

## Harborview Bond Program Monthly Status Report

---

January 2024



**King County**

## Contents

Contents.....	2
Executive Summary .....	3
Background.....	5
Department Overview.....	5
Historical Context .....	5
Current Context .....	8
Report Methodology .....	9
IV. Report Requirements .....	9
1. Description of the Current Program Scope.....	9
2. Updates on the Project Schedule Including Status of and Planned Dates for Major Milestones ..	13
3. Status and Progress for Each Component Capital Improvement Projects .....	14
4. Budgetary Update .....	17
5. Update on Tasks Completed on Major Milestones Since the Preceding Report and a Three-Month Projected Outlook on Upcoming Tasks to Accomplish Milestones .....	19
6. A Description of Stakeholder Engagement and Public Communications Over the Preceding Month Including Appearances on Agendas at Regional Meetings and Mailings.....	20
7. A Description of Risks Including Newly Identified Risks and Realized Risks .....	20
V. Conclusion.....	23
VI. Appendices.....	24

## Executive Summary

On November 3, 2020, more than 70 percent of King County voters approved Proposition 1, authorizing the County to sell \$1.74 billion in bonds to fund facility and infrastructure improvements at Harborview Medical Center. Since its passage, the staff team has worked diligently to establish the necessary organization and management structures needed to implement this complex capital program; one of the largest in King County's history.

Harborview Medical Center (HMC) is a 540-licensed-bed hospital owned by King County and operated by UW Medicine through a Hospital Services Agreement between King County and the University of Washington (UW). The hospital is overseen by a 13-member Board of Trustees appointed by King County. Harborview Medical Center's unique mission statement identifies and prioritizes services to the most vulnerable residents of King County.<sup>1</sup> Harborview is the only adult and pediatric Level 1 Trauma Center serving a five-state region (Alaska, Idaho, Montana, Wyoming, and Washington). It provides centers of emphasis and specialized comprehensive emergency services to a broad range of patients and throughout the region. The medical center is also the disaster preparedness and disaster control location for the City of Seattle and King County.

For nearly 100 years, Harborview provided medical services from its location atop Seattle's First Hill. It is distinctive in its consistent provision of care to King County residents regardless of their race, religion, ethnic origins, or ability to pay. As stewards of the campus facilities, King County regularly provides facility improvements and expansions through voter-approved financing, generally occurring every 15-20 years. The original center tower was constructed with bonds in 1930 and through the ensuing years, the voters continued to entrust King County with funding approvals on behalf of Harborview.

King County Council Motion 15183 called for the establishment of a planning group to identify hospital and community needs and make recommendations regarding a capital program. The resulting Harborview Leadership Group (HLG) was comprised of representatives from Harborview administration, the Board of Trustees, UW Medicine, labor partners, the First Hill Improvement Association, the mission population, the King County Council, and the King County Executive Office. The HLG provided a report making recommendations for health and safety improvements at Harborview Medical Center. The recommendations included building a new in-patient tower to increase critical care capacity and meet modern infection control standards as well as making seismic improvements to older structures on the campus to increase surge capacity, expand flexibility for hospital operations, and save lives in the event of a major earthquake.

Since the approval of the \$1.74 billion bond funding, the Facilities Management Division (FMD) has focused on establishing the structures and processes required to effectively implement the historic, multi-year Harborview Bond Program. Other Bond Program start-up activities included:

- Hiring key County staff;
- Selecting project management firms;
- Developing financial accounting reporting protocols;
- Expanding partnerships and collaborations with Harborview staff; and
- Establishing monthly meetings with King County Auditor's Office staff.

---

<sup>1</sup> Attachment B – Harborview Medical Center Mission Statement

As part of the Bond planning, and Coronavirus Disease 2019 (COVID-19) pandemic, and associated impacts on supply chains and workforce, King County requested that the Bond Program’s project management consulting firm, Vanir, review and update the 2019 cost assumptions used to establish the Bond. Presentation of the initial findings led King County Council to pass Ordinance 19583 (Appendix A) which called for the creation of a workgroup to identify a Program Plan<sup>2</sup> within the escalated pricing for health and safety improvements at Harborview Medical Center.

The updated Program Plan, approved by the King County Council on October 3, 2023, has three key components: 1) construction of a new multi-story medical tower; 2) renovation of essential services currently located in older hospital spaces; and 3) expansion of County spaces located in older hospital facilities. The updated Program Plan was determined after considering the operational needs of Harborview and the shared priorities of King County, the Board of Trustees, and UW Medicine.

The Bond Program continues with key elements of a program scope that aligns with the Bond Program’s mission. Tasks associated include:

- Progressing toward the submission of a City of Seattle Major Institution Master Plan (MIMP) major amendment;
- Developing a campuswide utility and infrastructure plan;
- Collaborating with King County and UW Medicine departments to understand new and modified space needs;
- Establishing the request for proposal (RFP) procurement processes and pre-bid work activities needed to accomplish the Bond Program goals;
- Managing the capital improvement project budget and expenditures;
- Coordinating and conducting stakeholder engagement, meetings, and mailings;
- Identifying key milestones, risks, and realized risks for the Program Plan.

**Updates since last report.** This January 2024 report provides data for November 2023. Three substantive changes are reflected in this document since the December report with October data. The changes include:

1. Updated budget actual expenditures for the month of November - identifying variances from projected expenditures included in the November report.
2. For [milestone 1](#), the task list has been updated to reflect completed November tasks, and projected February tasks.
3. Updated the status and progress for components in the Capital Improvement Projects section with additional details and progress for actions introduced in the previous report.

In addition, this report includes task updates on the November activities of the Bond Program, including:

- Coordinated the integration of the Harborview’s campus master plan space programming data into the procurement process;
- Overlaying existing systems with the revised Bond project goals;
- Initiated project delivery workshop series;
- Completed Major Institution Master Plan (MIMP) Amendment draft schedule;
- Updated MIMP and Environmental Impact Statement (EIS) alternatives matrix;

---

<sup>2</sup> This report does not use the term “recommended” to describe the Program Plan, as the Council approved the Workgroup’s recommended Program Plan via Motion 16435 in October 2023.

- Updated the projected community meetings and events calendar; and
- Provided monthly project updates to HMC’s Capital Projects Oversight Committee and Board of Trustees, and the King County Auditor’s Office.

## Background

### Department Overview

The Department of Executive Services (DES) provides internal services to King County agencies and departments, and public-facing services directly to King County residents. The divisions and offices that make up DES include the Business Resource Center, Finance and Business Operations Division, Office of Emergency Management, Facilities Management Division, Fleet Services Division, Inquest Program, King County International Airport-Boeing Field, Office of Risk Management Services, and Records and Licensing Services Division. The Facilities Management Division (FMD) oversees and maintains King County's real estate assets and provides safe and secure environments for County service delivery.

### Historical Context

Harborview Medical Center (HMC) is a 540-licensed-bed hospital owned by King County and operated by UW Medicine through a Hospital Services Agreement between King County and the University of Washington (UW).<sup>3</sup> The hospital is overseen by a 13-member Board of Trustees appointed by King County.

HMC is a comprehensive regional health care facility dedicated to providing specialized care for a broad spectrum of patients, the control of illness, and the promotion and restoration of health. Harborview is one of the nation’s leading academic medical centers and is the only adult and pediatric Level 1 Trauma Center serving a five-state region (Alaska, Idaho, Montana, Wyoming, and Washington).

The medical center is home to a wide range of critical medical and behavioral health services, including state-of-the-art emergency medical services, general medicine and specialty clinics and centers of excellence in burn, neurosciences, ophthalmology, infectious disease, and rehabilitation therapy.

Harborview’s mission ensures that the following patients and programs are given priority care:<sup>4</sup>

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>▫ Persons who are non-English speaking poor</li> <li>▫ Persons who are uninsured or underinsured</li> <li>▫ Persons who experience domestic violence</li> <li>▫ Persons who experience sexual assault</li> <li>▫ Persons incarcerated in King County’s jails</li> </ul> | <ul style="list-style-type: none"> <li>▫ Persons with mental illness, particularly those treated involuntarily</li> <li>▫ Persons with substance abuse</li> <li>▫ Persons with sexually transmitted diseases</li> <li>▫ Persons who require specialized emergency care</li> <li>▫ Persons who require trauma care</li> <li>▫ Persons who require burn care</li> </ul> |
|--|---|

---

<sup>3</sup> Harborview’s licensed number will increase to 540 when the Maleng Single Patient Bed Project is completed. The project will deliver up to 40 new single patient rooms by converting two floors in the Maleng Building into inpatient units. Bond funds are not used for the Maleng Project.

<sup>4</sup> The County-approved mission statement is incorporated into the Hospital Services Agreement via Ordinance 18232.

**Services Offered at HMC** - The Harborview campus facilities house a variety of services provided by UW Medicine and King County as highlighted below:

- **Behavioral Health:** A variety of in- and out-patient behavioral health services, including psychiatric emergency services, outpatient clinics, and medication-assisted treatment are provided at the HMC campus. In addition, King County's Superior Court operates the Involuntary Treatment Act (ITA) Court at Harborview.<sup>5</sup>
- **Trauma Response:** As the only Level I Adult and Pediatric Trauma Center in Washington, HMC provides specialized comprehensive emergency services to patients throughout the region and serves as the disaster preparedness and disaster control hospital for the City of Seattle and King County. It is also the only Level 1 Trauma Center serving a five-state region (Alaska, Idaho, Montana, Wyoming, and Washington).
- **International Medicine:** HMC is unique in its offering of an International Medicine Clinic, providing primary care and mental health care services to adult refugees and immigrants. Staff speak several languages in addition to English, including Spanish, Amharic, Cantonese, Chao Jo, Mandarin, Hmong, Khmer, Laotian, Mien, Oromo, Somali, Tigrinya, and Vietnamese; interpreter services are also available.
- **Emergency Management / Disaster Relief:** The medical center is the regional emergency management command center during a natural disaster or major crisis event. The hospital is required to have flexible inpatient beds, operating capacity, and rapid response systems as needed for crisis response.
- **Infection and Infectious Disease Control:** HMC is at the forefront of containing and combating infectious diseases. Harborview is required to have clinical facilities and isolation room capacity to respond to emergency infectious disease outbreaks.
- **King County Clinics and Services:** A number of King County's core public health services are located at Harborview, including the Tuberculosis (TB) Clinic, Sexual Health Clinic, the County's Public Health Lab, and the King County Medical Examiner's Office (MEO). The King County Regional Homeless Authority operates a 24/7 homeless shelter at Harborview Hall in partnership with the Salvation Army.

**Harborview Facility Improvements** - Over time, Harborview's medical facilities have evolved to meet the demands of a growing and diverse population, as well as advancements in the fields of patient care, research, medicine, and technology. King County has provided for such facility improvements and expansions through voter-approved financing, generally occurring every 15-20 years. Prior to the 2020 election, the last bond measure approved by voters was in 1999.

King County Council Motion 15183 called for the establishment of a planning group to identify hospital and community needs and make recommendations regarding the capital program to the Harborview Board of Trustees, the King County Executive, and the King County Council. The resulting Harborview Leadership Group (HLG) comprised of representatives from HMC management, the Board of Trustees,

---

<sup>5</sup> The Involuntary Treatment Act (ITA) Court at Harborview Medical Center handles petitions for court-ordered mental health treatment which is not part of a criminal case.

the University of Washington, labor partners, the First Hill Improvement Association, the mission population served by HMC, the King County Council, and the King County Executive Office, conducted a 13-month assessment between December 2018 and January 2020 of Harborview’s facility needs.

Supported by staff from HMC, UW Medicine, the King County Council, and the King County Executive Office, the HLG reviewed data and information provided by industry experts. The group hosted numerous community forums to gather public input. After conducting the assessment process, the HLG determined:

- A majority of the medical center’s facilities are aging and out of date in terms of modern medical best practice standards for infection control and privacy.
- Due to facility configuration, Harborview Medical Center often operates at more than 100 percent capacity, and critical surge capacity and emergency department capacity are limited.
- The majority of the medical center’s patient beds are located in double patient rooms or multi-patient wards. On average, 50 patient beds per day cannot be used due to modern infection control requirements for shared rooms.
- A new inpatient facility would increase single-bed capacity and enable HMC to meet modern infection control and privacy standards. It would provide surge capacity for the hospital to effectively respond to a disaster or mass casualty event.

Table 1 summarizes the key elements of the HLG recommendations for capital improvements at Harborview to address the medical center’s facility needs.

*Table 1 – Harborview Facility Improvement Recommendations*

<b>Harborview Facility Improvement Recommendations: Harborview Leadership Group 2020</b>	
<b>Component Name</b>	<b>Component Description</b>
New Tower	Increase bed capacity; expand/modify ED; meet privacy and infection control standards; disaster preparedness; plant infrastructure
New Behavioral Health Building	Existing behavioral health services/programs and Behavioral Health Institute services/programs
Existing Hospital Space Renovations	Expand ITA court; move/expand gamma knife; lab; Public Health TB, sexually transmitted disease (STD), MEO; nutrition, etc.
Harborview Hall	Seismic upgrades; improve and modify space; create space for up to 150 respite beds; (maintain enhanced homeless shelter in most appropriate location)
Center Tower	Seismic upgrades; improve and modify space for offices
Pioneer Square Clinic	Seismic and code improvements; improve and modify space for medical clinic/office space
East Clinic	Demolish East Clinic building

Ultimately, the HLG provided recommendations to the Harborview Board of Trustees, King County Executive, and King County Council on the size and scope of a potential bond measure.

The King County Council, via Ordinance 19117, voted to place Proposition 1 on the November 2020 General Election ballot for consideration by King County voters. The measure sought voter approval of \$1.74 billion in general obligation bond funding over 20 years for health and safety improvements at Harborview Medical Center, including: increasing critical health care capacity; updating and expanding

infection control capability; and expanding capacity for behavioral health services. On November 3, 2020, more than 76 percent of King County residents once again confirmed their commitment to public health and Harborview through the approval of Proposition 1.

**County Bond Program Launch** - The first two years of the Bond Program work (2021-2022) saw FMD establishing the structures and processes necessary to effectively implement the historic, multi-year Harborview Bond Program. Bond Program start-up activities included:

- Hiring key County staff;
- Selecting project management firms;
- Developing financial accounting reporting protocols;
- Expanding partnerships and collaborations with Harborview staff; and
- Establishing monthly meetings with the King County Auditor's Office staff.

For additional information, please see the biannual Harborview Bond Program reports transmitted to the King County Council for June 2021, December 2021, June 2022, and December 2022. Please note that these reports are replaced by this monthly report.

#### Current Context

**Cost Escalation** - In late 2022, King County requested that its HMC Bond Program project management consulting firm, Vanir, review and update the 2019 cost assumptions used to establish the HMC Bond Program. King County requested this review both as part of its planning for the next phases of the Bond work, but also due to the global COVID-19 pandemic and associated impacts to the supply chain and workforce.

Reflective of rising costs across the country post-pandemic, the Vanir team's review and resulting Cost Study report confirmed that the HMC Bond Program faces financial pressures from the impacts of inflation, labor, and supply chain challenges. The initial Vanir team Cost Study, dated January 24, 2023, identified an estimated \$900 million gap between anticipated revenues and updated cost of the Harborview Bond Program.

In February 2023, each King County Councilmember, along with leadership from UW Medicine and the HMC Board of Trustees, received individual briefings on the expanded costs. Digital copies of the Cost Study were also provided. On March 6, 2023, the King County Council's Committee of the Whole received an initial briefing from King County FMD staff and the Vanir team (Bond Program consultants). On March 7, 2023, as a result of analysis from the Auditor's Office, the consultants updated the Cost Study. The funding gap was updated from \$900 million to \$888 million (Appendix C).

On March 29, 2023, the King County Council passed Ordinance 19583 (Appendix A) calling for a workgroup to develop and submit to the King County Council a Program Plan recommending health and safety improvements at the Harborview Medical Center that can be built within the amount of the bond revenues estimated to be available. An Ordinance Workgroup (OWG) was established shortly after passage of the Ordinance, comprised of leaders from UW Medicine, Harborview's Board of Trustees, the King County Council, Facilities Management Division, and King County Executive's Office.

The OWG's recommended Program Plan was submitted to the Council on August 1, 2023, with three key components: 1) construction of a new 10-story tower (base tower) with seven finished and three shelled

floors;<sup>6</sup> 2) construction of essential services currently located in older hospital spaces requiring renovation; and 3) expansion of County spaces located in older hospital facilities. Data provided by the Vanir team estimates that the components can be built within the \$1.7 billion bond revenue amount. The OWG’s recommended Program Plan was determined by the OWG after considering the operational needs of Harborview and the shared priorities of King County, the Board of Trustees, and UW Medicine.

The King County Council approved the proposed Program Plan with no changes on October 3, 2023.

#### Report Methodology

This report was drafted by FMD staff. Data in the report is for November 2023.

## IV. Report Requirements

This section is organized to align with the requirements of Ordinance 19583 (Appendix A).

### 1. Description of the Current Program Scope

This report defines the program scope proposed in the Program Plan that was approved by the King County Council on October 3, 2023<sup>7</sup>. The Program Plan, approved by Motion 16435 (Appendix E), includes the health and safety improvements at the Harborview Medical Center built within the amount of the bond revenues (\$1.74 billion) estimated to be available and as authorized by Ordinance 19117.

**Program Plan Description** - As outlined above, the Program Plan has three components: 1) construction of a new 10-story tower (base tower) with seven finished and three shelled floors; 2) construction of essential services currently located in older hospital spaces requiring renovation; and 3) expansion of County spaces located in older hospital facilities. Integrated within these components are necessary supporting infrastructure such as a new roadway and energy infrastructure.<sup>8</sup> The scope of the Program Plan components are detailed below in Tables 2 and 3.

---

<sup>6</sup> Shelled Floor: An unfinished/non-occupiable floor with basic flooring, windows, and walls. It may also have some basic HVAC, plumbing, and electrical.

<sup>7</sup> Outside of describing the recommendation and approval process for the OWG recommendations, this report does not use the term “recommended” to describe the Program Plan, as the Council approved the Workgroup’s recommended Program Plan via Motion 16435.

<sup>8</sup> Infrastructure analysis started in August and update scheduled for 2024.

Table 2 - Program Plan Component 1: New In-Patient Tower

New Tower Component	Description of Planned Component	Estimated Square Footage of Completed Component <sup>9</sup>
Seven finished inpatient bed floors	<ul style="list-style-type: none"> <li>Estimated minimum 224 beds</li> <li>32 beds per floor x 7 floors = 224 new beds</li> <li>Usable upon completion</li> </ul>	34,000 sq ft/ floor
Three shelled inpatient bed floors	<ul style="list-style-type: none"> <li>Completed but unfinished floors</li> <li>Floors, windows, walls, some infrastructure (e.g., plumbing and heating, ventilation, air conditioning [HVAC])</li> <li>Will be completed as additional funds become available</li> </ul>	34,000 sq ft/ floor
12 operating rooms (ORs)	<ul style="list-style-type: none"> <li>Additional ORs</li> <li>Including perioperative support (e.g., post anesthesia care unit, prep/holding and OR support spaces)</li> </ul>	65,000 sq ft
Expanded single floor emergency department (ED)	<ul style="list-style-type: none"> <li>Expanded ED with additional single patient treatment rooms and allowing for modern models of emergency care</li> </ul>	87,000 sq ft (includes PES & CSU)
Expanded Behavioral Health Services	<ul style="list-style-type: none"> <li>Psychiatric Emergency Services (PES): renovated &amp; expanded by up to six new single patient rooms</li> <li>New Crisis Stabilization Unit (CSU): 23-hour observation unit with approximately 18 recliner chairs and single patient quiet rooms</li> </ul>	
Observation Unit	<ul style="list-style-type: none"> <li>For patients requiring less than a 24 hour stay for medical care</li> </ul>	20,000 sq ft
Right-sized essential services	<ul style="list-style-type: none"> <li>Pharmacy, lab, clinical engineering, environmental services, kitchen</li> </ul>	150,000 sq ft

<sup>9</sup> These estimates are based on the data currently available. More detailed space needs calculations and analysis will be developed as part of the Bond program phasing and sequencing, and these numbers may change. Changes will be communicated in this report along with other established meetings and formats, such as the Capital Projects Oversight Committee (CPOC).

New Tower Component	Description of Planned Component	Estimated Square Footage of Completed Component <sup>9</sup>
Parking	<ul style="list-style-type: none"> <li>Minimum 350 replacement parking spots for View Park Garage spots that will be lost to make room for new tower</li> </ul>	160,000 sq ft
Helicopter pads	<ul style="list-style-type: none"> <li>Minimum two pads; potentially a third if feasible</li> </ul>	35,000 sq ft

Table 3 - Program Plan Component 2: County Space Expansion

County Space Expansion Component	Description of Planned Component	Estimated Square Footage of Completed Component
Involuntary Treatment Act (ITA) Court	<ul style="list-style-type: none"> <li>Additional space for courtrooms, admin, attorney workspace, client areas, and public entry</li> </ul>	20,000 sq ft
Medical Examiner's Office (MEO)	<ul style="list-style-type: none"> <li>Additional cooler space, offices, and education rooms</li> </ul>	36,300 sq ft
Tuberculosis (TB) Clinic	<ul style="list-style-type: none"> <li>Additional space for outreach, staff offices, and a conference room/break room</li> </ul>	11,000 sq ft
Sexual Health Clinic	<ul style="list-style-type: none"> <li>Additional clinic and office space</li> </ul>	22,000 sq ft
Public Health Lab	<ul style="list-style-type: none"> <li>TBD</li> </ul>	TBD

At the time of the writing of this report, analysis of the Public Health Lab space needs remains underway. Subsequent reports will update this item as information is available.

This report identifies no changes to the number, size, or components of the Program Plan.

**Key Elements of the Program Scope:** This subsection describes key elements associated with the scope of the Program Plan. Tasks associated with these items are discussed in subsequent subsections.

City of Seattle Major Institution Master Plan (MIMP)

- The City's MIMP establishes the zoning rules and requirements for major institutions, such as universities, colleges, and hospitals. Changes to HMC's adopted MIMP will be made through a prescribed, multi-step process involving the City Department of Neighborhoods (DON), Department

of Construction and Inspections (SDCI), the City Hearing Examiner, and the City Council in a process that could take up to two years and potentially longer.<sup>10</sup>

- The County will seek approval from the City of Seattle for a major amendment to Harborview's MIMP. The Seattle City Council has authority to revise Hearing Examiner decisions and/or attach conditions to HMC's MIMP amendment, either of which could potentially involve open space, parking, transportation management, building height or other items, which in turn could result in increased costs and impacts to timeline.
- Since February 2023, Seattle's DON has led meetings with a standing Implementation Advisory Committee (IAC) to discuss HMC's facility and campus plans as part of the MIMP amendment process. Once the IAC provides its feedback to DON, the County will initiate the MIMP amendment application process.

#### Infrastructure Master Plan

- FMD is developing a campuswide utility and infrastructure master plan for Harborview's campus. The infrastructure master plan will identify the condition and capacities of the existing campus utility infrastructure to develop strategies to meet the growth in demand anticipated from the bond program components. It will also include identifying engineering solutions to enable future growth, including re-routing utilities and systems; providing energy usage improvements; and developing redundancy for mission-critical systems.
- The final infrastructure master plan document will be the strategic guide to infrastructure redevelopment for the campus. It will reflect the goals of HMC and the County, including resiliency; economic, environmental, and social sustainability; reducing reliance on fossil fuels; and evaluate options for meeting sustainability goals and potentially certification under third party programs, for the new inpatient tower and renovation projects. Notably, identified alternatives and upgrades that fall outside of the scope of the proposed Bond projects may be designed and developed in future phases.
- The Infrastructure Master Plan contract was awarded to OAC Consulting and, as of August 2023, the team had begun evaluating and rating of existing buildings and systems. The team projects completion by 1Q 2024.

#### Space Programming

- The space assessment informs the needs of key programs across Harborview campuses through 2040, including King County departments located in the hospital. Space programming includes planning for new or modified spaces for Harborview-located programs, developing and maintaining space planning guidelines, assessing available space to address changing needs, finding solutions for immediate and long-term space issues, and managing space requests and reallocations for County-owned and leased properties.

The process includes learning about department needs, and using tools to provide space, equipment, and furniture needed for the department to function efficiently. Departments consider

---

<sup>10</sup> This work is in progress, with the City DON Implementation Advisory Committee meeting since February 2023. Staff work has been ongoing.

items such as service-level projections, industry standards, operating needs, storage, adjacencies, and other spacing needs in their projected outlook.

- King County, HMC, Harborview-located departments, and various consultants are involved in space programming. This work will influence concurrent projects such as the Infrastructure Master Plan and information will be used to inform the procurement documents, such as the new tower request for proposal (RFP).
- King County and Harborview continue to lead blocking and stacking workshops to gather additional space programming information about department needs, identify location requirements, and outline general floor layouts across the Harborview campus. Consultant NBBJ was onboarded by Harborview in September to further advance the space planning work.

## 2. Updates on the Project Schedule Including Status of and Planned Dates for Major Milestones

The schedule of major milestones included below as Table 4 was included in the August 1, 2023, Harborview Program Plan Report transmitted to the Council. The timeline and milestones shown below in Table 4 were updated in the October monthly report, transmitted to Council on October 30, 2023. The October updates to Table 4 below included updating milestone 1 description, revising the estimated completion timeframe of milestone 1 from 3Q to 4Q; and adding a new milestone; to track submission of the MIMP major amendment application. There are no updates for the December report.

To expedite program development, several key tasks are occurring concurrently and driving towards procurement for design and construction of the new tower. It should be noted however, that some milestones are dependent on the sequential completion of key tasks. Meeting these major milestones includes managing several tasks and sub-tasks. The subsections below outline the work being conducted by FMD around major schedule milestones and provide a three-month progress outlook. This schedule below is predicated on working with the City of Seattle to expedite its MIMP and permitting processes, particularly items denoted with \* in Table 4, below.

*Table 4 - OWG Program Plan Milestones*

Milestone <sup>11</sup>	Estimated Completion Timeframe
1. MIMP Major Amendment: file notice of Intent (NOI) to apply for Major Amendment to the City of Seattle <sup>12</sup>	4Q 2023*
2. Submit MIMP major amendment application to the City of Seattle.	1Q 2024
3. City of Seattle MIMP Process: (DON, SDCI, Hearing Examiner, and City Council)	2Q 2024*
4. Issue new tower request for proposals (RFP)	3Q 2024*
5. Notice to proceed	1Q 2025*
6. Design and City permitting	2Q 2025-4Q 2025*

<sup>11</sup> As noted in the report transmitted to the Council on August 1, 2023, this schedule is predicated on working with the City of Seattle to expedite its MIMP and permitting processes, particularly items denoted with \* in Table 4.

<sup>12</sup> NOI follows the IAC recommendations submitted in September (3Q) resulting in the plan for a 4Q NOI submittal to the City of Seattle

Milestone <sup>11</sup>	Estimated Completion Timeframe
7. Begin construction	1Q 2026*
8. Occupy new tower	4Q 2028*

**3. Status and Progress for Each Component Capital Improvement Projects**

**Component 1 – New Tower**

The following narrative summarizes key elements underway for the new tower (Table 5).

*Table 5 - Project Component Activities*

Item	Activities Update	Objective
MIMP Amendment	<p>FMD continued analysis of the proposed amendments to environmental impact statement (EIS) alternatives matrix, updated draft of the MIMP application, and updated the MIMP Amendment schedule through January 2024.</p> <p>FMD hosted a series of legal reviews to confirm regulatory processing tasks and milestones.</p> <p>FMD met with the SDCI to prepare for the notice of intent (NOI) for a major amendment. Prior to submitting the NOI, the City of Seattle worked with King County and HMC to develop a neighborhood standing advisory committee, the Implementation Advisory Committee (IAC).</p> <p>The IAC submitted its final recommendation letter supporting the major amendment to the HMC MIMP to the Seattle Department of Construction and Inspection (SDCI) in October 2023. The final letter was approved by the IAC in September 2023.</p> <p>Next steps include:</p> <ul style="list-style-type: none"> <li>Formal notice of intent to apply to SDCI for the major amendment to HMC’s MIMP by King County. FMD projects</li> </ul>	<p>Achieve City of Seattle approval of a major amendment to the MIMP.</p> <p>The MIMP will outline a number of actions, some of which have environmental impacts. The Environmental Impact Statement (EIS) will show the impacts of those actions and the alternatives considered by King County in the development of the MIMP major amendment application.</p>

Item	Activities Update	Objective
	<p>submission of the NOI planned for 4Q 2023.</p> <ul style="list-style-type: none"> <li>Major amendment application to follow in 1Q 2024.</li> </ul>	
Infrastructure Master Plan	<p>Infrastructure OAC consultant team OAC started the HMC campuswide infrastructure analysis and engineering review of existing systems. Since onboarding, the team has worked with King County and HMC to draft an HMC existing systems report with ranking of mechanical, engineering, and plumbing equipment ranking, and established a ratings and risk register for the Infrastructure Master Plan. The infrastructure risk register, like the Bond Program’s overall risk register, will be used to determine budget and schedule contingencies, communicate with stakeholders, and inform decision-making.</p> <p>In November, FMD and OAC initiated an overlay of existing systems with the revised program goals. This work will help FMD to identify systems that may support infrastructure/buildings developed as part of the Bond goals.</p>	A campuswide analysis of internal and external systems (e.g., electricity, gas, and steam), informing energy options to meet the hospital’s growing needs
Space Programming	<p>HMC awarded Harborview campus master plan contract to NBBJ. Since the onboarding, NBBJ has hosted various space programming sessions with King County spaces and additional medical departments. Participants included the Medical Examiner’s Office, Involuntary Treatment Act Court, Sexual Health Clinic, King County Lab, and Tuberculosis Clinic. Follow-up workshops are scheduled to continue through construction of any new/renovated hospital spaces.</p>	Assess programmatic space needs, including projected future needs to inform costs, schedule, and design criteria required for the procurement process.

Item	Activities Update	Objective
	<p>In November, HMC concluded the first round of interviews with strategic service line providers. Meeting with contractor NBBJ and providers to follow.</p> <p>HMC determined the programming deliverable will be available by March 2024 to support the new tower RFP.</p>	
<p>Procurement Process and development of the Request for Proposals (RFP) for the new tower</p>	<p>FMD staff continue to work with HMC and consultants, to identify project criteria and other requirements, initiating project delivery method selection, and procurement requirements for issuing the new tower RFP. FMD held the first project delivery method selection workshop in November to prepare for the new tower RFP and prior to the State’s Capital Projects Advisory Review Board approval process in 2024<sup>13</sup>.</p> <p>FMD continued promoting a survey that solicits feedback from the design and construction community prior to confirming delivery and packaging methods for the new tower RFP for release in 3Q 2024 and developed a media kit for contractor organizations and media to use in survey promotions.</p> <p>FMD continues the coordination of property acquisition tasks and lead the development of sustainability objectives that will inform prospective bidders.</p>	<p>The objective of the new tower RFP process is to seek the prime construction contractor and subconsultants to support or manage individual projects and subprojects of the Bond Program.</p>

<sup>13</sup> The Capital Projects Advisory Review Board (CPARB) process is mandated by RCW 39.10 to review alternative public works contracting procedures.

#### 4. Budgetary Update

Ordinance 19583 calls for “updates on the budget including expenditures to date and remaining budget for each component capital improvement project, budget and expenditures.”<sup>14</sup> Table 6 below provides the required information along with projections for upcoming months.

As acknowledged in the initial monthly report (September 2023), due to the timing of the availability of the County’s final monthly financial data and the timeline for the completion of this report for transmittal to the Council, financial data in this report is for two months prior. To provide more relevant financial information to the Council, this report also includes projected expenditure data for the upcoming two months, and variance information between projected and actual months. This report provides October actuals, variance to October projected in the November report, and projected budgets for November and December.

The 2020 voter-approved bonds are expected to provide \$1.74 billion in revenue. As shown in Table 6, \$67M of expenditure authority has been granted to date. November expenditures total \$12.2 million, with 0.7 percent of total revenues expended through November 2023.

Notably, as the project moves closer to bidding of the design request for proposal in 2024, the financial reporting will transition to a more detailed budget.

**Key Updates for January Report** - The December 2023 report projected \$825,253 expenditures for the November reporting period. The actual expenditures in November are \$956,606. The variance is attributed to Project Management and contract invoices originally projected to be paid in October 2023, but actual payment in November 2023.

---

<sup>14</sup> Appendix A - Ordinance 19583 lines 142-143

Table 6 - November 2023 Expenditures and Projected Financial Data for HMC Capital Bond Program 2020 Prop 1 (Fund 3750)

Fund 3750 Harborview Medical Center Capital Program 2020						
November 2023 Data						
Harborview Project Plan Component	Adopted 2023-2024 Budget <sup>15</sup>	November 2023 Actual Expenditures	November 2023 Projected	November 2023 Variance <sup>16</sup>	December 2023 Projected	January 2024 Projected
New Tower	21,569,984	484,014	342,021	141,993	320,500	279,931
Existing Space Renovations	35,169,985	469,112	483,232	(14,120)	9,554,860	363,660
Other Costs	10,600,000	3,479	0	3,479	0	0
	<b>67,339,969</b>	<b>956,605</b>	<b>825,253</b>	<b>131,352</b>	<b>9,875,360</b>	<b>643,591</b>
Total Bond Authority		1,740,000,000				
Remaining Bond Authority		1,672,660,031				

In addition to this financial reporting, a joint County/HMC group meets monthly to monitor bond program financial activity. Members of this group include: /

- UW Medicine Chief Finance Director;
- UW Medicine Controller;
- King County Business and Finance Officer;
- King County Harborview Bond Program Administrator;
- King County Executive Budget Analyst; and
- UW Medicine Accountants.

Finally, a data dashboard is provided to the Auditor’s office and the Capital Projects Oversight Committee (CPOC) each month which includes financial data.

<sup>15</sup> Budget Adopted Ordinance:

- Ordinance No. 19293=\$22,539,969\_6/17/2021
- Ordinance No. 19546=\$44,800,000\_11/29/2022

<sup>16</sup> The December 2023 report projected \$825,253 expenditures for the November 2023 reporting period. The actual expenditures in November are \$956,606. The variance is attributed to Project Management and the contract invoices (i.e., Vanir & True North Land Surveying) originally projected to be paid in October 2023, but actual payment in November 2023.

## 5. Update on Tasks Completed on Major Milestones Since the Preceding Report and a Three-Month Projected Outlook on Upcoming Tasks to Accomplish Milestones

**Key Updates for January Report** – The task list below has been updated to reflect completed November tasks, including additional tasks not previously reported. New or updated tasks are shown in italics.

### **Milestone 1: MIMP Major Amendment: Application Notice to the City of Seattle**

Tasks completed through November include

- Coordinated with HMC’s campus master plan, and
- *Completed the draft workplan for MIMP tasks required through January 2024.*

Projected December Tasks

- Complete draft of infrastructure master plan alternatives analysis;
- File NOI to apply for the major amendment to the MIMP with SDCI;
- Initiate delivery method selection process for RFP, and
- Prepare for the State’s Capital Projects Advisory Review Board (CPARB)<sup>17</sup> approval process in 2024.

Projected January Tasks

- Draft presentation for the CPARB approval;
- Continue Lead Agency Review of draft MIMP amendment;
- Begin Lead Agency review of draft EIS amendment;
- Finalize project delivery method selection, and
- Define pre-procurement outreach plan.

Projected February Tasks

- *Completion of infrastructure alternatives analysis that will provide scenarios for the Bond projects and possible impacts on the existing HMC infrastructure.*

### **Milestone 2: Submit MIMP major amendment application**

Following the completion of Milestone 1, the Bond Program’s projected tasks include:

- King County will work with Prosecuting Attorney’s Office and Bond consultants to amend the HMC MIMP document to reflect the new hospital conditions; and
- King County, as lead agency, will initiate the SEPA process in preparation for a significance determination of the MIMP major amendment application.
- King County will prepare for formal application of the MIMP major amendment request to the City of Seattle.

### **Milestone 3: City of Seattle MIMP process (DON, SDCI, Hearing Examiner, City Council)**

Following the completion of Milestone 1, the Bond Program’s projected tasks include:

- King County, as lead agency, will provide a review of the Environment Impact Statement (EIS) conditions as part of the MIMP process; and
- Following NOI and completion of King County lead agency SEPA review, formally submit to SDCI major amendments to MIMP.

---

<sup>17</sup> The Capital Projects Advisory Review Board (CPARB) process is mandated by [RCW 39.10](#) to review alternative public works contracting procedures.

**Milestone 4: Issue new tower request for proposals (RFPs)**

Following the completion of Milestone 3, the Bond Program’s projected tasks include:

- Verifying program information from HMC to ensure the Program Plan continues to meet the growing needs of the King County and UW Medicine spaces;
- Utilizing the program to define the scope the full scope of bond program improvements;
- Establishing project delivery method and delineating that approach in the procurement documents for the new tower RFP;
- Promoting the upcoming new tower RFP through digital and in-person outreach;
- Establishing project criteria for new tower; and
- Acquiring approval of alternative project delivery method from in the State’s Capital Projects Advisory Review Board (CPARB).

**Milestone 5 - Notice to proceed**

- Milestone 5 is dependent on the completion of Milestones 1 to 4 and feedback from the MIMP process.

**Milestone 6 - Design and City permitting**

- Milestone 6 is dependent on the completion of previous milestones and feedback from the MIMP process.

**Milestone 7 - Begin construction**

- Milestone 7 is dependent on the completion of previous milestones

**Milestone 8 - Occupy new tower**

- Milestone 8 is dependent on the completion of previous milestones

**6. A Description of Stakeholder Engagement and Public Communications Over the Preceding Month Including Appearances on Agendas at Regional Meetings and Mailings**

FMD conducts outreach and engagement around the Bond Program, however for the month of November no events were attended due to lack of events held during the holiday season. Event activities and attendance will resume in early 2024.

*Table 7 – Bond Program Outreach and Engagement*

November 2023	Event Description	Event Purpose
<b>Stakeholder Engagement</b>	No events attended due to lack of events held during holiday season.	N/A

**7. A Description of Risks Including Newly Identified Risks and Realized Risks**

Ordinance 19583 requires this report to include the “description of risks including newly identified risks and realized risks since the preceding monthly report, with a focus on risks that may have significant impacts on the program plan scope, schedule, or budget.” Table 8 below provides the required data.

Program and project risk refers to events or conditions that, if realized, would have a negative or positive effect. Individual risks may be known (e.g., aging infrastructure) or unknown (e.g., new regulatory requirements). Some very rare risks are considered “unknown unknowns” (e.g., a global pandemic). Realized risk can have significant impacts on program, on capital project scope, schedule, budget, and quality, and can affect whether the project can meet its original objectives. By identifying and monitoring project and program risks, effective responses and mitigation can be planned and implemented with minimum impact on the project or program.

Risk management is primarily the responsibility of the program or project manager (PM) working with the project/program team, subject matter experts, and select stakeholders. A typical process is:

1. Identify risks (if ‘x’ happens, then ‘y’ is a likely consequence);
2. Assess risk probability and impact on scope, schedule budget, and/or quality; and
3. Develop a mitigation plan for each risk.

This information is used to determine budget and schedule contingencies, communicate with sponsors and stakeholders, and inform decision-making. A common tool used to monitor risk is a risk register, which lists each risk, the associated probability and impact, risk ownership, and mitigation plan. Risks may be active, closed, or realized (i.e., point at which the risk will be managed as an issue). Risk registers are typically developed by the project team and should be updated at regular intervals or as new risks emerge or are realized. A narrative of the risk register will be included in future reports.

FMD began developing the risk register in August by identifying project risks, shown below in Table 8, and held a risk register workshop in September Table 8 below remains unchanged from previous reports; the September risk workshop with HMC staff validated the risks and risk descriptions identified by the HBPO. Subsequent reports will include any updates to the risk register detailing risk categories, measurements, and mitigation planning. This will also identify high-risk items that may have significant impacts on the scope, schedule, and budget.

Table 8 below remains unchanged from previous reports; the September risk workshop with HMC staff validated the risks and risk descriptions identified by the HBPO.

Table 8 – Risk Identification

RISK IDENTIFICATION				
ID	Risk Title	Risk Type	Risk Closed?	Risk Description
1	Bond Team Organization	Bond Team		Communication and collaboration issues among KC, HMC, consultants and other key stakeholders may affect scope and schedule.
2	Bond Team Resources	Bond Team		Absence of or changes in staffing at HMC, King County, HMC, consultants and other key stakeholders could affect schedule and cost.
3	Design Decisions and Requirements	Engineering / Design		Design disputes or delays or changes in conditions or regulatory requirements could affect schedule and cost.
4	Green Building Certification	Environmental		If the green building certification selection is not adequately managed or delayed, scope, schedule and budget may be affected
5	SEPA	Environmental		SEPA appeals could affect schedule and costs.
6	Parking Alternatives	Infrastructure		If HMC employees, contractors, and/or neighborhood stakeholders don't accept parking alternatives, cost and schedule may be increased.
5	Utility Relocations or Upgrades	Infrastructure		Significant utility relocations or upgrades may be required for demolition and new service points. If continuous operations of facilities cannot be maintained, cost, scope and schedule may be affected.
6	Program Goals and Financing Methods	King County Council		If the program recommendations and revenues are misaligned then the project could be delayed, impacting schedule and budget.
7	City of Seattle Major Institutions Master Plan (MIMP)	MIMP		The Implementation Advisory Committee's (IAC) support, or lack of support, for the Bond Program MIMP amendment may affect program and project scope, schedule and budget.
8	Community Response and Permitting	Permitting		If neighbors and businesses pose objections to project configurations, then permitting and schedule may be delayed.
9	Project Delivery Method	Procurement		Type of delivery method selected may affect procurement timeline as well as costs and schedule.
10	Increasing Costs	Procurement		If inflation and escalation of costs increase more than anticipated, then scope, schedule and costs may be affected.
11	ESJ Contracting Goals	Procurement		If a selected prime or sub cannot meet bonding requirements, then cost, schedule and stakeholder interests may be affected.
12	HMC requirements	Programming		If programming data and information does not accurately capture owner's requirements and transfer requirements to designer, then the project quality, scope, budget, schedule will be impacted.
13	County Council decisions based on 2023 Ordinance 15583 may affect ability to reach all planned populations.	Programming		If changes to the Bond Program limits projects focusing on behavioral health and mission population needs, then ESJ aspirational goals may be affected.
14	Community Outreach - Engagement	Stakeholder		If community outreach is not adequately planned and executed, then our outreach may be deemed inadequate and affect stakeholder support of the project, and schedule may be affected.
15	Internal Stakeholder Engagement	Stakeholder		If the internal stakeholders are not engaged or if expectations are not adequately managed, impacts to the scope and schedule could occur.

## V. Conclusion

Since the approval of the \$1.74 billion bond funding, FMD has focused on establishing the structures and processes required to effectively implement the Bond Program. Foundational to that work has been identifying essential milestones for each phase<sup>18</sup> of the project, informed by feedback from the program work group and key partners.

This report identifies tasks accomplished to advance the Bond Program work and details on FMD's progress towards achieving the Bond Program goals. In addition to this report, FMD provides monthly project updates to Harborview's CPOC and Board of Trustees and King County Auditor's Office.

Subsequent reports will update the information in this document.

---

<sup>18</sup> Appendix D - Phases of Construction diagram

## VI. Appendices

### Appendix A – Ordinance 19583



**KING COUNTY**  
**Signature Report**  
**Ordinance 19583**

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

**Proposed No. 2023-0097.2**

**Sponsors Upthegrove**

1 AN ORDINANCE establishing a workgroup to develop a  
2 program plan for the 2020 bond to support facility and  
3 infrastructure improvements at Harborview Medical Center  
4 and requiring monthly status reports.

5 STATEMENT OF FACTS:

- 6 1. Harborview Medical Center ("Harborview") is a comprehensive  
7 regional health care facility owned by King County and, in accordance  
8 with the hospital services agreement between the Harborview Medical  
9 Center, the University of Washington and King County, is operated by  
10 UW Medicine and is overseen by a thirteen-member board of trustees.
- 11 2. Harborview is the only Level 1 Trauma Center for adults and children  
12 serving a four-state region that includes Alaska, Idaho, Montana and  
13 Washington, and provides specialized care for a broad spectrum of  
14 patients. Harborview is maintained as a public hospital by King County to  
15 improve the health and well-being of the entire community and to provide  
16 quality healthcare to the most vulnerable.
- 17 3. Motion 15183 created a planning process for a potential bond and  
18 established the Harborview leadership group, which produced and  
19 transmitted to the council an April 1, 2020, recommendation report  
20 outlining the size, scope and total cost of a bond to make health and safety

21 improvements to the medical center. In that report, the leadership group  
22 recommended the following bond program components: a new tower to  
23 increase bed capacity; a new behavioral health building; existing hospital  
24 space renovations; improvements to Harborview Hall; upgrades to the  
25 Center Tower; improvements at the Pioneer Square Clinic; demolition of  
26 the East Clinic building; and other costs. Included as part of the  
27 recommendations were the estimated costs for each component, with an  
28 estimated cost for the overall recommended bond program of \$1.74  
29 billion.

30 4. Based on those recommendations, Ordinance 19117 placed a \$1.74  
31 billion twenty-year bond on the November 3, 2020, ballot to fund facility  
32 and infrastructure improvements at Harborview. The ballot measure was  
33 approved by more than seventy-five percent of King County voters.

34 5. As of February 2023, inflation is at the highest levels seen in decades,  
35 with the fourth quarter 2022 Econpulse report from the King County  
36 office of economic and financial analysis ("OEFA") stating that the annual  
37 inflation rate was 8.6 percent in October and December 2022.

38 6. In the same report, OEFA states that the degree to which the federal  
39 reserve must raise interest rates to deal with inflation is likely to impact  
40 construction, meaning that bond-funded capital projects could experience  
41 substantial adjustments to anticipated size and scope.

42 7. Due to inflationary pressures and the current lending environment, a  
43 substantial financial gap exists between the capital improvements that

44 were envisioned in the recommendation report and what the \$1.74 billion  
45 of projected bond revenues will support, making it impractical to  
46 accomplish the leadership group's recommended capital improvements  
47 within the anticipated bond proceeds.

48 8. The March 7, 2023, Harborview master plan cost study report, which  
49 was produced by the consultants Vanir and Cumming, provided new  
50 estimates showing that costs are projected to exceed forecasted bond  
51 revenues by approximately \$889 million.

52 9. Ordinance 19117 provided that if future changed conditions result in  
53 costs substantially in excess of the amount of the bond revenues, that the  
54 King County council shall determine how those components deemed most  
55 necessary and in the best interest of the county be prioritized.

56 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

57 SECTION 1. A. The county, in collaboration with the Harborview Medical  
58 Center board of trustees and UW Medicine, shall convene a workgroup as described in  
59 subsection G. of this section. The workgroup shall develop a program plan that  
60 recommends those health and safety improvements at the Harborview Medical Center  
61 that can be built within the amount of the bond revenues estimated to be available and as  
62 authorized by Ordinance 19117, and referred to in this section as the "program plan."

63 The executive shall transmit the program plan to council, and a motion approving the  
64 plan as described in subsection I. of this section.

65 B. Each proposed component capital improvement project within the program  
66 plan shall be described, including but not limited to a description of: the size of the

67 component capital improvement project, such as estimated overall square footage; the  
68 planned purpose of, or service to be provided in, the component capital improvement  
69 project; the estimated cost of the component capital improvement project; and estimated  
70 timeline of the start and end of construction of the component capital improvement. The  
71 program shall also identify and describe those factors that could adversely impact the  
72 program plan's proposed square footage, cost, planned uses, and timelines. The program  
73 plan shall also include an estimated milestone completion timeline for the overall  
74 program.

75 C. In addition to identifying the elements of the program plan to be built within  
76 the amount of the bond revenues available, the program plan may also include a  
77 description of other legally available funds proposed to support the workgroup's program  
78 plan, if, under the workgroup's program plan, bond revenues are insufficient to  
79 accomplish all the workgroup's program plan components.

80 D. The program plan shall describe how the executive, in collaboration with the  
81 council, the Harborview board of trustees and UW Medicine, should implement the  
82 program so that the proposed component capital improvement projects within the  
83 program shall meet the requirements of K.C.C. 2.42.080.E. and K.C.C. Title 4A.

84 E. The program plan shall include a recommended process by which the  
85 executive will notify council if planned components may become impractical during the  
86 remainder of the twenty-year bond and necessitate a substantive change to any of the  
87 planned components. The recommended process shall ensure that the council has no  
88 fewer than thirty days prior to any proposed change for the council to take such actions as  
89 accepting, rejecting, or modifying the proposed change.

90 F. The program plan shall include as attachments to it any available reports  
91 produced by county departments or contractors that the workgroup used in developing the  
92 program plan recommendations.

93 G.1. The workgroup shall be facilitated by a neutral party and produce the  
94 program plan described in subsections A. through F. of this section. The workgroup shall  
95 consist of ten members, including six members selected in the same representative  
96 apportionment as the capital planning oversight committee described in the 2016 hospital  
97 services agreement, as well as the following members:

- 98 a. a member selected by the King County executive;
- 99 b. a member selected by the King County council;
- 100 c. a member selected by the Harborview board of trustees, and
- 101 d. a member selected by UW Medicine.

102 2. Workgroup members representing the council shall be appointed by the  
103 council chair.

104 3. Staff to members of the workgroup may attend meetings of the workgroup  
105 and provide support to the workgroup.

106 4. The workgroup shall consult with and provide meaningful opportunities for  
107 input from labor organizations that represent Harborview employees, residents of the  
108 First Hill neighborhood, members of the Harborview mission population, and any other  
109 constituent entities the workgroup determines would help inform a Harborview bond plan  
110 that best serves the public interest. The mission population of Harborview is defined by  
111 Exhibit 2 to the 2016 hospital services agreement as the non-English-speaking poor, the  
112 uninsured and underinsured, people who experience domestic violence and or sexual

113 assault, incarcerated people in King County's jails, people with behavioral health  
114 illnesses, particularly those treated involuntarily, people with sexually transmitted  
115 diseases and individuals who require specialized emergency care, trauma care and severe  
116 burn care.

117           5. The workgroup shall be guided by the analytical criteria used by the  
118 Harborview leadership group and set out in Appendix D to its April 1, 2020,  
119 recommendation report.

120           6. The workgroup shall conduct and include a robust analysis of the impacts of  
121 the program plan on equity and social justice from the analytical criteria.

122           H. The workgroup shall meet with the county council's committee of the whole to  
123 present the workgroup's program plan described in subsections A. through F. of this  
124 section no later than July 31, 2023.

125           I. The executive shall electronically transmit the workgroup's recommended  
126 program plan, and a motion approving the plan, no later than August 1, 2023, with the  
127 clerk of the council, who shall retain an electronic copy and provide an electronic copy to  
128 all councilmembers, the council chief of staff, and the lead staff for the committee of the  
129 whole, or its successor.

130           J. The workgroup established by subsection G. of this section shall disband upon  
131 the effective date of a motion approving a program plan.

132           SECTION 2. A. The executive shall transmit monthly status reports to the  
133 council describing any changes to the program plan required by section 1 of this  
134 ordinance and should also include, but not be limited to, information previously included  
135 in the department of executive services and facilities management division Harborview

136 bond capital program status reports. The monthly status reports shall include the  
137 following:

- 138 1. A description of the current program scope;
- 139 2. Updates on the project schedule including the status of and planned dates for  
140 major milestones;
- 141 3. Status and progress to date for each component capital improvement project;
- 142 4. Updates on the budget including expenditures to date and remaining budget  
143 for each component capital improvement project, budget and expenditures;
- 144 5. Update on tasks completed on major milestones since the preceding report  
145 and a three-month projected outlook on upcoming tasks to accomplish milestones;
- 146 6. A description of and stakeholder engagement and public communications  
147 over the preceding month including appearances on agendas at regional meetings and  
148 mailings; and
- 149 7. A description of risks including newly identified risks and realized risks since  
150 the preceding monthly report, with a focus on risks that may have significant impacts on  
151 the program plan scope, schedule, or budget.

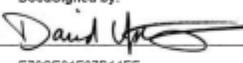
152 B. The executive shall begin electronically filing the status reports by the end of  
153 the month following the transmittal of the program plan required by section 1 of this  
154 ordinance, and by the end of each month thereafter, with the clerk of the council, who  
155 shall retain an electronic copy and provide an electronic copy to all councilmembers, the  
156 council chief of staff and the lead staff for the committee of the whole, or its successor.

- 157 C. The final status report shall be filed by the end of the first month following the  
158 completion of the final milestone described in the program plan.

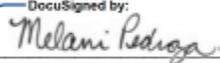
Ordinance 19583 was introduced on 2/23/2023 and passed by the Metropolitan King County Council on 3/21/2023, by the following vote:

Yes: 9 - Balducci, Dembowski, Dunn, Kohl-Welles, Perry, McDermott, Upthegrove, von Reichbauer and Zahilay

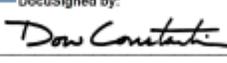
KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON

DocuSigned by:  
  
E76CE01F07B14EF...  
Dave Upthegrove, Chair

ATTEST:

DocuSigned by:  
  
8DE1B8375AD3422...  
Melani Pedroza, Clerk of the Council

APPROVED this \_\_\_\_ day of 3/30/2023, \_\_\_\_.

DocuSigned by:  
  
4FBCAB8196AE4C6...  
Dow Constantine, County Executive

**Attachments:** None

### **Harborview Medical Center Mission Statement**

Harborview Medical Center is a comprehensive healthcare facility dedicated to the control of illness and the promotion and restoration of health. Its primary mission is to provide healthcare for the most vulnerable residents of King County; to provide and teach exemplary patient care; to provide care for a broad spectrum of patients from throughout the region; and to develop and maintain leading-edge centers of emphasis. As the only Level I Adult and Pediatric Trauma Center in Washington, Harborview Medical Center provides specialized, comprehensive emergency services to patients throughout the region and serves as the disaster preparedness and disaster control hospital for Seattle and King County.

The following groups of patients and programs will be given priority for care:

- Persons who are non-English speaking poor
- Persons who are uninsured or underinsured
- Persons who experience domestic violence
- Persons who experience sexual assault
- Persons incarcerated in King County's Jails
- Persons with mental illness, particularly those treated involuntarily
- Persons with substance abuse
- Persons with sexually transmitted diseases
- Persons who require specialized emergency care
- Persons who require trauma care
- Persons who require burn care

Harborview's patient care mission is accomplished by assuming and maintaining a strong leadership position in the Pacific Northwest and the local community. This leadership role is nurtured through the delivery of health services of the highest quality to all patients and through effective use of its resources as determined by the Harborview Board of Trustees.

Harborview, in cooperation with UW Medicine, plans and coordinates with Public Health Seattle and King County, other County agencies, community providers, and area hospitals, to provide programs and services.

Harborview fulfills its educational mission through commitment to the support of undergraduate, graduate, post-graduate, and continuing education programs of the health professions of the University of Washington and other educational institutions, as well as programs relating to patient education.

Harborview recognizes that the delivery of the highest quality of healthcare is enhanced by a strong commitment to teaching, community service and research.

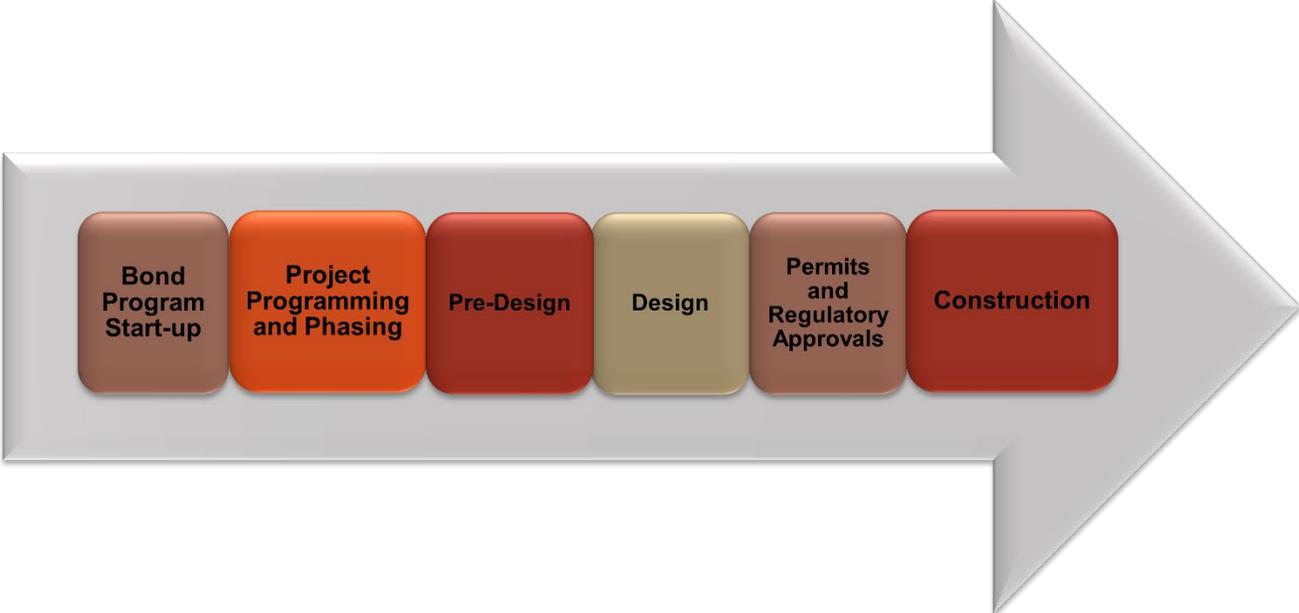
Appendix C – Vanir Cost Study Report Updated Bond Project Cost Modeling

Harborview Master Plan  
Seattle, WA  
Cost Study

Project # 22-01222  
03/07/23

Updated Bond Project Cost Modeling				
Bond Component Name	Bond Component Description	2019 Estimated Cost	2023 Estimated Cost	Delta
Harborview New Tower	Increase bed capacity; expand/modify ED; meet privacy and infection control standards; disaster prep; plant infrastructure	\$952,000,000	\$1,415,115,833	(\$463,115,833)
New Behavioral Health Building	Existing behavioral health services/programs and Behavioral Health Institute services/programs	\$79,000,000	\$136,477,284	(\$57,477,284)
Existing Hospital Space Renovation	Expand ITA court in most appropriate location; move/expand gamma knife; lab; Public Health TB, STD, MEO; nutrition, etc.	\$178,000,000	\$301,080,111	(\$123,080,111)
Harborview Hall	Seismic upgrades; improve/modify space; create space for up to 150 respite beds; maintain enhanced homeless shelter in most appropriate location	\$108,000,000	\$162,504,259	(\$54,504,259)
Center Tower	Seismic upgrades; improve and modify space for offices	\$248,000,000	\$317,944,966	(\$69,944,966)
Pioneer Square Clinic	Seismic and code improvements; improve and modify space for medical clinic/office space	\$20,000,000	\$29,973,332	(\$9,973,332)
East Clinic	Demolish East Clinic Building	\$9,000,000	\$12,071,381	(\$3,071,381)
Site Improvements / Other Costs	Site preparation; 1% for Art; Project Labor Agreement; Project Management; Infrastructure Improvements	\$146,000,000	\$253,660,841	(\$107,660,841)
<b>Total Project Cost</b>		<b>\$1,740,000,000</b>	<b>\$2,628,828,008</b>	<b>(\$888,828,008)</b>

Appendix D – Phases of Construction





**KING COUNTY**  
**Signature Report**

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

**Motion 16435**

**Proposed No. 2023-0278.1**

**Sponsors Kohl-Welles and McDermott**

1           A MOTION approving a workgroup-recommended  
2           program plan for those health and safety improvements at  
3           the Harborview Medical Center that can be built within the  
4           amount of the bond revenues estimated to be available and  
5           as authorized by Ordinance 19117, as required by  
6           Ordinance 19583.

7           WHEREAS, in November 2020, King County voters authorized \$1.74 billion in  
8           capital bonds to fund facility infrastructure and health and safety improvements at  
9           Harborview Medical Center, and

10          WHEREAS, a March 7, 2023, Harborview master plan cost study report,  
11          produced by the consultants Vanir and Cumming, provided updated estimates showing  
12          that costs to make those facility infrastructure and health and safety improvements are  
13          projected to exceed forecasted bond revenues by approximately \$889 million, and

14          WHEREAS, on March 29, 2023, the King County council passed Ordinance  
15          19583, calling for workgroup comprised of representatives from the Harborview Board of  
16          Trustees, UW Medicine, the King County council, and the King County executive to  
17          provide an updated program plan recommending those health and safety improvements at  
18          the Harborview Medical Center that can be built within the amount of the bond revenues  
19          estimated to be available and as authorized by Ordinance 19117, and

20 WHEREAS, the workgroup, supported by a neutral facilitator and more than two  
21 dozen staff from UW Medicine, and King County, worked collaboratively for over  
22 twelve weeks to develop the recommended program plan, and

23 WHEREAS, the workgroup was guided in its analysis by analytical criteria used  
24 by the Harborview Leadership group, updated for the current environment, and

25 WHEREAS the workgroup utilized data and information provided to it by UW  
26 Medicine, and King County to inform its decision making, and

27 WHEREAS, eight virtual and in-person engagement sessions were held to gather  
28 input from labor organizations that represent Harborview employees, residents of the  
29 First Hill neighborhood, and members of the Harborview mission population to help  
30 inform a Harborview bond plan that best serves the public interest, and

31 WHEREAS, each requirement of Ordinance 19583 is addressed in the attached  
32 report, including: overall square footage; the planned purpose of, or service to be  
33 provided in, the component capital improvement project; the estimated cost of the  
34 component capital improvement project; and estimated timeline of the start and end of  
35 construction of the component capital improvement. In completing its analysis, the  
36 workgroup recognized that those estimates are conceptual and high-level and are subject  
37 to change as financial, regulatory, or other conditions related to the project may evolve;

38 NOW, THEREFORE, BE IT MOVED by the Council of King County:

39 The report, Recommended Program Plan for Harborview Medical Center Health

- 40 and Safety Improvements, which is Attachment A to this motion and is as required by  
41 Ordinance 19583, is hereby approved.

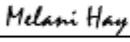
Motion 16435 was introduced on 8/15/2023 and passed by the Metropolitan King County Council on 10/3/2023, by the following vote:

Yes: 9 - Balducci, Dembowski, Dunn, Kohl-Welles, Perry, McDermott, Upthegrove, von Reichbauer and Zahilay

KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON

DocuSigned by:  
  
E78CE01F07B14EF  
Dave Upthegrove, Chair

ATTEST:

DocuSigned by:  
  
8DE1BB375AD3422  
Melani Hay, Clerk of the Council

Attachments: A. Recommended Program Plan for Harborview Medical Center Health and Safety Improvements



Date: September 21, 2023

Sean Conrad  
City of Seattle Department of Construction & Inspections  
Seattle Municipal Tower  
700 Fifth Avenue  
PO Box 34019  
Seattle, WA 98124-4019

Re: Harborview Implementation Advisory Committee (IAC) Recommendations on Major Amendment Proposal

Dear Sean,

The Harborview Implementation Advisory Committee (IAC) has reviewed the proposed amendments to the Harborview Medical Center Major Institution Master Plan (MIMP) and recommends that SDCI review and approve the proposed changes as a major amendment.

**Overall project background:**

In November 2020, King County voters approved issuing up to \$1.74B in phased general obligation bond funding over 20 years at the Harborview Medical Center campus for health and safety purposes. This measure listed facility improvements, including the construction of a new tower on campus that increases single-patient bed capacity and expansion of the emergency department, which are highly constrained in the current environment.

The Harborview Implementation Advisory Committee has met on 10 occasions to discuss the planned major amendment to the Major Institution Master Plan to support the continued development of the voter-approved improvements at the Harborview campus in First Hill. A MIMP describes the zoning rules that will apply to an institution and identifies long-range planning for developing the major institution’s property.

The proposed major amendments to the Harborview MIMP are as follows:

**Major Amendment Proposal #1: Expansion of Major Institution Boundary**

The existing MIO (major institution overlay) boundary totals 594,480 sq. ft. Harborview proposes expanding the MIO boundary by approximately 60,000 sq. ft. to accommodate a proposed two-way access road around the perimeter of the new hospital tower. The proposed road will be for emergency vehicles, sidewalks, and two-way traffic around the campus.

**Committee Recommendation: Approve.** The committee fully supports the expansion of the MIO boundary to the southwest up to the I-5 corridor. The committee would like to encourage Harborview to continue to study the suitability of extending the planned access road to James St. for emergency vehicle access only. In the committee’s view, such an extension would provide multiple entry points to the ER tower for emergency traffic, ease congestion around the hospital, and reduce noise pollution from sirens within the First Hill neighborhood.

**Major Amendment Proposal #2: New Floor Area Ratio (FAR)**

The existing MIO limits Harborview’s total FAR to 3.6. Harborview proposes increasing the allowed FAR to 6.0. Doing so enables construction of voter-approved facilities, such as the New Tower, the renovation of

Harborview Hall, a building at the existing Walter Scott Brown building site, and a new building at the existing East Clinic site. The increase in FAR would align Harborview with other major hospital institutions in the area.

**Committee Recommendation: Approve without reservations.** Increasing the Floor Area Ratio (FAR) to 6.0 positions Harborview Medical Center to serve the future needs of the community.

#### **Major Amendment Proposal #3: Height, Bulk, and Scale**

Harborview Medical Center proposes increasing the height designation of the Major Institutions Overlay (MIO) west of 8<sup>th</sup> Avenue from 240 ft. to 300 ft. Accordingly, the IAC reviewed the height, bulk, and scale of proposed Harborview development projects, including the proposed massing of the new tower and future projects at the East Clinic and Walter Scott building sites. In all cases, the committee found the proposed building height, bulk, and scale of proposed buildings consistent with existing buildings and the current built environment of the surrounding neighborhood.

**Committee Recommendation: Approve without reservations.** Harborview Medical Center is consistently over capacity within the existing campus. Moreover, they operate in a constrained urban space within a dense city neighborhood. Accordingly, the Committee believes that there is a compelling need to increase the maximum building height above the current 240 ft. MIO as requested. Increasing the height allowance in the proposed location accommodates the need for more hospital beds with the least impact on the wider community.

#### **Major Amendment Proposal #4: Open Space**

Currently, the minimum percentage of the Harborview MIO district to remain in open space is 20%. This requirement is satisfied by landscaped open space on top of the existing west garage with a viewpoint and park and through building setbacks. Because the west garage is the planned site of the new tower, Harborview Medical Center proposes developing surplus surface parking east of Harborview Hall into a new community open space. In so doing, HMC proposes reducing current open space requirements on campus from 20% to 12%. During our meetings, no mention was made of reducing setback requirements, so the committee assumes that the proposed reduction comes entirely from the new proposed open space being smaller than the current open space to be developed.

During our meetings, Harborview capital development staff raised numerous perspectives that were acknowledged as having merit. A 12% open space proposal would bring the Harborview MIMP closer to alignment with other major institutions' less-stringent open space goals (Virginia Mason, 4%, Swedish First Hill, 9.5%). Additionally, there are opportunities with an eastside open space nexus to align with planned neighborhood open spaces, such as the Terry Avenue green street concept.

**Committee Recommendation: Approve with reservations.** The committee considers that the primary responsibility of Harborview Medical Center is to provide exemplary care to its patients. We are confident that the reduction of the current open space requirements is necessary for Harborview to continue to provide high-quality patient care. Harborview exists in a highly dense/constrained urban environment where open space is at a premium. However, the committee would be remiss if we did not mention that First Hill is underserved by parks and open space. Both the 2000 Pro Parks levy and the 2008 Parks and Open Space levy identified First Hill as a priority area for developing a neighborhood park—the community is still left waiting. This problem is not necessarily Harborview's to solve. Still, there is a collective action problem between the several First Hill major institutions, the city, and the Seattle Parks Department in providing needed facilities to the First Hill neighborhood. Harborview's planned reduction of open space is necessary but not without serious trade-offs, including a valued neighborhood amenity in View Park. The committee encourages Harborview Medical Center to comply with all provisions of the Terry Avenue Public Realm Action Plan (PRAP) as they plan their campus.

**Major Amendment Proposal #5: Traffic Impacts & Traffic Mitigation**

Harborview commits to the continued development of a Transportation Management Plan (TMP) to minimize neighborhood impact by staff, patient, and visitors' vehicles. As part of an EIS for the construction of the new tower, studies will be conducted on traffic, parking, and congestion, along with ways to mitigate these impacts both during and after construction.

**Committee Recommendation: Provisionally Approve**, with the understanding that a full traffic study will be conducted during the EIS process, which will include opportunities for public comment. The IAC encourages Harborview to continue to defray single-occupancy vehicle trips to the campus through shuttle services, subsidized transit passes, and encouraging rideshare, with the understanding that many work shifts occur during off-peak hours. Single-occupancy vehicle parking impacts are keenly felt by the Yesler Terrace community.

In closing, the IAC recommends approving the proposed amendments to the Harborview MIMP. The vote to adopt this position was: 8 in favor, 1 opposed, and 0 abstaining.

Harborview IAC Members include:

Jackson Taylor - Approve  
Kenda Salisbury - Approve  
Nancy Hong - Approve  
Cathy Jaramillo - Approve  
Sandy Miller - Approve  
Dani Noune - Approve  
Kristin O'Donnell - Approve  
Frederick Scheetz - Oppose  
Carlos Estrada - Approve

Sincerely,



Jackson Taylor, Chairperson  
Harborview Implementation Advisory Committee