

December 12, 1990
SS/pb eastord.pb

Introduced by: BRUCE LAING
Audrey Gruger

Proposed No.: 90-968

9757

ORDINANCE NO.

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AN ORDINANCE appropriating \$218,950 for the design of Eastgate Health Center, and disappropriating \$125,639 from various projects in Fund 333 and \$52,775 from the undesignated fund balance of the Building Modernization Fund and appropriating \$178,414 to the East Clinic Land project in Fund 333; and amending Ordinance 8802, Section 92, Attachments 1 and 2, as amended.

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BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

SECTION 1. There is hereby approved and adopted an appropriation of \$218,950 the Health Clinic Construction Fund, (313) from unallocated bond proceeds for design East Health Clinic, CIP Project No. 669021.

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SECTION 2. There is hereby approved and adopted a disappropriation of \$125,639 from the following projects in Fund 333: Renton Health Center Remodel, Project No. 662006 (\$26,322); Burien Asbestos Removal, Project No. 662008 (\$5,268); S.E. Health Center Site Acquisition, Project No. 662011 (\$94,049); a disappropriation of \$52,775 from the undesignated fund balance of the Building Modernization Fund (331); and a related appropriation of \$178,414 to the East Clinic Land project within Fund 333, to cover the increased costs of the Eastgate property.

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SECTION 3. Ordinance No. 8802, Section 92, Attachments 1 and 2, as amended, is hereby amended by adding thereto and inserting therein the following:

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CIP PROJECT APPROPRIATIONS - From the several capital improvement project funds, there is hereby appropriated and authorized to be disbursed the following amounts for the specific projects identified in Attachment No. 1 as adjusted by Attachment No. 2 of this ordinance.

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<u>Fund</u>	<u>Capital fund</u>	
313	Health Clinics Construction - 1988	\$218,950
333	Health Centers Construction	52,775

1 SECTION 4. Ordinance No. 8802, Section 92, Attachments 1
 2 and 2, as amended, is hereby amended by adding thereto and
 3 inserting therein the following:

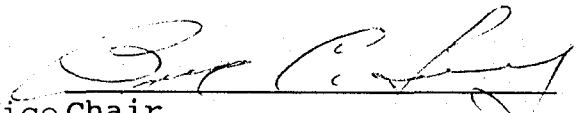
4 CIP PROJECT APPROPRIATIONS - From the several capital
 5 improvement project funds, there is hereby disappropriated the
 6 following amounts for the specific projects identified in
 7 Attachment No. 1 as adjusted by Attachment No. 2 of this
 8 ordinance.

Fund	<u>Capital Fund</u>	
331	Building Modernization	(\$52,775)

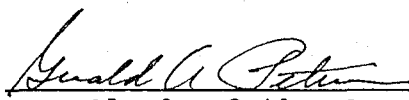
11 INTRODUCED AND READ for the first time this 10th day
 12 of December, 1990.

13 PASSED this 17th day of December, 1990.

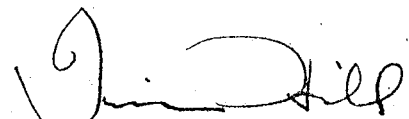
14 KING COUNTY COUNCIL
 15 KING COUNTY, WASHINGTON

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 17 Vice Chair

18 ATTEST:

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 20 Clerk of the Council

21 APPROVED this 28th day of December, 1990

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 23 King County Executive

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13ATTACHMENT 2
TO ORDINANCE SECTION 92
CAPITAL IMPROVEMENT PROJECT FUNDS

<u>Fund</u>	<u>Description</u>	
313	Clinic Construction Fund Eastgate Health Center	\$218,950
331	Building Modernization & Construction Fund	(52,775)
333	Health Centers Construction	
	East Clinic Land	178,414
	Renton Health Center Remodel	(26,322)
	Burien Asbestos Removal	(5,268)
	S.E. Health Center Site Acquisition	(94,049)

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PUBLIC HEALTH CONSTRUCTION BUDGET -							
22-Oct-90							
TASK	DESCRIPTION	EAST	NORTH	SOUTH	RENTON	BURIEN ROOF	TOTAL BOND FUNDS
003	Construction						
	New Construction	\$2,151,940	\$2,700,755	\$1,752,180	\$29,154	\$120,584	\$6,754,613
	Site Development	\$152,796	\$174,330	\$92,463			\$419,589
	Square Feet	22652	28429	18444			
	Cost per sq ft	\$95.00	\$95.00	\$95.00			
	Maximum Allowable Const Cost(MA	\$2,304,736	\$2,875,085	\$1,844,643	\$29,154	\$120,584	\$7,174,202
	Sales Tax	\$186,684	\$232,882	\$149,416			\$568,902
	Surveys, Permits & Fees(MACC*0.	\$46,095	\$57,502	\$36,893			\$140,489
	Owners Test, Insp, & Superv. (*)	\$46,095	\$57,502	\$36,893			\$140,489
	Sub-total	\$278,873	\$347,885	\$223,202	\$0	\$0	\$849,960
	Calculated Element 003	\$2,583,609	\$3,222,970	\$2,067,845	\$29,154	\$120,584	\$8,024,162
001	Non-County Force Design						
	Physical Planning (MACC*0.095)	\$218,950	\$273,133	\$175,241	\$0	\$13,228	\$680,552
	This includes all A/E fees and other design related costs (extra svcs, prints, reprd, etc..)		\$30,000				\$30,000
	Calculated Element 001	\$218,950	\$303,133	\$175,241	\$0	\$13,228	\$710,552
004	Movable Equip & Furnshqs (by Owne	\$288,918	\$362,601	\$192,319	\$33,000	\$0	\$876,838
	Calculated Element 004	\$288,918	\$362,601	\$192,319	\$33,000	\$0	\$876,838
005	Contingency (MACC * 0.06)						
	Contingency	\$138,284	\$172,505	\$110,679	\$3,979	\$10,102	\$435,549
	Calculated Element 005	\$138,284	\$172,505	\$110,679	\$3,979	\$10,102	\$435,549
007	County Force Design				\$5,000		\$5,000
009	Project Administration	\$92,938	\$94,143	\$55,916	\$1,075	\$7,440	\$251,512
	Calculated Element 007/009	\$92,938	\$94,143	\$55,916	\$6,075	\$7,440	\$256,512
OTHER:	Land Costs	\$2,200,000	\$601,434	\$494,033			\$3,295,467
	Transition Expenses Allowance	\$90,000	\$90,000	\$90,000			\$270,000
	TOTAL - OTHER:	\$2,290,000	\$691,434	\$584,033	\$0	\$0	\$3,565,467
	Calculated Total Project by Task	\$5,519,761	\$4,752,643	\$3,130,116	\$66,133	\$143,914	\$13,612,568
	1% FOR ART (tot. by task/other+equip	\$29,408	\$36,986	\$23,538	\$265	\$0	\$90,197
	SUB-TOTAL:	\$5,549,170	\$4,789,630	\$3,153,654	\$66,398	\$143,914	\$13,702,765
	ADMINISTRATION:	\$92,938	\$94,143	\$55,916	\$6,075	\$7,440	\$256,512
	PROJECT COST	\$5,642,108	\$4,883,773	\$3,209,570	\$72,473	\$151,354	\$13,959,278

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PUBLIC HEALTH BOND PROJECTS CASHFLOW -								
22-Oct-90								
Date	Admin	Planng	Constr	Equip	Conting	Other	TOTAL	CUM TOTAL
Mar 89							\$0	\$0
Apr							\$0	\$0
May							\$0	\$0
Jun							\$0	\$0
Jul							\$0	\$0
Aug	\$1,056						\$1,056	\$1,056
Sep	\$6,198					\$146,933	\$153,131	\$154,187
Oct	\$6,198						\$6,198	\$160,385
Nov	\$6,198					\$595,235	\$601,433	\$761,818
Dec	\$6,687					\$340,900	\$347,587	\$1,109,405
Jan 90	\$6,198	\$28,700				\$1,000	\$35,898	\$1,145,303
Feb	\$6,198					\$11,399	\$17,597	\$1,162,900
Mar	\$6,198						\$6,198	\$1,169,098
Apr	\$6,198	\$9,953	\$29,154		\$3,979		\$49,294	\$1,218,392
May	\$5,620	\$1,300					\$6,920	\$1,225,312
Jun	\$1,000				\$5,400		\$6,400	\$1,231,712
Jul	\$1,000		\$20,097				\$21,097	\$1,252,809
Aug	\$1,000		\$20,097				\$21,097	\$1,273,906
Sep	\$1,000		\$20,097			\$2,092,100	\$2,113,197	\$3,387,103
Oct	\$2,000	\$70,424	\$20,097			\$3,000	\$95,521	\$3,482,624
Nov	\$3,000	\$70,424	\$20,097				\$93,521	\$3,576,145
Dec	\$7,700	\$70,424	\$20,099	\$33,000	\$4,702	\$6,500	\$142,425	\$3,718,570
Jan 91	\$7,700	\$70,424				\$8,400	\$86,524	\$3,805,094
Feb	\$7,700	\$70,424			\$50,000		\$128,124	\$3,933,218
Mar	\$7,700	\$73,689				\$90,000	\$171,389	\$4,104,607
Apr	\$7,700	\$70,424					\$78,124	\$4,182,731
May	\$7,700	\$13,412					\$21,112	\$4,203,843
Jun	\$7,700	\$13,412					\$21,112	\$4,224,955
Jul	\$7,700	\$13,412					\$21,112	\$4,246,067
Aug	\$12,970	\$13,412	\$787,442				\$813,824	\$5,059,891
Sep	\$12,970	\$13,412	\$787,442				\$813,824	\$5,873,715
Oct	\$12,972	\$13,412	\$787,442				\$813,826	\$6,687,541
Nov	\$12,972	\$13,412	\$787,442				\$813,826	\$7,501,367
Dec	\$12,972	\$13,412	\$787,442				\$813,826	\$8,315,193
Jan 92	\$12,972	\$13,412	\$787,442	\$168,767		\$60,000	\$1,042,593	\$9,357,786
Feb	\$12,972	\$13,412	\$787,442	\$168,767		\$60,000	\$1,042,593	\$10,400,379
Mar	\$12,972	\$13,412	\$787,442	\$168,767		\$60,000	\$1,042,593	\$11,442,972
Apr	\$12,972	\$13,412	\$787,442	\$168,767		\$60,000	\$1,042,593	\$12,485,565
May	\$12,419	\$13,412	\$787,446	\$168,770	\$371,468	\$120,197	\$1,473,712	\$13,959,277
TOTAL	\$256,512	\$710,552	\$8,024,162	\$876,838	\$435,549	\$3,655,664	\$13,959,277	

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PUBLIC HEALTH BOND INTEREST-ZERO BALANCE						
24-Oct-90						
Date	Period	Beginning Cash	Incurred Expense	Added Cash	Interest Earned	Balance
Dec 88	1	\$11,457,323	\$0	\$0	\$67,216	\$11,524,539
Jan 89	2	\$11,524,539	\$0	\$0	\$67,611	\$11,592,150
Feb	3	\$11,592,150	\$0	\$0	\$68,007	\$11,660,157
Mar	4	\$11,660,157	\$0	\$0	\$68,406	\$11,728,564
Apr	5	\$11,728,564	\$0	\$0	\$68,808	\$11,797,371
May	6	\$11,797,371	\$0	\$0	\$69,211	\$11,866,583
Jun	7	\$11,866,583	\$0	\$0	\$69,617	\$11,936,200
Jul	8	\$11,936,200	\$0	\$0	\$70,026	\$12,006,226
Aug	9	\$12,006,226	\$1,056	\$0	\$70,430	\$12,075,600
Sep	10	\$12,075,600	\$153,131	\$0	\$69,945	\$11,992,414
Oct	11	\$11,992,414	\$6,198	\$0	\$70,319	\$12,056,535
Nov	12	\$12,056,535	\$601,433	\$0	\$67,203	\$11,522,306
Dec	13	\$11,522,306	\$347,587	\$0	\$65,558	\$11,240,277
Jan 90	14	\$11,240,277	\$35,898	\$0	\$65,732	\$11,270,111
Feb	15	\$11,270,111	\$17,597	\$0	\$66,015	\$11,318,529
Mar	16	\$11,318,529	\$6,198	\$0	\$66,366	\$11,378,697
Apr	17	\$11,378,697	\$49,294	\$0	\$66,466	\$11,395,869
May	18	\$11,395,869	\$6,920	\$0	\$66,815	\$11,455,764
Jun	19	\$11,455,764	\$6,400	\$0	\$67,170	\$11,516,534
Jul	20	\$11,516,534	\$21,097	\$0	\$67,440	\$11,562,877
Aug	21	\$11,562,877	\$21,097	\$0	\$67,712	\$11,609,491
Sep	22	\$11,609,491	\$2,113,197	\$0	\$55,712	\$9,552,006
Oct	23	\$9,552,006	\$95,521	\$0	\$55,478	\$9,511,963
Nov	24	\$9,511,963	\$93,521	\$0	\$55,255	\$9,473,697
Dec	25	\$9,473,697	\$142,425	\$0	\$54,743	\$9,386,015
Jan 91	26	\$9,386,015	\$86,524	\$191,969	\$55,683	\$9,547,144
Feb	27	\$9,547,144	\$128,124	\$0	\$55,258	\$9,474,278
Mar	28	\$9,474,278	\$171,389	\$0	\$54,577	\$9,357,466
Apr	29	\$9,357,466	\$78,124	\$0	\$54,439	\$9,333,781
May	30	\$9,333,781	\$21,112	\$0	\$54,634	\$9,367,303
Jun	31	\$9,367,303	\$21,112	\$0	\$54,831	\$9,401,022
Jul	32	\$9,401,022	\$21,112	\$0	\$55,029	\$9,434,939
Aug	33	\$9,434,939	\$813,824	\$0	\$50,577	\$8,671,692
Sep	34	\$8,671,692	\$813,824	\$0	\$46,100	\$7,903,968
Oct	35	\$7,903,968	\$813,826	\$0	\$41,596	\$7,131,737
Nov	36	\$7,131,737	\$813,826	\$0	\$37,065	\$6,354,976
Dec	37	\$6,354,976	\$813,826	\$0	\$32,508	\$5,573,659
Jan 92	38	\$5,573,659	\$1,042,593	\$0	\$26,582	\$4,557,648
Feb	39	\$4,557,648	\$1,042,593	\$0	\$20,622	\$3,535,676
Mar	40	\$3,535,676	\$1,042,593	\$0	\$14,626	\$2,507,710
Apr	41	\$2,507,710	\$1,042,593	\$0	\$8,595	\$1,473,712
May	42	\$1,473,712	\$1,473,712	\$0	\$0	\$0
TOTALS			\$13,959,277	\$191,969	\$2,301,390	\$0
						Balance

ATTACHMENT A

In order to cover the increased costs of the land for the East District Health Clinic at Eastgate, and to balance the overall project budget, funding from specific project budgets within Fund 333 and unreserved fund balance from Fund 331 are being transferred to a new project (East Clinic Land No. 662013), within Fund 333. The funds had to be placed in this new project rather than added to the existing clinic construction project in order to maintain separation of bond and non-bond funds. A summary of the movement of funds contained within this part of the attached ordinance follows:

Amount needed in January 1991 which will result in a balanced cash flow at the end of the project.	\$191,969
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Amounts found in three projects within Fund 333 to be transferred to the new East Clinic Land project in Fund 333:

662006	Renton Health Center Remodel	26,322
662008	Burien Asbestos Removal	5,268
662011	S.E. Health Center Site Acquisition	94,049
	Total transferred within Fund 333	<u>\$125,639</u>

The amount disappropriated from Fund 331 unreserved fund balance and appropriated into the East Clinic Land Project in Fund 333.	\$ 66,330
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As the Public Health Bond Interest Schedule included in the ordinance package indicates, the addition of \$191,969 in January of 1991 will result in a zero ending cash balance at the end of the project in May 1992.

Statement of Purpose

The primary purpose of a district Public Health Center is to provide the local service delivery component of the public health system. The Centers provide core public health services within reasonable access to citizens of a geographic community. Traditionally, clinical services have focused on low income and underinsured residents of these communities. Increasingly, the Health Department has moved toward a less categorical, more integrated service delivery model as legislation and funding have made change possible. While this is a more efficient, cost effective and satisfying way to operate for the client, the Department has been handicapped by inadequate, outdated and outgrown facilities.

In 1987 a bond issue was passed to improve facilities. The East Public Health Center Eastgate project grew out of that measure and the facility Master Plan that followed in 1988. There have been many changes in demographics in King County in the past thirty years since the current East District Public Health Center was built in 1959. Some of the most dramatic changes in King County growth have been on the Eastside. It is projected that Eastside population will continue to grow and expand by 53% between 1980 and the year 2000, reaching over a half million people. The low income population is growing at twice the rate of the overall population, and much of the growth has taken place in the northern part of the Eastside. With that growth has come an ever increasing need for clinical services. In studying these changes, two Public Health Centers were recommended for the Eastside to meet community need: one in Eastgate and one near Totem Lake. The Totem Lake facility was the recommended site for co-location of a community health clinic as specified in the Health Care Bond Issue.

The County Council approved the Facilities Master Plan on August 21, 1989 which included these recommendations.

To perform its functions, the East Public Health Center at Eastgate must have the on-site ability to provide:

- o efficient clinical services on a continuum of support, prevention, diagnosis, treatment and follow-up;
- o educational services directly to patients and for the community at large as well as for staff training purposes;
- o field services base for a variety of personal health prevention, intervention and treatment programs;
- o environmental health services including prevention, monitoring and enforcement programs; and
- o administrative services for public information, support, implementation, enforcement, monitoring, and quality assurance of services.

To provide these services, the Eastgate facility needs space that includes:

- o Clinical Operations: Exam, treatment, counseling, utility rooms, operatories, and medical/dental staff support areas are needed; designed as

functional units with provision of clinical services as their design objective. In addition, clinical support areas of laboratory (medical and dental), pharmacy (x-ray), medical records, central supply, support services team work area (Social Workers, Nutritionists, Alcohol Counselor, Public Health Nurses, clerks) are needed that encourage and enable an integrated services approach to patient care.

- o Educational Services/Field Services (Personal Health): Office space with enough privacy to conduct case management services, patient education/groups, store and clean equipment, student and library space including storage area for teaching aides, A/V equipment, and areas for administrative support staff.
- o Environmental Health Services Area: Needs staff office space, clerical, records storage, conference, supervisory spaces along with food handlers testing area, soils lab, data entry, mud room, and shower areas.
- o Administrative Services Area: Main clerical support, switchboard, administrative staff offices, janitorial areas, staff rooms, and common areas. Additionally, common areas, restroom facilities, etc. should be designed to accommodate and move through large number of public.

Scope of Project

The scope of the Eastgate project will include several phases:

- o Acquisition of Land: The East Public Health Center at Eastgate project is predicated on the location and purchase of land of sufficient size (2.5 acres) to sustain a facility of 23,000 square feet, along with the necessary parking, landscaping, set back, and other code requirements, as well as future expansion capability. Negotiations are currently underway to secure property in Eastgate. Depending on the site available, a two story clinic may be considered for this clinic rather than one story only.

If a suitable Eastgate site is not found, the East Public Health Center project would be shifted to an alternative location in the East District area.

- o Prototype Development: This process provided the basic structural configuration and engineering systems of the Totem Lake facility. The component programs and sizing of Eastgate most closely resemble the proposed Totem Lake facility.
- o Physical Planning: This phase will refine the prototype design largely in functional areas and relationships within the structure, and include design development and preparation of construction documents.
- o Building: It is anticipated construction will proceed on new land, independent of current operations. This phase would also include development of engineering systems, parking, landscaping, and "interior readiness"--i.e. plumbing, wiring, telephones, "built-ins"--all completed and ready for use.
- o Occupancy: It is anticipated that the Eastgate site would be ready for occupancy by February 1992.

Background

Several references have been cited in the compilation of information and descriptions contained below:

Master Plan for Seattle-King County Public Health Facilities: SLR Health Care Consultants and Architects, Inc. in association with Kumata and Associates; Vol. I and II (Appendices), October 1988.

Public Health Facility Prototype Design for King County Department of Public Health; Schematic design Phase submitted: Kerner-Fisher Architects, November 1989.

King County Prototype Health Facility Totem Lake Site: Project Team Kerner-Fisher Architects, Coffman Engineers, FDM Group Interiors, December 1989

- 1.1 Programs to Be Accommodated are described from an overview perspective in Master Plan (MP) Vol. I, chapter 2, with a brief description of client demography in MP Vol. I, chapter 8, p. 70-71.
- 1.1.1 General description with objectives of the program serving both personal and environmental health needs are in MP Vol. II, Appendix A.
- 1.1.2 Planned or anticipated future expansion is discussed in the MP as follows:
- Criteria: Vol. I, chapter 8, p. 72-76
 Workload Projections: Vol. II, Appendix D, p. D-3 to D-7
 Costs and Recommended Sizing: Vol. II, Appendix F-1 to F-4 and Tables
 Approval: Recommendation of System 4 components adopted by County Council on August 21, 1989, motion 89-626.
- 1.1.3 Relationship to Operational Master Plan
The operational plan for the Health Department is integrated into the Master Plan in Vol. I and Vol. II.
- Vol. II, Appendix H, p. H-5 to H-7 and Table H-1 describe staffing assumptions for personal health, and Table H-9 and H-12 describe the basic operating cost assumptions over a nine year span.
- 1.2 Facilities Presently Occupied
- 1.2.1 General description is provided in MP Vol. I, chapter 5, and detailed value analysis of two sites is provided in MP Vol. II, Appendix G-1 to G-12.
- 1.2.2 Proposed re-use of vacated space is analyzed in the context of four systems which address key issues of demography, transportation, and access to services in varying degrees in MP Vol. I, chapter 6.
- In Vol. I, chapter 7, p. 55-57, is a discussion of possible alternative uses for current sites and new locations. Pages 62-66 outline the advantages and disadvantages of each system and summarize such in Table 19, p. 67.
- Adoption of "System 4" as the preferred facility plan on August 21, 1989 by County Council approval, motion 89-626, will result in sale of the current Public Health Centers in Bellevue and Renton, contingent upon land availability in Eastgate. Sale may be to public

or private interests, and will assist in financing the new Southeast Public Health Center near Valley Medical which was approved with this ordinance but not part of the original 1987 Health Bond Issue.

Program Plan Objectives

Goals/Objectives:

The primary goal of the Eastgate project is provision of a new facility oriented to current community and program needs, adequate to house programs/services together in a functional relationship and located on a site able to accommodate future growth and expansion capability.

2.1 Corrections necessary to update and improve facilities and program deficiencies related to facility constraints are detailed in Vol. I, chapter 5 particularly pages 35-40, with a statement regarding facility capacity to meet current need on pages 40-41.

MP, Vol. II, Appendix E, describes the appropriate facility program requirements and standards, assuming a continuation of current Department programs with some allowance for expansion and adaptability.

2.2 Conformance With Facilities Master Plan

In the Fall of 1989 a facility prototype was developed based on the Master Plan. Since the Master Plan was completed in 1988 based on 1986 data, there were program and space changes that the prototype needed to address that vary from the original plan. There are three key areas:

Non-medical work space in 1986 would have accommodated the public health nurses who spent 80% of their day in field work. By 1989, projects employing public health nurses had expanded in number, in service integration and mixture of professional staff. The need for counseling and education rooms for a variety of professional staff, the blending of clinical services with case management requiring different adjacencies than in 1986, on-site counseling activities provided for Health Department and other agency staff, and a more comprehensive integrated service model all lend themselves to a need for expanded office and support space for staff not involved continuously in direct clinical programs. Thus, it is recommended that each new facility expand the planned "field" office area by a minimum of 600 square feet. (See Schematic from Prototype.)

While the Women, Infants and Children (WIC) program was described in the Master Plan as a Department program, the section on staffing did not include a description of the staffing standards with their ensuing space requirements. Each WIC site was assumed to have one or two providers with a complementing need for 200 or 400 square feet. In fact, the WIC program has a ratio of 1 provider:2 support staff:group assembly space for classes and sufficient waiting and seating area in the clerk's office to accommodate family visits rather than individual visits. The manpower and space configuration serves the minimum program enrollment of 600. The Totem Lake site is projected to serve a maximum of 1800 slots. The consequence of this space issue is that the WIC program, although absorbed into the predetermined envelope of the building prototype, displaces other uses for that space, thus requiring some adjustments in other program areas.

The Eastside has added the capacity for a Travel Clinic (Immunizations) in the last two years. This allows King County residents to get these immunizations in Seattle or on the Eastside. It does impact the size of the immunization area for the Eastgate facility however.

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2.3 Provision for Expansion

The prototype structure is designed to accommodate lateral structural expansion or contraction depending on program needs (p. 3 & 4, Schematic Design Prototype). Adaptation to a second level was not a requirement of the prototype RFP, and land was purchased based on the requirements of the largest site (Totem Lake) in an effort to ensure sufficient land for growth for the other sites. This option will need review once a site has been purchased for Eastgate.

Facility Requirements

3.1 Building requirements are described in three primary source documents: Master Plan Vol. I and II (SLR, Inc. 1988), Schematic Design/Prototype (Kerner-Fisher Architects 1989), Health Department Work Group Submittals 1990.

3.1.1 Relationship to Facilities Master Plan

The following citations provide the basic documentation for the new facilities:

Vol. I, chapter 8, Table 20
Vol. II, Appendix E
Vol. II, Appendix F
RFP for Prototype
Schematic Design/Prototype--Plans and Support Documentation

3.1.2 Amounts and types of spaces are recommended in the Master Plan as described in:

Vol. I, chapter 8, Table 20
Vol. II, Appendix F, Table F-1
Vol. II, Appendix H, p. H-5 to H-8

The following program spaces are to be accommodated as described below and typified by the prototype:

PERSONAL HEALTH CLINICAL

Pediatrics

3 Providers @ ratio 1:2.25 exam rooms
Need 7 exam rooms, shared provider work space, medical support staff work station (4), 1 clerical work station.

Other rooms/space: treatment room, hearing, screening, soiled/clean utility, consultation, toilets, small waiting area, general work counter.

Family Planning/STD

2 Providers @ ratio 1:2.25 exam rooms
Need 4-5 exam rooms, shared provider work space, medical support staff work station (4), clerical space which could be shared with other programs.

Other rooms/spaces: treatment room, sub-lab, soiled/clean utility, consultation, toilets, adult weighing area, patient education room.

Immunizations

1 Provider @ ratio of 1:2+ rooms, need 3 rooms, 1 clerical work station with sufficient room for cash register, subwaiting area nearby with line of sight if possible.

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WIC

The space and size of rooms for this program are based on 1990 estimates and experience. The Master Plan did not recommend specific numbers for WIC. In turn, these estimates are a reflection of the funded capacity and use the program staffing standards.

2 Providers at a ratio of 1:1.5 rooms, 1 nutritionist: 1 room
Need 3 exam rooms, 2 nutritionist offices, 4 clerical (vouchering) work stations.

Other space/room: waiting area for families, small classroom space, toilet area, proximity to soiled/clean utility.

Dental

Based on ratio of 1 dentist:3 operatories, need 6 operatories, a small lab area, and x-ray developing space.

Other rooms/space: need waiting area, provider shared office space (3), a patient education room, clerical work station, and storage area.

Maternity/OB Support Services

Encouraged by legislated funding in 1989 the screening, assessment and support services provided to maternity clients are now partially integrated into clinical services and use shared exam areas with Family Planning.

1 Provider:2.25 exam rooms, need 2 exam rooms, shared provider space in the field staff area, and one available work counter for notes and charts in an alcove or in the provider office space.

Other space/rooms: Need treatment room (shared), sub-lab area, patient toilets, medical staff support work station, proximity to soiled/clean utility, social worker office, nutritionist office, other social service workers offices, e.g. alcohol and substance abuse counselor, public health nurse, consultation rooms.

Clinical Support

Basic laboratory for blood draws, STD testing, urine cultures and holding samples for testing at contract lab services. The lab should have a small waiting area, adjacent toilets with pass-thru, and 2 drawing areas. It should be centrally located within the facility with easy access to the main reception and entry/exit area.

Pharmacy should be located in an easy access area amenable to clients who come to have prescriptions filled without a health visit. The pharmacy needs a waiting area, service counter window and storage for pharmaceuticals. If possible, it should be located for easy entry/exit.

PERSONAL HEALTH - NON-CLINICAL SPACESProgram Staff

Need work station for maternity screening nurse, health educator, plus all field staff providing services primarily off-site for programs including home visits, geriatric, day care centers or school visits. Using 1990 staffing numbers as a proxy for future need by using the number of individuals rather than FTE count, Eastgate will have to prioritize space carefully in order to accommodate the Day Care program staff along with the other field/office staff.

Other space rooms: storage for equipment and pamphlets, large clerical work station, consultation room, a library and student nurse area.

ADMINISTRATION AND STAFF ACTIVITIES

Minimum of four administrative offices, one with conference area should be provided. The staff lunch area should be located away from client services. Staff toilets with multiple commodes and shower capability should be available.

Conference area should be dividable into small assembly/classroom areas with outside access to accommodate community meetings. They should contain sink/counter storage area and AV storage area. Public toilets should be accessible during business hours and for evening meetings.

Clerical support work stations for registration, reception, fee collection, and possibly appointments are planned for the central entry/exit area. A quiet location nearby is needed for the switchboard clerk. This area should provide work stations for the general administrative support for payroll, typing, ordering supplies, processing purchase orders. Medical records is central to clinic paperwork and patient flow, and should be located in proximity to the central clerical area.

ENVIRONMENTAL HEALTH SERVICES

Two facilities will have EHS co-locations: Totem Lake and Eastgate. Although the number of services varies by site, the space designated by the Master Plan and prototype are very similar. Each area will require an administrative office, a substantial storage area for files of plans and plots. The staff office area will be commercial/modular with 16 or more work stations depending on location. A small conference area is planned. An area for data processing and microfilm reading is necessary. Clerical work stations for a minimum of 5 staff are needed. Food handler testing and permits will require approximately 720 square feet, and should include waiting area which is quiet and allows testing to be done with a clerical work station for data entry and a cash register for fee collecting.

Proximity to a staff entry is needed. Specialty rooms to accommodate clean-up of tools and rain coats and boots, a toilet, a shower area, wet storage, and a sound proof soils lab for testing are needed. The prototype includes approximately 3500 square feet of EHS space for Totem Lake. The Eastgate location will require 7470 square feet due to the larger number of programs to be accommodated.

BUILDING SUPPORT

The facility needs to include spaces for janitorial materials and work areas including a work bench and suitable storage space for tools, appropriate cleaning materials/tools, sinks, mop storage. Some of these will be primary

work space in a central location with smaller support stations in other parts of the building. Additional building support areas are central supply with adequate space for shipping/receiving, major copying center, mailroom, supply and autoclaving activity, and adequate storage for paper and medical supply items for the entire building. This area should also be equipped for computerized inventory system and have the ability to clean/store/distribute items such as infant car seats, sterile medical materials, and bulky solutions to clinical areas.

Other support areas such as electrical closets, secure areas for staff articles such as coats, purses, spare clothing, uniformjackets, etc. need to be planned into the building.

3.1.3 Numbers and Sizes of Rooms and Other Spaces (See Table of Prototype Room Size Standards.)

Vol. II, Appendix F, Table F-1 presents gross square footage by provider type.

Vol. II, Appendix E, p. 49-52 (attached), describes recommended room sizes by function including factor for building systems/structure/circulation.

There are some differences between Master Plan space recommendations and prototype design. Highlights are:

Clinical Areas: The general exam areas are within recommended SLR sizing, WIC consultation and immunization rooms in prototype are smaller (96 sq. ft.) compared to recommended (120 sq. ft.).

Pharmacy and lab areas are larger in the prototype design than Master Plan recommendations: pharmacy plus storage = 264 sq. ft. in prototype, Master Plan recommends 180 sq. ft.; lab in prototype = 304 sq. ft., Master Plan recommends 220 sq. ft.

A 174 sq. ft. student room/library was added to the prototype to accommodate University nursing students and to function as a reference library for the facility. Student placements usually number 10/academic quarter plus faculty.

3.1.4 Contiguity groupings and dispersal of spaces are described in the prototype design drawings (Kerner-Fisher Nov. 1989) and in the facility Master Plan Vol. II, Appendix E.

3.1.5 Physical Environment Requirements

The facility internally and externally should present itself as receptive to both clients and staff providing a comfortable professional yet functional atmosphere. Appendix E, Vol. II describes many of the components necessary to accomplish this.

- 3.1.6 Are described in the prototype design document submitted by
- 3.1.7 Kerner-Fisher 1989 and are designed to meet current applicable
- 3.1.8 codes for the areas of concern.

Numbers and Sizes of Rooms and Other Spaces
As Presented in the Prototype - Reflects Totem Lake Program

The tables on the following pages describe typical room sizes for exams, office, meeting and support activities based on the Totem Lake program and the prototype floor plan. As each specific clinic design is developed by the architect and the health department, variations on this basic plan will evolve.

In addition to the building envelope square footage, an additional 6% has been added to ensure adequate accommodation for wall thickness without reducing the individual room sizes. This brings the total square footage for Eastgate to 22,652.

Room Type	Number	Dimensions in feet	Dimensions in sq. ft. inc. ranges
Clinical:			
HD Exam/RN-Cert - Nutr.	24	12 x 8	96 sf
CHC	8	12 x 8	96 sf
Hearing Room	1	7 x 6	42 sf
Treatment	2	12 x 10	110 sf
CHC Minor Procedure	1	12 x 12	144 sf
Immunization	2	8 x 12	96 sf
Consultation/Ed.	4	12 x 10 - 10 x 8	120 - 80 sf
Special Consult	3	12 x 8	96 sf
Utility - HD	4	range 6 x 6 - 12 x 6	36 - 72 sf
CHC	2	12 x 8	96 sf
Clinic Workstations	1	8 x 12	96 sf
	1	6 x 12 + 6 x 18	108 sf
WIC clerks	1	8 x 15 + 8 x 12	216 sf
comb. Med/Clerk	1	≈ 26 x 32	832 sf
Med. support work space	1	range 12 x 13	156 sf
individual space	8	(range 4 x 5 - 6 x 6)	(20 - 36 sf)
CHC-MA/Staff	1	8 x 34 + 18 x 6 + 10 x 6	440 sf
Provider worksp. area HD	3	range 12 x 13-14 x 26	156 - 364 sf
Individual spaces	8	(range 4 x 6 - 10 x 7)	(24 - 70 sf)
CHC providers (5)	1	12 x 24	288 sf
Dental operatories	6	10 x 10 - 12 x 12	100 - 144 sf
Pharmacy with storage	1	12 x 22	264 sf
CHC - Dispensary	1		
X-ray - CHC	1	12 x 16	192 sf
Lab	1	16 x 19	304 sf
sub-lab	1	12 x 6	72 sf
Dental Lab/x-ray	1	16 x 6	96 sf
Public Areas:			
Restrooms	7	range 8 x 6 - 9 x 7	48 - 63 sf
General Waiting	2	17 x 24 - 26 x 14	408 - 344 sf
Kids Pit	1	12 x 11	132 sf
sub-waiting	3	range 8 x 10 - 8 x 24	80 - 192 sf
CHC	1	16 x 25	400 sf
Meeting Rooms	1	23 x 33	759 sf
sub -areas	2	(11½ x 15)	(172.5 sf)
	1	(15 x 23)	(345 sf)
Classroom	1	16 x 10	160 sf

Room Type	Number	Dimensions in feet	Dimensions in sq. ft. inc. ranges
Other:			
Administrator	1	12 x 11	132 sf
Administrative	5	12 x 8	96 sf
CHC	1	12 x 8	96 sf
General Clerical	1	≈ 18 x 24	432 sf
Individual Workstation		(5 x 5 - 5 x 7)	(25 - 35 sf)
Cashier	1	6 x 14	140 sf
Switchboard	1	9 x 14	126 sf
Medical Records	1	≈ 46 x 18 (-8 x 12)	732 sf
CHC comb. cler./records	1	12 x 33	396 sf
Electrical closet	1	12 x 5	60 sf
Central Supply	1	19 x 25 + 13 x 18	709 sf
Storage	2	6 x 9 - 10 x 12	54 - 120 sf
Janitorial	1	10 x 14	140 sf
Sub-janitorial	1	4 x 6	24 sf
Staff Lunchroom	1	18 x 25	450 sf
Field staff-overall space	1	46 x 41	1,886 sf
clerical	1	(10 x 10)	(100 sf)
storage	1	(10 x 12)	(120 sf)
student/library	1	(12 x 14)	(168 sf)
Net square footage			1498 sf
Staff restroom/showers	3	6 x 12 - 8 x 15	72 - 120 sf
EHS:			
Soils Lab	1	6 x 4	24 sf
Wet Storage/Mud clean-up	1	12 x 5	60 sf
Dry Storage	1	12 x 8	96 sf
Data process	1	12 x 21	252 sf
Staff Area-overall space	1	18 x 46	828 sf
Administration	1	12 x 8	96 sf
Conference room	1	12 x 8	96 sf)
File storage	1	18 x 16	288 sf
Clerical	1	23 x 12	276 sf
waiting/food handlers	1	21 x 10	210 sf

Highlights of Eastgate Program Differences compared to Prototype (Totem Lake)

Program	Totem Lake 28,429 sq. ft.	Y/N	Eastgate 22,652 sq. ft.*
EHS	3470 sf including food handlers	Yes	7470 sf including food handlers
Community Cl. only	≈4200 sq. ft.	No	-----
Personal Hlth ental	2.0 providers 6-operatories	Yes	2.0 providers 6 operatories
Family Plan.	2.0 providers 4-5 exam rms.	Yes	2.0 providers 4-5 exam rms.
Pediatrics	4.0 providers 9 exam rooms	Yes	3.0 providers 7 exam rooms
IC	1800 slots 3 cert rooms	Yes	1800 slots 3 cert rooms
Maternity	1.0 provider 2+ exam rooms	Yes	1 provider 2+ exam rooms
Immunization	1.0 provider 3 exam rooms	Yes	1 provider 3 exam rooms
Bldg. Support: Pharmacy Lab Staff Lunch Conference Central supp. Janitor Entrance Circulation			

Originally = 20,770 sq. ft.

3.1.9 Other: There are specific work groups in the County Health Division which are reviewing functionality of the recommended spaces, internal systems and communication which are suggested by the prototype design. Building upon the prototype plan they have designed systems to assist and support the functionality of the proposed building and recommended alternatives to be considered by the design team. These will be submitted to design architects as the third primary source document.

3.2 Site Requirements

3.2.1 Relationship to Facilities Master Plan

Five key criteria for location are described in Vol. I, p. 45-46, and Vol. II, Appendix F, p. F1-F4, Table F-1, describes the gross square footage. From equation on F-3, the following applies for site size (all include an added 600 sq. ft. extension of PHN field area): Eastgate - $21,370 \times 3.5 \times 1.25 = 2.1$ acre min.

3.2.2 Topography and soils are referred to in Master Plan Vol. II, Appendix F, p. F3, and in prototype design document in outline specifications.

3.2.3 Site improvements pedestrian/vehicle access are in MP Vol. II, Appendix F, p. F3.

3.2.4 Calculated from Master Plan formula Vol. II, Appendix F, p. F3, at one parking space per 100 sq. ft. of building, the Eastgate site would require 213 parking spaces.

3.2.5 It is assumed that landscaping would be part of site improvement.

3.2.6 Energy conservation measures are discussed in prototype plan. Washington State Energy Code would apply.

3.2.7 Compliance with DSHS requirements will be met whenever possible although ambulatory clinics are not usually covered by these regulations. Compliance with individual municipal or King County codes where applicable.

3.3 Utility requirements are presented and discussed in Prototype Schematic Design (Kerner-Fisher 1989).

3.4 Fixed Equipment Requirements

Fixed equipment is assumed to include built-in work stations, cabinets, shelves, cupboards and storage wherever possible to achieve maximum conservation of space and maximum utilization by a variety of staff.

Waiting areas also assume built-in seating areas and play areas whenever possible.

3.5 Movable Equipment Requirements

Typical examples of where such equipment would be located are: exam, work/seating, treatment, consult/patient ed., office, conference, utility, lunch room, waiting, medical records, dental, lab, pharmacy. Details of program and building needs require a full inventory of current equipment and research regarding innovations and latest technology in each of these fields.

4.0 Current Buildings

A number of alternative building solutions and site locations were discussed in SLR Study and Facility Master Plan documents (Vol. I and II). Facility assessment along with alternatives are presented in MP Vol. I, chapter 8, p. 71-76. Current buildings along with their useful life compared in the following Tables in MP Vol. II, Appendix G:

- 1) Southeast text p. G1-7, Table 13 & 14
- 2) South, Table G-16
- 3) East, Table G-17

4.1 Site Alternatives

Locations and building configurations are presented in MP Vol. I, chapter 6, p. 46-51. Value engineering discussion is in prototype document.

4.2 System Comparisons including life cycle discussion and alternative costs are outlined in MP Vol. I, chapter 7, p. 52-69 and Vol. II, Appendix H. On August 21, 1989, the County Council in motion 89-626, selected and approved System 4 as the alternative choice.

5.0 Itemization of Work to be Accomplished by System 4 of the Master Plan appears in Vol. I, chapter 8, p. 74-76 and Table 21. Specific building requirement itemized work is discussed in Prototype Schematic Design (Kerner-Fisher 1989).