

Public Health Subcommittee Analysis for the Harborview Leadership Group

AUGUST 28, 2019

Subcommittee Members

- Anne Burkland, Public Health – Seattle & King County
- TJ Cosgrove , Public Health – Seattle & King County
- Maria Wood, Public Health – Seattle & King County
- Dennis Worsham, Public Health – Seattle & King County
- Drew Pounds, Office of Performance, Strategy and Budget, King County Executive's Office
- Katie Ross, Office of Performance, Strategy and Budget, King County Executive's Office
- Brigitte Folz, Harborview Medical Center
- Ted Kleiner, Harborview Medical Center
- Lan Nguyen, King County Council
- Sam Porter, King County Council

Overview – Public Health and Safety Net

King County contributes to the health safety net by running the Public Health system and owning Harborview Medical Center (HMC)

- PHSKC eliminates health inequities and maximizes opportunities for every person to achieve optimal health
- PHSKC protects the community from the spread of disease, provides health care and linkages to specialty care, and seeks to address the social determinants of health
- Public Health services on HMC campus include HIV/STD Clinic, King County Medical Examiner's Office (KCMEO), Tuberculosis (TB) Control Program, Public Health Laboratory, and Vital Statistics

Overview – Public Health at HMC

PHSKC programs on the HMC campus with capital needs:

- **HIV/STD Clinic**
 - STD diagnosis and treatment; over half of patients are MSM (men who have sex with men)
 - UW partnership
- **Medical Examiner's Office**
 - Investigates sudden, unexpected, violent, suspicious, and unnatural deaths
 - Included in 2000 HMC bond
- **Tuberculosis Control Program**
 - Manages active cases of pulmonary TB, conducts contact investigations, and provides consultation to community providers
 - 75% cases among foreign-born

Program	Square footage	HMC location	On campus since
MEO	34,047	NJB	1983
STD Clinic	13,282	NJB	2009
TB Clinic	4,095	Ground East Clinic	2000

Overview – PH Programs Downtown

PHSKC programs *not* located on the HMC campus with a nexus to the HMC bond discussion:

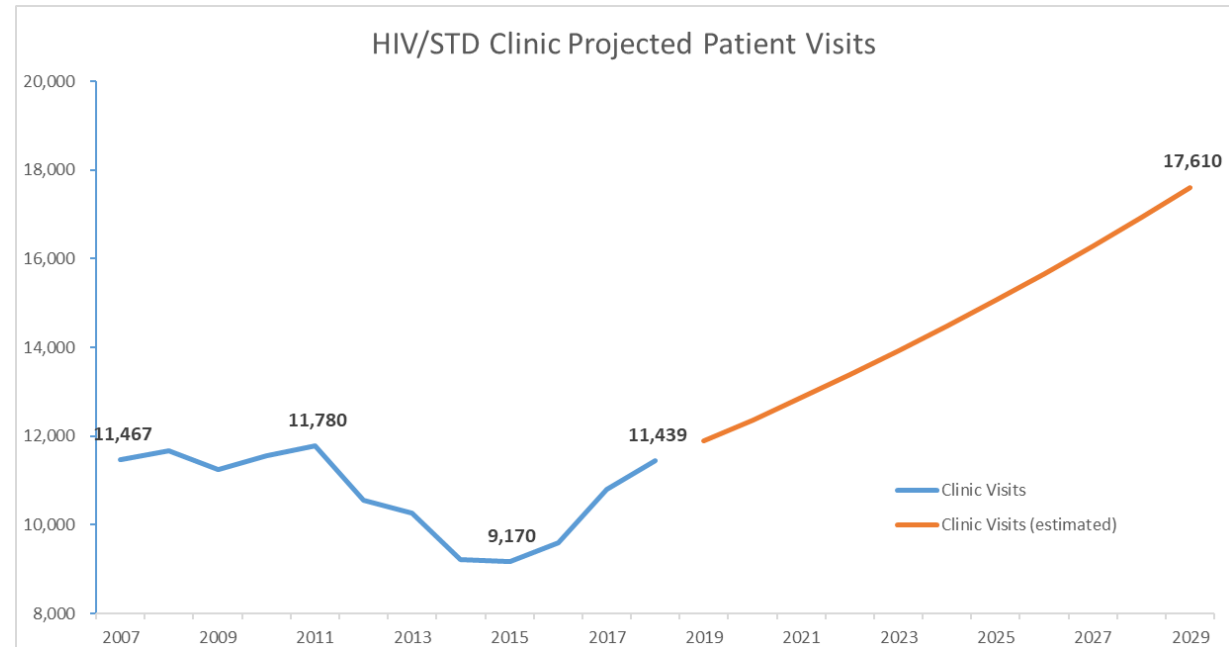
- **Refugee Health Screening Program**
 - Provides the legally required health assessment services for newly arrived refugees and asylees
 - Provides linkage to other needed health and human services
- **Downtown Public Health Center**
 - Serves low-income, homeless and refugee populations
 - Services include adult health care and Swedish family medicine residency program, dental clinic, travel clinic, Refugee Health Screening, WIC, and Needle Exchange Program

Needs Statement

- HIV/STD Clinic, KCMEIO, TB Control Program benefit from being housed on the HMC campus
 - All three programs anticipate growth and need for additional space
 - HIV/STD Clinic projects caseload increases
 - KCMEIO projects caseload increases
 - TB Control Program projects active TB caseloads to remain level; latent TB infection to become reportable, increasing workload; and additional federal funding necessitating staff increases
 - Refugee Health Screening and TB Control would benefit from co-locating on HMC campus
- Downtown Public Health needs a permanent home to ensure health and human services for the safety net population in downtown Seattle

HIV/STD Clinic Needs

- 2018: STD Clinic conducted 11,439 patient visits
- 2029: Project 17,000 visits
- Ability to refer patients to specialty clinics and/or walk them directly to Madison Clinic important for continuity of care



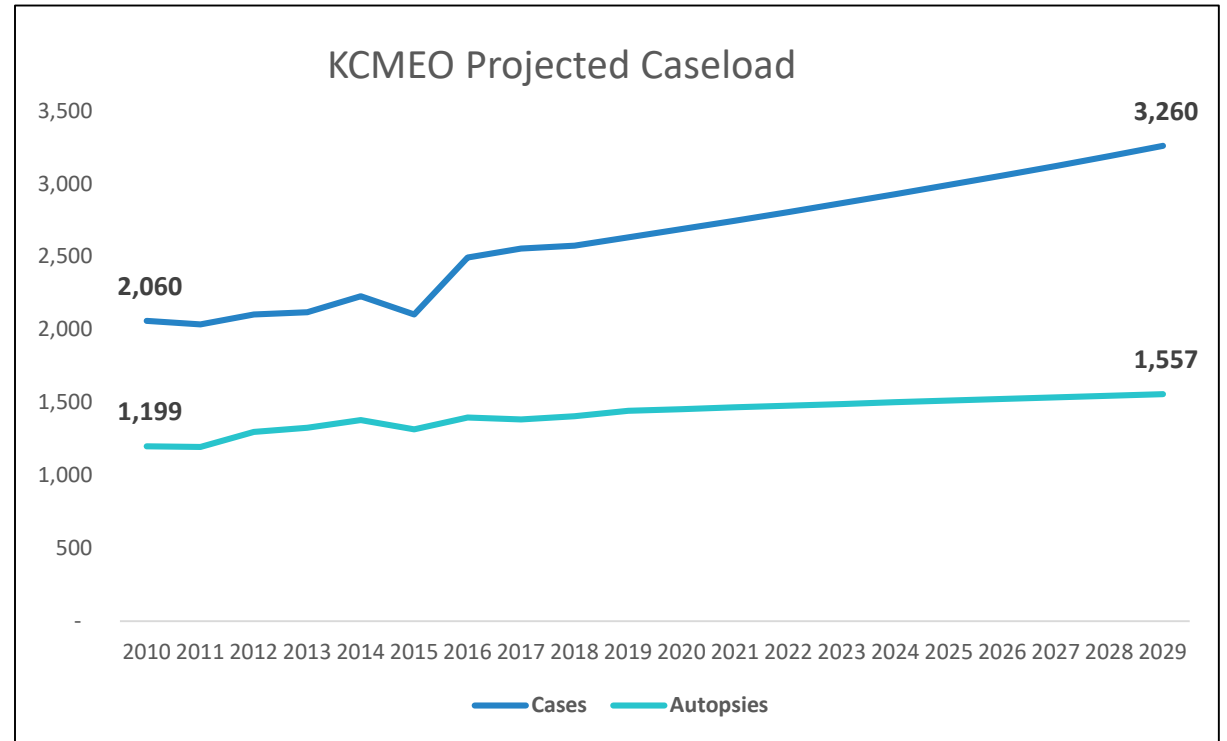
KCMEO Needs

Space needs will increase due to:

- Population growth
- Opioid-related
- Homeless deaths

Additional space needed for:

- Cooler space
- Investigations staff
- Autopsy
- Laboratory

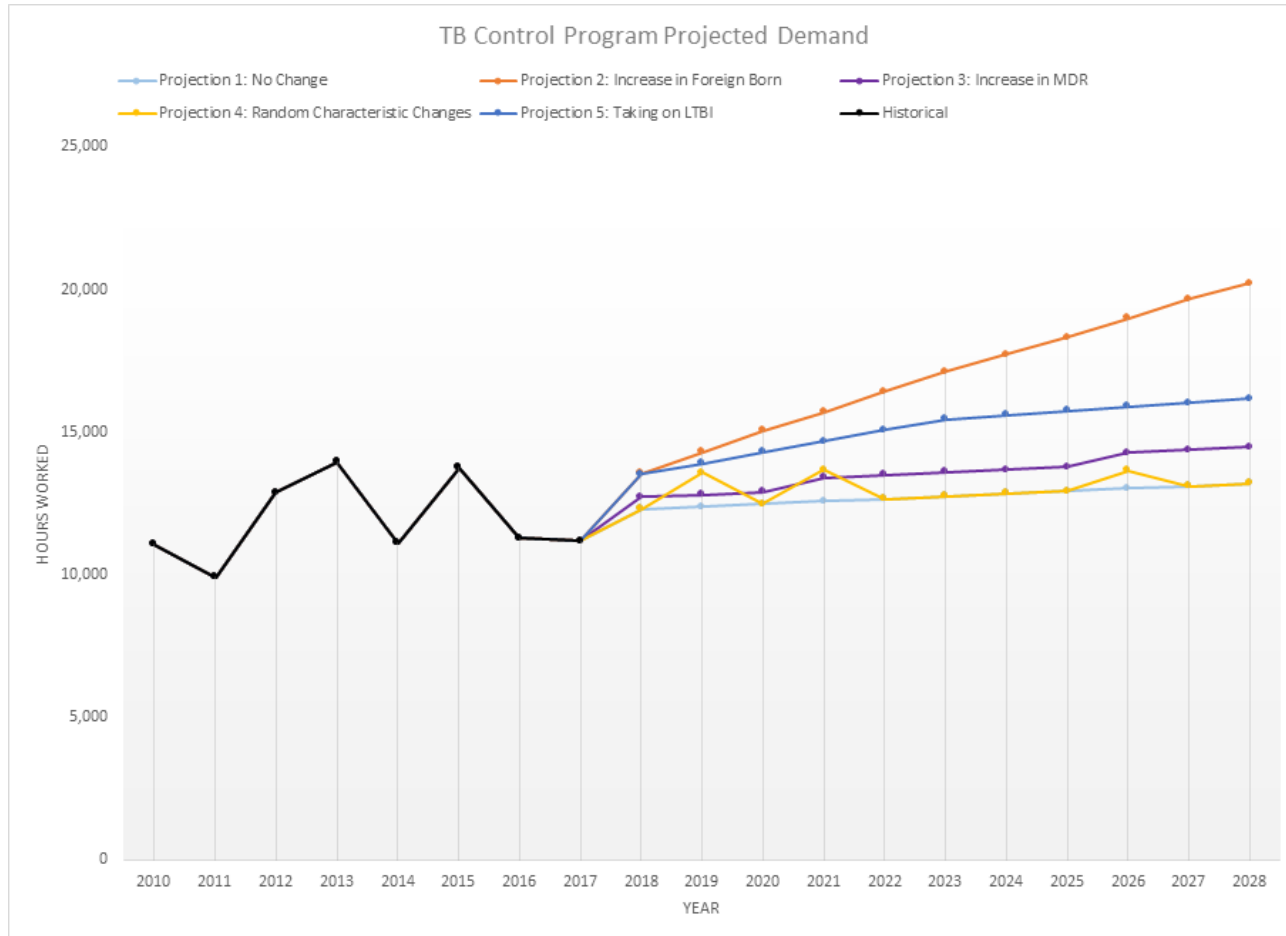


About 15% of 2018 cases came directly from HMC with no need for vehicle transfer

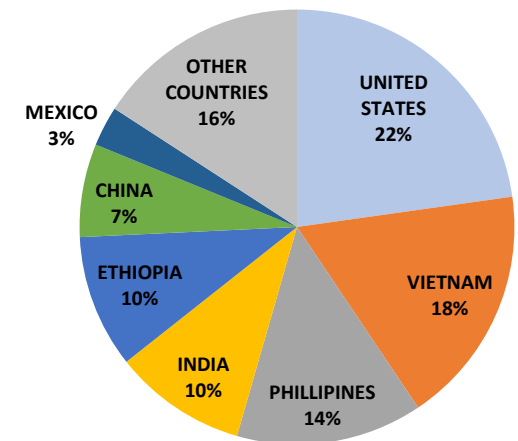
TB Control Program Needs

- Location ideal
 - Access to radiology and pharmacy
 - Proximity to HMC International Medicine Clinic
- Workload
 - Active TB cases likely to remain flat - ~ 100 cases per year
 - Federal government will likely mandate latent TB infection reporting
 - Estimated 100,000 cases of latent TB infection in King County; TB Control Program following up with 10%
- Two sources of CDC funding will likely be awarded
 - Staffing and space increases
- Co-locating Refugee Screening with the TB Control Program would allow for administrative efficiencies and ease of referral to TB and HMC's International Medicine Clinic
 - Refugee Screening estimates 100 arrivals per month, running clinic 2 – 2.5 days/week

TB Control Program Needs



TB Control Program, country of origin of active TB cases, 2017



Downtown Public Health Needs

- Downtown Public Health Center at 4th & Blanchard is leased from a private landlord - poses uncertainty, risk, rising rental costs
- Should the current lease be terminated, re-siting the existing services would pose a considerable challenge for PHSKC due to the population served and the nature of the services offered
- A permanent location will ensure our future ability to meet the needs of our County's most vulnerable populations

Alternatives/Options

- Option 1: No change
- Option 2: Maintenance of effort for Public Health programs on the HMC campus with enhancements for growth and efficiency
- Option 3: Purchase building to maintain a County-owned health and human services hub in downtown Seattle

....Or both 2 and 3

Option 1: No Change

- No change for the HIV/STD Clinic, KCMEO, and TB Control Program would leave the three facilities at Harborview with no potential for growth nor improved functionality
- Current facilities at HIV/STD Clinic and KCMEO, while sufficient today, will not meet the needs of increasing caseloads in the future
- TB Control Program is overdue for an upgrade; it does not meet program and patient needs *currently*

Without increased square footage, there will be a negative impact on most of the HMC Leadership Group decision criteria, including access, workflow efficiency and productivity, and surge capacity.

Option 2: Maintenance of effort of Public Health programs on HMC campus; enhancements for growth and efficiency

Public Health's HIV/STD Clinic, KCMEQ, TB Control program, and Public Health Laboratory remain on HMC campus

- Expand the footprint of the HIV/STD Clinic, KCMEQ, and TB Control program
- Co-locate Refugee Health Screening Program with the TB Control Program

Additional space needs:

- HIV/STD add about 6,700 additional SF
- KCMEQ add 5,000 – 10,000 additional SF
- TB Control Program add about 4,200 SF

Facility Option #2 improves access, workflow, efficiency, surge capacity, infection control, and patient safety, and positions facilities for future growth and service demands.

Option 3: Purchase building to ensure the long-term presence of a downtown health and human services hub

Purchase building in downtown Seattle for health and human services hub for safety net patients, including adult and pediatric primary care, dental, support for children with special health care needs, maternity support services, WIC, expanded buprenorphine program, needle exchange, and pharmacy

- Reduce disparities by race, place, and income by ensuring access to health and human services for marginalized populations
- Ensure innovative integration of primary care, dental care, substance use disorder treatment, parent child health services, and harm reduction services all under one roof
- Significantly reduce barriers for individuals who face transportation and other challenges to accessing care

Facility Option #3 would improve access, allow for improved workflow and efficiency, and position facilities for future growth and service demands.

Summary Conclusions

The facility responses presented are not mutually exclusive and seek to meet Public Health's needs as follows:

- TB Control Program facilities are currently inadequate
- Refugee Health Screening and the TB Control program would benefit from co-location
- HIV/STD and KCMEO facilities are adequate now, but will need additional space in the future
- King County and safety net patients would benefit from a permanent health and human services home in the downtown core

Criteria

	Option 1: No Change	Option 2: HMC	Option 3: downtown
Area 1: People Impact			
Mission Population			
Patients and clients			
Labor and employees			
Neighbors and community			
Area 2: Service/Operational Impact			
Delivery of emergency services			
Addresses facility deficiencies and needs			
Supports innovation, best practices, and/or new models of care			
Area 3: Equity and Social Justice			
Service models that promote equity			
Influenced by community priorities			
Addresses Determinants of Equity			
Access to healthcare and improved health outcomes			
Area 4: Fiscal/Financial Impact			
The long-term financial position of Harborview and King County			
Existing facilities			
Opportunities for other funding			

Key:

	Positive Impact
	Negative Impact
	N/A

Questions?

Pioneer Square Clinic Subcommittee Analysis for the Harborview Leadership Group

AUGUST 28, 2019

Subcommittee Members

- Tricia Madden, Harborview Medical Center
- Ted Klainer, Harborview Medical Center
- Katie Ross, King County PSB
- Lan Nguyen, King County Council
- Bailey Bryant, King County Office of the Executive
- Leslie Harper-Miles, King County FMD

Overview

- Pioneer Square Clinic was established 45 years ago as a critical part of the health safety net for the county's most vulnerable residents
- Services offered:
 - Primary Care Medical Home
 - Acute episodic care
 - Psychiatry, Social Work, Mental Health
 - Podiatry
 - Nutrition
 - Pharmacy
 - Opioid Based Outpatient Treatment (OBOT)
- Built in 1904, Pioneer Square Clinic is a historic landmark and currently grandfathered in to its clinic code – any major changes made to it would require bringing the entirety of the clinic up to current Department of Health and City standards
- Neighborhood has 6 homeless shelters, 7 low in-come housing complexes, 3 senior housing complexes, multiple food and survival services and only 1 medical clinic (PSQ Clinic)

Needs Statement

- Pioneer Square Clinic is open 50 hours a week Monday – Friday and is turning away patients daily
- The clinic is need of significant HVAC, plumbing and electrical upgrades to maintain quality care for patients
- Pioneer Square does not have a procedure area and must call 911 for transport to HMC emergency department instead of stabilizing lower acuity needs in the clinic but requiring more room that current exam rooms offer
- Clinic has only 7 exam rooms limiting ability to respond to low acuity calls due to scheduled visits and volume of walk-ins
- Pioneer Square Area had 5,200 low acuity calls in 2018
 - 50% could have been diverted to a clinic, instead about 1000 went to HMC Emergency Room

Alternatives/Options

- Option #1 – No Change
- Option #2 – Remodel Existing Pioneer Square Clinic
- Option #3 – Move clinic operation to new location in Pioneer Square Area
- Option #4 – Close clinic and move operations to the 22nd and Rainier Clinic (Hobson Place)
- Option #5 – Move the main clinic to Hobson and leave a downsized function in PSQ clinic with medical residency

Option 1: No Change

- Pioneer Square Clinic is facing severe space constraints that negatively impact the ability to provide up-to-date and quality health care services
- No changes to the current structure will likely result in needs remaining unmet and an increase in lower acuity emergency department visits at Harborview Medical Center's main campus
- Capacity is reduced when facility repairs are performed in clinical space increasing unmet care and increased demand on HMC ED



Option 2: Remodel Existing Pioneer Square Clinic

- Pioneer Square Clinic is grandfathered in to its code standards, any adjustments made will require bringing the entire clinic up to current code
- Ideally, a remodel would allow for the first two floors to be clinic space, the third floor for administrative services and the fourth floor for community partnerships.
- This upgrade could potentially aid in lowering patient volume at HMC's Emergency Department by allowing for a procedure area and more clinical capacity
- This would require temporarily relocating services to another location while renovations took place.



Option 3: Move Clinic to New Location in the Pioneer Square Area

- The option to purchase or lease a new space entirely in the Pioneer Square Area would require a more intentional exploration of available property.
- King County does not currently own any available space

Option 4: Move Operations to the 22nd and Rainier Clinic (Hobson Place)

- Harborview and DESC have proposed plans to open an integrated primary care clinic on 22nd and Rainier called Hobson Place
- Increases in the homeless population south of the downtown corridor present a need for additional care
- The clinic would have permanent supportive housing and is also in close proximity to other housing 1st complexes, shelters and encampments
- Closing the clinic in Pioneer Square would leave a significant need unmet for individuals who receive care there and do not travel well
- Low acuity calls in 1st 4 months of 2019 in zip code were 215 that could have been sent to a clinic for management so would decrease load on HMC emergency department

1911 22ND AVE S

ZONING
21,000 SF site zoned C1-405
within the Rainier-Rainier
Urban Village Boundaries

PROJECT
New proposed 6 story,
64,000 SF mixed-use
residential building with
approximately 50 studios.



Option 5: Move Clinic to Hobson and Leave Downsized Function in PSC With Upgrades

- Downsizing the clinic in Pioneer Square, but allowing for minor upgrades will improve quality of care and maintain service for that area
- Both sites will provide daily walk-in service with two neighborhoods offering a medical home for vulnerable people expanding the safety nets survival services
- Pioneer Square Clinic would focus on training medical residents in becoming primary care physicians
- Majority of operations would move to Hobson place, allowing for a greater number of people to receive care overall
- Both clinics would have capacity to receive low acuity SFD calls reducing demand on HMC emergency department

Criteria

	No Change	Remodel	Move to new building	Close clinic and move to Hobson	Downsize and move to Hobson
Area 1: People Impact					
Mission Population	Negative Impact	Positive Impact	Positive Impact	Positive Impact	Positive Impact
Patients and clients	Negative Impact	Positive Impact	Positive Impact	Negative Impact	Positive Impact
Labor and employees	Negative Impact	Positive Impact	Positive Impact	Positive Impact	Positive Impact
Neighbors and community	Negative Impact	Positive Impact	Positive Impact	Positive Impact	Positive Impact
Area 2: Service/Operational Impact					
Delivery of emergency services	Negative Impact	Positive Impact	Positive Impact	Positive Impact	Positive Impact
Addresses facility deficiencies and needs	Negative Impact	Positive Impact	Positive Impact	Positive Impact	Positive Impact
Supports innovation, best practices, and/or new models of care	Negative Impact	Positive Impact	Positive Impact	Positive Impact	Positive Impact
Area 3: Equity and Social Justice					
Service models that promote equity	Negative Impact	Positive Impact	Positive Impact	Positive Impact	Positive Impact
Influenced by community priorities	Negative Impact	Positive Impact	Positive Impact	Positive Impact	Positive Impact
Addresses Determinants of Equity	Negative Impact	Positive Impact	Positive Impact	Positive Impact	Positive Impact
Access to healthcare and improved health outcomes	Negative Impact	Positive Impact	Positive Impact	Positive Impact	Positive Impact
Area 4: Fiscal/Financial Impact					
The long-term financial position of Harborview and King County	Negative Impact	Positive Impact	Positive Impact	Negative Impact	N/A
Existing facilities	Negative Impact	N/A	Negative Impact	Negative Impact	Positive Impact
Opportunities for other funding	N/A	Positive Impact	Positive Impact	Positive Impact	Positive Impact

Positive Impact	Positive Impact
Negative Impact	Negative Impact
N/A	N/A

Questions?



KING COUNTY HEALTH & HOUSING



INTRODUCTION TO HDR

History and Size

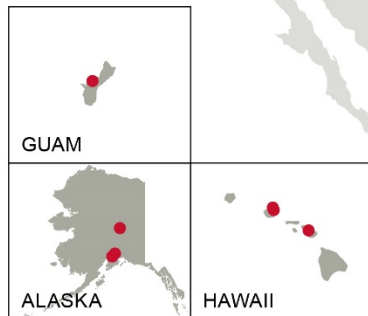
- Founded in 1917
- Nearly 11,000 professionals
- More than 225 locations worldwide
- Ranked No. 6 by Engineering News-Record
- Ranked No. 1 Healthcare and S&T Architecture
- Projects in all 50 states and 60 countries
- S CORP ESOP: 100% Employee Owned



INTRODUCTION TO HDR

North American Offices

*“National expertise delivered
from a strong local presence”*



GLOBAL LOCATIONS

ASIA
Beijing, China
Shanghai, China

AUSTRALIA
Brisbane, Queensland
Melbourne, Victoria
North Sydney, New South Wales

EUROPE
Berlin, Germany
Erfurt, Germany
Kiel, Germany
Leipzig, Germany
Stuttgart, Germany

MIDDLE EAST
Abu Dhabi, UAE
Doha, Qatar
Dubai, UAE

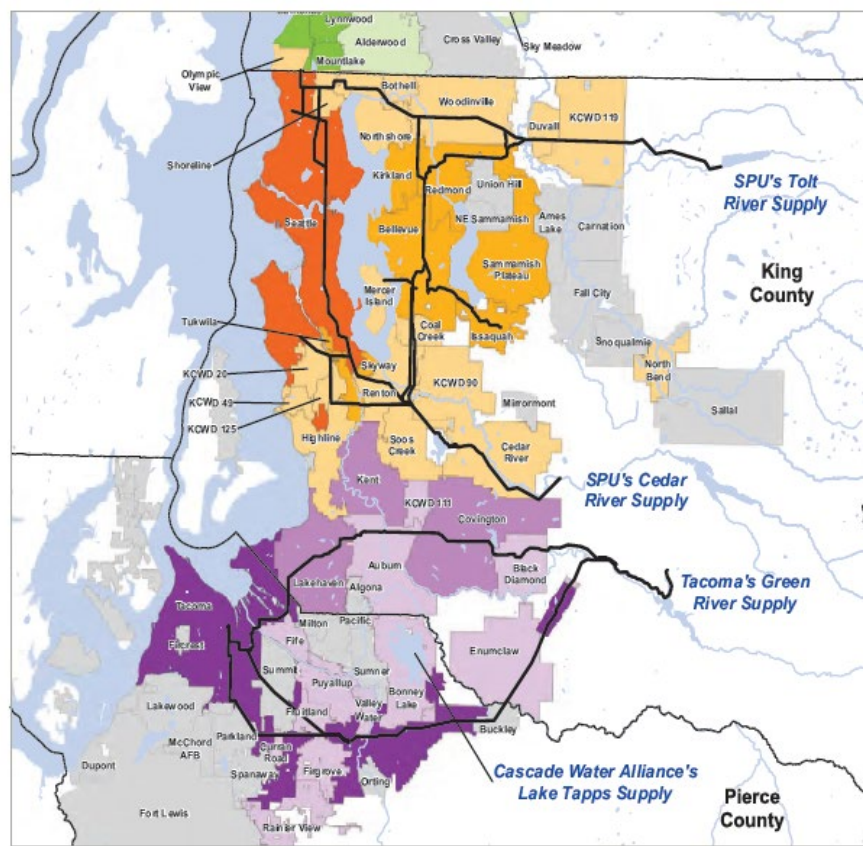


HDR

- Over 510 employee owners in WA
- 9 Offices – Everett, Bellevue, Seattle (2), Gig Harbor, Olympia, Vancouver, Pasco, Spokane



Factoria Recycling and Transfer Station | King County



Regional Water Supply Resiliency Project | City of Everett, SPU, Tacoma Water, Cascade Water Alliance

RESILIENCY FOLLOWING AN
EARTHQUAKE



RESILIENCY FOLLOWING A
DROUGHT



RESILIENCY FOLLOWING IMPACT TO
WATER QUALITY



RESILIENCY IN RESPONSE TO
CLIMATE CHANGE





Clean Water Plan | King County WTD



King County Parks Renton Shops | Renton, WA



King County Health and Housing Strategic Facilities Planning | Seattle, WA



East Link Construction Management | Sound Transit



Spring Boulevard | City of Bellevue

Analytical Criteria for HLG

Area 1: What is the impact to people?

- A. How would the proposal impact clients, patients, and the community in the following areas?
1. Prioritizes the needs of the Mission Population, providing for new or expanded services to address gaps
 2. Increase and/or ease of access
 3. Improves care
- B. How would the proposal impact labor and employees in the following areas?
1. Increases job opportunities
 2. Enhances employee and patient safety
 3. Supports more efficient workflow and productivity
 4. Supports recruitment and retention
- C. How would the proposal impact neighbors and surrounding communities in the long-term?
1. Decreases in traffic and/or noise
 2. Increase in availability and accessibility by community
 3. Improves neighborhood safety
 4. Supported by neighbors and communities
 5. Responsive to changing population patterns and geographic needs of county residents

	No Change/Existing Buildings	Prioritized Programs	Additional Programs
Area 1: People Impact			
Mission Population			
Patients and clients			
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Area 2: Service/Operational Impact			
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Area 2: What is the impact to services and operations?

- A. How would the proposal impact delivery of emergency services?
1. Ensures functionality of public resource of Level 1 trauma center
 2. Provides surge capacity during high census periods, natural disasters, or mass casualty events
 3. Stabilizes facility to fulfill regional emergency preparedness role
- B. How would the proposal address facility needs/deficiencies?
1. Provides for seismic upgrades and requirements
 2. Modernizes building systems (e.g. HVAC, elevators, lighting)
 3. Incorporates green building practices
 4. Maximizes use of existing facilities
- C. How does the proposal support innovation, best practices, and/or new models of care?
1. Enables modern infection control standards
 2. Improves safety, effectiveness, and efficiency of patient care
 3. Supports innovative service delivery
 4. Positions the facility to accommodate future growth or service demands

Area 3: What is the equity and social justice impact?

- A. Does the proposal advance new service models that promote equity?
- B. How has the proposal been influenced by community priorities?
- C. What determinants of equity are impacted by the facility proposal? See King County Determinants of Equity
- D. How would the proposal promote access to healthcare and improve health outcomes for communities of color, communities where English is not the primary language, and other marginalized communities?

Area 4: What is the fiscal impact?

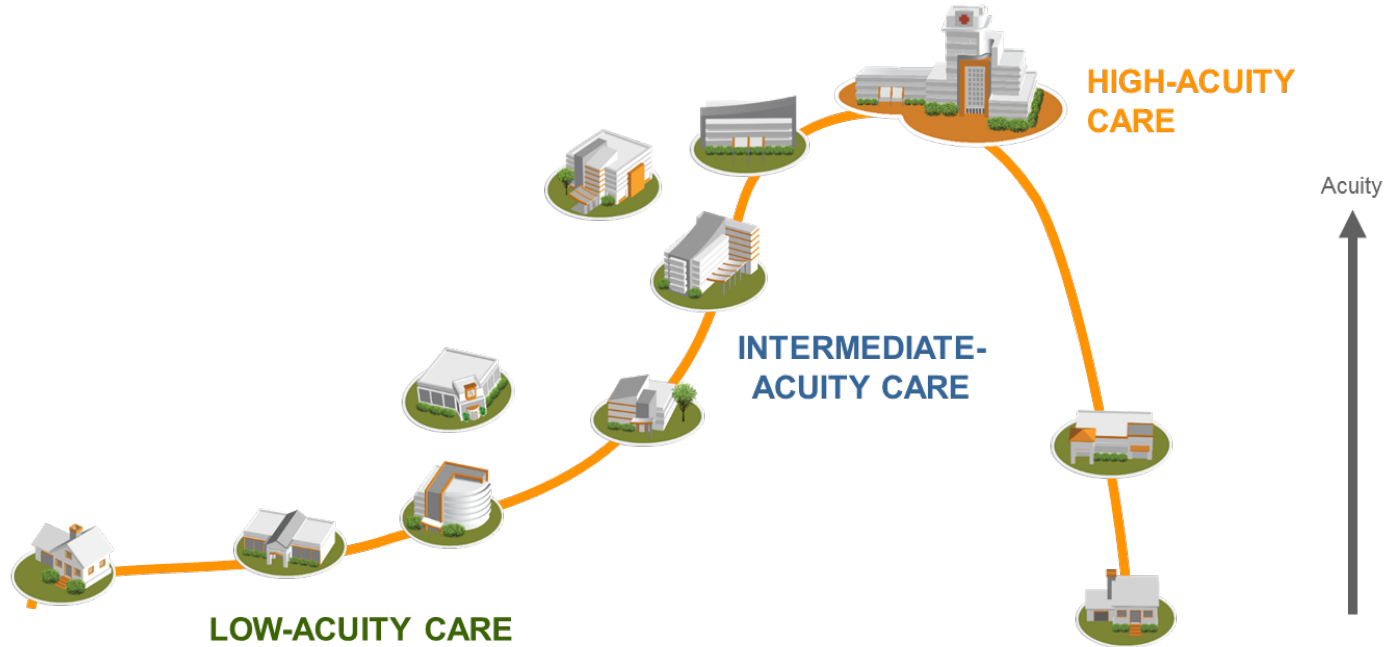
- A. How does the proposal strengthen long-term financial position of Harborview and King County?
- B. What opportunities to renovate existing facilities to house the service would be included in the proposal?
- C. Does the proposal provide opportunities for philanthropic, federal, state, or other facility funding?



Health Campus Planning | Best Practices

- Intuitive Way-Finding to Main & ED
- Key Adjacencies
- Walking Distances / Parking / Transit
- On-Stage / Off-Stage Circulation
- Expansion Zones
- Decanting Non-Institutional Uses
- Mechanical / Service Truck Access
- Noise Mitigation
- Nearby Destination / Retail

The Campus of the Future Will Optimize Utilization Within and Across the System of Care

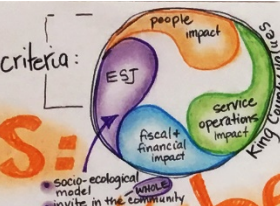


Demand + Strategic Operational and Growth Initiatives + Site Optimization

FOR

SUCCESS:

- Safe, resilient, accessible space
 - on campus getting to campus
- single patient room experience
- infection control
 - compounded by double rooms
- consensus by the time final plan is reached
- space - enough of it
- dignity, community ownership
- think outside the box for options
 - per scores



- equity & accessibility to patient rooms

MATRIX EVALUATION	
per scores	

- increase:
 - bed capacity
 - single-patient room capacity (staff shuffle this every day)
 - parking capacity / accessibility
 - patient
 - staff
 - non-locals (not likely to use mass-transit)
- improve predictability for the voter
- maximize existing facilities



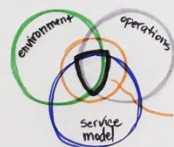
DATA GATHERING

8.9.19

best practices

medical services

- intuitive way-finding
- walking distances
- non-institutional uses
- noise mitigation
- decanting space
 - ensure content supports this
- open space considerations
- optimize utilization across facilities
- balancing out-patient with acute services for optimization



behavioral health

- research-driven
- patient-driven (their goals)
- mental health
- medical health
- balance
- community linkages
- safety & security
 - start w/ site design
 - reducing stigma
- stress reduction



7 FLOWS

- patients
- family/visitors
- staff
- medication
- information
- supplies
- equipment

these need to be considered as separate flows

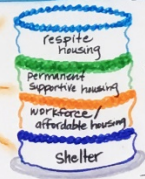
NO YES

"We need lower acuity beds. Often patients have no place to discharge ... We need a bridging location for them."

"We need a plan for how this - respite care need - can work"

continuum of care

layer cake concept for housing



We need a new term!

managing patient complexity

our patients are highly complex

behavioral health puts heavy demands on this system

through-put system

this is the challenge!

"View Park doesn't seem to be used by patients."

- this is a complicated concept
- arrival / departure process is changing:
 - from share-a-ride
 - to autonomous rides

vision:

- community hospital front door
- big picture thinking
- decomplicate the parking
 - especially for non-locals
- make sure there is ENOUGH parking
- decision-making that reflects the mission



Big Idea Zoo.com
©2019 - Lori Rock

open space:

- calming space
- rehabilitation space
- making the outside operate as well as the inside
- understand what counts as open space

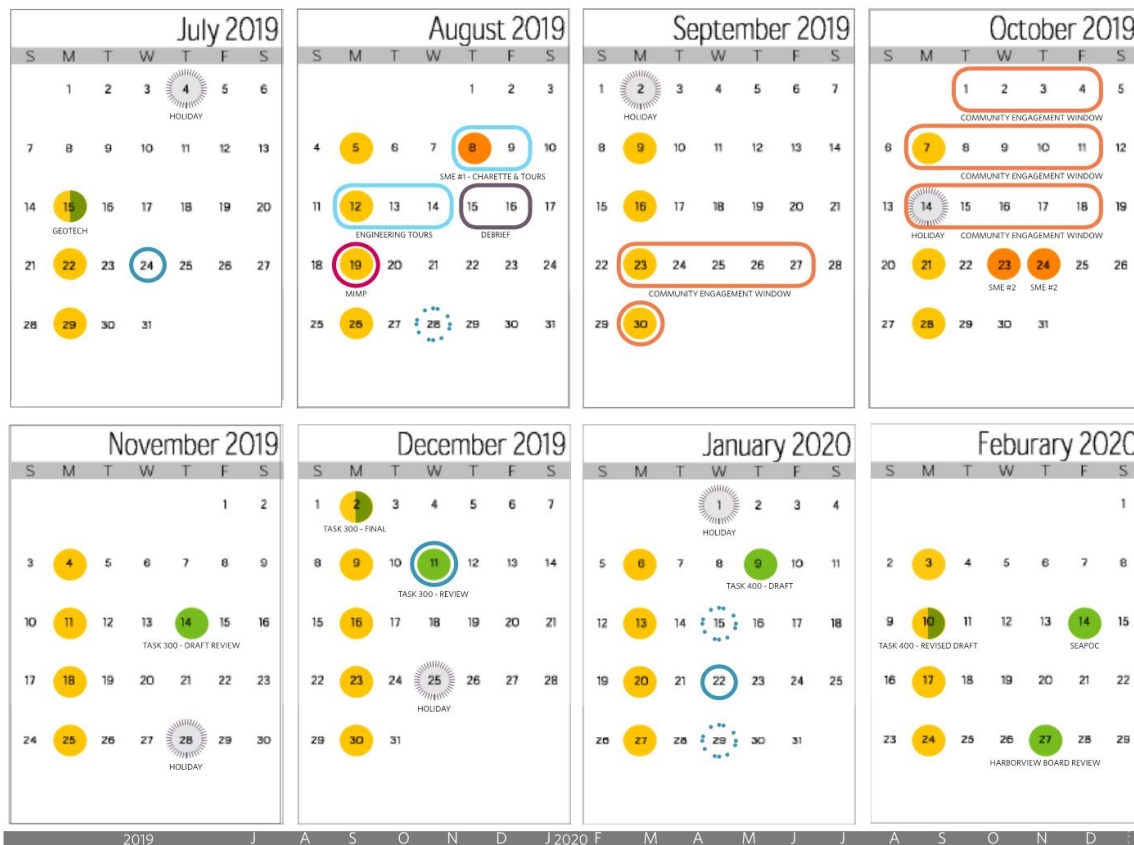




Harborview Schedule

Legend

- PM - Project Mgmt Meeting
- Milestones
- SME - Subject Matter Expert
- HLG - Harborview Leadership Group
- Community Engagement
- Tours
- Debrief
- MIMP - Major Institutional Master Plan
- Tentative Occurance



Task 200 Understanding

Task 300 Analysis

Task 400 Planning

Bonding



