

September 15, 1988.
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INTRODUCED BY: Grant, Sims

PROPOSED NO. 88-702

ORDINANCE NO. 8671

AN ORDINANCE related to Harborview Medical Center; approving the Long Range Capital Improvement Program Plan, and revising the Trauma Center Project, pursuant to the requirements of K.C.C. 2.42.080.

PREAMBLE:

K.C.C. 2.42.080 requires that Harborview Medical Center submit a Long Range Capital Improvement Program Plan (LRCIP) for county legislative authority review and approval. Harborview retained a consultant and prepared a LRCIP which was reviewed and approved by the Harborview Board of Trustees, and submitted for county review and approval in May 1987.

Chapter 5, Scheme A of the LRCIP identified a ten-project master plan which will serve as the framework for development at Harborview over the next fifteen to twenty years. The LRCIP identified six projects - South Wing Clinic Renovation, Boren Garage, Trauma Center, View Park Garage Addition, Training/Conference/Research Center, Center Wing Nursing Unit Replacement - for implementation from 1988 through 1994, and four projects - Materials Management Building, Center Wing Renovation, Outpatient Clinic Expansion, Inpatient Nursing Unit Addition - for implementation beyond that six-year period.

County staff reviewed the LRCIP and found that the six projects proposed for implementation between 1988 and 1994 were reasonable and adequately justified. In August 1987, the King County Council passed Motion 6942, indicating its approval of the ten-project master plan, the LRCIP, and the six projects identified for implementation between 1988 and 1994. K.C.C. 2.42.080 requires that the LRCIP and any future amendments be approved by ordinance.

BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

SECTION 1. The ten-project master plan identified in the Long Range Capital Improvement Program Plan as the framework for future development at Harborview Medical Center, attached and incorporated herein as Attachment A, is hereby approved.

SECTION 2. Pursuant to the requirements of K.C.C. 2.42.080, the Long Range Capital Improvement Program Plan, attached and incorporated herein as Attachment B, is hereby approved, and the six projects identified in the 1988-1994 implementation plan are hereby approved, subject to the following conditions:

1 A. Boren Garage - Harborview shall adopt a parking rate
2 schedule sufficient to pay for the construction, including market
3 rate interest, of the garage over the useful life of the facility.

4 B. View Park Garage Addition - Harborview shall adopt a
5 parking rate schedule sufficient to pay for the constructon,
6 including market rate interest, of the garage over the useful life
7 of the facility. In addition, actual parking supply and demand
8 shall be reviewed by the county prior to approval of the project
9 CIP appropriation.

10 C. Training/Conference/Research Center - The University of
11 Washington shall be responsible for developing and financing the
12 building. The funding source for Harborview's portion of the
13 building, if any, remains to be determined. In any event, no
14 county funds shall be used for constructon of the facility. While
15 the concept of a long-term lease for a county-owned site is
16 approved, specific terms will be the subject of future negotiation
17 between King County and the University of Washington. Prior to
18 actual implementation, Harborview and Pacific Medical Center shall
19 coordinate the planning for medical research space at their
20 respective campuses.

21 D. If it is determined that Harborview Hall will be
22 demolished within the time period covered by the LRCIP, Harborview
23 Medical Center shall provide adequate and appropriately located
24 space on is campus for a new ITA courtroom.
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SECTION 3. The budget and scope of work for the Trauma Center Project are revised and expanded to include the construction of a \$2.2 million public health laboratory, the project description of which is attached and incorporated herein as Attachment C.

INTRODUCED AND READ for the first time this 19th day of September, 1988.

PASSED this 26th day of September, 1988.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Gary Grant
Chairman

ATTEST:

Jacoby M. Quera
Clerk of the Council

APPROVED this 6th day of October, 1988.

Jim Hill
King County Executive

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E. View Park Garage Expansion -- \$5.6 million

Construction - 1991-1992

The project would expand the existing View Park Garage to the south by providing 243 parking stalls below grade. The below grade design would allow the existing helipad and park area to be maintained.

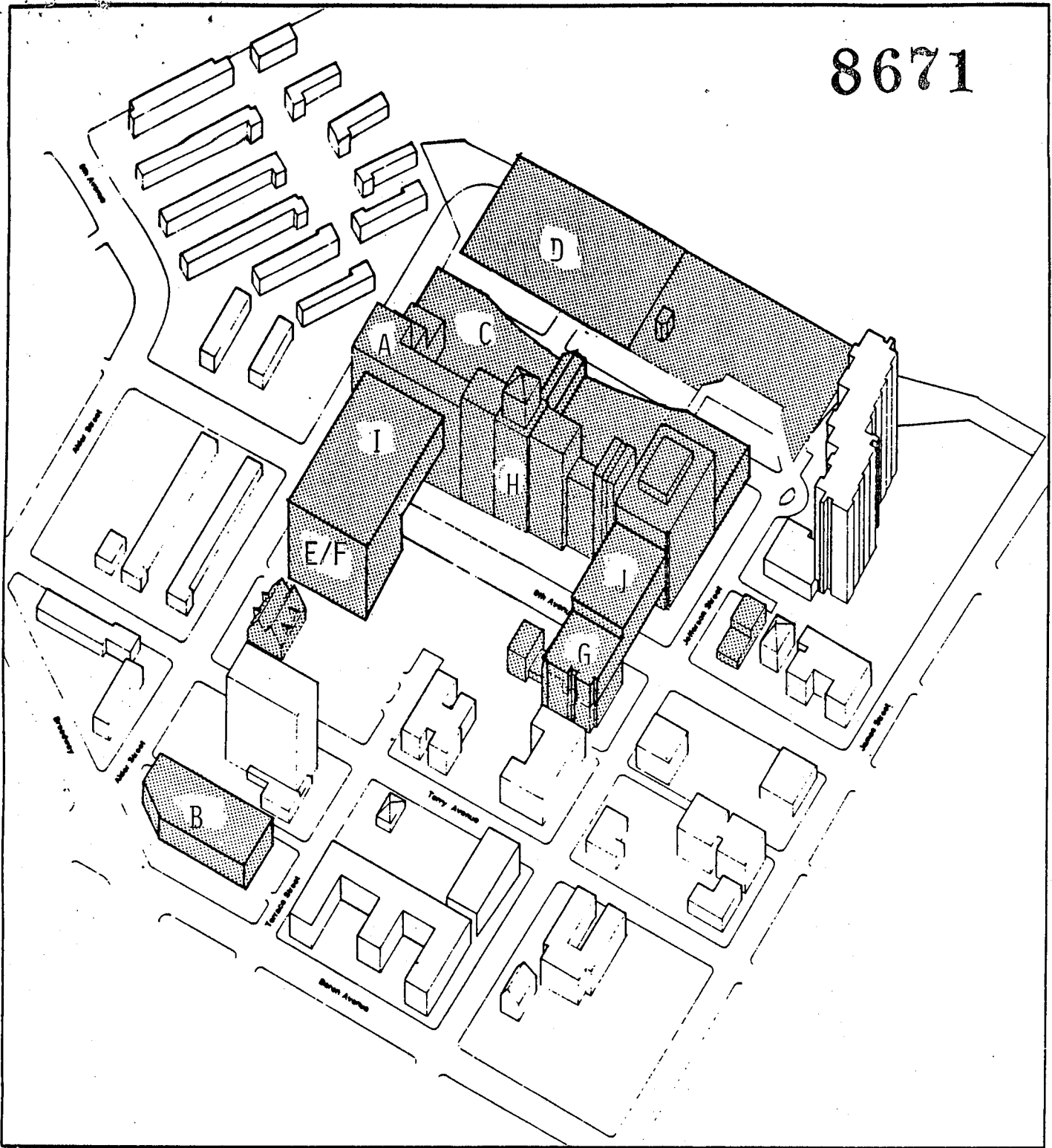
- The purpose of the garage is to meet future parking demand associated with projected growth of inpatient and, particularly, outpatient volumes;
- Staff is recommending the project be included in the Council- approved long-range CIP on condition that the project be fully financed from parking revenues and the project be specifically approved by the Council before implementation.

F. Training/Conference/Research Building -- \$41.4 million

Construction - 1990-1992

The project would construct a six-story building at the corner of Ninth Avenue and Alder Street. Harborview has proposed that \$1.9 million of the project costs be funded from Harborview reserves, and that the remaining \$39.5 million be funded by the University of Washington. The project would:

- Provide research space to replace and/or supplement research space located in Harborview Hall and in the hospital;
- Provide meeting and staff training space for Harborview employees;
- Provide facilities to support Harborview's teaching function;
- Staff is recommending of this project be included in the Council- approved long-range CIP provided funding is provided by the University and Harborview seek to meet research space needs in coordination with Pacific Medical Center.



LEGEND:



 **Long Range HMC Facilities - Master Plan Projects**

- | | |
|--|---|
| A. South Wing Clinic Renovation | F. Materials Management Building |
| B. Boren Street Garage | G. Center Wing Nursing Unit Replacement |
| C. Trauma Center | H. Center Wing Renovation |
| D. View Park Garage Addition | I. Outpatient Clinics Expansion |
| E. Training/Conference/Research Center | J. Inpatient Nursing Unit Addition |

Figure 5-1

SCHEME A

Harborview Medical Center MIMP

The NBBJ Group

88-702
ATTACHMENT A

- o Projected space needs are met in cohesive areas, not interrupted by major circulation routes.
- o Circulation routes are clear (for example, the route from the clinic entrance to clinic registration is obvious and straightforward).
- o "Hi-tech" spaces rather than "low-tech" spaces are located in new construction (the cost of retrofitting old areas for activities requiring significant power, ventilation, plumbing, and structural support is often more than building new and is never as successful in meeting operational needs).
- o Major remodeling of spaces "in-place" is limited. The construction process makes it impossible for a department to function at its full potential, so only small expansions are assumed to occur to departments in these existing locations.
- o Similarly, phasing assumes all departments maintain operations during construction. Thus, new departments must be operational before old locations are demolished or refurbished for other uses.
- o Finally, critical departments likely to expand in the future (such as emergency, radiology), are located adjacent to "soft space" such as offices, on-call space) or on exterior "expansion sides" so future needs can be met without major new construction.

In many respects, the four alternatives presented are similar. This is because all are based on the same workload and space projections and on the assumption that the existing facilities would continue to be used and no additional land would be acquired. The total space projection identifies a need for approximately 1,000,000 gross square feet. Even in Scheme C, with the most demolition, nearly 700,000 square feet are accommodated in existing buildings. Thus, all schemes include the same major building elements and circulation patterns. In addition, the land adjacent to these existing buildings is very limited and all schemes have thus located major new construction on the one available piece of land. General descriptions, costs, a site plan, basement and ground floor plans for the alternative solutions follow. Additional floor plans for Scheme A for upper levels are included in Appendix G.

1. Scheme A: Perkins and Will/PHRI Renovation and New Construction

Scheme A: Renovation and New Construction, shown in Figures 5-1, 5-2, 5-3, and in Appendix G, addresses the deficiencies identified for the existing facility by:

- o Adding a two-story Trauma Center block southwest of the main buildings.

- o Adding a three-story bed addition connecting the north wing and community mental health center (CHMC) over 9th Avenue and atop the CMHC.
- o Adding a two-story materials management and education building in place of the existing maintenance/warehouse building, which would accommodate future vertical expansion for additional research/education needs. (Alternatively, materials management may be located off campus in leased space.)
- o Expanding the View Park Garage.
- o Renovating the South Wing, Center Wing, and Harborview Hall. (Alternatively, Harborview Hall may be demolished and replaced by an enlarged education/research building.)

In this scheme:

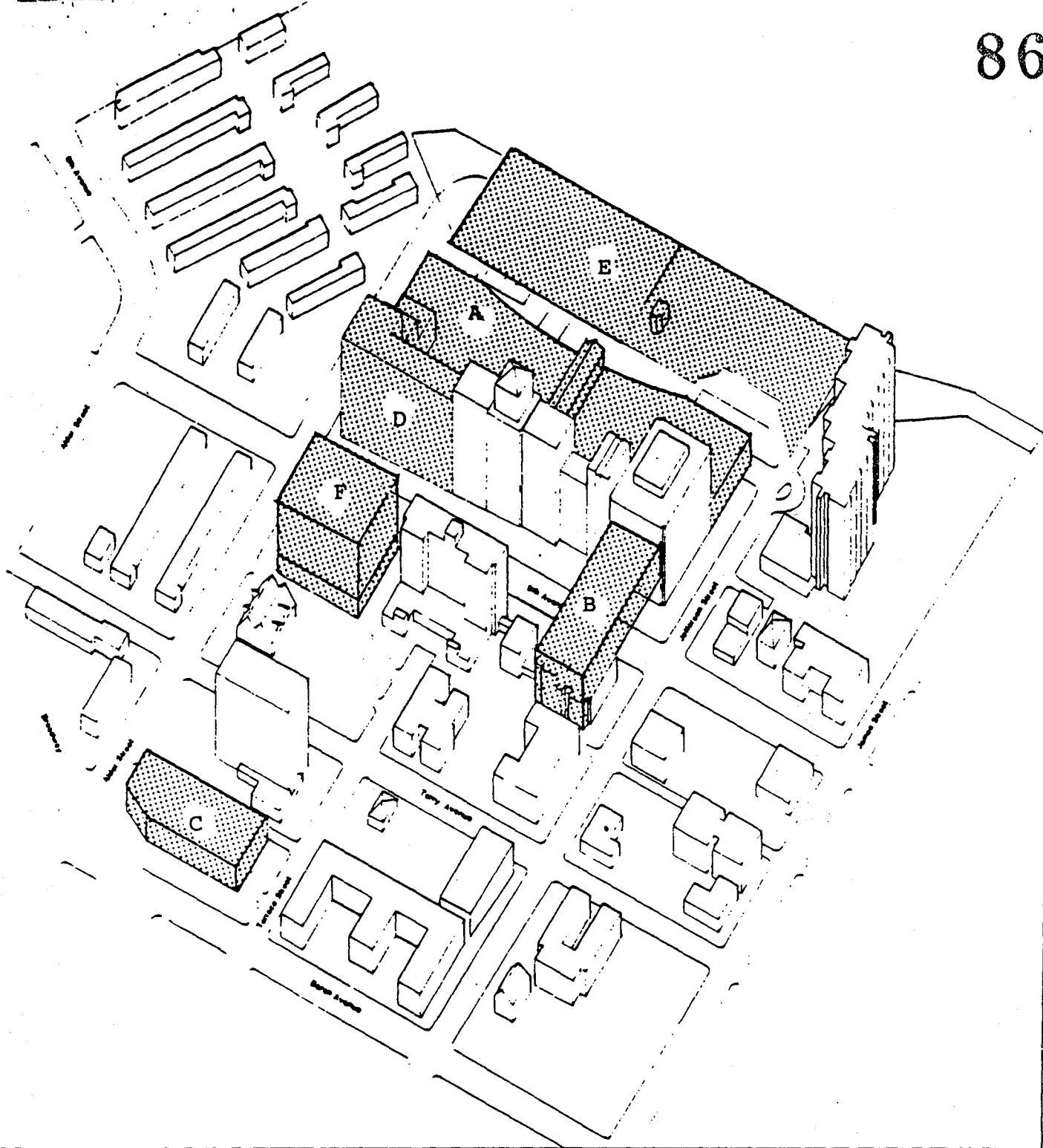
- o The medical center is reorganized to group together the outpatient/clinic area and all inpatient areas, and to locate diagnostic/treatment areas serving both user groups conveniently between the two.
- o Emergency, radiology, and surgery are adjacent to assure that trauma patients receive swift, top quality care.
- o Patient and visitor circulation is improved by restructuring the main hospital entrance toward the View Park Garage and developing a three-level "street" connecting 8th Avenue and 9th Avenue through the medical center.
- o All highly technical functions in inadequate space are replaced with new construction (radiology, laboratory, dietary, and emergency).
- o All patient bed areas are moved out of the Center Wing.
- o All psychiatric units are located ideally between other acute inpatient units and the CMHC.

Plans for the basement and ground floors are included to aid in understanding the organization of the proposed trauma center. In this scheme, a new emergency department is constructed adjacent to the existing surgery on the basement level. This area is accessible from a new ER drive located below the main hospital access drive. Also located on the basement level are Radiology/Nuclear Medicine Departments and the Rapid Response Laboratory. This provides the critical trauma center elements - emergency, surgery, radiology, and laboratory - all adjacent on a single level.

Above, the ground floor level provide additional laboratory space, central admitting for both in- and outpatients and a new dietary area. All are conveniently located for easy access by the public and relate directly to the new upper-level public access drive.

Finally, this additional provides a "main street" to connect the new entry up and through the medical center to the existing first floor main entry.

Scheme A is easily phased because major areas such as emergency, radiology, laboratory, and dietary are built new before remodeling their existing spaces. In addition, no premium is paid for structure to allow for future vertical expansion. Because the long range plan indicates construction for future beds to occur to the north rather than over this trauma center area, the foundation and structural construction initially are not oversized for the short term.



LEGEND:
 Projects Proposed for Implementation Over the Next 6 Years

- A. TRAUMA CENTER (1990-1992)
- B. REPLACEMENT NURSING UNITS (1991-93)
- C. BOREN STREET GARAGE (1988)
- D. SOUTH WING CLINIC RENOVAT. (1988-94)
- E. VIEW PARK GARAGE EXPANSION (1990-92)
- F. TRAIN/CONF/RESEARCH BLDG. (1990-92)

LONG-RANGE CAPITAL IMPROVEMENT PROGRAM
IMPLEMENTATION PLAN
 Harborview Medical Center

DESCRIPTION OF PROPOSED LONG RANGE CAPITAL IMPROVEMENT PLAN PROJECTS

Harborview's long-range CIP proposes six projects at a total estimated cost of \$162.2 million. The table below provides a summary of the funding sources proposed by Harborview to finance the projects.

HARBORVIEW MEDICAL CENTER
PROPOSED SOURCES OF CAPITAL FINANCING
LONG-RANGE CAPITAL IMPROVEMENT PROGRAM
(in millions)

<u>Element</u>	<u>1987 Bond Issue</u>	<u>Previous Bond Issues</u>	<u>HMC Reserves</u>	<u>U of W</u>	<u>Total</u>
Boren Street Garage			4.1		4.1
South Wing Clinic Renovation		6.1	6.4		12.5
Trauma Center	75.4				75.4
Training/Conference/Research			1.9	39.5	41.4
Viewpark Garage Expansion			5.6		5.6
Replacement Nursing Units	23.2				23.2
	<u>\$98.6</u>	<u>\$6.1</u>	<u>\$18.0</u>	<u>\$39.5</u>	<u>\$162.2</u>

Council staff found sufficient justification for all six projects and recommends inclusion of these projects in the Council-approved long-range CIP subject to certain conditions specified in the proposed substitute motion.

PROJECTS RECOMMENDED FOR INCLUSION IN COUNCIL-APPROVED LONG-RANGE CIPA. Trauma Center -- \$75.4 million

Construction - 1990-1992

The Trauma Center Project would expand the current hospital building westward at the basement, ground, and first floor levels. More specifically it would:

- Consolidate in one location the four key trauma center components - the emergency room (ER), the operating room (OR), radiology, and labs;
- Expand ER, radiology, and labs;
- Expand and consolidate intensive care units (ICU), with the exception of the Burn ICU, on the first floor of the North Wing;
- Reorient the main entrance of the hospital at ground level to the west, to face patient parking in the View Park Garage;
- Consolidate and expand patient and visitor services (admitting, Medicaid applications, gift shop, lobby) around the new entrance;
- Expand and upgrade kitchen facilities and the staff/visitor cafeteria.

B. Replacement Nursing Units -- \$23.2 million

Construction - 1991-1993

The replacement nursing unit facility would be built above Ninth Avenue, at the fourth, fifth, and sixth floor levels, and would connect the North Wing of the hospital to the Community Mental Health Center. The facility would provide 90 beds to replace the 92 now in the Center Wing, which was built in 1931. The project would also shift inpatient programs within the North Wing to improve functional relationships and meet space needs. As a consequence, funds for renovation of the North Wing are included in the project. The project would meet the following objectives:

- Discontinue the use of Center Wing inpatient rooms which lack adequate heating, ventilation, air conditioning, electrical systems, medical gases, and fail to meet standards of patient comfort. The Center Wing would be used for office and diagnostic space;
- Physically consolidate mental health program, improving service coordination and links between inpatient and outpatient service;
- Make staffing efficiencies possible, provide needed storage space, and improve utilization of existing space by remodeling the central core of the North Wing floors.

C. Boren Street Garage -- \$4.1 million

Construction - 1988

The Boren Street Garage would provide Harborview with additional employee parking in a five-level parking garage (two levels are below grade) at the corner of Boren Street and Terrace Street. The garage, which would contain 325 parking stalls, would replace an existing 101-stall surface parking lot now on the site, for a net increase of 224 parking stalls. The garage would:

- Increase patient parking available in View Park Garage by moving staff out of that facility;
- Reduce the current parking shortfall, and bring Harborview into compliance with the minimum parking requirements of Seattle's land use code.

D. South Wing Clinic Renovation -- \$12.5 million

Construction - 1988-1994

This project would renovate the South Wing, constructed in 1954, which houses medical and surgical outpatient clinics. Renovation would take place over six years, occurring one floor at a time to minimize disruption to the clinics. Renovation would serve the following purposes:

- Provide adequate heating, ventilation, air conditioning, plumbing;
- Relieve overcrowding by converting space from other uses (labs, offices) to outpatient clinic use;
- Reconfigure clinic layout to increase staff productivity, meet anticipated growth in outpatient clinic visits, and meet fire code requirements;
- Improve handicapped accessibility of the clinics.

PUBLIC HEALTH LABORATORY PROJECT DESCRIPTION

Motion 6942 required a study of the need for a new public health laboratory to replace the Public Safety Building laboratory constructed in 1951.

The need for a new laboratory has been affirmed in work done by the Health Department and its facility planning consultants. The present facility's electrical capacity, HVAC systems and load-bearing ability, are at or above capacity, and are unable to support equipment expansions or upgrades. The lab has been cited several times for the inadequacy of its air handling systems from the perspective of worker safety, test quality, and equipment needs. The present lab lacks adequate storage and work space. Renovation and expansion of the existing facility is not a viable option.

Based on present and projected workloads, staffing requirements, and equipment needed to maintain public health lab functions, there is an identified need for approximately 7,154 gross square feet of laboratory space that is capable of housing the following functions:

- o Microbiology - The space should accommodate general and clinical microbiology, including gonorrhea and chlamydia testing, tuberculosis testing (in a separate enclosed and ventilated space), and environmental testing.
- o Serology - The space should accommodate hepatitis, rubella, syphilis, HIV, and similar tests.
- o Clinical Chemistry - The space should accommodate hematology, chemistry, and urinalysis.
- o Support Areas - The labs should have adequate space for refrigerated and other storage, glassware washing, media preparation, animal holding and testing, and specimen receiving and handling.
- o Administrative and Staff Areas - The lab space should include staff offices and workstations, library, conference area, staff lockers, lounge/kitchen, restrooms.

PUBLIC HEALTH LABORATORY PROJECT COST ESTIMATE

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Construction Costs - (7,154 gsf x \$135 gsf)	\$ 965,790
Site Improvements	96,579
Design, Project Administration, Taxes, Fees, and Permits	371,829
Equipment and Furnishings (major movable, depreciable equipment, including testing, analysis, cleaning, storage equipment)	382,102
Transition Costs (telephone and computer installation, floor and window treatments, moving costs)	93,232
	<hr/>
	\$1,909,532 (1988 Dollars)
Inflation to 1991 dollars	<u>\$ 290,468</u>
Total Project Cost	\$2,200,000