

January 20, 1989  
2417C/SS/rr

INTRODUCED BY: Grant

PROPOSED NO.: 89-91

MOTION NO. 7431

A MOTION approving a Management Protocol between King County and Harborview Medical Center regarding capital project management.

WHEREAS, pursuant to RCW 36.62, Harborview is a county medical center which provides comprehensive inpatient and outpatient health care to the indigent, sick, injured or infirm of King County, and

WHEREAS, the Harborview complex is owned by King County, while its operations are managed by the University of Washington pursuant to a contract between the Harborview Board of Trustees and the University, and

WHEREAS, K.C.C. Chapter 2.42 establishes the County's role in reviewing and approving Harborview's capital improvement program (CIP), specifically providing for the county's review and approval of Harborview's Long-Range Capital Improvement Program Plan (LRCIP), its annual CIP budget, and project plans for all capital projects in excess of \$50,000, or as subsequently amended by ordinance and in the management agreement, and

WHEREAS, in August 1987 the council indicated approval of Harborview's LRCIP through Motion 6942, and

WHEREAS, in November 1987 county voters approved, as part of a larger health care bond issue, \$75.5 million in general obligation bonds to help finance two of the six projects approved in the LRCIP, and

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1 WHEREAS, the LRCIP has subsequently been amended to include a  
2 necessary public health laboratory, funded by Harborview reserves  
3 at a maximum estimated total project cost of \$2.2 million and  
4 constructed as part of the Trauma Center Project, and

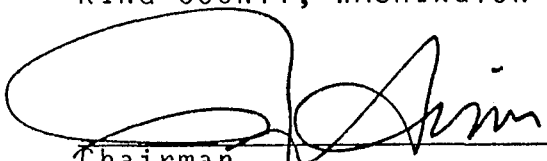
5 WHEREAS, the council recently approved another amendment to  
6 the LRCIP which results in constructing a new building for the  
7 outpatient clinics rather than renovating the existing South Wing  
8 Clinic Building, and

9 WHEREAS, the county and Harborview find it in their best  
10 interests to establish a project management structure to  
11 implement the LRCIP and other capital projects, consistent with  
12 K.C.C. 2.42;

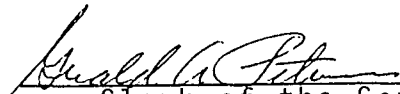
13 NOW, THEREFORE, BE IT MOVED by the Council of King County:  
14 Management Protocol Between Harborview Medical Center and  
15 King County Regarding Capital Project Management, shown as  
16 Attachment 1, is hereby approved

17 PASSED this 30th day of January, 1989.

18 KING COUNTY COUNCIL  
19 KING COUNTY, WASHINGTON

20   
21 Chairman

22 ATTEST:

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24 Deputy Clerk of the Council .  
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MANAGEMENT PROTOCOL  
 BETWEEN  
 HARBORVIEW MEDICAL CENTER  
 AND  
 KING COUNTY  
 REGARDING CAPITAL PROJECT MANAGEMENT

This Management Protocol is entered into this \_\_\_ day of \_\_\_\_\_, 1988 between the BOARD OF TRUSTEES, hereinafter referred to as "the Board," OF THE HARBORVIEW MEDICAL CENTER of Seattle, King County, Washington, hereinafter referred to as "Harborview," and KING COUNTY, hereinafter referred to as "the County."

WITNESSETH

WHEREAS, pursuant to RCW 36.62, Harborview is a County medical center which provides comprehensive inpatient and outpatient health care to the indigent, sick, injured or infirm of King County, and

WHEREAS, K.C.C. Chapter 2.42 establishes the County's role in reviewing and approving Harborview's capital improvement program (CIP), specifically providing for the County's review and approval of Harborview's long-range CIP plan, its annual CIP budget, and project plans for all capital projects in excess of \$50,000, or as subsequently amended by ordinance and in the management agreement, and

WHEREAS, in August 1987, the Council indicated approval of Harborview's Long-Range CIP Plan through Motion .6942, and

WHEREAS, in November 1987, County voters approved as part of a larger health care bond issue \$75.5 million in general obligation bonds to help finance two of the six projects approved in the Long-Range CIP plan, and

WHEREAS, as of this date, the Council-approved projects, which are more completely described in Attachment A, are as follows:

<u>APPROVED PROJECTS</u>	<u>APPROVED BUDGET</u>	<u>APPROVED FUNDING SOURCES</u>
Boren Street Garage	4.1	Parking Fees
Clinics	12.5	HMC Reserves/1976 Bond Funds
Trauma Center (incl. county lab)	77.6	Bond Funds, HMC
Training/Conf./Res.	41.4	State/HMC Reserves
View Park Garage	5.6	Parking Fees
Nursing Units Replacement	24.9	Bond fund, HMC
TOTAL	\$166.1 MILLION	

WHEREAS, the Long-Range CIP Plan has been amended to include a necessary public health laboratory, funded by Harborview reserves at a maximum estimated total project cost of \$2.2 million and constructed as part of the Trauma Center Project, and

WHEREAS, the Council recently approved another amendment to the LRCIP which results in constructing a new building for outpatient clinics rather than renovating the existing South Wing Clinic Building, and

WHEREAS, the County and Harborview find it in their best interests to establish a project management structure to implement the Long-Range CIP Plan and capital projects consistent with King County Code 2.42,

NOW, THEREFORE, pursuant to the aforesaid laws, and in consideration of the mutual promises herein contained, it is mutually agreed as follows:

I. Purposes

The purposes of this Management Protocol are to: (1) define the structure under which the County and Harborview will manage the implementation of Harborview's capital improvement projects, consistent with King County Code 2.42; and (2) outline the roles, responsibilities and authorities of the County and Harborview in implementing capital improvement projects under this structure.

II. Definitions

A. "Construction Phase" shall mean the phase of the project during which actual construction occurs. The construction phase budget, scope and schedule shall be consistent with the approved program plan.

B. "Contract Documents" shall mean those documents, including requests for proposals, which are used to hire consultants, contractors or others employed to implement a capital project.

C. "County CIP Agencies" shall mean those agencies which provide Harborview with the administrative support necessary to implement capital projects within the scope of this document. For example, the Finance Office processes vouchers and the Purchasing Office advertises contracts for bids.

D. "Design Phase" shall consist of the following three stages: (1) the development of schematic design documents; (2) the development of detailed architectural and/or engineering documents, which are based on the schematic design; and (3) the preparation of contract documents. Each of these is based upon the approved program plan.

E. "Equipment Phase" shall mean the phase of the project during which major moveable equipment for the project is purchased. The equipment phase budget, scope and schedule shall be consistent with the program plan.

F. "Long-Range Capital Improvement Program (CIP) Plan" shall mean Harborview's comprehensive physical master plan which was approved by Council Motion 6942 in August 1987, and any subsequent amendments. The Long-Range CIP Plan was the first step in Harborview's master capital improvement planning process and will serve as the basis for the development of program plans.

G. "Modification" shall mean a change from the Long-Range CIP Plan or program plan that would cause an increase in the approved capital project budget, would cause a delay in the approved schedule, or would materially affect Harborview's ability to provide the approved program services.

H. "Program Plan" shall mean a plan produced for a specific capital project which establishes a project's budget, scope and schedule. Sample "Program Plan Outline" requirements are included as Attachment B. The Program Plan, based on the Long-Range CIP Plan, precedes design, construction and equipment phases. The Program Plan shall be prepared by an organization/ individual that is financially and operationally independent from all firms subsequently involved in design or construction. After that point, the Program Plan is used to monitor implementation of the project to ensure that implementation is consistent with the budget, scope and schedule established in the program plan.

I. "Project Management Plan" shall mean a plan which defines how the Department of Executive Administration (DEA) will manage the implementation of a capital project. The Project Management Plan shall include a staffing plan, budget, and master schedule. The plan shall define the roles and responsibilities of the project management staff and define working relationships within the County that are consistent with this document.

J. "Project Oversight Committee" shall mean a committee of County representatives which monitors DEA's implementation of Harborview's capital projects to ensure consistency with approved program plans. The Committee shall consist of the Director of the Office of Financial Management, the Director of the Council Program Staff, and the Director of the Seattle-King County Department of Public Health. The Committee shall be convened by the Director of DEA.

### III. Contract Period

This Management Protocol shall become effective immediately upon Council approval and signature by the authorized parties. It shall continue in force until amendments are agreed to by both parties or until the Management Protocol is terminated upon the mutual agreement of the parties.

### IV. Summary of Management Structure

This management structure is intended to provide DEA with the authority and flexibility it needs to implement capital projects covered by this document within the parameters of the budgets, scopes and schedules approved by the County, while providing the County with a broad monitoring and control mechanism to ensure that capital projects are implemented within these parameters.

Consistent with this intent, the DEA is responsible for project management and will hire a project director to manage project implementation in accordance with an approved project management plan. The County Executive and Council will continue to be responsible for appropriations and work with the Project Oversight Committee and Harborview's Board of Trustees to carry out the County's monitoring and control functions with respect to adherence to budgets, scopes and schedules. Harborview Medical Center through its Board of Trustees will be responsible for reviewing and commenting on all major milestone documents including project management plan, program plans, design documents, contract documents, modifications to program plans, and moveable equipment plan. Consistent with this intent, Harborview will hire a project manager to be responsible for coordinating all appropriate HMC staff and committees necessary to generate hospital program criteria, to ensure that its programming and operational needs are adequately described, assist in developing acceptable alternatives in resolving project issues, ensure proper planning so that its operation is not unduly interrupted by capital planning and construction, articulate Harborview's evaluation of milestone review documents, and assure that its point-of-view is fully represented in all phases of the CIP.

A chart depicting this structure is included as Attachment C.

### V. Roles, Responsibilities and Authorities of King County

A. The Executive and Council shall appoint a Project Oversight Committee to monitor DEA's implementation of capital projects covered by this document. The Committee or their designees shall:

1. Present status reports to the Council and Executive as needed.
2. Review and recommend to the Council and Executive the adoption of the following documents prepared by DEA and/or its consultants:
  - a. Project Management Plan
  - b. Program Plans
  - c. Design Phase Documents
  - d. Contract Documents
  - e. Modifications to Program Plans
  - f. Major Moveable Equipment Plan
3. Review and comment on schematic design, design development and all contract documents.

B. County CIP agencies shall provide all necessary administrative support in a timely manner.

C. The County shall make specific appropriations for each project, which shall consist of project management, program planning, design, construction and moveable equipment phases.

D. The County shall charge all projects with the County CIP indirect cost charge.

VI. Roles, Responsibilities, and Authorities of DEA

A. DEA shall be responsible for managing capital projects consistent with the terms of this document and shall hire a project director and staff consistent with the approved project management plan.

B. DEA shall be responsible for preparing the following documents for review and approval by the County:

1. Project Management Plan
2. Program Plans
3. Design Phase Documents
4. Contract Documents
5. Modifications to Program Plans
6. Major Moveable Equipment Phase Plan

C. DEA shall present schematic design, design development and contract documents to the Project Oversight Committee for review.

D. DEA shall meet regularly with the Project Oversight Committee to provide reports on project progress.

E. Pursuant to K.C.C. 4.04.220, DEA agrees to select the design firm based upon the firm's stated ability to meet the project's budget, scope and schedule as described in the approved program plan.

F. DEA shall maintain all project records consistent with King County fiscal rules and accepted accounting principles and make these records available to the County as required by the County.

VII. Roles, Responsibilities and Authorities of HMC

A. HMC will hire a Project Manager to represent the Medical Center in day-to-day management of capital programs and operational issues. HMC will closely participate through its Board of Trustees' Project Manager, departmental staff, hospital administration and facility personnel in developing the facility programming and design consistent with the project management plan. HMC, through its Project Manager, will work closely with the Project Director in coordinating HMC's participation in capital projects.

B. HMC agrees to review and comment on the following documents:

1. Project Management Plan
2. Program Plans
3. Design Phase Documents
4. Contract Documents
5. Modifications to Program Plans
6. Major Moveable Equipment Phase Plan

C. HMC agrees to fund all temporary relocation costs related to construction.

Signed on the date first above in Seattle, King County, and Washington.

\_\_\_\_\_  
President, Board of Trustees  
Harborview Medical Center

\_\_\_\_\_  
Chairman, King County Council

\_\_\_\_\_  
King County Executive

\_\_\_\_\_  
Director  
Department of Executive Administration

Approved as to Form:

\_\_\_\_\_  
Deputy Prosecuting Attorney  
for NORM MALENG  
King County Prosecuting Attorney



DESCRIPTION OF LONG RANGE CAPITAL IMPROVEMENT PLAN PROJECTS

Harborview's Long Range CIP includes six projects at a total estimated cost of \$166.1 million. The table below provides a summary of the approved financing plan for the Long Range CIP, and reflects Council actions in Ordinances 8196 and 8671.

HARBORVIEW MEDICAL CENTER  
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>Interest Earnings and HMC Reserves</u>	<u>U of W</u>	<u>Total</u>
Boren Street Garage			4.1		4.1
Clinic Building		6.1	6.4		12.5
Trauma Center*	67.0		10.6		77.6
Training/Conference/Research			1.9	39.5	41.4
Viewpark Garage Expansion			5.6		5.6
Replacement Nursing Units	8.5		16.4		24.9
	<u>\$75.5</u>	<u>\$6.1</u>	<u>\$45.0</u>	<u>\$39.5</u>	<u>\$166.1</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 Ordinance 8671, as amended.

\* Includes \$2.2 million for the Public Health Laboratory.

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 -- \$24.9 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.

\* Corrects error in project cost shown in Ordinance 8671.

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ATTACHMENT A

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. Clinic Building -- \$12.5 million

Construction - 1990-1992

This project would construct a new 90,000 square foot clinic building on the Harborview campus. The project replaces the South Wing Renovation Project. The new clinic building would serve the following purposes:

- Provide additional, more functional outpatient clinic space to meet anticipated growth in outpatient clinic visits, to increase staff productivity, and to meet applicable building code requirements.
- Provide adequate heating, ventilation, air conditioning, plumbing, and staff and patient space in outpatient clinics.
- Permit the utilization of the South Wing, without major renovation or costly asbestos removal, for administrative and office functions that are now in rented space or that will be displaced by the Trauma Center Project. Space vacated by the clinics could be rented to generate income for the hospital.
- Minimize disruption to existing clinic operations by switching from a six-year program of floor-by-floor renovation of clinics, to a two-year program of new construction removed from the existing clinics.

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ATTACHMENT A

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

7431

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.

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ATTACHMENT : A

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

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	<u>\$2,200,000</u>

PROGRAM PLAN OUTLINEIntroduction and SummaryBackground

- 1.1 Programs to Be Accommodated
  - 1.1.1 General description with objectives of the program
  - 1.1.2 Planned or anticipated future expansion
  - 1.1.3 Relationship to Operational Master Plan
- 1.2 Facilities Presently Occupied
  - 1.2.1 General Description
  - 1.2.2 Proposed re-use of vacated space

Program Plan Objectives

- 2.1 Corrections of current operational problems and deficiencies
- 2.2 Conformance with Facilities Master Plan
- 2.3 Provisions for expansion

Facility Requirements

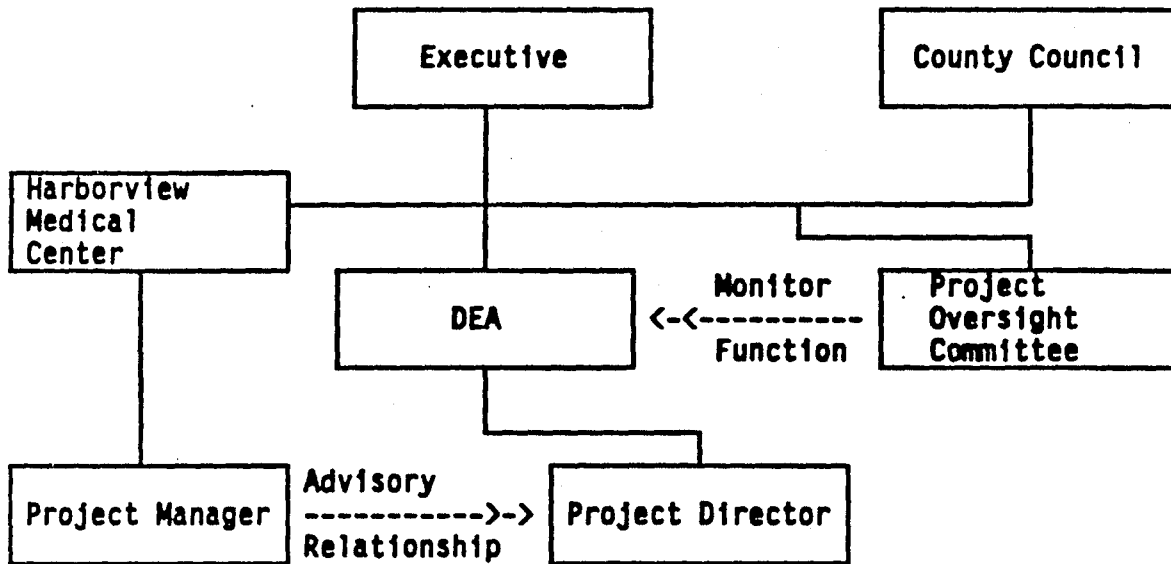
- 3.1 Building Requirements
  - 3.1.1 Relationship to Facilities Master Plan
  - 3.1.2 Amounts and types of spaces
  - 3.1.3 Numbers and sizes of rooms and other spaces
  - 3.1.4 Contiguity, groupings, dispersal of spaces
  - 3.1.5 Physical environment requirements
  - 3.1.6 Security requirements
  - 3.1.7 Applicable code requirements
  - 3.1.8 Energy conservation measures
  - 3.1.9 Other
- 3.2 Site Requirements
  - 3.2.1 Relationships to Facilities Master Plan
  - 3.2.2 Topography and soils
  - 3.2.3 Pedestrian/vehicle access
  - 3.2.4 Employee/visitor parking
  - 3.2.5 Landscaping
  - 3.2.6 Energy conservation measures
  - 3.2.7 Other

- 3.3 Utilities Requirements
- 3.4 Fixed Equipment Requirements
- 3.5 Movable Equipment Requirements
- 4.0 Alternate Solutions to Meet Program Plan Objectives and Facility Requirements
- 4.1 Description of Each Alternate Solution
- 4.2 Identification of Alternate Solutions and Comparison of Life Cycle Costs
- 5.0 Itemization of Work to be Accomplished For Recommended Alternate Solution
- 5.1 Phase I
  - 5.1.1 Building requirements
  - 5.2.2 Site requirements
  - 5.2.3 Utilities Requirements
- 5.3 Etc. (Additional Phases)
- 6.0 Budget and Schedule
- 6.1 Phase I
  - 6.1.1 Budget
    - 6.1.1.1 New construction
    - 6.1.1.2 Remodeling/renovation
    - 6.1.1.3 Site modifications
    - 6.1.1.4 Utilities modifications
    - 6.1.1.5 Professional fees
    - 6.1.1.6 Movable equipment
  - 6.1.2 Schedule
    - 6.1.2.1 Physical planning
    - 6.1.2.2 Construction
    - 6.1.2.3 Site and utilities modifications
    - 6.1.2.4 Occupancy
- 6.2 Phase II
  - 6.2.1 Budget
  - 6.2.2 Schedule
- 6.3 Etc. (Additional Phases)
- 7.0 Appendices
- 7.1 Site Plans
- 7.2 Building Plans
- 7.3 Additional Plans and Data, As Applicable



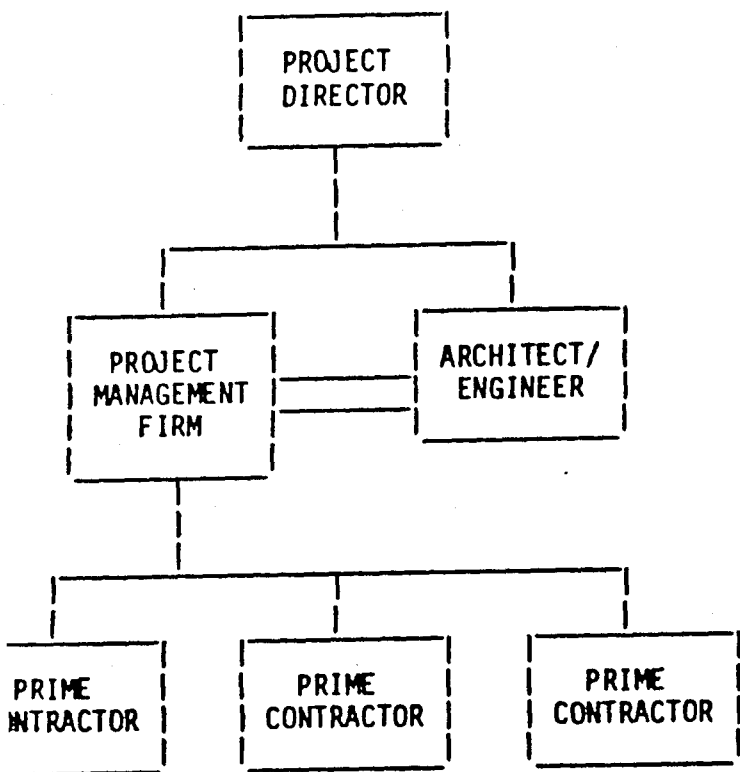
HARBORVIEW PROJECT MANAGEMENT STRUCTURE

7431



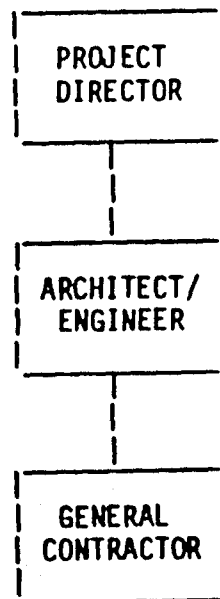
PROJECT IMPLEMENTATION APPROACHES

ALTERNATIVE #1



Requires Independent Program Plan - Detailed Cost, Scope, Schedule  
 No General Contractor  
 A/E Assumes Responsibility for Designing to Program Plan  
 Project Management Firm Assumes Responsibility for Delivery of Project to Program Plan  
 Project Management Fee Paid by General Contractor Savings

ALTERNATIVE #2



- (1) Requires Independent Program Plan - Detailed Cost, Scope, Schedule
- (2) A/E Designs to Independently Prepared Program Plan. Assumes Full Design Responsibility to Program Plan
- (3) A/E Supervises Delivery of Construction to Design