'June 11, 1984 3630A:BB:mls

Introduce	ed by	Ruby Chow
Proposed	No.	84-305

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6818 ORDINANCE NO.

AN ORDINANCE relating to the Harborview Medical Center, providing policy and establishing a board of trustees to govern the operation of the medical center; repealing Ordinance 312 as amended and K.C.C. 2.32.130; and adding a new section to K.C.C. 4.04.

BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

NEW SECTION. SECTION 1. Intent. The intent of the ordinance is to establish King County's policies with regard to the operation of the Harborview Medical Center as the county's public hospital. These policies are necessary to assure that the county's priorities in providing health care services to its residents are met.

NEW SECTION. SECTION 2. Definitions. For the purposes of this ordinance:

- "Administrator" shall mean the chief administrative officer of the medical center, appointed under the terms of an approved management contract, who shall be responsible for supervising the daily management of the medical center in accordance with approved plans and policies.
- "Board" shall mean the Harborview Medical Center board of trustees appointed by the county for the purpose of overseeing the operation and management of the medical center.
- "Council" shall mean the King County council as C. described in Article 2 of the King County Charter.
- "County governing authority" shall mean both the county executive and county council in accordance with their charter assigned responsibilities.
- "Executive" shall mean the King County executive as described in Article 3 of the King County Charter.

- F. "Long Range Capital Improvement Program (CIP) Plan" shall mean a long range plan which is produced as the first step in the medical center capital improvement process. The long range CIP plan identifies capital development needs, establishes capital project standards and policies, identifies intended capital funding sources and alternatives, presents analysis of medical center programs and the physical facilities needed to implement them. It further projects service levels, presents demographics of hospital clientele, makes an inventory and analysis of the effective use of physical facilities and provides specific direction in linking the capital improvement program to operating program needs.
- G. "Medical center" shall mean the Harborview Medical Center to include, but not limited to, the hospital complex, Harborview Hall and the Harborview Community Mental Health Center.
- H. "Project plan" shall mean a plan produced for a specific capital project which analyzes specific project elements, defines project scope, location, size, costs and other needs. It follows master planning and precedes project budgeting and also considers location, types and amounts of space, specific needs served, current and projected service population staffing and operating costs impacts, and alternative proposals for the sources of funding the project.
- I. "Superintendent" shall mean the chief executive officer of the medical center, as described in state law, when the medical center is not operated under the terms of an approved management contract.
- J. "State law" shall mean RCW 36.62 as amended, and any other applicable sections of state law.

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NEW SECTION. SECTION 3. Medical Center - Purpose -Priorities.

- Purpose. 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.
- Priorities. Within available resources, the medical center shall provide adequate health care to those groups of patients and programs which are determined to require priority treatment by the county governing authority. Within this determination shall be the provision that admission of patients to the medical center shall not be dependent upon their ability to pay.
- Admission Rules. The board shall propose to the Council by December 31, 1984 rules for the admission of patients in conformance with approved policies and priorities. shall include a provision for a sliding fee schedule based upon a patient's ability to pay, and for the process to obtain payment for costs of the patient's care as provided by state law.

NEW SECTION. SECTION 4. Board of Trustees - Established - Terms of Office.

- There is established a thirteen member board of trustees for the medical center the members of which shall, except for initial terms, be appointed for terms of four years each and until a successor is appointed and qualified.
- Terms shall commence on the first day of August following appointment. Where a board member continues to serve beyond the expiration date of the term to which appointed, the commencement date for the succeeding member shall be retroactive to the date when the term would have otherwise commenced.

- C. No member shall serve more than three successive terms on the board.
- D. Members of the board may be removed for reasons and in the manner provided by state law.
- E. Any vacancy on the board which occurs during an unexpired term of office shall be filled in the same manner as for appointing members to regular terms except that such appointee shall hold office only for the remainder of the term of the trustee replaced unless appointed for succeeding terms.
- F. When a vacancy occurs, the president of the board shall provide the executive and the council with a list of the recommended specific skills and knowledge needed to achieve the best balance possible.
- G. For the seven additional members to the board authorized pursuant to Chapter 26, Laws of 1984, the initial terms shall be staggered as therein prescribed. The additional members shall be appointed within thirty days of the effective date of Chapter 26, Laws of 1984. However, the term of each of the additional members shall be deemed to commence on August 1, 1984, but shall also include the intervening period between appointment and the first day of August 1984.

NEW SECTION <u>SECTION 5</u>. Board of Trustees - Appointment and Confirmation - Qualification--Compensation.

A. Appointment and Confirmation. The executive shall appoint the members of the board subject to confirmation by a majority of the council.

Provided that:

The executive shall appoint four board members at large. Of the remaining nine appointments, one shall be made from each council district.

- B. Qualification. In making appointments to the board, an effort should be made to assure that diverse social, cultural, ethnic, racial, and economic backgrounds and perspectives are considered. Candidates should possess demonstrated leadership ability, and recognized experience in management/administration, planning, finance, health service delivery, consumer representation or institutional operation; and the ability to work cooperatively with others of diverse backgrounds and philosophies. Additionally, all candidates must be willing to commit to the amount of time necessary to perform trustee duties, serve on board committees and serve as an advocate for the medical center.
- C. Ineligiblity. No person shall be eligible for appointment as a member of the board who holds or has held during the period of two years immediately prior to appointment, any salaried office or position in any office, department or branch of county government or of any organization with which a contract for the operation and administration of the medical center has been executed. All candidates will be required to disclose any information concerning actions or activities of the candidate or his/her immediate family which present a potential conflict of interest. Candidates whose employment, financial interests, and/or other transactions are determined by the appointing officials to be in conflict with the interests of the medical center, will be ineligible for board membership.
- D. Compensation. No board member shall receive any compensation or emolument whatever for services as a board member and shall be governed by the county code of ethics and state law regarding conflict of interst. Board members may be reimbursed for travel expenses in accordance with RCW 43.03.050 and 43.03.060 as now existing or hereafter amended.

NEW SECTION. SECTION 6. County Authority. The county governing authority, in accordance with charter assigned responsibilities, and in consultation with the board and other interested groups as appropriate, shall:

- A. Set comprehensive public health policy for the county and in conjunction with the board, identify those components of the plan appropriate to the medical center's mission and purpose.
- B. Review and approve the mission statement for the medical center and proposed changes thereto proposed by the board.
- C. Monitor the performance of the board with regard to the policies contained in this ordinance and advise the board of any apparent deficiencies.
- D. Review and approve the medical center's long range CIP plan, the annual capital improvement budget and project plans.
- E. Review and approve the admissions policy for the medical center.
- F. Approve the acceptance of any real property by gift, devise, bequest or otherwise, for the medical center's use.
- G. Review and approve any property and liability insurance coverage obtained by the board to protect the interests of the county with regard to medical center property and facilities.

NEW SECTION. SECTION 7. Board of Trustees Powers - Duties - Responsibilities.

- A. General. The board, as the representative authority of the county, entrusted to oversee the provision of health care services in order to assure that county's priorities are addressed and high quality health care is made available to county residents, shall:
- 1. Elect from among its members a president and vice president.

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- 2. Adopt bylaws and rules for its own guidance and for the governance of the medical center to include the establishment and operation of the board's committees.
- 3. Provide for the training of newly appointed members to assure they are properly prepared to assume their responsibilities as prescribed in this ordinance and by state law.
- 4. Have general supervision and care of the medical center and the buildings, equipment and grounds thereof and authority to do that which is necessary for the proper maintenance and operation thereof within the limits of approved budgets and the appropriations authorized.
- 5. Recommend the admissions policy for the medical center to the county governing authority.
- 6. Inform the governing authority prior to entering into negotiations related to a medical center management contract, or the amendment of an existing contract, and obtain policy guidance on issues to be included in the negotiations.
 - 7. Assure quality of patient care.
- 8. Manage the financial affairs of the medical center in a prudent and responsible manner.
- 9. Review and approve the long range CIP plan and project plans, including service impacts, prior to submission to the county governing authority.
- 10. Approve, implement and monitor the medical center annual capital budgets in accordance with applicable law, subject to the review and approval requirements of the governing authority specified in state law and elsewhere in this ordinance.
- 11. Approve, implement and monitor the medical center annual operating budget in accordance with applicable law.
- 12. Review and approve all remodeling and construction projects.

- 13. Establish overall space use policies and guidelines and maintain control over the use of all physical facilities.
- 14. Control all designated, restricted, and general operating funds.
- 15. Accept and expend property by gift, devise, bequest or otherwise for the medical center's use, provided that acceptance or disposal of any interest in real property shall require prior approval by the county governing authority.
- 16. Participate in the development of county health policies and plan jointly with other public and private institutions in the county to determine how the medical center will meet its share of county public health responsibilities.
- 17. Advise the county governing authority on any matters related to the operation of the medical center, but at least to include:
- a. Recommended additions or deletions of priority patient groups or priority services.
 - b. Recommended changes in the admissions policy.
 - c. Recommended changes in the mission statement.
- d. Recommended changes in public health policy and/or assignment of the medical center's share of public health responsibilities.
- e. Anticipated deficiencies that may adversely impact on the provision of adequate health care to county residents.
- B. Management of the medical center. The board shall either appoint a superintendent subject to approval by the county governing authority; or shall negotiate and monitor a contract for management of the medical center as provided for by state law to include the appointment of a hospital administrator.

NEW SECTION. SECTION 8. Board of Trustees - Committees.

Establishment. The board shall establish such committees as are appropriate to assist it in carying out its functions. As a

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minimum, the board shall establish standing committees to oversee planning, facilities management and financial management functions, and the handling of patients' grievances. The right to vote in standing committees shall be restricted to board members except where otherwise provided by law.

NEW SECTION. SECTION 9. Medical Center - Capital Improvement - Policy - Requirements.

- The annual capital improvement program (CIP) budget of the medical center shall be prepared and reviewed consistent with this ordinance, Title 4 of the King County Code, and with Section 430, King County charter, except as follows:
- The board shall submit the proposed CIP budget to the executive prior to the start of the medical center's fiscal year for which effective.
- The executive shall submit the CIP budget with any recommendations for change to the council not later than seventy five days subsequent to receipt.
 - The council shall approve the CIP budget by ordinance.
- B. Capital improvements shall be approved for construction only when consistent with a long range CIP plan which has been approved by the board and by ordinance. The long range CIP plan shall be prepared consistent with the county's policy specifying the medical center's purpose, priority programs, priority patient groups and other requirements, as set forth in this ordinance.
- C. The medical center long range CIP plan shall be updated at least once every five years or at any such time as deemed necessary by the board. Any such changes will be treated substantively and procedurally as an amendment to the plan previously approved by ordinance.
- The county governing authority shall approve appropriations for all capital improvement projects; however

project plans shall be submitted to the county governing authority for approval for all capital projects costing in excess of fifty thousand dollars.

- E. Contracts for architectual consultation and construction services needed for any building alterations, remodeling, additions or new construction shall be prepared, reviewed, approved, and administered in full compliance with Title 4 of the King County Code. When applicable, approved capital plans shall be reviewed for certificate of need by the regional health service agency in accordance with RCW 70.38. prior to letting for contract.
- F. There is created a medical center building plant fund, which shall be a county capital project fund, and shall be used to account for the regular segregation of plant capital reserves, including investment income. From the building plant fund shall be drawn payments for the acquisition of fixed equipment, building renovations and improvements as approved by the board.
- l. Thirty days after the end of the medical center's fiscal year, the board shall transfer to the building plant fund an amount equal to the budgeted plant and equipment replacement reserve as approved in the medical center's Washington State Hospital Commission budget for the preceding fiscal year.

Provided that:

The amount transferred shall not be less than the approved funded plant depreciation level for the fiscal year. Monies deposited in the building plant fund shall be invested solely for the benefit of that fund. The board may make transfers to the fund on a more frequent basis.

2. The monies deposited in this fund shall be used solely for the renovation and/or improvement of the medical center's

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building and plant, subject to the capital budgeting provisions of this ordinance.

Existing funds and accounts established for the purpose of maintaining medical center capital building, and plant monies shall be closed out and the balance therein shall be transfered to the respective capital county project fund created in this section.

NEW SECTION. SECTION 10. Reporting Requirements.

- A. As a minimum, the board shall provide the executive and the council with the following reports:
- An annual financial report and statement for the medical center's preceding fiscal year to be submitted within one hundred twenty days of the end of that fiscal year.
- 2. A report covering the proceedings of the board including the attendance record of the trustees during the preceding fiscal year shall accompany the financial report.
- A summary of the medical center annual proposed operating budget including anticipated plans and highlights for the coming year, not later than seventy-five days preceeding the medical center's fiscal year.
- An annual report on medical center programs and services including the quality of patient care, to accompany the operating budget summary.
- A quarterly report on the extent and type of care provided priority patients, and proposed changes for improvement.
- An annual fixed assets inventory report for medical. center property and equipment.
- 7. A capital plant and equipment reserve report to accompany the annual operating budget summary.
- The county governing authority may prescribe the format and content of reports required and set dates for submission to

the county, as appropriate, consistent with the requirements of state law and regulations.

NEW SECTION. SECTION 11. Open Meetings - Public Disclosure.

- A. All meetings of the board shall comply and be consistent with the provisions of the state "Open Public Meetings Act" (RCW 42.30).
- B. Committee meeting shall be open to the public whenever feasible. The board shall establish guidelines for this practice within its by-laws.
- C. By-laws and other rules and regulations by the board shall be consistent with the "Public Disclosure Act" (RCW 42.17).

SECTION 12. Ordinance 312 as amended and K.C.C. 2.32.130 are each repealed.

NEW SECTION. SECTION 13. A new section to K.C.C. 4.04 is added to read as follows:

Agencies Excluded. The provisions of this chapter shall not apply to the operating budget of the Harborview Medical Center.

SECTION 14. Severability. Should any section, subsection, paragraph, clause or phrase of this ordinance be declared

	and structural or invalid for any reason, such decision sha	. 7 7
2	not affect the validity of the remaining portion of this	: 1 I
3	ordinance.	
4	INTRODUCED AND READ for the first time this 14th	
5 ,	day of	
5	PASSED this 11th day of June, 19	84
	KING COUNTY COUNCIL	<u>) /</u>
i	KING COUNTY, WASHINGTON	
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	Chairman Rout	
	ATTEST:	
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	Clerk of the Council	
	APPROVED this 18th day of June, 1984	
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	King County Executive	٠.
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