

# **BUILDING FOR THE NEXT GENERATIONS OF KING COUNTY RESIDENTS**

**HARBORVIEW  
MEDICAL CENTER**

UW Medicine  King County

# MISSION STATEMENT

Harborview Medical Center is owned by King County, governed by the Harborview Board of Trustees, and managed under contract by the University of Washington.

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 of its 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.

# UW Medicine

## HARBORVIEW MEDICAL CENTER

**HARBORVIEW MEDICAL CENTER** is owned by King County, governed by a county-appointed board of trustees and managed by UW Medicine.

### Areas of Specialization

- Level I adult/pediatric trauma and burn care
- Emergency medicine and disaster management
- Eye and optometric institute
- HIV/AIDS
- Neurosciences
- Psychiatric and psychological services, including severe mental illness and substance abuse
- Rehabilitation services
- Sports, spine and orthopedic care
- Vascular conditions

### Uncompensated care

Harborview provides comprehensive care to patients from all walks of life as part of its mission. In fiscal year 2017, Harborview provided more than \$206 million in uncompensated care.

### History

In 1877, Harborview was founded as the six-bed King County Hospital in South Seattle. In 1931, it moved to its present location overlooking Puget Sound and its name was changed to Harborview Hospital, now known as Harborview Medical Center. UW Medicine's management of Harborview has enabled the hospital to become a leading academic medical center, and new facilities have been added with support from voter-approved bond projects and Harborview reserve funds. The Norm Maleng Building opened in 2008 and the Ninth & Jefferson Building opened in 2009.

### FY 2018 Statistics

Licensed Beds: 413  
Employees: 5,491  
Admissions: 16,716  
Clinic Visits: 262, 132  
ED Visits: 57, 516



# HARBORVIEW MEDICAL CENTER BOARD OF TRUSTEES STRATEGIC PLAN SUMMARY

1. Proactively develop a contingency plan and implementation timeline in case of potential significant reductions to funding which will impact HMC's ability to provide care to the Mission Population (e.g. "Repeal and Replace" or other legislative efforts resulting in reduced Medicaid funding or eligibility).
2. Create a coordinated and integrated care continuum in partnership with King County and UW Medicine to better and more efficiently serve the Mission Population. This care model or continuum will be the platform to best serve the Mission Population, for further development of HMC capabilities and infrastructure, future potential partnerships and expansion of the model to additional populations.
  - a. Capitalize on lessons learned from the UW Medicine population health efforts.
  - b. Expand behavioral health including a focus on treatment for opiate and other addictive substance use disorders.
  - c. Continue development of critical and foundational behavioral health integration capabilities.
  - d. Include a Behavioral Health Institute (BHI) as part of the facility master plan.
  - e. Identify opportunities for service integration among or between King County and HMC.
3. Develop the continuum of care (pre- and post-acute care) with partners.
  - a. Develop a coordinated ambulatory access plan for the increasingly densely populated area surrounding HMC (i.e. First Hill and Yesler Terrace) while maintaining and coordinating care for the Mission Population located throughout King County.
  - b. Develop "pre" and "post" acute capacity and expansion of access through telemedicine and other innovations such as supportive housing and satellite clinics to best serve all of its patients (including the Mission Population).
  - c. Support strong, ongoing policy advocacy which will align incentives to facilitate and encourage community placement with providers to support the delivery of quality, cost effective care.
4. Develop new and / or upgraded facilities in order to sustain and grow service to the residents of King County and region through improved care models, expanded/integrated Behavioral Health, and to preserve disaster command center and emergency preparedness.
  - a. Pursue funding for this development through new and existing relationships and funding mechanisms (e.g. development of Bond, sales tax, or other funding initiatives).
  - b. Improve stakeholder and community support and awareness through regular and targeted communication. This increased support and awareness will also benefit development and philanthropy.
  - c. Support strong, ongoing Trustee and leadership policy advocacy to encourage improved community capacity utilization and disaster readiness.
5. Maintain focus on achieving King County and UW Medicine strategic initiatives and pillar goals.
  - a. Decrease the cost of care as directed by the long-range financial plan.
  - b. Achieve volume projections enabled by post-acute care strategy and throughput improvements.
  - c. Invest with UW Medicine to develop an information technology strategy to enhance patient facing tools.
  - d. Continue leadership with equity and social justice efforts to insure equal treatment for all patients and employees.
  - e. Develop programs and opportunities to ensure the cultural and ethnic diversity of those in leadership positions mirrors the population served.
6. Enhance awareness of the community benefits and world class care/outcomes associated with a regional Level 1 Trauma, Burn, and Stroke and other Centers of Emphasis located at Harborview.

# SITUATION

Harborview Medical Center operates at almost 100% occupancy.

Bed capacity constraints are significantly impacting hospital operations.

HARBORVIEW  
MEDICAL CENTER

UW Medicine  King County

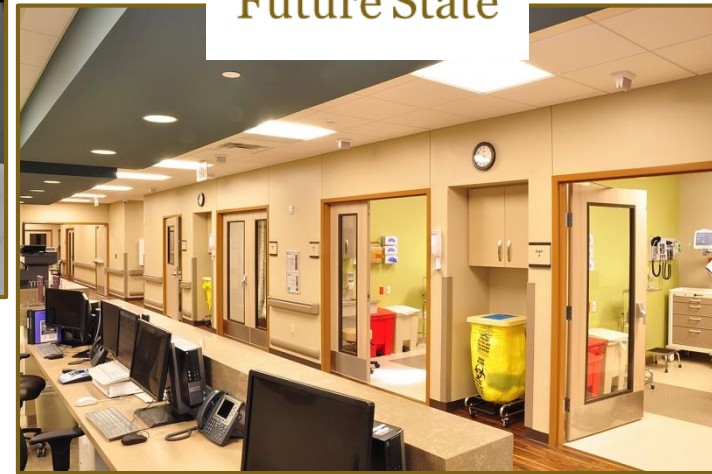


# EMERGENCY ROOM EXISTING CONDITIONS



Current State

Future State



HARBORVIEW  
MEDICAL CENTER

UW Medicine  King County

# INPATIENT ROOM EXISTING CONDITIONS



Current State

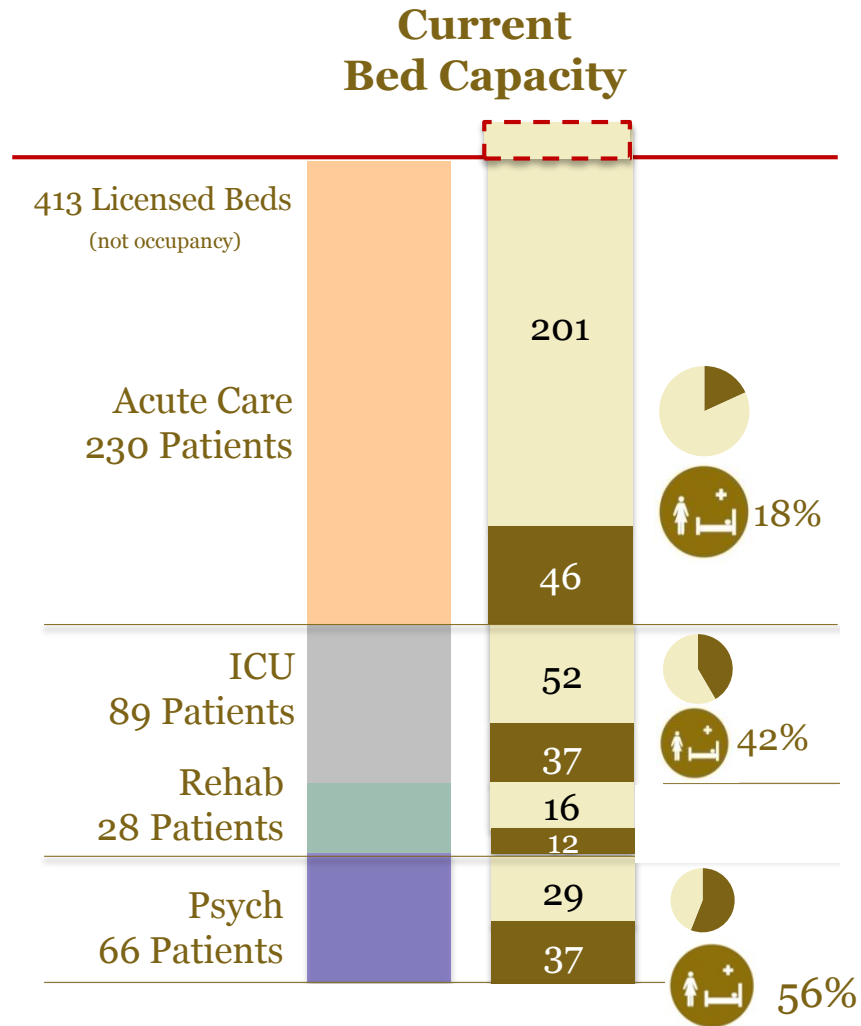


Future State


HARBORVIEW  
MEDICAL CENTER

UW Medicine  King County

# SITUATION



HARBORVIEW  
MEDICAL CENTER

UW Medicine  King County



# SITUATION

On a daily basis at least 50 beds located in double patient rooms cannot be used because of isolation precautions, forcing staff to place patients in the ED, PACU and ICU.

Grid  
Locked  
Condition =  
Virtually no vital surge capacity.  
No capacity for growth.  
No flexibility for hospital operations.  
Increased operating expense.

# BED BOARD

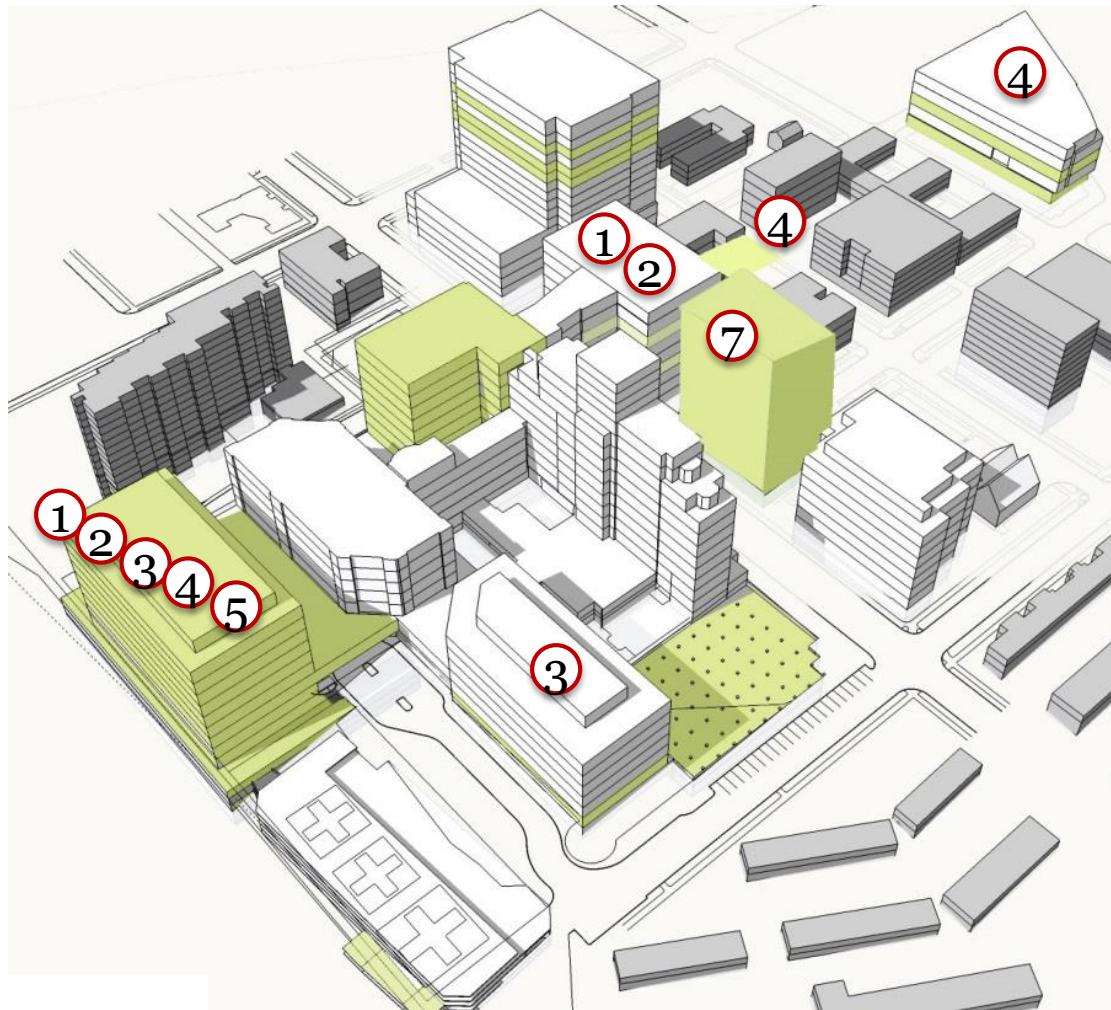
H 2EA	E301-/E301-01	WB365/WB365-1	T417-/T417-01	6C63-/6C63-02	M639-/M639-01	E806-/E806-02	MB935/MB935-1
EA201/EA201-1	E302-/E302-01	WB366/WB366-1	T417-/T417-02	H 6EH	M639-/M639-02	E807-/E807-01	MB936/MB936-1
EA202/EA202-1	E303-/E303-01	WB367/WB367-1	T418-/T418-01	EH601/EH601-1	M640-/M640-01	E807-/E807-02	MB937/MB937-1
EA203/EA203-1	E303-/E303-02	WB368/WB368-1	T418-/T418-02	EH602/EH602-1	M641-/M641-01	E808-/E808-01	MB937/MB937-2
EA204/EA204-1	E304-/E304-01	WB369/WB369-1	T419-/T419-01	EH603/EA603-1	M642-/M642-01	E808-/E808-02	MB938/MB938-1
EA205/EA205-1	E304-/E304-02	WB370/WB370-1	T419-/T419-02	EH604/EA604-1	M643-/M643-01	E809-/E809-01	MB938/MB938-2
EA206/EA206-1	E305-/E305-01	WB371/WB371-1	H 4WA	EH605/EA605-1	M644-/M644-01	E809-/E809-02	MB939/MB939-1
EA207/EA207-1	E305-/E305-02	H 3WC	A460-/A460-01	EH605/EA605-2	H 7E	E810-/E810-01	MB939/MB939-2
EA208/EA208-1	E306-/E306-01	WC372/WC372-1	A461-/A461-01	EH606/EA606-1	E701-/E701-01	E810-/E810-02	MB940/MB940-1
EA209/EA209-1	E306-/E306-02	WC372/WC372-2	A463-/A463-01	EH606/EA606-2	E702-/E702-01	E811-/E811-01	H ED
EA210/EA210-1	E307-/E307-01	WC373/WC373-1	A463-/A463-02	EH607/EA607-1	E703-/E703-01	E811-/E811-02	ISO1-/ISO1-01
EA211/EA211-1	E307-/E307-02	WC373/WC373-2	H 5EH	EH607/EA607-2	E703-/E703-02	E812-/E812-01	RES4-/RES4-01
EA212/EA212-1	E308-/E308-01	WC374/WC374-1	EH501/EA501-1	EH608/EA608-1	E704-/E704-01	E813-/E813-01	RES4-/RES4-02
EA213/EA213-1	E308-/E308-02	WC374/WC374-2	EH502/EA502-1	EH608/EA608-2	E704-/E704-02	E814-/E814-02	RES4-/RES4-03
EA214/EA214-1	E309-/E309-01	WC375/WC375-2	EH503/EA503-1	EH609/EA609-1	E705-/E705-01	E815-/E815-01	RES4-/RES4-04
EA215/EA215-1	E309-/E309-02	WC376/WC376-2	EH504/EA504-1	EH609/EA609-2	E705-/E705-02	H 9EA	RES4-/RES4-05
EA216/EA216-1	E310-/E310-01	WC377/WC377-1	EH504/EA504-2	EH610/EA610-1	E706-/E706-01	EA901/EA901-1	RES4-/RES4-06
EA217/EA217-1	E310-/E310-02	WC377/WC377-2	EH505/EA505-1	EH610/EA610-2	E706-/E706-02	EA902/EA902-1	RES4-/RES4-07
H 2WA	E311-/E311-01	WC378/WC378-2	EH505/EA505-2	EH611/EA611-1	E707-/E707-02	EA903/EA903-1	RES4-/RES4-08
WA250/WA250-1	E311-/E311-02	WC379/WC379-2	EH506/EA506-1	EH612/EA612-1	E708-/E708-01	EA904/EA904-1	RES6-/RES6-01
WA251/WA251-1	E312-/E312-02	WC380/WC380-2	EH506/EA506-2	EH613/EA613-1	E708-/E708-02	EA905/EA905-1	RES6-/RES6-02
WA252/WA252-1	E313-/E313-01	WC381/WC381-2	EH507/EA507-1	EH614/EA614-1	E709-/E709-01	EA906/EA906-1	RES6-/RES6-03
WA253/WA253-1	E314-/E314-01	H 4E	EH507/EA507-2	EH615/EA615-1	E709-/E709-02	EA907/EA907-1	H 1EH-12
WA254/WA254-1	E315-/E315-01	E401-/E401-01	EH508/EA508-1	EH616/EA616-1	E710-/E710-01	EA908/EA908-1	1E12-/1E12-10
WA255/WA255-1	E315-/E315-02	E402-/E402-01	EH508/EA508-2	EH617/EA617-1	E710-/E710-02	EA909/EA909-1	1E12-/1E12-11
WA256/WA256-1	E316-/E316-01	E403-/E403-01	EH509/EA509-1	EH617/EA617-2	E711-/E711-01	EA910/EA910-1	1E12-/1E12-12
WA257/WA257-1	E316-/E316-02	E403-/E403-02	EH509/EA509-2	EH618/EA618-1	E711-/E711-02	EA911/EA911-1	1E12-/1E12-13
WA258/WA258-1	E317-/E317-01	E404-/E404-01	EH510/EA510-1	EH618/EA618-2	E712-/E712-01	EA912/EA912-1	1E12-/1E12-14
WA259/WA259-1	E317-/E317-02	E404-/E404-02	EH510/EA510-2	H 6MB	E712-/E712-02	H 9EB	1E12-/1E12-15
WA260/WA260-1	E318-/E318-01	E405-/E405-01	EH511/EA511-1	M625-/M625-01	E713-/E713-01	EB913/EB913-1	1E12-/1E12-16
WA261/WA261-1	E318-/E318-02	E405-/E405-02	EH512/EA512-1	M626-/M626-01	E714-/E714-01	EB914/EB914-1	1E12-/1E12-17
H 2WB	E319-/E319-01	E406-/E406-01	EH513/EA513-1	M627-/M627-01	E715-/E715-02	EB915/EB915-1	1E12-/1E12-18

Bed Board Legend					
Available	Reserved	Hold	Occupied Male	Occupied Female	Occupied (Unknown)
Isolation/Infection	Pend In Male	Pend In Female	Pend In Unknown	Pend Transfer Out	Pend Discharge
Blocked Bed	Dirty	Cleaning	Maintenance	Not Available	Unavailable (Unknown)
Available	Male	Female	Unknown Sex	Pend In	Reserved
Hold	Pend Transfer Out	Pend Discharge	Dirty	Cleaning	Maintenance
Not Available					



# 2018 FACILITY MASTER PLAN RECOMMENDATION

- ① Facility configuration and age limit the use of acute care and ICU beds.
- ② Harborview would benefit from additional surge capacity during a disaster, such as a mass casualty incident or natural disaster.
- ③ Essential services and critical infrastructure systems need to be updated to support patient care.



- ④ Change the lives of those impacted by behavioral health issues through a Behavioral Health Institute.
- ⑤ Prepare for the future facility needs.
- ⑥ Continued seismic upgrades.
- ⑦ Adaptive Reuse of Harborview Hall

HARBORVIEW  
MEDICAL CENTER





*“Your doctors & nurses  
saved my life and I will  
never forget it.”*

