

# Harborview Leadership Group

## Agenda – 1/29/19

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### MEETING OUTCOMES

- Discussion and approval of Leadership Group (LG) work plan
- Feedback and agreement on draft criteria to evaluate facility options that come before the LG
- Shared understanding of the basis of Harborview's facility master plan

### AGENDA

- |         |  |
|---------|--|
| 3:00 pm | Tour of Harborview Medical Center (optional)   |
| 4:00 pm | Welcome & Meeting Goals - Christina Hulet, Consultant  |
| 4:05 pm | Public Comment   |
| 4:10 pm | Review and Approve Notes from December 11, 2018 Meeting  |
| 4:15 pm | Use of Public Facilities - John Gerberding, Deputy Prosecuting Attorney, King County Prosecutor's Office   |
| 4:25 pm | Leadership Group Process - Christina Hulet, Consultant & Leslie Harper-Miles, Executive Project Manager, King County Executive's Office <ul style="list-style-type: none"><li>• Work Plan Review</li><li>• Draft Prioritization Criteria</li></ul> |
| 5:05 pm | Presentation: Harborview's Facility Master Plan Overview - Paul Hayes, Executive Director, Harborview Medical Center   |
| 5:55 pm | Next Steps - Christina Hulet, Consultant   |
| 6:00 pm | Adjourn  |



**King County Harborview Leadership Group Meeting**  
**Tuesday, December 11, 2018**  
**DRAFT 1**  
**Minutes**

**COMMITTEE MEMBERS:**

<b>ORGANIZATION</b>	<b>MEMBER</b>	<b>PRESENT</b>	<b>MEMBER</b>	<b>PRESENT</b>
King County Executive	Rachel Smith	Yes	Kelli Carroll	Yes
King County Council	Rod Dembowski	Yes	Joe McDermott	No
HMC Board of Trustees	Lisa Jensen	No	Lee Ann Prielipp	Yes
Mission Population	Gregory Francis	Yes	Nancy Dow	Yes
Labor Representatives	Lindsay Grad	Yes	Rod Palmquist	Yes
HMC Executive Director	Paul Hayes, RN	Yes		
HMC Medical Director	Rick Goss, MD	Yes		
UW Medicine CHSO	Lisa Brandenburg	Yes		
First Hill Community	Sam Russell	Yes		

**ADDITIONAL ATTENDEES:**

Sid Bender, KC  
Maria Wood, KC Public Health  
Kera Dennis, UW MED  
Cynthia Dold, UW MED  
John Gerberding, KC  
Ian Goodhew, UW MED  
Leslie Harper-Miles, KC  
Christina Hulet-Consultant  
Ted Klainer, HMC  
Kristina Logsdon, KC  
Maria Yang, MD, KC

**ADMINISTRATIVE SUPPORT:**

Marshall Ayers, HMC

## **CALL TO ORDER**

Rachel Smith called the meeting to order at 5:32p.m.

## **INTRODUCTIONS – Rachel Smith**

Introductions were made.

## **MEETING PROCESS – Christina Hulet**

Christina is here to serve as a neutral party representative who will help clarify tasks and decisions and answer any questions that arise from the committee members.

## **OPEN PUBLIC MEETING & EMAIL PROTOCOLS– John Gerberding**

The Public Records Act is a mandate for the disclosure of public records and the work of the Harborview Leadership Group (HLG) is subject to that Act. Anything that the (HLG) works on or receives in relation to their work is subject to public disclosure. The (HLG) members who are not King County employees will receive a County email address. If members use their personal emails or text from their personal phones regarding (HLG) work those accounts will be subject to records requests. If you receive a request orally or in writing for meeting information that is considered a public records request. Please communicate that information quickly to either Leslie Harper-Miles or Kelli Carroll. Keep all records and work generated in support of the (HLG.)

The (HLG) is subject to the Open Public Meetings Act which means any member of the public can attend these meetings. The meetings will be posted publically and minutes will be taken. If more than half of the members of the (HLG) are communicating on an email chain or phone call a quorum is established and that can be considered a violation of the Open Public Meetings Act. A public website will be created with meeting notices, agenda items and minutes posted. A link to the site will be sent out to the (HLG) once it goes live.

## **LEADERSHIP GROUP'S PURPOSE & MOTION– Rod Dembowski**

The County wanted to formalize their involvement in a collaborative way to plan for a potential bond to support capital improvement at Harborview. By working together from the start the County hopes to mitigate potential issues that could arise further down the planning process. The County is very proud of Harborview and their core mission to support a healthy King County. The Motion includes evaluating many areas in addition to Harborview such as public health needs, housing needs for the mission population, behavioral health needs and to explore the possibility of using public funds for facilities outside of the Harborview campus to support changing population demographics.

## **SCOPE OF WORK, PROCESS & TIMELINE – Christina Hulet**

The primary role for this group is to prioritize needs and develop recommendations based on the Motion. In order to meet a November 2020 general election ballot measure the following deadlines will need to be made:

- (HLG) finalizes recommendations January 2020
- Capital Planning Oversight Committee & HMC Board of Trustees reviews and recommends February 2020
- King County Executive reviews and transmits legislation March 2020
- King County Council reviews and approves for November ballot by May 2020

Other ballot measures that have yet to be identified could potentially impact this timeline. A bond measure requires 60% of voters to approve it in order for it to pass. A question was raised regarding

the HLG's cadence in order to meet the January 2020 deadline. We will be developing a more in-depth work-plan around the different work streams required to complete this for January's meeting. There is a Staff Workgroup that will provide analytical support to the (HLG.) The (HLG) should begin thinking about what information they would like from the Staff Workgroup in order to make an informed decision by January 2020. The Staff Workgroup has met once thus far and will try to meet 1-2 times per month and will be using January's meeting times to look more in-depth at the work-plan and the MIMP process. The (HLG) will meet every 4-6 weeks. A question was raised asking if the (HLG) is only considering a voter approved bond or would they consider a 63/20. They will be looking at all financing options as well as philanthropic ones. A question was raised on whether this group would breakup into smaller subcommittees and that has yet to be determined but could be a possibility.

**ORIENTATION TO HMC'S STRATEGIC & FACILITY MASTER PLANNING– Paul Hayes**  
HMC's Mission can be broken into 3 main categories:

1. Persons who require trauma, specialized emergency and burn care.
2. Serve as the disaster preparedness and disaster control hospital.
3. Care for those with mental illness and substance abuse.

Harborview is licensed by the state for 413 beds. They are spread out across multiple buildings and include key services such as trauma, neurosciences and psychiatric. The Hospital admits just shy of 17000 individuals each year and the clinic visits increase each year as care has shifted from inpatient to ambulatory outpatient care. HMC has roughly 58,000 emergency room visits every year. HMC has centers of excellence such as Trauma, HIV and Vascular care. In Fiscal Year 2017 the Hospital provided 206 million dollars in uncompensated care.

The Board of Trustees created a draft strategic master plan which identified the following needs/goals:

- King County would benefit from additional surge capacity during a disaster, such as a mass casualty incident or natural disaster.
- Facility configuration and age limit the use of acute care and ICU beds.
- Essential services and critical infrastructure systems need to be updated to support patient care.
- Change the lives of those impacted by behavioral health issues through a Behavioral Health Institute.
- Prepare for future facility and operational needs.

Harborview operates on a 1% margin, which means on a 1 billion dollar budget their goal is to have 10 million remaining at the end of the year. On the most recent fiscal year the auditors showed that the Hospital lost 7 million dollars. Changes in healthcare reimbursement greatly impact the Hospital. The Hospital routinely operates at 100% occupancy which means every space where you can have a patient is full. Today's occupancy rate is at 104%. Current hospital standards and one of the chief goals for Harborview is to have single occupancy patient rooms. Shared rooms are one of the top complaints from patients and the noise from sharing a room greatly impacts the patient's ability to heal. A diagram of an optimal single patient room was shown. Additionally, there are issues due to the age of the facility and the infrastructure maintenance required to keep it running.

HMC feels a new bed tower and emergency department is needed in the View Park lot. A question was asked if any affordable housing had been considered on campus. Early considerations have been giving to using Lot 5 as an affordable housing site, though it is just a concept. Harborview has also partnered with several off-site housing locations to provide clinical nursing care. A question was raised asking if the Board had looked at upgrading any off-site locations such as Pioneer Square. Currently HMC is partnering with DESC to address the shift in the Mission populations to the south end of town. A question was asked regarding how many beds would be increased under this Master Plan. The licensed bed count would remain the same however those existing shared rooms would be converted into single rooms and thusly allow surge space in case of a major disaster. A question was asked why the licensed beds wouldn't be increased. HMC feels that additional surge capacity can be achieved without an increase in the number of licensed beds at this time.

A few brainstorming ideas brought up that the (HLG) included looking at green construction, hotel space for possible medical tourism, private professional's office space, respite care, mission population housing, behavioral health and traffic revisions to improve ambulance access to the Hospital. A concern was brought up regarding the possible closure of the Western State Hospital and its impact to behavioral health patients. This group will not need to evaluate that until the State Legislature passes their budget. A comment was made that although Harborview doesn't have the housing, there are many ways to develop housing partnerships.

#### **NEXT STEPS – Christina Hulet**

The next meeting for this group is tentatively scheduled for January 29<sup>th</sup>. A request was made to keep the meeting time at 5:30p.m. for the next month's meeting but expand it to 2 hours. Agenda items for next meeting will include a more detailed work-plan and exploration of scope. The HMC members will provide a more detailed Master Plan draft with cost estimates.

**Action Item:** Members should list their top priorities and concerns and send those to Christina prior to next month's meeting so the Group can review them together.

An offer was made by Mr. Hayes to take members on a campus facility tour prior to the next meeting. A request was made to have any reading materials prior to the meeting so that members can have the proper amount of time to review them in advance.

#### **ADJOURNMENT – Christina Hulet**

With no further business, the meeting was adjourned at 6:59p.m.

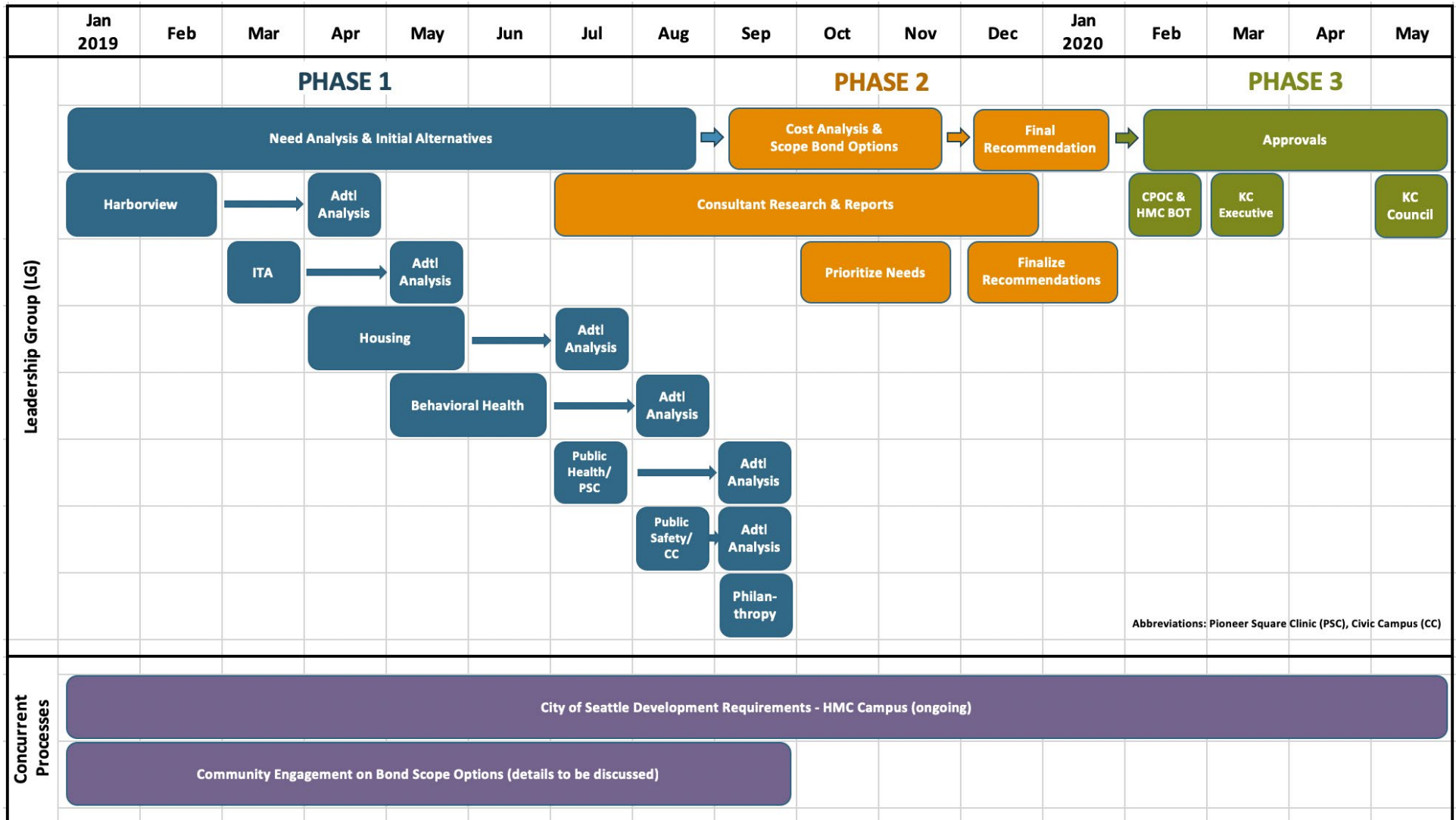
Respectfully submitted,  
Marshall Ayers

## Harborview Leadership Group Work Plan ~ For Review 1/29/19

Below is the Leadership Group's (LG) draft work plan for review. As a reminder, the LG's charge is to analyze and make recommendations on:

- HMC clinical facility master plan needs
- Public Health Department needs
- Housing needs for the mission population
- Involuntary Treatment Act, client/court needs
- Behavioral health needs
- Public health facilities beyond HMC campus
- Other public safety infrastructure needs
- Private philanthropy opportunities
- Prospective bond size and scope

In order to meet a potential November 2020 general election ballot measure, final recommendations and legislation would need to be transmitted to the King County Council by May 2020 for a July election filing deadline. The chart below provides a high-level overview, followed by a detailed timeline of Leadership Group meetings. Dates may change per the Leadership Group.



## **Detailed Timeline – Subject to Change**

<b>Month</b>	<b>Items</b>
<b>January 2019</b>	<u>LG Process</u> <ul style="list-style-type: none"> <li>• Prioritization criteria</li> <li>• Work plan agreement</li> </ul> <u>HMC Facility Master Planning</u> <ul style="list-style-type: none"> <li>• HMC tour</li> <li>• Shared understanding of Harborview's facility master plan</li> </ul>
<b>February</b>	<u>LG Process</u> <ul style="list-style-type: none"> <li>• Decision making approach</li> <li>• Overview and guidance to sub-committees</li> <li>• Community engagement</li> </ul> <u>HMC Facility Master Planning</u> <ul style="list-style-type: none"> <li>• Continued discussion of Harborview's facility master plan</li> <li>• LG requests for additional analysis/information</li> </ul>
<b>March</b>	<u>Involuntary Treatment Court</u> <ul style="list-style-type: none"> <li>• ITA Court presentation; sub-committee/workgroup presentation of ITA needs analysis and initial alternatives</li> <li>• LG requests to workgroup for additional analysis/information</li> </ul>
<b>April</b>	<u>Housing</u> <ul style="list-style-type: none"> <li>• Sub-committee/workgroup presentation of housing needs and initial alternatives; workgroup analysis</li> <li>• LG requests for additional analysis/information</li> </ul> <u>HMC Follow-Up Analysis</u> <ul style="list-style-type: none"> <li>• Follow-up analysis/information as requested by LG</li> </ul>
<b>May</b>	<u>Housing</u> <ul style="list-style-type: none"> <li>• Continued discussion of housing options; temperature check on what might be included in bond measure/areas of interest</li> </ul> <u>Behavioral Health</u> <ul style="list-style-type: none"> <li>• Update on Behavioral Health Institute</li> <li>• Sub-committee/workgroup presentation of behavioral health needs analysis and initial alternatives</li> <li>• LG requests for additional analysis/information</li> </ul> <u>ITA Follow-Up Analysis</u> <ul style="list-style-type: none"> <li>• Follow-up analysis/information as requested by LG</li> </ul>

<b>June</b>	<p><u>Behavioral Health</u></p> <ul style="list-style-type: none"> <li>Continued discussion of behavioral health options; temperature check on what might be included in bond measure/areas of interest</li> </ul> <p><u>LG Process - Synthesizing Work-To-Date</u></p> <ul style="list-style-type: none"> <li>Overview of technical planning consultant's scope of work</li> <li>Discuss upcoming prioritization approach</li> <li>High-level review of Harborview, Pioneer Square Clinic, ITA, housing and behavioral health needs analysis and initial alternatives (starting to bring it all together)</li> </ul>
<b>July</b>	<p><u>Public Health</u></p> <ul style="list-style-type: none"> <li>Sub-committee/workgroup presentation of public health needs analysis and initial alternatives, including facilities beyond HMC campus</li> <li>LG requests for additional analysis/information</li> </ul> <p><u>Pioneer Square Clinic</u></p> <ul style="list-style-type: none"> <li>Possible tour of PSC</li> <li>Discussion of PSC needs analysis and initial alternatives</li> <li>LG requests for additional analysis/information</li> </ul> <p><u>Housing Follow-Up Analysis</u></p> <ul style="list-style-type: none"> <li>Follow-up analysis/information as requested by LG</li> </ul>
<b>August</b>	<p><u>Public Safety</u></p> <ul style="list-style-type: none"> <li>Sub-committee/workgroup presentation of public safety needs and initial alternatives</li> <li>LG requests for additional analysis/information</li> </ul> <p><u>Civic Campus</u></p> <ul style="list-style-type: none"> <li>Update on Civic Campus work stream</li> </ul> <p><u>Behavioral Health Follow-Up Analysis</u></p> <ul style="list-style-type: none"> <li>Follow-up analysis/information as requested by LG</li> </ul>
<b>September</b>	<p><u>LG Structure / Process</u></p> <ul style="list-style-type: none"> <li>Prepare for Oct-Nov prioritization work</li> </ul> <p><u>Public Health, Pioneer Square Clinic and Public Safety Follow-Up Analysis</u></p> <ul style="list-style-type: none"> <li>Follow-up analysis/information as requested by LG</li> </ul> <p><u>Philanthropy</u></p> <ul style="list-style-type: none"> <li>Sub-committee/workgroup recommendations of philanthropic options</li> </ul>



<b>October</b>	<u>Consultant Research and Reports</u> <ul style="list-style-type: none"> <li>Facility cost estimates / analysis by technical consultant to inform alternatives</li> </ul> <u>Bond Options</u> <ul style="list-style-type: none"> <li>Initial prioritization of Harborview, Pioneer Square Clinic, ITA, housing, behavioral health, public health and public safety needs</li> </ul>
<b>November</b>	<u>Consultant Research and Reports</u> <ul style="list-style-type: none"> <li>Continued facility cost estimates / analysis by technical consultant to inform alternatives</li> </ul> <u>Bond Options</u> <ul style="list-style-type: none"> <li>Continued prioritization and review of bond options</li> </ul>
<b>December</b>	<u>Consultant Research and Reports</u> <ul style="list-style-type: none"> <li>Remaining analyses by technical consultant to inform alternatives</li> </ul> <u>Recommendations</u> <ul style="list-style-type: none"> <li>Review draft recommendations report</li> </ul>
<b>January 2020</b>	<u>Recommendations</u> <ul style="list-style-type: none"> <li>LG votes on final recommendation report</li> <li><b>Transmit final report to Capital Planning Oversight Group (CPOG) and Harborview's Board of Trustees</b></li> </ul>
<b>February</b>	<u>Recommendations</u> <ul style="list-style-type: none"> <li>CPOC reviews and recommends</li> <li>HMC's Board of Trustees reviews and recommends</li> <li><b>Transmit recommendations to King County Executive</b></li> </ul>
<b>March</b>	<u>Recommendations</u> <ul style="list-style-type: none"> <li>King County Executive reviews recommendation</li> <li><b>Transmit legislation to the County Council</b></li> </ul>
<b>April - May</b>	<u>Recommendations</u> <ul style="list-style-type: none"> <li>King County Council reviews recommendations/legislation</li> <li><b>Place legislation on the November 2020 ballot</b></li> </ul>

NOTE: Leadership Group meetings will also include time for public comment.

**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 elements.

Each facility proposal will be examined using the criteria below. *Note: Methodologies and instructions for applying the criteria will be developed after review and feedback from the Harborview Leadership Group and in collaboration with the staff workgroup.*

**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

<b>Area 1: What is the impact to people?</b>
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A. How would the proposal impact clients and patients in the following areas?

1. Prioritizes Mission Population
2. Increase and/or ease of access
3. Provides for new or expanded services to address gaps
4. Improves care

B. How would the proposal impact labor and employees in the following areas?

1. Increase job opportunities
2. Enhance employee and patient safety
3. Support more efficient workflow and productivity

C. How would the proposal impact neighbors and surrounding communities in the long-term?

1. Increase or decrease traffic and noise
2. Availability and accessibility of community and/or greenspaces
3. Improve neighborhood safety
4. Supported by neighbors and communities
5. Responsive to changing population patterns and geographic needs of county residents

<b>Area 2: What is the impact to services and operations?</b>
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- 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 would the proposal support innovation, best practices, and/or new models of care?
  1. Enables modern infection control standards
  2. Improves effectiveness and efficiency of patient care
  3. Supports innovative service delivery
  4. Positions the facility to accommodate future growth or service demands

<b>Area 3: What is the equity and social justice impact?</b>
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- A. How would the proposal advance new service models that promote equity?
- B. How was the proposal influenced by community priorities?
- C. What determinants of equity would be 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?

<b>Area 4: What is the fiscal impact?</b>
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- A. How would 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. Would the proposal provide opportunities for philanthropic, federal, state, or other facility funding?

# **Harborview Leadership Group**

# **Facility Master Plan Overview**

Tuesday January 29<sup>th</sup>, 2019

# Agenda:

- Capacity challenges at Harborview
- Master Planning Work: 2010-2017
- Capital Construction Timeline

# Bed Capacity at Critical Levels



- Harborview Medical Center operates at almost 100% occupancy.
- Facility configuration and capacity constraints are significantly impacting hospital operations.

# Harborview Bed Board

Grid  
Locked  
Condition =

Virtually no vital surge capacity.  
No capacity for growth.  
No flexibility for hospital operations.  
Increased operating expense.

H ZEA	E301-E301-01	WB365/WB365-1	T417-T417-01	AC63-AC63-02	M639-M639-01	E806-E806-02	M8935/M8935-1
EA201/EA201-1	E302-E302-01	WB366/WB366-1	T417-T417-02	H 6EH	M639-M639-02	E807-E807-01	M8936/M8936-1
EA202/EA202-1	E303-E303-01	WB367/WB367-1	T418-T418-01	EH601/EH601-1	M640-M640-01	E807-E807-02	M8937/M8937-1
EA203/EA203-1	E303-E303-02	WB368/WB368-1	T418-T418-02	EH602/EH602-1	M641-M641-01	E808-E808-01	M8937/M8937-2
EA204/EA204-1	E304-E304-01	WB369/WB369-1	T419-T419-01	EH603/EH603-1	M642-M642-01	E808-E808-02	M8938/M8938-1
EA205/EA205-1	E304-E304-02	WB370/WB370-1	T419-T419-02	EH604/EH604-1	M643-M643-01	E809-E809-01	M8938/M8938-2
EA206/EA206-1	E305-E305-01	WB371/WB371-1	H 4WA	EH605/EH605-1	M644-M644-01	E809-E809-02	M8939/M8939-1
EA207/EA207-1	E305-E305-02	H 3WC	A460-A460-01	EH605/EH605-2	H 7E	E810-E810-01	M8939/M8939-2
EA208/EA208-1	E306-E306-01	WC372/WC372-1	A461-A461-01	EH606/EH606-1	E701-E701-01	E810-E810-02	M8940/M8940-1
EA209/EA209-1	E306-E306-02	WC372/WC372-2	A463-A463-01	EH606/EH606-2	E702-E702-01	EH11-EH11-01	H ED
EA210/EA210-1	E307-E307-01	WC373/WC373-1	A463-A463-02	EH607/EH607-1	E703-E703-01	EH11-EH11-02	IS01-IS01-01
EA211/EA211-1	E307-E307-02	WC373/WC373-2	H 5EH	EH607/EH607-2	E703-E703-02	EH12-EH12-01	RES4-RES4-01
EA212/EA212-1	E308-E308-01	WC374/WC374-1	EH501/EH501-1	EH608/EH608-1	E704-E704-01	EH13-EH13-01	RES4-RES4-02
EA213/EA213-1	E308-E308-02	WC374/WC374-2	EH502/EH502-1	EH608/EH608-2	E704-E704-02	EH14-EH14-02	RES4-RES4-03
EA214/EA214-1	E309-E309-01	WC375/WC375-1	EH503/EH503-1	EH609/EH609-1	E705-E705-01	EH15-EH15-01	RES4-RES4-04
EA215/EA215-1	E309-E309-02	WC376/WC376-1	EH504/EH504-1	EH609/EH609-2	E705-E705-02	H 9EA	RES4-RES4-05
EA216/EA216-1	E310-E310-01	WC377/WC377-1	EH504/EH504-2	EH610/EH610-1	E706-E706-01	EA901/EA901-1	RES4-RES4-06
EA217/EA217-1	E310-E310-02	WC377/WC377-2	EH505/EH505-1	EH610/EH610-2	E706-E706-02	EA902/EA902-1	RES4-RES4-07
H ZWA	E311-E311-01	WC378/WC378-1	EH505/EH505-2	EH611/EH611-1	E707-E707-01	EA903/EA903-1	RES4-RES4-08
WA250/WA250-1	E311-E311-02	WC379/WC379-1	EH506/EH506-1	EH612/EH612-1	E708-E708-01	EA904/EA904-1	RES4-RES4-09
WA251/WA251-1	E312-E312-01	WC380/WC380-1	EH506/EH506-2	EH613/EH613-1	E708-E708-02	EA905/EA905-1	RES4-RES4-10
WA252/WA252-1	E313-E313-01	WC381/WC381-1	EH507/EH507-1	EH614/EH614-1	E709-E709-01	EA906/EA906-1	RES4-RES4-11
WA253/WA253-1	E314-E314-01	H 4E	EH507/EH507-2	EH615/EH615-1	E709-E709-02	EA907/EA907-1	H 1EH-12
WA254/WA254-1	E315-E315-01	E401-E401-01	EH508/EH508-1	EH616/EH616-1	E710-E710-01	EA908/EA908-1	IE12-IE12-10
WA255/WA255-1	E315-E315-02	E402-E402-01	EH508/EH508-2	EH617/EH617-1	E710-E710-02	EA909/EA909-1	IE12-IE12-11
WA256/WA256-1	E316-E316-01	E403-E403-01	EH509/EH509-1	EH617/EH617-2	E711-E711-01	EA910/EA910-1	IE12-IE12-12
WA257/WA257-1	E316-E316-02	E403-E403-02	EH509/EH509-2	EH618/EH618-1	E711-E711-02	EA911/EA911-1	IE12-IE12-13
WA258/WA258-1	E317-E317-01	E404-E404-01	EH510/EH510-1	EH618/EH618-2	E712-E712-01	EA912/EA912-1	IE12-IE12-14
WA259/WA259-1	E317-E317-02	E404-E404-02	EH510/EH510-2	H 6MB	E712-E712-02	H 9EB	IE12-IE12-15
WA260/WA260-1	E318-E318-01	E405-E405-01	EH511/EH511-1	M625-M625-01	E713-E713-01	EB913/EB913-1	IE12-IE12-16
WA261/WA261-1	E318-E318-02	E405-E405-02	EH512/EH512-1	M626-M626-01	E714-E714-01	EB914/EB914-1	IE12-IE12-17
H ZWB	E319-E319-01	E406-E406-01	EH513/EH513-1	M627-M627-01	E715-E715-01	EB915/EB915-1	IE12-IE12-18

MARIE F. 12.5

HARBORVIEW  
MEDICAL CENTER

UW Medicine King County

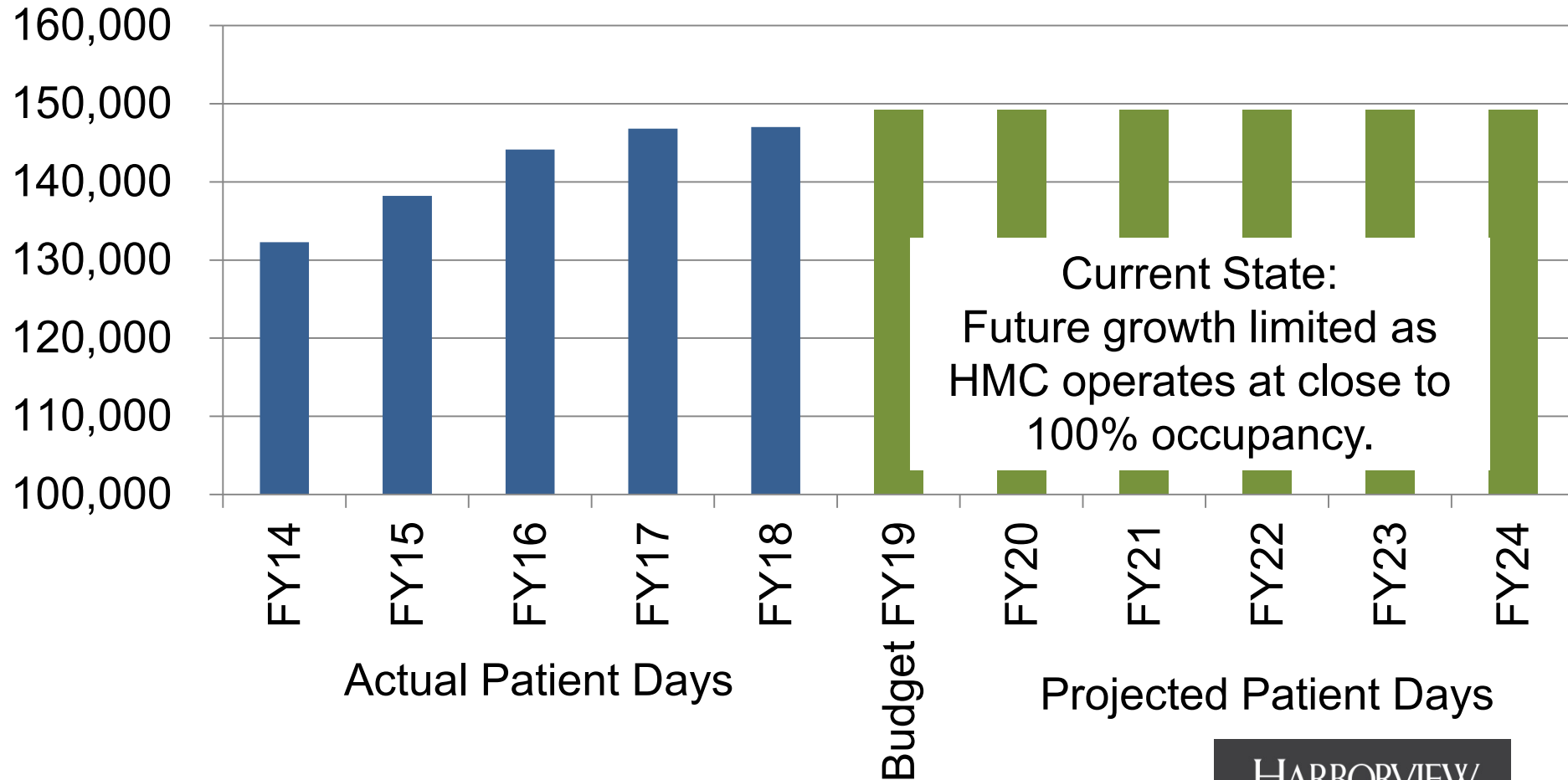
**On a daily basis at least 50 beds located in double patient rooms cannot be used because of isolation precautions. Current tactics to manage bed capacity include:**

- Basic Life Safety Divert
- Patient Boarding in the Operating Room recovery area.
- Patient Boarding in the ED
- Acute Care Borders in the ICU
- **Observation Patients** are occupying one of coveted 413 licensed beds – **average of 20/day**
- **Administrative Patients** with discharge challenges – **at least 30/day**.



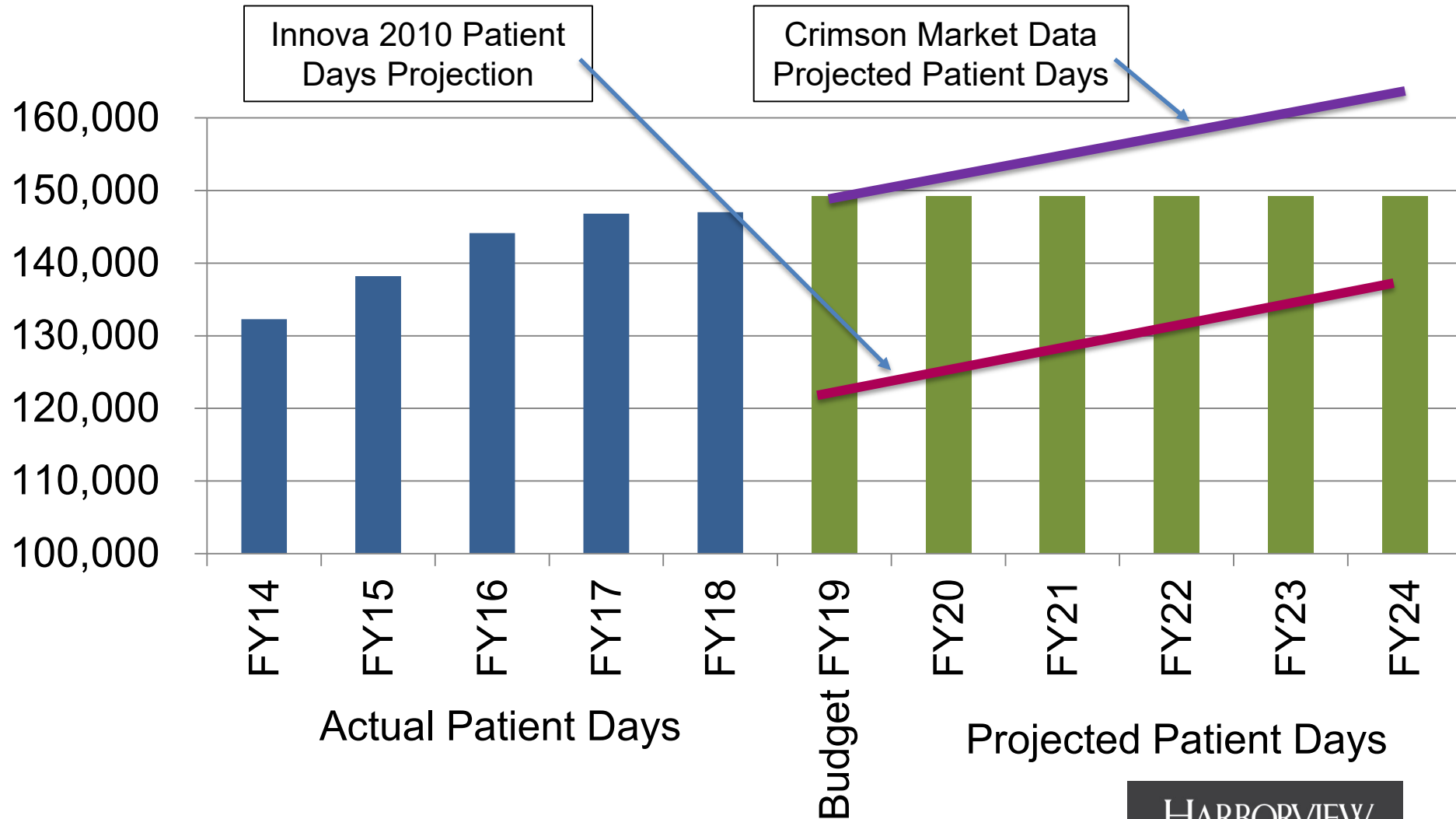
# Long Range Financial Plan

## Patient Day Projections



# Long Range Financial Plan

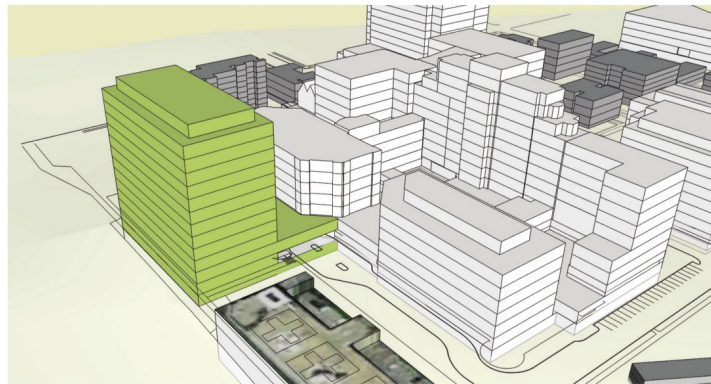
## Patient Day Projections



# 2010 Facility Master Plan Update

HMC, King County and Consultant team produced a draft Facility Master Plan.

- View Tower Site identified as the best option for improving inpatient care delivery.
- New Inpatient Tower: 7 floors with garage below, helipad on top (3 floors shelled for future growth)- \$800M (2017 estimate – to be updated)



View Park I Site



# 2014 Seismic Study - Center Tower

HMC, KC & Consultant Team Findings:

Structural Upgrade Option - \$268M

Non-structural option - \$194M

- Business Occupancy = No Inpatient Care
- Seismic rating similar to an office building.
- Relocated patient care services :  
Pharmacy, Transfusion Services & Angiography
- Relocate essential utilities.
- Center Tower may not be functional after a large earthquake.

# 2014 Seismic Study - East Clinic

HMC, KC & Consultant Team Findings:

Structural Upgrade Option - \$123M

Non-Structural Upgrade Option - \$66M

- Business Occupancy - No Inpatient Care
- Seismic rating similar to an office building.
- East Clinic may not be functional after a large earthquake.

# 2017 Maleng Inpatient Bed Capacity Study

## Consultant Team Findings:

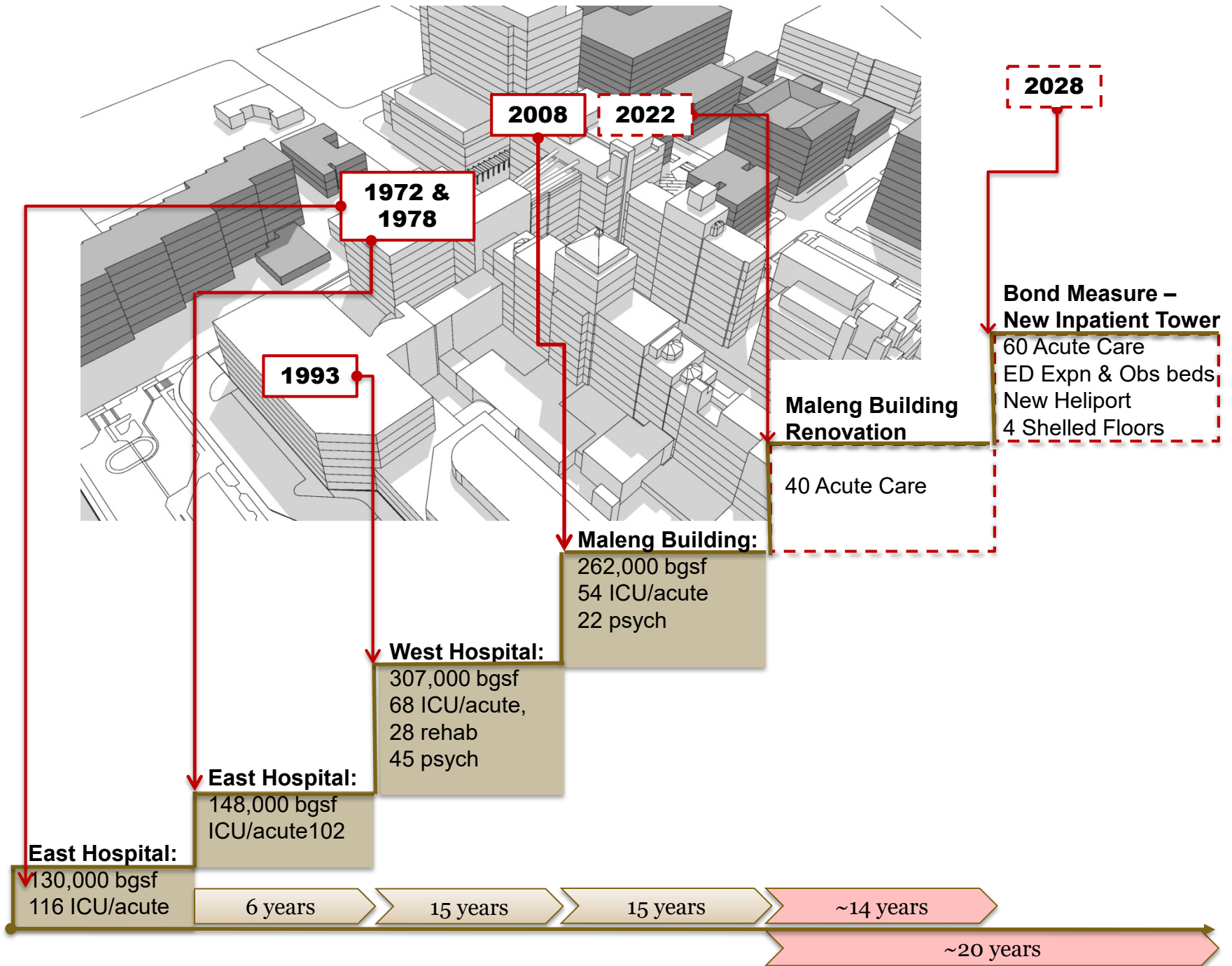
### Renovation Cost for Two Floors- \$70M

- Maleng Building originally designed to be a full inpatient tower.
- Building infrastructure and systems designed to handle two new inpatient floors.
- Renovating two floors = 40 new inpatient rooms

# 2017 Harborview Board of Trustees Strategic Master Plan

Facilitated by Alvarez & Marsal with Public Health and DCHS engagement.

- King County would benefit from additional surge capacity during a disaster, such as a mass casualty incident or natural disaster.
- Facility configuration and age limit the use of acute care and ICU beds.
- Essential services and critical infrastructure systems need to be updated to support patient care.
- Change the lives of those impacted by behavioral health issues through a Behavioral Health Institute.
- Prepare for future facility and operational needs.



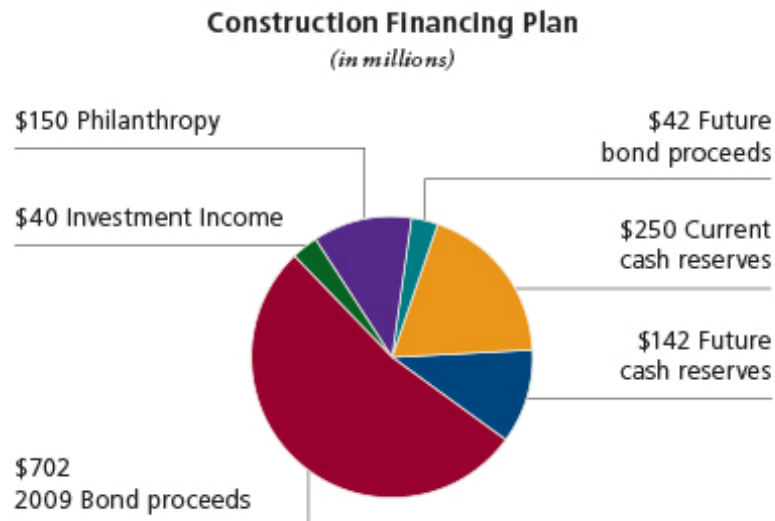


# Appendix

# Comparative Projects

## •Parkland Hospital

- 870 beds
- Level I adult trauma
- \$1.326b



## Zuckerberg San Francisco General Hospital & Trauma Center

- 441 beds
- Level I adult
- \$959m

