

Harborview Leadership Group Agenda – 12/11/19

MEETING OUTCOMES

- Review components of a draft core package based on feedback from the October HLG meeting and analysis by the HDR consulting team
- Discuss two potential design schemes to achieve the goals of this draft core package
- Determine if HLG members are generally comfortable with the size and scope of this core package, which will then serve as a foundation for additional options in January

AGENDA

- 6:00 pm** **Welcome – Christina Hulet, Facilitator**
- Approval of October meeting minutes
 - Meeting goals
- 6:10 pm** **Public Comment**
- 6:15 pm** **Initial Preferences – Christina Hulet, Facilitator & HDR Consulting Team**
- Where we left off in October
 - Context for today’s core facility package
- 6:25 pm** **Draft Core Package: Two Design Schemes – HDR Consulting Team**
- Overview of design schemes
 - Key considerations and risks
- 7:00 pm** **Temperature Check of Draft Core Package**
- Size and scope
- 7:55 pm** **Wrap-up & Next Steps – Christina Hulet, Facilitator**
- 8:00 pm** **Adjourn**



King County

King County Harborview Leadership Group Meeting
Wednesday, October 23, 2019 - 5:30 – 8:30pm
Minutes

COMMITTEE MEMBERS:

ORGANIZATION	MEMBER	PRESENT	MEMBER	PRESENT
King County Executive	Rachel Smith	Yes	Kelli Carroll	Yes
King County Council	Rod Dembowski	Yes	Joe McDermott	Yes
HMC Board of Trustees	Lisa Jensen	No	Lee Ann Prielipp	Yes
Mission Population	Gregory Francis	Yes	Nancy Dow	No
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 Cynthia Dold (Designee)	Yes No		
First Hill Community	Danielle Nune	Yes		

ADDITIONAL ATTENDEES:

- Kera Dennis, Harborview Medical Center
- Ted Klainer, Harborview Medical Center
- Christina Hulet, Consultant
- Lan Nguyen, King County Council
- Kristina Logsdon, King County Council
- Leslie Harper-Miles, King County FMD
- Sid Bender, King County PSB
- Bailey Bryant, King County Executive

HDR Team

- Neil Piispanen
- Duncan Griffin
- Tim Locke
- Thomas Knittel
- Francesqca Jimenez
- Lori Rock, Visual note-taker
- Brian Giebinik, via telephone
- Susan McDevitt

CALL TO ORDER

Christina Hulet called the meeting to order at 5:38 p.m.

INTRODUCTIONS – Christina Hulet

Introductions were made.

SEPTEMBER MEETING MINUTES – Christina Hulet

Approved, none opposed, no abstentions.

PUBLIC COMMENT

None.

HDR CONSULTANTS PRESENTATION

The HDR team presented its PowerPoint on analysis of the Harborview Leadership Group subcommittee options. Presentation attached in meeting materials. Note: There was a break in the presentation due to a power outage in the building and a presenter who was present via telephone was disconnected.

QUESTIONS POSED BY THE HARBORVIEW LEADERSHIP GROUP MEMBERS

1. Regarding East Clinic
 - a. The number of future beds per floor
 - b. ED flow connecting to the East Clinic location
2. Regarding the prospective View Tower
 - a. Number of floors
 - b. Relationship of Maleng renovation to the View Tower
3. Regarding the location of the ED-during construction and permanent location
4. Regarding the helistop
 - a. Use by other facilities
 - b. Impact on neighbors
5. Regarding single-patient rooms
 - a. Timing/phasing
 - b. Maleng renovation/expansion
6. Regarding inpatient beds in service area
 - a. The number of licensed in-patient beds in the service area compared to the population forecast

Councilmember Dembowski emphasized living buildings, green buildings and energy use.

INITIAL TEMPERATURE CHECK – Christina Hulet

Christina Hulet reiterated decision making criteria with Leadership Group as discussed in June and September meetings. The approval threshold for the Leadership Group member’s final decision requires consensus from the group minus three. After covering the options presented over the course of Leadership Group meetings, Christina Hulet then led Members through an exercise to gauge initial responses to the 18 options. Leadership members were asked to place a green, yellow, or red dot on each option presented. Materials used in this activity are attached in the meeting minutes. Following discussion members of the Leadership Group concurred upon taking three options off the list for further consideration.

The options were:

- C5. Increase Shelter Capacity
- D3. Investment in ITA Court Related Behavioral Health Facilities
- E4. Close Pioneer Square Clinic and move operations to the 22nd and Rainier Clinic (Hobson Place)

WRAP UP AND NEXT STEPS – Christina Hulet

The next Leadership Group meeting is scheduled for December 11, 2019 6-8pm

ADJOURNMENT – Christina Hulet

With no further business, the meeting was adjourned at 8:34p.m.

HARBORVIEW LEADERSHIP GROUP OPTIONS

A — HARBORVIEW MEDICAL CENTER

A2 Increase Bed Capacity & Modernize the Emergency Department

A3 Seismically Upgrade the Center Tower

A4 Demolish the East Clinic

A5 Renovate Harborview Hall

A2 Build a new view tower on Harborview's campus to provide 60 new acute care beds as well as shell floors for an additional 60 beds. Renovate 2 floors of the existing Maleng Building to provide 40 new beds. Update the current Emergency Room to support a higher volume of patients and improve care (e.g., single rooms, privacy).

A3 Upgrade the existing Center Tower to meet current seismic standards and reclassify the building for business occupancy.

A4 Demolish the current East Clinic building because it does not meet seismic standards, is poorly suited for modern use as clinic space, and is disconnected from existing inpatient services and operating rooms. Consider other uses.

A5 Renovate and seismically upgrade Harborview Hall to either a residential or business occupancy rating. Maintain its historic character.

B — BEHAVIORAL HEALTH

B2 Expand Existing Facility / Space for 3 Prioritized Programs

B3 Expand Existing Facility / Space for 4 Additional Programs

B2 Renovate existing buildings and/or create new space to support the following 3 behavioral health programs:

- a crisis stabilization unit
- a partial hospital step-up/step-down program
- expanded outpatient clinic space

B3 Renovate existing buildings and/or create new space to support the following additional behavioral health programs:

- forensic inpatient facility
- evidence-based practice training center
- a sobering center
- telepsychiatry services

C — HOUSING

C2 Increase Respite Capacity (Behavioral Health & Medical)

C3 Increase Permanent Supportive Housing (Behavioral Health & Medical)

C4 Increase Workforce / Affordable Housing

C5 Increase Shelter Capacity

C2 Add respite beds with an integrated medical and behavioral health respite program. Could include the layer-cake building that provides a combination of services.

C3 Add non-time limited affordable housing units with intensive supports for medical & behavioral health needs.

C4 Build long-term affordable housing units for Harborview staff, particularly those in the mid- to lower-salary ranges and / or for Harborview's mission population.

C5 Add additional shelter resources in the form of:

- emergency shelter (indoor sleeping space with some services)
- enhanced shelter (open 24 hours with more services)
- and / or a low-barrier 24/7 sleep & hygiene drop-in center.

D — INVOLUNTARY TREATMENT ACT COURT

D2 Enhance Space for the Involuntary Treatment Act Court (ITA) at Harborview & Add Video Infrastructure

D3 Invest in Involuntary Treatment Act (ITA) Court Related Behavioral Health Facilities

D2 Remodel, expand or identify new space at Harborview to expand ITA capacity by at least an additional 12,000 square feet. Invest in video hearing equipment at the ITA Court & various Evaluation & Treatment Centers.

D3 Invest in complimentary facilities & services that mitigate behavioral health conditions leading to ITA Court referrals. These include:

- outpatient clinical facilities
- enhanced emergency & acute care services at Harborview and supportive housing.

E — PIONEER SQUARE CLINIC (PSC)

E2 Remodel Pioneer Square Clinic

E3 Move Pioneer Square Clinic to a New Location in the Area

E4 Close Pioneer Square Clinic & Move Operations to Hobson Place

E5 Move Operations to Hobson Place & Maintain a Downsized Clinic in the Current Location

E2 Remodel the current space for improved clinic services on the 3rd & 4th floors, administrative on the 2nd and community-based partnerships (e.g., outreach team/policia) on the 4th floor. Upgrade the clinic to improve efficiency and patient care.

E3 Purchase or lease a new space for the clinic in the Pioneer Square neighborhood.

E4 Relocate current PSC services to a new, integrated primary / behavioral health care clinic on 22nd & Wainwright Avenue that is under development by Harborview & Downtown Emergency Services (DESC).

E5 Move part of PSC services & staff to Hobson Place. Do minor renovations to the existing clinic to improve functionality. Reduce PSC's hours of operations & focus on training medical residents.

F — PUBLIC HEALTH

F2 Enhance Public Health Programs on the Harborview Campus

F3 Purchase a Building to Maintain a Health & Human Services Hub Downtown

F2 Maintain, co-locate & enhance space for efficiency & growth for the following public health programs on Harborview's campus:

- HIV/STD clinic
- the King County Medical Examiner's Office
- the tuberculosis control program
- and the refugee health screening program.

F3 Purchase a building on the north end of downtown Seattle to house:

- adult & pediatric primary care
- dental
- support for children with special health care needs
- maternity support services
- Women, Infant & Children (WIC)
- expanded superepine
- needle exchange
- pharmacy
- etc.



Harborview Leadership Group Meeting

December 11, 2019



Dot Exercise: Top Rated Options Summary

Option #	Option Description	# Dots
A2	Bed Capacity Increase & Emergency Department Modernization	35
D2	Enhanced Space for the ITA Court at Harborview	35
B2	Expand Existing Facilities and Add New Space for Three Prioritized BH Programs	34
C2	Increase Respite Capacity (Behavioral Health & Medical)	34
E5	Move Pioneer Sq. Clinic ops to Hobson; downsize functions; minor space improvements	32
A5	Harborview Hall Seismic Upgrade	31
A4	Demo East Clinic	30
C3	Increase Permanent Supportive Housing (Behavioral Health & Medical)	30
F2	Public Health programs on HMC Campus w/ enhancements for growth and efficiency	29.5
E2	Remodel existing Pioneer Square Clinic	25
A3	Center Tower Seismic Upgrade	24
C4	Increase Workforce/Affordable Housing	21
F3	Purchase building to maintain a County-owned health and human services hub in Downtown Seattle	19.5
D3	Investment in ITA Court Related Behavioral Health Facilities	17
C5	Increase Shelter Capacity	16
E3	Move clinic to a new purchased or leased space in the Pioneer Square Clinic area	15
E4	Close clinic and move operation to the 22nd and Rainier Clinic (Hobson Place)	12

Context: Patient Rooms

Existing Patient Room Analysis

Harborview Medical Center	# of Patient Beds on Campus	# of Patient Rooms on Campus	# of Patient Rooms that Meet Best Practice Standards*
East Hospital	199	133	0
West Hospital	139	106	0
Maleng	75	58	40
Total	413	297	40 (20 are Psych ICU)

** Best Practice Standards refer to a patient room that is large enough for current code requirements; dedicated caregiver, patient and family zones; and, a dedicated bathroom with toilet, sink and shower.*

CONCLUSIONS:

- Current patient rooms do not meet Best Practice Standards
- Existing building infrastructure and floor size prohibits renovating to meet Best Practice Standards

Context: Emergency Department

ED Department Capacity/Rightsizing

	# of Existing Rooms	Existing Square Footage	# of Projected Rooms Needed	Projected Square Footage Needed
Emergency Department	61 beds <ul style="list-style-type: none">• 41 Exam• 10 PES• 10 Observation	35,350 SF	79 beds <ul style="list-style-type: none">• 43 Exam• 16 PES• 20 Observation	53,100 SF

CONCLUSION:

Current exam rooms and resuscitation rooms do not meet Best Practice Standards

Top Options Core Components Scheme Comparison

Option #	Core Component Description	Scheme A	Scheme B
A2	Bed Capacity Increase & Emergency Department Modernization	✓	✓
D2	Enhanced Space for the ITA Court at Harborview	✓	✓
B2	Expand Existing Facilities and Add New Space for Three Prioritized BH Programs	✓	✓
C2	Increase Respite Capacity (Behavioral Health & Medical)	✓	✓
E5	Move Pioneer Sq. Clinic ops to Hobson; downsize functions; minor space improvements	✓	✓
A5	Harborview Hall Seismic Upgrade	✓	✓
A4	Demo East Clinic	✓	✓
C3	Increase Permanent Supportive Housing (Behavioral Health & Medical)	●	●
F2	Public Health programs on HMC Campus w/ enhancements for growth and efficiency	✓	✓
E2	Remodel existing Pioneer Square Clinic	✓	✓
A3	Center Tower Seismic Upgrade	✓	✓

Scheme A

View Tower – max height w/ variance

- At least 360 Single Patient Rooms (36 Bed Units)
- 60-Bed Expanded Emergency Department
- 20-Bed Observation Unit
- Operating Room Expansion
- Pharmacy/Gamma/Angio

Center Tower Seismic Renovation

Harborview Hall Seismic Renovation

- Respite care
- Offices

East Clinic Demolition

- Convert to open space

Pioneer Square Seismic Renovation

Behavioral Health Services

- 24/7 Crisis Stabilization Unit
- Step-up/Step-down Program
- Outpatient Clinic Services



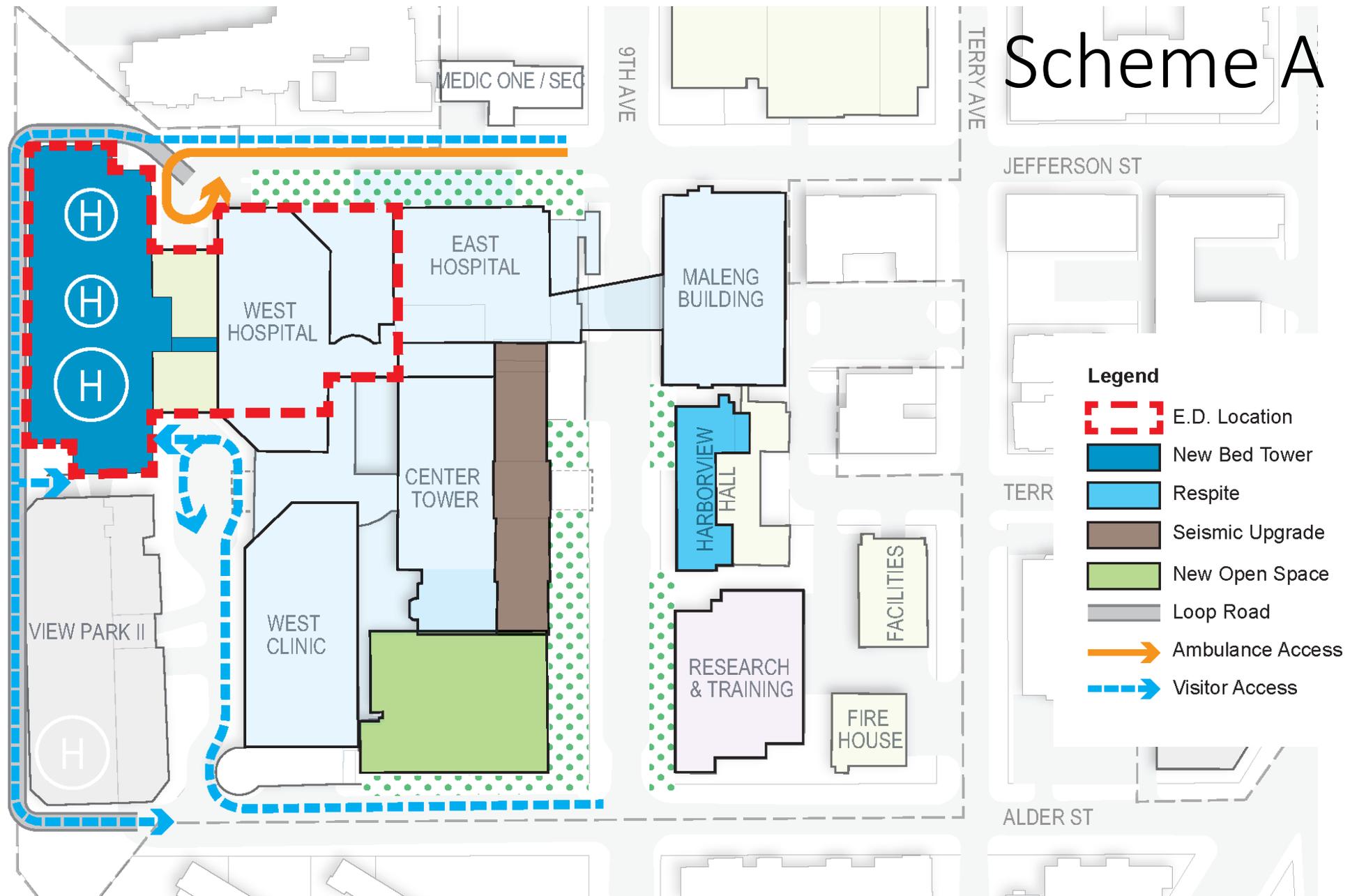
\$1.3 - \$1.6 B*

626,000 SF *New* 538,000 SF *Renovation*

Additional bed capacity expected by year 5

**Note that costs are preliminary estimates and subject to change*

Scheme A



- Legend**
- E.D. Location
 - New Bed Tower
 - Respite
 - Seismic Upgrade
 - New Open Space
 - Loop Road
 - Ambulance Access
 - Visitor Access

Scheme B

View Tower – max allowed w/o variance

- 396 Single Patient Rooms (36 Bed Units)

South Pavilion

- 60-Bed Emergency Department
- 20-Bed Observation Unit
- Operating Room Expansion
- New Kitchen/Dining
- Pharmacy/Gamma/Angio

Center Tower Seismic Renovation

Harborview Hall Seismic Renovation

- Respite care
- Offices

East Clinic Demolition

Pioneer Square Seismic/Remodel

Behavioral Health Services

- Crisis Stabilization Unit
- Step-up/Step-down Program
- Outpatient Clinic Services



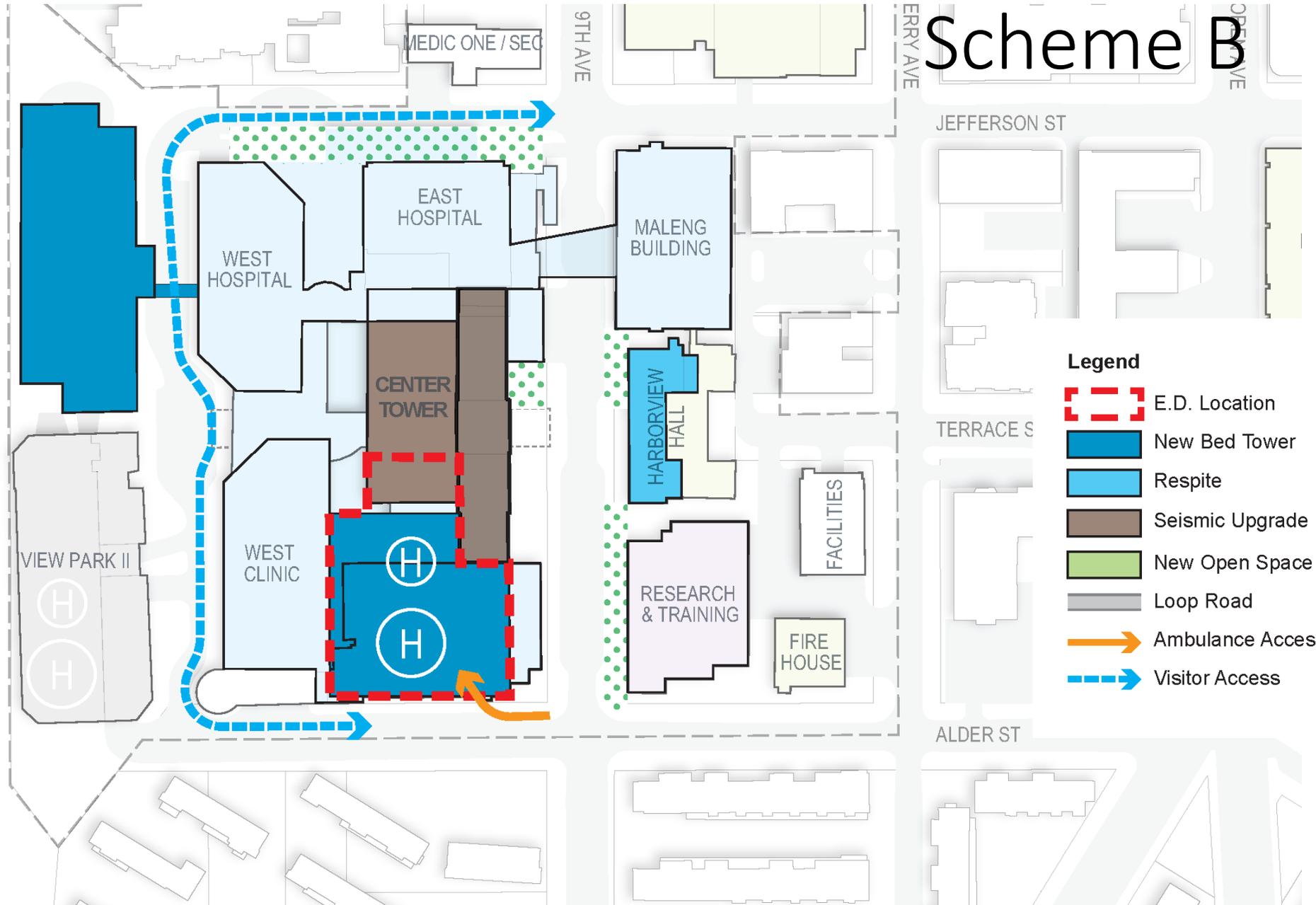
\$1.1 - \$1.3 B*

592,000 SF *New* 509,000 SF *Renovation*

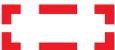
Additional bed capacity expected by year 5

**Note that costs are preliminary estimates and subject to change*

Scheme B



Legend

-  E.D. Location
-  New Bed Tower
-  Respite
-  Seismic Upgrade
-  New Open Space
-  Loop Road
-  Ambulance Access
-  Visitor Access



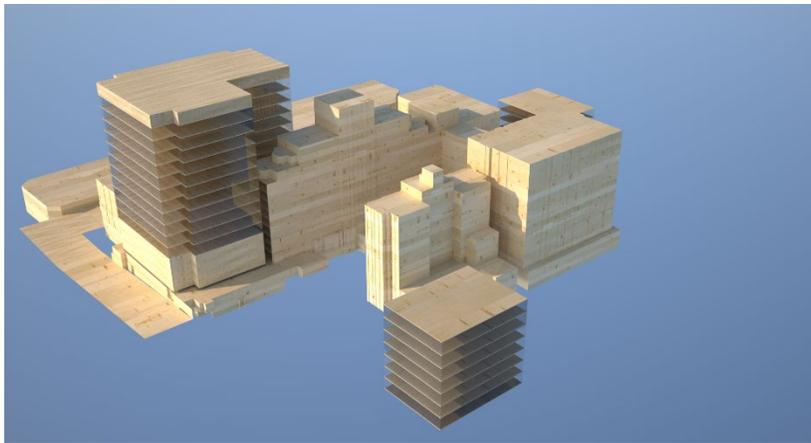
Project Risks: One or Both Schemes

- Building height variance
- Permanent street vacation(s)
- Building loop road
- State DOT right of way
- MIMP and permitting
- Open space requirements
- Parking: rebuild existing & temporary parking availability
- Emergency Department distance or multiple floors
- Aerial vacation
- Helipad impact during construction
- Decanting space needs
- Impacts to existing 24/7 shelter
- Regrading of Jefferson Street

Other Alternatives Considered

East Clinic Bed Tower

- *Excluded due to size of site & inefficient floor plan*



Center Tower Adaptive Reuse

- *Excluded due to landmark concerns*





Preliminary Estimated Cost Range

- Initial estimates from HDR identify a preliminary cost range for each of the two schemes outlined: **\$1.1B-\$1.6B**
- The cost range will be refined by the Estimator Consultant over the next five weeks.
- Updated figures will be presented at the first January meeting for review and discussion.

Top Options Core Components Scheme Comparison

Option #	Core Component Description	Scheme A	Scheme B
A2	Bed Capacity Increase & Emergency Department Modernization	✓	✓
D2	Enhanced Space for the ITA Court at Harborview	✓	✓
B2	Expand Existing Facilities and Add New Space for Three Prioritized BH Programs	✓	✓
C2	Increase Respite Capacity (Behavioral Health & Medical)	✓	✓
E5	Move Pioneer Sq. Clinic ops to Hobson; downsize functions; minor space improvements	✓	✓
A5	Harborview Hall Seismic Upgrade	✓	✓
A4	Demo East Clinic	✓	✓
C3	Increase Permanent Supportive Housing (Behavioral Health & Medical)	●	●
F2	Public Health programs on HMC Campus w/ enhancements for growth and efficiency	✓	✓
E2	Remodel existing Pioneer Square Clinic	✓	✓
A3	Center Tower Seismic Upgrade	✓	✓