned at approximately 1:30 pm

UW Medicine
HARBORVIEW MEDICAL CENTER

King County

HMC Bond Ordinance Workgroup - Principals Meeting

May 5, 2023 / 2:00-3:30 pm

Meeting Minutes

WORKGROUP MEMBERS:

ORGANIZATION	MEMBER	PRESENT
King County Executive	April Putney Dwight Dively	No Yes
King County Council	Joe McDermott Claudia Balducci	Yes Yes
HMC Board of Trustees	Steffanie Fain Clayton Lewis David McDonald	Yes Yes Yes
UW Medicine	Sommer Kleweno-Walley Cynthia Dold Jacque Cabe	Yes Yes Yes
Facilitator	Christina Hulet	Yes

Other Attendees:

Lily Clifton
Isaiah Artis
Tom Goff
Susan McLaughlin
Anthonly Wright
Chris McGowan
Garrett Farrell
Ian Goodhew
Jeff Fillmore
Tania Santiago Pastrana
Marcel Glenn
John Lett
Kelli Carroll
Lan Nguyen
Leslie Harper
Madeline Grant
Ted Klainer
Teresa Beran
Tim Patmont

Welcome **Christina Hulet**

- Meeting called to order at 2:03 p.m.

- Motion to approve the April 19th meeting minutes was approved.
- Christina Hulet provided information about an upcoming tour of Harborview in May. Encouraged members to contact staff if they are interested in participating.
- Christina Hulet thanked staff for helping to convene OWG meetings.
- Christina Hulet provided an overview of the timing for upcoming OWG meetings and asked members if they would be interested in adding two additional meetings in June so they could have more time for deliberation.
- Members agreed that they would need the additional meetings and that they were comfortable with meeting virtually.

Subgroup Report: East Clinic **Garrett Farrell & Tony Wright**

- A brief overview of East Clinic was presented by Garrett Farrell.
- Two options were presented for consideration: Retain East Clinic or Demolish East Clinic.
- Members and staff discussed the challenges of relocating the programs and services currently utilizing this space.
- Members requested a more comprehensive view for future reports.

Subgroup Report: Financial Tools/Legally Permissible Funding **Kelli Carroll & Madeline Grant**

- Madeline Grant and Kelli Carroll provided the staff presentation on this item.
- There are three main categories for potential additional funding: State and Federal funding, a County administered philanthropy campaign, and County funding options.
- None of these options are immediately available.
- There was discussion among members regarding funding options and connections at the federal level.
- A written report was provided in addition to the PPT.

2:40 pm **Behavioral Health Orientation - Part 1** **Susan McLaughlin**

- Susan McLaughlin provided the staff presentation for this item that was an overview of the Behavioral Health Services subgroup, and update on MNC data, and BHO/BHS needs and space.
- A summary of the super block was requested and answered.
- Questions were raised regarding permitting and zoning challenges.

3:00 pm **Subgroup Report: County Spaces** **Leslie Harper-Miles & April Harr**

- This agenda item was postponed.

3:15 pm **Looking Ahead** **Christina Hulet**

- Christina Hulet informed the group that analytical and project team leads would be meeting early next week to discuss how to respond to feedback from this meeting. She added that there will be a presentation and reports from different groups. She will circle back to see what the best use of that time would be.

Adjourn

- The meeting was adjourned at 3:31 p.m.

UW Medicine
HARBORVIEW MEDICAL CENTER

King County

HMC Bond Ordinance Workgroup - Principals Meeting

May 19, 2023 / 2:00-3:30 pm

Meeting Minutes

WORKGROUP MEMBERS:

ORGANIZATION	MEMBER	PRESENT
King County Executive	April Putney Dwight Dively	Yes Yes
King County Council	Joe McDermott Claudia Balducci	Yes Yes
HMC Board of Trustees	Steffanie Fain Clayton Lewis David McDonald	Yes Yes Yes
UW Medicine	Sommer Kleweno-Walley Cynthia Dold Jacque Cabe	Yes Yes No
Facilitator	Christina Hulet	Yes

Other Attendees:

- Marcel Glenn
- Jon Fowler
- Lily Clifton
- Tom Goff
- Isaiah Artis
- Jeff Filmore
- Ian Goodhew
- Ted Klainer
- Dave Reeves
- Chris McGowan
- Tim Patmont
- April Harr
- Mo Broom
- Kelli Carroll
- Susan McLaughlin
- Anthony Wright
- Kellie Hurley
- Sam Porter
- Jeannie Macnab
- Kimberly McHugh
- Madeline Grant
- Lan Nguyen

Welcome **Christina Hulet**

- Meeting called to order at 2:03 p.m.
- Motion to approve May 5 meeting minutes approved.
- Christina Hulet provided a general overview of where things stand and where thing are going since the previous meeting.

Subgroup Report: New Tower – Part 1 **Kellie Hurley, Ted Klainer & Tim Patmont**

- Tim Patmont opened the presentation.
- Ted Klainer continued the presentation by describing needs identified by the Harborview Leadership Group: increased bed capacity, replacement of double occupancy rooms with single occupancy rooms, additional operating rooms, and expanded/modified emergency department.
- Kellie Hurley continued with a presentation on healthcare landscape changes.
- Ted Klainer presented a table of new tower options that could be considered.
- Members discussed the need to have materials and presentations with a more holistic overview of all the components of the whole campus and what it would cost for everything to be completed.

Scenario Development and Dependencies **Anthony Wright**

- Anthony Wright provided and update on the Analytical Team's work to develop high-level scenarios that consider the bond program as a whole.
- Anthony Wright described being able to provide a menu of options to assist decision makers.

Subgroup Report: Pioneer Square Clinic **Kelli Carroll, Leslie Harper-Miles, Ted Klainer**

- Postponed.

Looking Ahead **Christina Hulet**

- Christina Hulet provided some final reflections.
- Meeting adjourned at 3:28 p.m.

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King County

HMC Bond Ordinance Workgroup - Principals Meeting

12th Floor, Southwest Conference Room

June 2, 2023 / 2:00-3:30 pm

Meeting Minutes

WORKGROUP MEMBERS:

ORGANIZATION	MEMBER	PRESENT
King County Executive	April Putney Dwight Dively	Yes No
King County Council	Joe McDermott Claudia Balducci	Yes Yes
HMC Board of Trustees	Steffanie Fain Clayton Lewis David McDonald	Yes Yes Yes
UW Medicine	Sommer Kleweno-Walley Cynthia Dold Jacque Cabe	Yes Yes Yes
Facilitator	Christina Hulet	Yes

Other Attendees:

- Ted Klainer
- Marcel Glenn
- Lily Clifton
- Tom Goff
- Jon Fowler
- Isaiah Artis
- Jeff Fillmore
- Lan Nguyen
- Kimberly McHugh
- Jeannie MacNab
- John Lett
- Tim Patmont
- Madeline Grant
- Chris McGowan
- Jen Seibert
- Kellie Hurley
- Sam Porter
- Tony Wright
- Ian Goodhew
- Susan McLaughlin
- Teresa Beran
- Elizabeth?
- Joe Smeltzer

Welcome **Christina Hulet**

- Meeting called to order at approximately 2:05 p.m.
- Motion to approve May 19 meeting minutes was approved.
- Christina Hulet provided an update on the workplan: what has been accomplished and what still needs to be done.

HMC Bond Program – Draft Scenarios **Tony Wright**

- Tony Wright shared a presentation of the Analytical Team's initial hospital and behavioral health scenarios, including components, assumptions, comparison to the original bond, benefits, and challenges & cost ranges.
- Members discussed the different scenarios.
- Members agreed that the new tower should be a component of all scenarios.
- Members coalesced around the idea that moving forward plans should be considered within the boundaries of available funds. This could then be followed with a list of options to be prioritized if new funds become available.

Looking Ahead **Christina Hulet**

- Christina Hulet provided a preview of upcoming meetings.
- Members agreed to meet in person at the June 9 and June 16 meetings.
- Christina Hulet adjourned the meeting at approximately 3:30 p.m.

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King County

HMC Bond Ordinance Workgroup - Principals Meeting

Chinook Building, Rooms 121-123

June 9, 2023 / 2:00-3:30 pm

Meeting Minutes

WORKGROUP MEMBERS:

ORGANIZATION	MEMBER	PRESENT
King County Executive	April Putney • Anthony Wright (delegate) Dwight Dively	No Yes Yes
King County Council	Joe McDermott Claudia Balducci • Jeannie MacNab (delegate)	Yes No Yes
HMC Board of Trustees	Steffanie Fain Clayton Lewis David McDonald	Yes Yes Yes
UW Medicine	Sommer Kleweno-Walley Cynthia Dold Jacque Cabe	Yes Yes Yes
Facilitator	Christina Hulet	Yes

Other Attendees:

- Ted Klainer
- Susan McLaughlin
- Madeline Grant
- Kelli Carroll
- Kellie Hurley
- Lan Nguyen
- Nancy Kodani-Lee
- Ian Goodhew
- Tom Goff
- Leslie Harper-Miles
- Teresa Beran
- Dave Reeves
- April Harr
- Garrett Farrell
- Margaret Bay
- Jon Fowler
- Isaiah Artis

Welcome **Christina Hulet**

- Christina Hulet called the meeting to order at 2:02 p.m.
- Motion to approve the June 2 meeting minutes was approved.
- Christina Hulet provided an update on the workgroup's efforts so far and what work is still left to be done in the coming weeks.

HMC Bond Program Scenarios Analysis **Christina Hulet/Tony Wright**

- Anthony Wright provided the staff presentation for this portion of the meeting.
- Anthony Wright presented base tower options, including potential services/uses that could be built within the available $1.74 billion bond revenues.
- Members discussed the importance of single bed versus double bed occupancy rooms.
- Members discussed the complexities of the interconnectedness of all aspects of the campus and how each decision leads to another decision, and the need for an empty chair space to move certain operations during different phases of construction.
- Members applauded staff for the work done and visual presentations provided.

Looking Ahead **Christina Hulet**

- Members discussed decision making and final report process.
- Members agreed to aim for full consensus on final recommendation for the report and acknowledged dissenting concerns could be included in the report.
- Christina Hulet proved the anticipated agenda for the June 16th OWG meeting and reminded everyone that it would be an in-person meeting.
- Christina Hulet adjourned the meeting at approximately 3:30 p.m.

UW Medicine
HARBORVIEW MEDICAL CENTER

King County

HMC Bond Ordinance Workgroup - Principals Meeting

Chinook Building, Rooms 121-123

June 16, 2023 / 2:00-3:30 pm

Meeting Minutes

WORKGROUP MEMBERS:

ORGANIZATION	MEMBER	PRESENT
King County Executive	April Putney Dwight Dively	Yes Yes
King County Council	Joe McDermott Claudia Balducci	Yes Yes
HMC Board of Trustees	Steffanie Fain Clayton Lewis David McDonald	Yes Yes Yes
UW Medicine	Sommer Kleweno-Walley Cynthia Dold Jacque Cabe	Yes Yes Yes
Facilitator	Christina Hulet	Yes

Other Attendees:

Margaret Bay
Bryan Hall
April Harr
Anthony Wright
Tom Goff
Kelli Carroll
Dr. Ron Maier
Jonathan Fowler
Madeline Grant
Ted Klainer
Kellie Hurley
Jen Seibert
Ian Goodhew
Jeff Fillmore
Chris McGowan
Isaiah Artis
Jeannie Macnab
Garrett Farrell

Welcome **Christina Hulet**

- Christina Hulet called the meeting to order at approximately 2:00 p.m.
- Motion to approve the June 16 meeting minutes was approved.
- Christina Hulet provided on overview of the meeting agenda and next steps.

Public Comment

- Sacha Davis and Heather Gates provided public testimony.

Stakeholder Engagement Summary **Kelli Carroll**

- Kelli Carroll provided a summary of stakeholder engagement conducted as required by Ordinance 19583.
- Limited time was available to conduct engagement because of because of timeline imposed by the Ordinance.
- A total of eight engagements were conducted.

OWG Decisions-Making Steps: Today and Next Friday 6/23 **Christina Hulet**

- Christina Hulet provided an overview of the steps needed to take today and at the next meeting.

Step 1: Agreement on Prioritization of Current Bond Revenues **Christina Hulet/Team**

- Staff reviewed the proposed base tower package and bed count information.
- Members agreed on prioritizing the base tower package as presented.
- Members coalesced around the idea of having a clearly prioritized list with as much detail as possible on a per floor basis for what is included in the package to share with Council.

Step 2: First Pass/High-Level Ranking if We Had Additional Funds **Christina Hulet**

- Christina Hulet conducted prioritization exercise of other program elements.
- Members placed green and yellow stickers to items they would priorities should additional funding be made available.
- Members discussed the impact of additional capital projects on the overall operating budget and capabilities of Harborview.

Looking Ahead **Christina Hulet**

- Christina Hulet shared some final observations and previewed the agenda for the June 23rd meeting that will be conducted in person.
- Meeting was adjourned at approximately 3:45 p.m.

UW Medicine
HARBORVIEW MEDICAL CENTER

King County

HMC Bond Ordinance Workgroup - Principals Meeting

Southwest Conference Room, King County Courthouse, 12th floor

Virtual Meeting

June 23, 2023 / 2:00-3:30 pm

Meeting Minutes

WORKGROUP MEMBERS:

ORGANIZATION	MEMBER	PRESENT
King County Executive	April Putney Dwight Dively	Yes Yes
King County Council	Joe McDermott Claudia Balducci	Yes Yes
HMC Board of Trustees	Steffanie Fain Clayton Lewis David McDonald	Yes Yes Yes
UW Medicine	Sommer Kleweno-Walley Cynthia Dold Jacque Cabe	Yes Yes Yes
Facilitator	Christina Hulet	Yes

Other Attendees:

- Anthony Wright
- April Harr
- Bryan Hall
- Chris McGowan
- Clayton Lewis
- Elizabeth ?
- Garrett Ferrell
- Ian Goodhew
- Isaiah Artis
- Kelli Carroll
- Madeline Grant
- Sam Porter
- Susan McLaughlin
- Jeannie Macnab
- Jen Seibert
- John Lett
- Kellie Hurley
- Kimberly McHugh
- Lan Nguyen
- Leslie Harper
- Jon Fowler
- Lily Clifton
- Ted Klainer
- Teresa Beran
- Tim Patmont

Welcome **Christina Hulet**

- Meeting was called to order at approximately 2:05 p.m.
- Motion to approve the 6/16 meeting minutes was approved.

Public Comment

- No one provided public comment.

Action Item: Agreement on Prioritization of Current Bond Revenues **Christina Hulet**

- Members discussed a vote on proposed base tower package.
- Members discussed the need to include the importance of single patient rooms in the final report and why they are being prioritized.
- Motion to approve the proposed base tower package was approved unanimously.

Ordinance 19583 Requirements Tracker **Kelli Carroll**

- Members reviewed how OWG's final report will address Ordinance requirements.

Additional Information to Include in OWG's Final Report **Christina Hulet**

- Members discussed additional information/guidance to include in final report.
- The report will be available to all members in early July for feedback, edits, and suggestions.

Final OWG Report Process & Next Steps **Christina Hulet**

- Members agreed that any further meetings of the OWG would not be necessary.
- Members complimented each other and staff for all their work during this process.

Adjourn

- Christina Hulet adjourned the meeting at approximately 3:15 p.m.

OWG Engagement
Feedback Comments - Summary

The comments below were gathered from the eight OWG engagement sessions that occurred in May 2023. At the request of participants, attribution of comments to specific groups is not provided. Some comments are synthesized from similar remarks in the meetings.

- HMC does a tremendous job treating folks while they are at the hospital for inpatient psych care. However, patients that are discharged from HMC like other facilities cycle repeatedly through the ITA process. Is HMC considering innovated proposals to stop this cycle of commitments? What efforts are there to work with the jail which is just down the hill to make their facilities as hospitable to folks in a psychiatric crisis

- If we are looking for comments about physical space recommendations, I would suggest a dedicated, open space for psych patients who are experiencing lots of psychomotor activity. Need to pace and be physically active

- Walk in and street front services are critical. Co-locating programs such as the needle exchange programs that folks are familiar with and comfortable with are also important

- Will the recently passed Crisis Centers initiative in KC have an impact on the design/functionality of the Bond Project

- Before leaving hospital, patients need help knowing where they'll go and have space to go to

- Need emergency room accessibility and environment that reduces stress

- If people don't have healthcare, how is it addressed

- Social worker needed at arrival in ED; critical for social and human services when being treated because you can lose them after treatment. We need people to guide treated patients to help

- Having HMC representation was appreciated, especially behavioral health[1]

- Is behavioral health for emergencies or just PCP referrals

- Are detox and treatment being expanded

- Research and research spaces needed:
    - Circle the City in Arizona - higher incidents of early dementia, so neurological concerns are causing more people to be evicted; need to track this; happening younger and younger to unhoused; need more bio markers of impact
- More accountability and treatment for folks suffering from co-current diagnosis

- Social workers are overworked and piecemeal work; ED at HMC is the last resort.

- Any plans to prioritize and work on Harborview Hall because it costs a lot of money to care for someone in long-term care, and private sector and reimbursement won't change
- Will the County need to go back to voters to request funds?
- Is the County working with federal legislators to request/access more funds?
- Will old cesium spill impact park development?
- Signage for other languages in rooms and in hospital signs
- Ensure ADA accessible
- Connect with anti-racist community groups
- Ensure artwork that honors cultural values of black and indigenous communities
- Elite hospital not open to all
- Translate bond marketing materials and hospital details
- Construction can make immigrant communities believe places are closed. (Place signage to say Harborview open during construction)
- Harborview main campus cannot absorb Pioneer Square Clinic services
- Clinic wants to remain in geographic space central to Pioneer Square
- Transportation is a current barrier. Rail access not scheduled until late 2024
- Are there other County buildings in that area that could be used? Any new construction spaces that can be used?
- Philanthropy - Pioneer Square Clinic doesn't identify being a focus of fundraising
- Revive Harborview Gala from 2019
- Create other UW fundraises for services, etc.
- Craft philanthropic campaign
- Pioneer Square is a resource and treasure in this community; physical location meets need & most vulnerable populations-not readily accessible at alternative (private) spaces
- Pioneer Square supports people facing complex medical situations are their focus (e.g., intersection of unhoused/substance/major illness-cancer); provides wrap around services,

including preventative services for jail recidivism, diabetes, substance use; has social worker and pharmacy (open to all)

- Build a simple building without fancy rooms and materials
- Infection and privacy concerns is concern at facility
- Having a welcoming space would help in Emergency Department
- Placing beds in Harborview Hall would address respite concerns; helps manage hospital surge; just 50 beds would be a critical help
- Harborview cannot absorb from other hospitals
- Patients can't be transferred to nursing skilled facilities, especially if unhoused/need acute care
- If significantly cheaper, knock down Harborview Hall. Staff understands building landmarked
- Harborview Hall retrofit preferred; add behavioral health if possible
- It's a given that we're going to die if an earthquake happens in Jefferson Terrace building; no water in clinic; would be happier to move than a renovated space in Terrace building; Harborview Hall seismically retrofitted would be great even with limited light.
- East clinic water is extremely unsafe; either too cold or too hot. Elevator can't be fixed; demolition necessary; it’s a gross space
- It's a financial waste to not have respite
- Respite is supposed to have a nursing home space
- If there’s a confluence of multiple epidemics, respite will address the need
- Respite is the pinnacle of the hospital – it reduces stress on rest of hospital
- Step down needed because many people are stuck between current facility levels of care
- Fear that behavioral health services are on the cutting block. It’s a priority
- Understand approved behavioral health levy could address work
- Could crisis levy dollars be used to renovate the first two floors of building
- Behavioral health workers need less chaos with equipment issues and help clients in traumatic situation
- Need trauma-informed care training desperately

- Surgery and recovery advocacy by behavioral health workers helps clients receive services needed.
- Put behavioral health in space so safe for patients and staff
- Limited space is an issue
- Due to lack of space, staff have to share rooms to counsel clients, not a nurturing environment or private space; records are visible Siloed services is a concern
- Janitor's closet used for offices
- Need to staff up to meet the expansion
- We don't prioritize healing environments; patients rarely have voices
- Seismic less of concern than providing service to clients
- America loves buildings more than people
- We're here to support mission population
- Will the funds be used to build a church
- What side of campus will the tower be built
- Will King County still building something considering the cost change

King County
Harborview Bond Capital Program

King County

Harborview Board of Trustees

February 24, 2023

Today's Briefing Topics

Where we are in the bond program planning process

- Factors in developing the schedule
- City of Seattle MIMP
- Estimated tower timeline

Bond program cost study

- Vanir/Cumming data
- Next actions

Harborview Bond Program

Project Goals

New Tower
- Single Patient Rooms
- Expanded Emergency Department
- Operating Room Expansion
- Observation Unit
- Pharmacy/Gamma/Angio

Co-locate Behavioral Health Services
- Existing and Expanded Behavioral Services
- Behavioral Health Institute Programs
- Crisis Intervention

Existing Hospital Space Renovation
- Expand Public Health Spaces & Clinics
- Medical Examiner and TB Clinic
- Right-size ITA Court Space

Harborview Hall Seismic Renovation

Center Tower Seismic Renovation

Pioneer Square Seismic Renovation

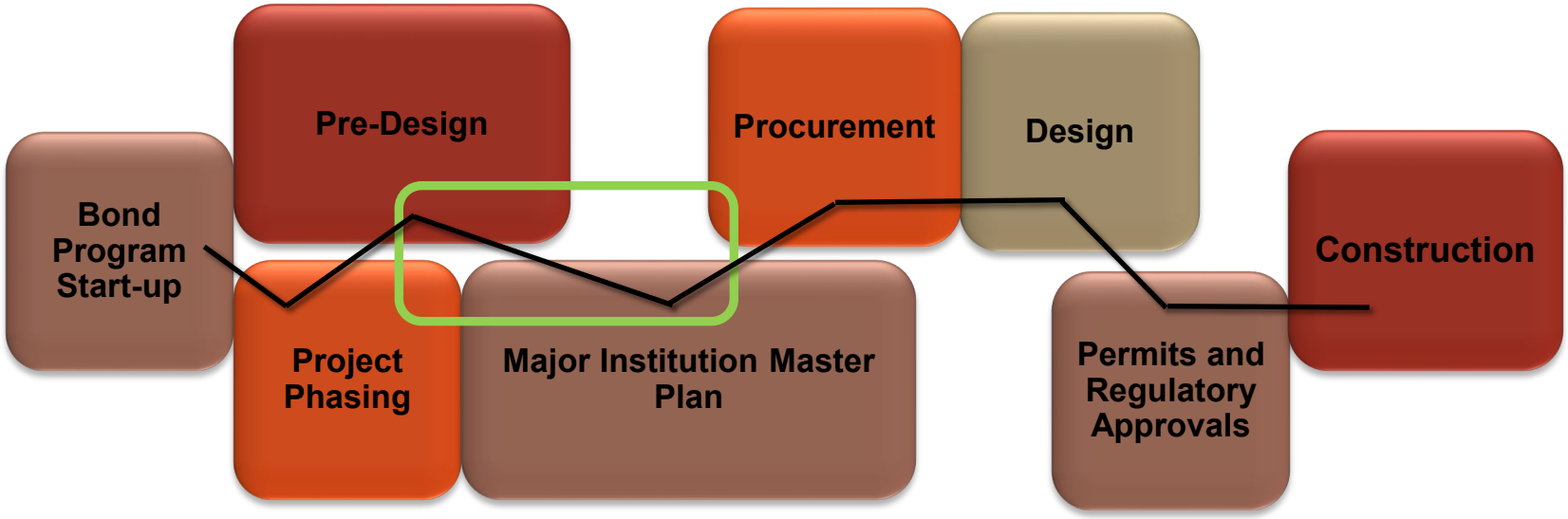
East Clinic Demolition

- Illustration is a point in time rendering provided by HDR
- Final placement of buildings is subject to King County, Harborview & City of Seattle approvals.

- $1.74 billion
- New Space estimate 648,380 SF
- Renovated Space estimate 558,840 SF

*subject to change; estimate includes site improvements and other costs

We are Here


Bond Program Start-up
Pre-Design
Project Phasing
Major Institution Master Plan
Procurement
Design
Permits and Regulatory Approvals
Construction

Factors of New Tower Timeline

- City of Seattle Major Institutional Master Plan (MIMP) process
- City permitting processes
- Design timeline
- State Capital Projects Advisory Review Board (CPARB) approval
- Property acquisition
- Request for Proposal (RFP) process

MIMP - Key Driver of New Tower Timeline

- The Major Institution Master Plan (MIMP) describes the zoning rules that will apply to the institution
- The MIMP specifies or addresses:
  - Floor area ratio and height, bulk and scale of buildings
  - Open space, parking, transpiration, and neighborhood requirements
- The City's MIMP process is highly structured and can take from 18-36 months and sometimes much longer
- The City's MIMP structure includes a citizen advisory board process followed by a formal application to the City, and then a City Council review process
- **City of Seattle MIMP approval required before permitting, therefore procurement and design timelines depend on MIMP**

MIMP - Key Driver of New Tower Timeline

- The County and HMC staff have been preparing for the MIMP process since 2021
- The City convened its citizen Implementation Advisory Committee (IAC) on February 2, 2023
- The IAC process is estimated to take six months, culminating in a letter of recommendation for a potential major amendment to the existing MIMP for HMC
- The County anticipates making the formal application to the City for a major amendment to the HMC MIMP within 30 days following receiving the recommendation letter from the IAC
- The timeline for City Council action on the County's application is estimated to take 12-24 months and may be impacted by upcoming elections

Working Estimate - New Tower Timeline

- City of Seattle Major Institutional Master Plan (MIMP) process 2Q24*
- Issue request for proposal (RFP) 3Q24
- Notice to proceed 1Q25
- Design and City permitting 2Q25-4Q25*
- Begin construction 1Q26*
- Occupy 4Q28

**This schedule is predicated on working with the City to expedite its MIMP and permitting processes. The Executive will leverage the full weight of his office to call on the City to accelerate its timelines.*

Bond Program Cost Study

The County asked Vanir/Cumming to update the cost assumptions used to establish the bond program

As with most major capital projects around the country, the bond program is facing financial pressures from the impacts of inflation, labor, and supply chain issues

Bond Program Cost Study

- Updated project costs now exceed bond generated revenue by an estimated $938M for the $1.74B bond project
- The updated cost projections result in limited ability to deliver projects envisioned in 2020
- Without significant additional revenue, the project scope must be revisited

BOND PROGRAM COST STUDY

- Councilmembers, UW Medicine leadership, and Trustee leaders have been updated on the findings and have been provided with the Cost Study
- The Executive met with these leaders yesterday to affirm his commitment to Harborview and patient care and discuss how together, we move forward
- Proposed legislation has been introduced by the Council that identifies a timeline for the Executive to report to the Council on revised scope for the bond program

NEXT ACTIONS

- The Executive has requested a meeting of principals as soon as possible to chart the work ahead
- Working sessions are slated to begin next week with Vanir and the joint bond team to begin to identify potential approaches for collaborative operational, financial, and strategic analyses
- The County is exploring options to increase revenue and/or creative financing opportunities
- Bond oversight will now occur at CPOC meetings, eliminating the need for BPOC meetings; the next CPOC meeting is March 10

ARGUMENT FOR RESPITE EXPANSION

DIRECT COMMUNITY IMPACT

-ability to maximize admits from HMC when BLS on divert for over-capacity

-stabilize high utilization patients through therapeutic alliances

-essential public health role with screening for HIV, TB, and STDs. **Multiple cases of syphilis have been diagnosed and treated.**

RESPITE IS ALREADY DOING THE WORK AND DOING IT WELL. EXPANDING ON A PROGRAM WITH NATIONAL RECOGNITION MAKES SENSE

-homelessness is multifactorial: dependency on drugs, poor health, disconnection from services, psychiatric comorbidities.

Illicit drug use: harm-reduction approach; over-sedation protocols; connection to methadone and Suboxone programs; no use of stigmatizing language, Narcan prescriptions, fentanyl education

Poor health: reminders for critical specialty follow-up appointments; screening for STDs/missed immunizations; adjusting BP medications and insulin so not at critical levels.

Disconnection from services: recognizing history of trauma and mistrust of the health care system; warm-hand offs to primary care and mental health support. Respite social worker can outreach clients after discharge to complete housing process.

Psychiatric comorbidities: restarting psychiatric medications, connecting with ongoing mental health services, including HOST for people who do not endorse having a mental illness but are severely impaired.

-Respite has a long history of addressing each of these issues in a trauma-informed manner.

Safety: 30-minute safety checks, HMC security 24 hours a day, food and hygiene services

Choice: patients are only required to come to nursing clinic daily and spend the night at our facility, there is in-bedded flexibility to accommodate disorganization and mental illness.

Collaboration: we advise on treatments, screening, follow-up but ultimately, final decisions are left to our patients.

Trustworthiness: policies are in place to ensure that rules are enforced in a uniform fashion. For example, per admission agreement, all paraphernalia needs to be locked in locker.

Empowerment: small achievements can be a huge deal with our population, every attempt is made to build on a sense of worthiness and capability

LIMITED BEDS MEAN HARD CHOICES

Heal wounds present for years and considered chronic vs heal a complicated wound down to muscle and bone.

Cure hepatitis C in patients with schizophrenia vs treat infection of the blood with IV antibiotics.

Provide people in hospice with dignified living circumstances and nursing support during their last months of independent living vs support clients through chemotherapy treatment.

Provide a one-night stay post colonoscopy so people experiencing homelessness can have this life-saving screening test vs offer a soft diet for someone with a fractured mandible post assault.

2021 National Medical Respite Standards:

1. Medical respite program provides safe and quality accommodations.
2. Medical respite program provides quality environmental services.
3. Medical respite program manages timely and safe care transitions to medical respite from acute care, specialty care, and/or community settings.
4. Medical respite program administers high quality post-acute clinical care.
5. Medical respite program assists in health care coordination, provides wraparound services, and facilitates access to comprehensive support services.
6. Medical respite program facilitates safe and appropriate care transitions out of medical respite care.
7. Medical respite care personnel are equipped to address the needs of people experiencing homelessness.
8. Medical respite care is driven by quality improvement.

6/25/2019

Medical Respite: Patient Perspectives and Cost Savings Analysis

UNIVERSITY of WASHINGTON

Agenda

- Project Goals
- Deliverables
- Review of Literature and Previous Student Work
- Focus Group
- Cost Analysis
- Recommendations for Future Student Work

Project Goals

- Assess cost savings associated with medical care in the respite setting instead of in the hospital setting
- Collect qualitative data to highlight how patients perceive Respite and how Respite care alters patients' perceptions of the medical system
- Overarching: demonstrate cost effectiveness and utility of Respite to encourage hospitals and MCOs to continue referring patients and providing fiscal support

Deliverables

- Final report
- One-pager designed for hospitals or MCOs to learn more about Respite

Review of Literature & Previous Student Work

- Provided summary in our final report and a file of referenced works to support future student work
- Offers breakdown of:
  - study designs
  - outcome measures
  - cost savings analysis
  - qualitative findings
  - work already completed for Respite
  - identified gaps for future work

Review of Medical Respite Literature

- Quantitative studies:
  - Assessments of cost savings examine:
    - inpatient days avoided by respite stays
    - hospital use and care engagement pre-and post-respite
- Qualitative studies:
  - Long-term impacts to patient engagement in care:
    - health system navigation and logistical supports
    - support for relationship between patients and providers
  - Atmosphere of rest and community provides opportunity to hope for the future
- For future work:
  - Harm reduction approaches in Respite, especially related to substance use

6/25/2019

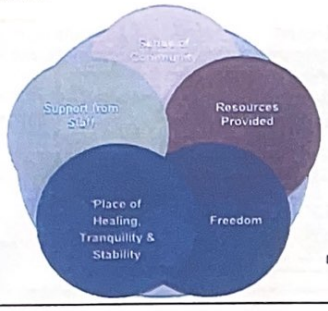
Review of Local Studies & Student Work

- 2018 OPAT Study
- Two Theses (2017 & 2012) both looking at cohorts
  - looked at cost savings and reduction in ED visits pre and post an intervention
- For future work:
  - similar two-step analysis could be constructed from Respite data linked to UW-Harborview data to examine pre-post Respite inpatient days and ED use.

Focus Group

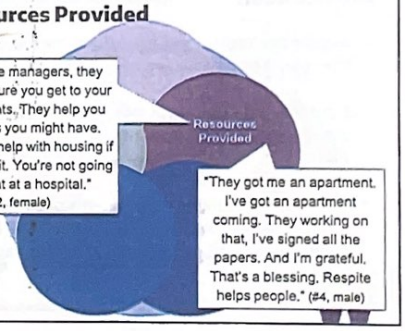
- Conducted at Respite, with current Respite patients
- Advertised with fliers, incentives provided
- 7 main participants
  - 3 women and 2 men for duration of focus group
  - 2 additional male participants came in late

Themes



Resources Provided

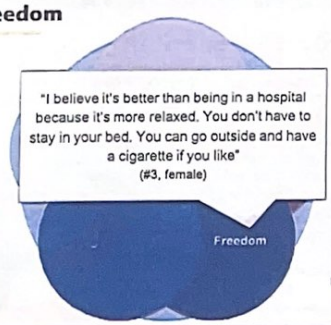
"...The case managers, they help make sure you get to your appointments. They help you with issues you might have. They would help with housing if you needed it. You're not going to get that at a hospital." (#2, female)



"They got me an apartment. I've got an apartment coming. They working on that, I've signed all the papers. And I'm grateful. That's a blessing. Respite helps people." (#4, male)

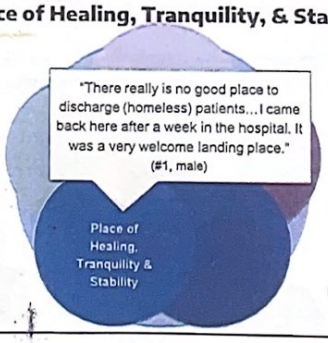
Freedom

"I believe it's better than being in a hospital because it's more relaxed. You don't have to stay in your bed. You can go outside and have a cigarette if you like" (#3, female)



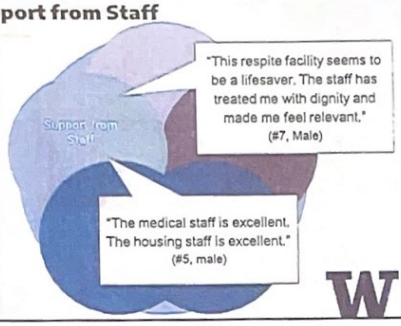
Place of Healing, Tranquility, & Stability

"There really is no good place to discharge (homeless) patients... I came back here after a week in the hospital. It was a very welcome landing place." (#1, male)

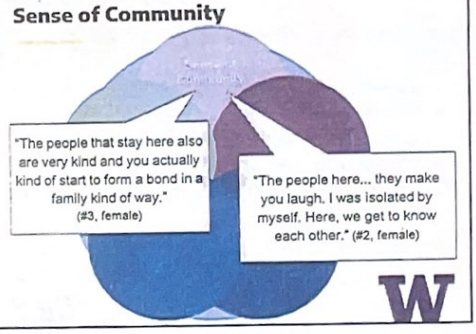


6/25/2019

Support from Staff



Sense of Community

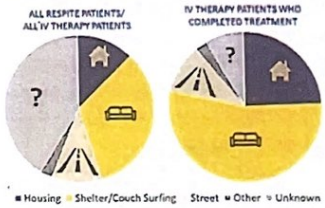


Quantitative Analysis Process

- Two different 2018 datasets
  - One from Health Care for the Homeless Network
  - One from Edward Thomas House Medical Respite
- Original goal: match patients based on MRN number
- Revised goals:
  - Conduct descriptive analyses
  - Provide Respite with suggested next steps for data analysis
- 2018 Respite patients receiving IV antibiotics
  - Sample size: 97
  - Descriptive analyses on referring facility, racial background, & discharge status from Respite

Discharge Analysis

- Where did people go after Respite in 2018?



Cost Savings

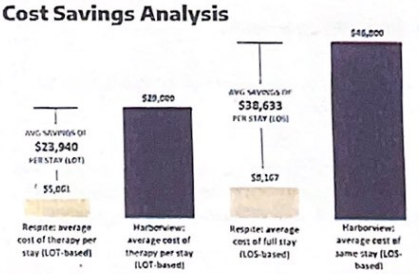
Cost of a night at Respite:
$349/night for FY2018

Cost of a night in a hospital:
est $2,000/night at Harborview, can vary in other hospitals

Average Length of IV Therapy (LOT): 14.5 days
Average Length of Stay (LOS): 23.4 days

Percent Completing Therapy: 40-60%*
*depends on how hospitalizations are considered

Cost Savings Analysis



6/25/2019

Pre and Post Respite Hospital Use

18 person (21 Respite stays) cohort from IV antibiotic therapy at Respite

- all 18 patients have records after Respite discharge
- 5 out of 18 patients have records about hospital visits before/during Respite stay

Recommendations for Future Student Work

- More thorough analysis in the future
- Access to longitudinal data
- Access to and quality of quantitative data
  - Delay in receiving data
  - Gaps in data
- Access to EPIC
  - More background information on patients (complete diagnosis codes, etc.)

"I don't know that I could find a better managed follow-up program. I'm just astonished that these 30 or roughly three dozen beds haven't turned into 350 because it would fill, if they were given the chance. They don't have the funding."

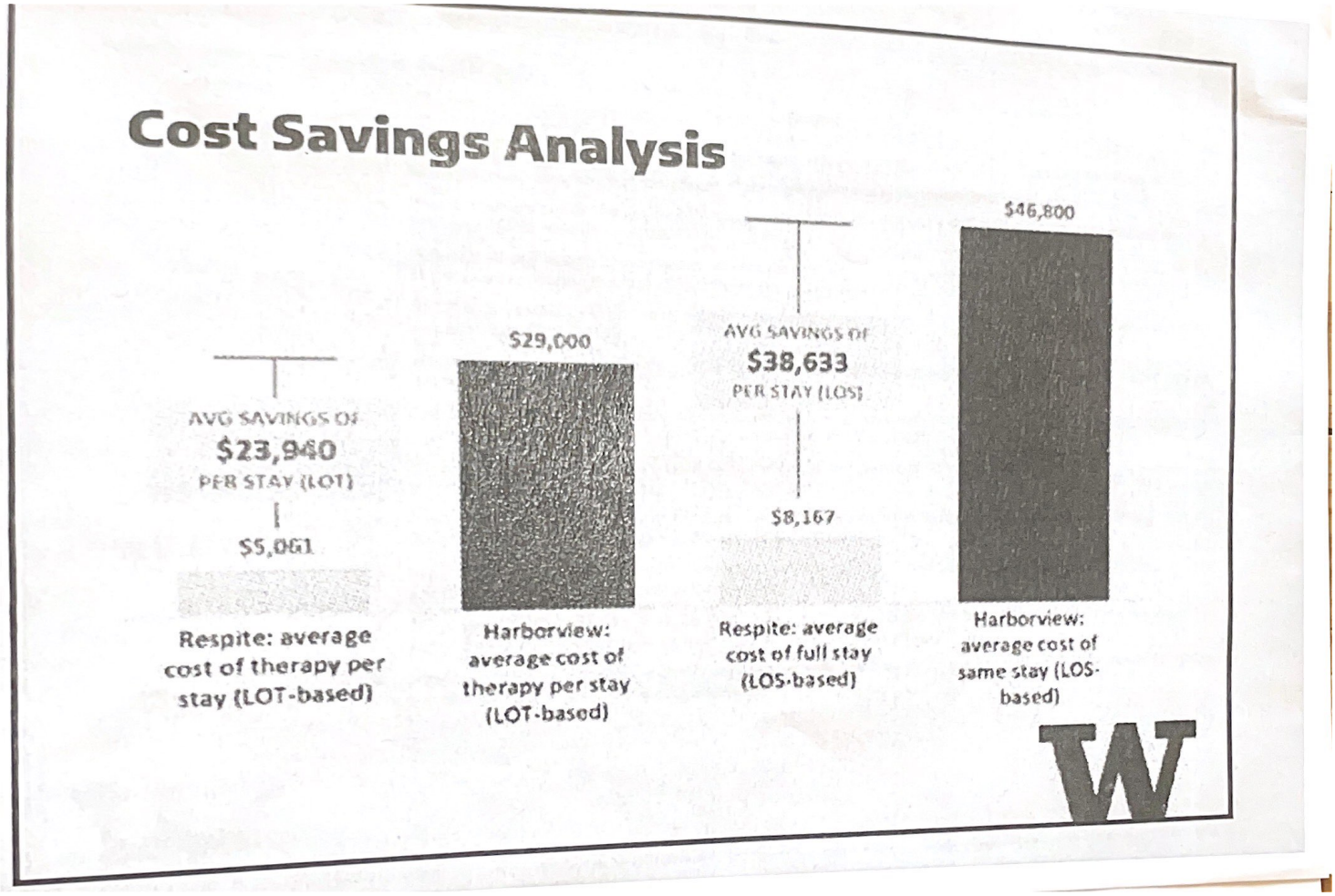
Thank you!

Questions?

Acknowledgements

Thank you to Site Supervisor Melissa Brown and UW Faculty Mentor Bill Daniell.

Additional thanks to Amanda Meyer, Lee Thornhill, Leslie Enzian, Elise Chayet, Hilary King, Amy Hagopian, and the Respite patients who participated in our focus group.


Cost Savings Analysis
AVG SAVINGS OF
$23,940
PER STAY (LOT)
$5,061
Respite: average cost of therapy per stay (LOT-based)
$29,000
Harborview: average cost of therapy per stay (LOT-based)
AVG SAVINGS OF
$38,633
PER STAY (LOS)
$8,167
Respite: average cost of full stay (LOS-based)
$46,800
Harborview: average cost of same stay (LOS-based)
W

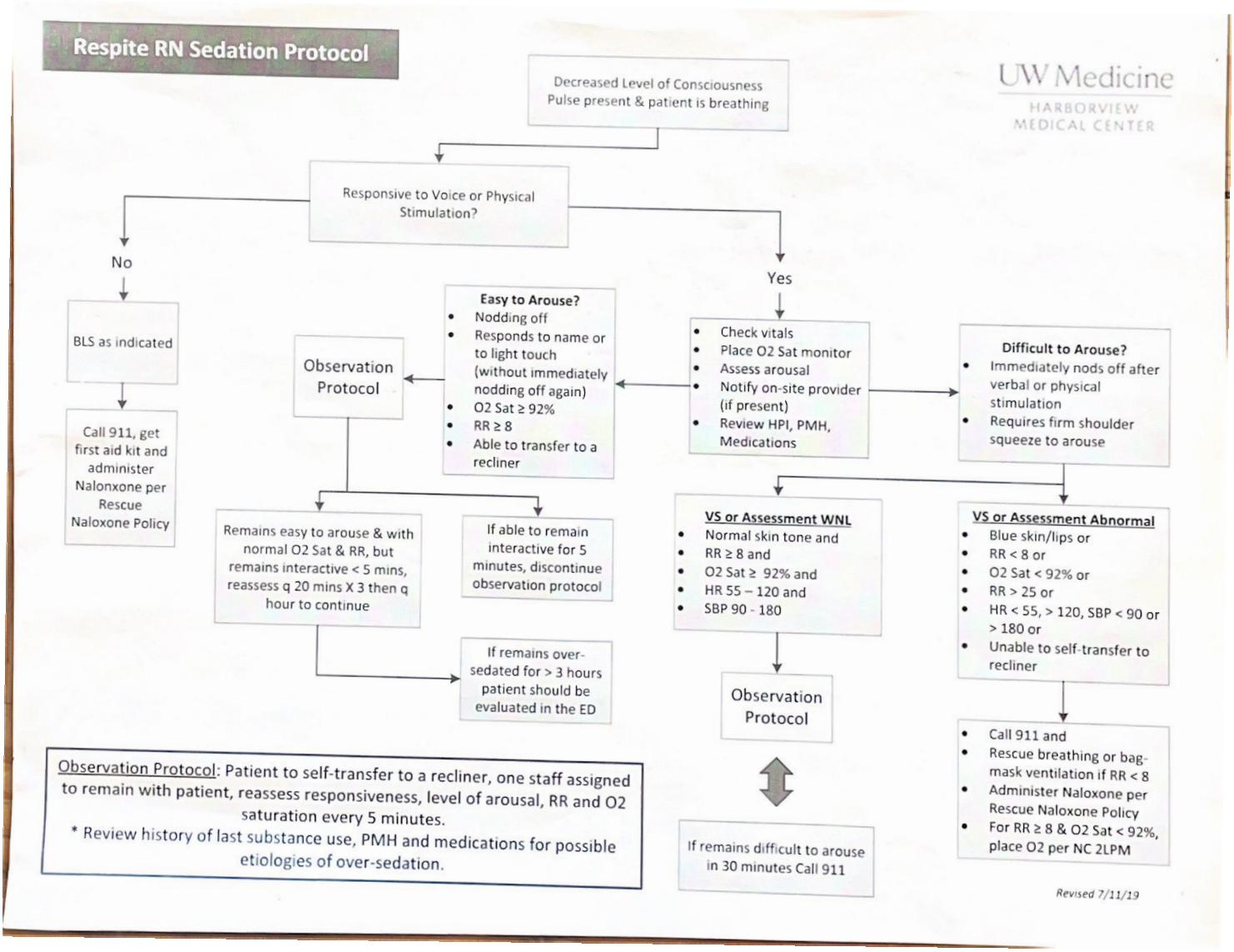

Respite RN Sedation Protocol
UW Medicine
HARBORVIEW MEDICAL CENTER
Decreased Level of Consciousness
Pulse present & patient is breathing
Responsive to Voice or Physical Stimulation?
No
BLS as indicated
Call 911, get first aid kit and administer Nalonxone per Rescue Naloxone Policy
Yes
Check vitals
Place O2 Sat monitor
Assess arousal
Notify on-site provider (if present)
Review HPI, PMH, Medications
Easy to Arouse?
Nodding off
Responds to name or to light touch (without immediately nodding off again)
O2 Sat ≥ 92%
RR ≥ 8
Able to transfer to a recliner
Observation Protocol
Remains easy to arouse & with normal O2 Sat & RR, but remains interactive < 5 mins, reassess q 20 mins X 3 then q hour to continue
If able to remain interactive for 5 minutes, discontinue observation protocol
If remains over-sedated for > 3 hours patient should be evaluated in the ED
Difficult to Arouse?
Immediately nods off after verbal or physical stimulation
Requires firm shoulder squeeze to arouse
VS or Assessment WNL
Normal skin tone and
RR ≥ 8 and
O2 Sat ≥ 92% and
HR 55 – 120 and
SBP 90 - 180
Observation Protocol
If remains difficult to arouse in 30 minutes Call 911
VS or Assessment Abnormal
Blue skin/lips or
RR < 8 or
O2 Sat < 92% or
RR > 25 or
HR < 55, > 120, SBP < 90 or > 180 or
Unable to self-transfer to recliner
Call 911 and
Rescue breathing or bag-mask ventilation if RR < 8
Administer Naloxone per Rescue Naloxone Policy
For RR ≥ 8 & O2 Sat < 92%, place O2 per NC 2LPM
Observation Protocol: Patient to self-transfer to a recliner, one staff assigned to remain with patient, reassess responsiveness, level of arousal, RR and O2 saturation every 5 minutes.
* Review history of last substance use, PMH and medications for possible etiologies of over-sedation.
Revised 7/11/19

Table 3. *Outcomes of Medical Respite (MR)*

Outcome	Findings
Effect on Hospital Use	• Consumers of respite had a 5% hospital readmission rate over a 1-year period (American Society on Aging, 2017). • Reduced days in the hospital and fewer ER visits over an 18-month period (Basu et al., 2012). • Hospital admissions decreased by 37% and inpatient days decreased by 70% in 1 year after the Medical Respite MR) stay (Biederman et al., 2018). • Reduced 30-day hospital readmission rate for persons experiencing homelessness by 50.8% - 21.5% as a result of MR program during the first 15 months of the program's operation (Doran et al., 2015). • Of 123 referred clients in one year, only 7% required a re-referral to the ER or hospital during the medical respite stay (De Maio et al., 2014). • Medical respite programs in the UK all demonstrated reduced emergency care usage over a 5-year period (Dorney-Smith et al., 2019). • One program in New Jersey had a 40% reduction in emergency room visits and 56% reduction in overall hospital charges following connection to the program(Fader & Phillips, 2012). • Medical respite care reduced unplanned inpatient hospitalizations 12 months following the respite care stay (Gazey et al., 2019). • Medical respite was found to not reduce risk of readmission after surgery, identified more intensive support may be needed following surgery (McIntyre et al., 2016). • In a 2-year period, Medical respite decreased likelihood of readmission in clinical ways (but was not found to be a statistically significant difference) (Racine et al., 2020). • "High service utilizers" were less likely to be readmitted to the hospital following a medical respite stay than those discharged to other settings over a 2-year period (Racine et al., 2020). • Medical respite decreased emergency department length of stay by 2 days and reduced readmissions by 45% in a 1-year period (Shetler & Shepard, 2018).

Effect on Service Utilization	• In an 18-month period, one program increased days in respite care vs. hospital and overall increased outpatient visits following a MR stay (Basu et al., 2012). • Decreased time spent in other institutions (residential treatment nursing home, prison) with more days in stable housing (Basu et al., 2012). • Outpatient visits tripled in 1 year after the MR stay (Biederman et al., 2018). • Those who discharged to medical respite had higher costs for rehabilitation, drug and alcohol therapy, and general care expenditures (indicating higher utilization of outpatient services) (Bring et al., 2020).
Cost Savings	• Respite care, a transition into housing, and case management resulted in $6,300 of cost savings per participant compared with those who received care as usual (Basu et al., 2012). • Completing OPAT treatment at medical respite resulted in $25,000 cost savings per episode (Beieler et al., 2016). • Persons experiencing homelessness who lacked access to medical respite had higher costs for acute admissions and in-hospital days. Patients who had access to medical respite care had overall lower average costs (Bring et al., 2020). • Overall, the cost of care for a stay at the medical respite program was lower than the cost of hospitalization (Gazey et al., 2019). • Medical respite stays overall resulted in $1.81 of cost savings for the hospital for each dollar they invested (Shetler & Shepard, 2018).
Impact on Consumers	• Health-related quality of life improved for those who had a medical respite stay (although not statistically significant) (Bring et al., 2020). • Consumers reported that medical respite had a positive impact and especially should include: basic needs; social support in addition to health care; a safe space to provide security and comfort; and opportunity for reflection (Pedersen et al., 2018). • Factors associated with leaving the medical respite program absent without leave (AWOL) or against medical advice (AMA) include: being a women, under the age of 50, living outside prior to entering medical respite, having no income, arriving without identification, and substance use (Bauer et al., 2012). • For women, many factors are expected to lead to early discharge from medical respite, including lack of privacy, power dynamics, and history of victimization (Bauer et al., 2012).

MR-Specific Outcomes	• 31% of respite clients were absent without leave (AWOL) or against medical advice (AMA) and were most likely to leave within one week (Bauer et al., 2012). • Female and clients under 50 were more likely to leave AWOL or AMA (Bauer et al., 2012). • Increased likelihood of leaving also included: living outside before entering respite, having no income or ID, substance use (AWOL) (Bauer et al., 2012). • 64% of clients referred for OPAT treatment were able to successfully complete the intervention; 87% were able to complete a defined course of antibiotic therapy (Beieler et al., 2016). • Medical respite programs in the UK overall showed improved health outcomes for consumers (Dorney-Smith et al., 2019). • Case studies indicated positive outcomes through screening for and addressing brain injury within medical respite (Brocht et al., 2020).
Reducing Gaps in Services	• 45% of MR consumers were approved for Medicaid and 48% secured income (Biederman et al., 2018). • 24% of MR consumers were connected with a PCP and 31% connected with behavioral health (Biederman et al., 2018). • Medical respite can serve as a place for persons with a history of TBI to connect with needed services (Brocht et al., 2020). • The number of referrals within a one-year period (123) for a novel medical respite/intermediary care program supported the need for medical respite to fill an otherwise gap in care (De Maio et al., 2014). • An intermediate care program with a medical respite service had an 80% improvement in housing status for its participants (Field et al., 2019). • Connection to a primary care provider significantly lowered the risk of readmissions among those who had been hospitalized (Racine et al., 2020).

Harborview Facility Improvement Recommendations/Findings Table:
2020 Harborview Leadership Group to 2023 Harborview Ordinance Workgroup

OWG Recommended Program Plan	Suggested for Tier 1 Funding	Suggested for Tier 2 Funding

2020 Harborview Leadership Group (HLG) Component	2020 HLG Component Description *See pages 5 and 13 of the* Harborview Leadership Group report	2023 Ordinance Work Group (OWG) Component	2023 OWG Component Description
New Tower	• Increase bed capacity and expand emergency department through erecting new tower; replace double patient rooms with 360 single patient rooms • Expand/modify emergency department • Meet privacy and infection control standards • Disaster preparedness[1] • Physical plant infrastructure	**Recommended Program Plan**	• Seven finished inpatient bed floors – at least 224 beds • Three shelled inpatient bed floors • 12 Operating rooms • Expands and modernizes single floor emergency department • Expands psychiatric emergency services beds • Adds crisis stabilization unit • Expands observation unit • Includes parking and helicopter pads • *Larger tower/finished floors/additional beds included in tier 1 funding suggestion – see August 1 Report*

Existing Hospital Space Renovations	• Expand ITA Court in most appropriate location
	• Expand Public Health spaces -TB, STD Clinics, Medical Examiner's Office
	• Renovate and relocate necessary spaces in existing campus facilities such as but not limited to gamma knife, lab, etc.
		Recommended Program Plan	• Expand ITA Court - additional space for courtrooms, admin, attorney workspace, client areas, and public entry
			• Expand Public Health spaces
			  ○ TB and Sexual Health Clinics – additional clinic and office space
			  ○ Medical Examiner's Office - additional cooler space, offices, and education rooms

New Behavioral Health Building	• Existing behavioral health services/programs • Behavioral Health Institute services/programs	**Suggested for Tier 1 Additional Funding**	• Build a new building OR renovate Pat Steel building • Expand outpatient behavioral health services/programs spaces, including Behavioral Health Institute • Co-locate behavioral health services and programs, including

[1] Harborview is the disaster preparedness and disaster control hospital for Seattle and King County

Harborview Facility Improvement Table:
2023 Ordinance Workgroup to 2020 Harborview Leadership Group - July 24, 2023

2020 Harborview Leadership Group (HLG) Component	2020 HLG Component Description *See pages 5 and 13 of the* Harborview Leadership Group report	2023 Ordinance Work Group (OWG) Component	2023 OWG Component Description
			Behavioral Health Institute, in new or remodeled space
Harborview Hall	• Seismic upgrades; improve/modify space • Create space for up to 150 respite beds • Maintain enhanced homeless shelter in most appropriate location	**Suggested for Tier 1 Additional Funding**	• Renovate OR adaptive reuse of Harborview Hall • Address life safety and seismic issues improve/modernize space • Provide space for up to 150 respite beds and office space • Maintain enhanced homeless shelter in most appropriate location
Center Tower	• Seismic upgrades • Improve and modify space for offices	**Suggested for Tier 2 Additional Funding**	• Address life safety and seismic issues • Improve and modernize space for offices
Pioneer Square Clinic	• Seismic and code improvements • Improve and modify space for medical clinic/office space	**Suggested for Tier 2 Additional Funding**	• Renovate existing space OR relocate • Address life safety and seismic issues • Improve and modify space for medical clinic/office space
East Clinic	Demolish East Clinic Building	**Suggested for Tier 2 Additional Funding**	• Addresses life safety and seismic issues • Demolish or mothball East Clinic Building