



CN App #22-41

Received 04/01/22-KN

Certificate of Need Application Hospital Projects

Exclude hospital projects for sale, purchase, or lease of a hospital, or skilled nursing beds. Use service-specific addendum, if applicable.

Certificate of Need applications must be submitted with a fee in accordance with Washington Administrative Code [\(WAC\) 246-310-990](#).

Application is made for a Certificate of Need in accordance with provisions in Revised Code of Washington [\(RCW\) 70.38](#) and [WAC 246-310](#), rules and regulations adopted by the Washington State Department of Health. I attest that the statements made in this application are correct to the best of my knowledge and belief.

Signature and Title of Responsible Officer Chief Executive Officer Email Address sklewend@uw.edu	Date: March 24, 2022 Telephone Number 206 744-8108
Legal Name of Applicant Harborview Medical Center Address of Applicant 325 9th Avenue Box 359794 Seattle, WA 98146	<input type="checkbox"/> New hospital <input checked="" type="checkbox"/> Expansion of existing hospital (identify facility name and license number) Harborview Medical Center, license #00000029 Provide a brief project description, including the number of beds and the location. Estimated capital expenditure: <u>\$93,750,000</u>

Identify the Hospital Planning Area Harborview is located in the Central King Hospital Planning Area but serves WWAMI Region.				
Identify if this project proposes the addition or expansion of one of the following services:				
<input type="checkbox"/> NICU Level II	<input type="checkbox"/> NICU Level III	<input type="checkbox"/> NICU Level IV	<input type="checkbox"/> Specialized Pediatric (PICU)	<input type="checkbox"/> Psychiatric (within acute care hospital)
<input type="checkbox"/> Organ Transplant (identify)	<input type="checkbox"/> Open Heart Surgery	<input type="checkbox"/> Elective PCI	<input type="checkbox"/> PPS-Exempt Rehab (indicate level)	<input type="checkbox"/> Specialty Burn Services

March 24, 2022

Eric Hernandez
Certificate of Need Program
Department of Health
P.O. Box 47852
Olympia, WA 98504-7852

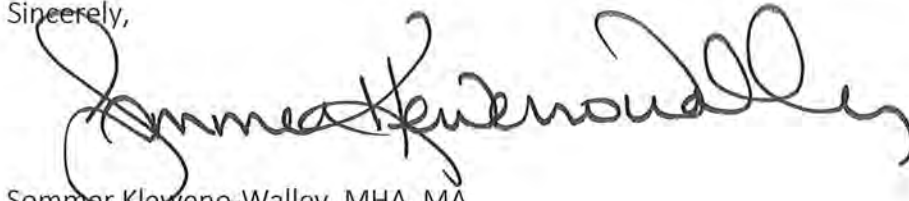
Dear Mr. Hernandez:

Enclosed please find a copy of Harborview Medical Center's certificate of need application proposing to an increase to our existing licensed acute care beds.

The required review and processing fee of \$40,470 was sent separately. The tracking number is FEDEX number 776378234827.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Sommer Kleweno-Walley", written over a horizontal line.

Sommer Kleweno-Walley, MHA, MA
Chief Executive Officer
Harborview Medical Center



UW Medicine

HARBORVIEW MEDICAL CENTER

**Certificate of Need Application for
the Addition of 104 Acute Care Beds**

April 2022

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Section 1

Applicant Description

1. Provide the legal name and address of the applicant(s) as defined in WAC 246- 310-010(6).

The legal name of the applicant is Harborview Medical Center (Harborview). King County owns Harborview; it is operated by the University of Washington (UW) under a Hospital Services Agreement. Under the agreement, which is included as Appendix 1, UW is responsible for management and operation of the hospital, including obtaining and maintaining necessary and appropriate licensure. Section 3.1.3 of the agreement states, in part:

Licenses, Permits, Registrations and Certificates. UW Medicine shall obtain and maintain without restriction during the term of this Agreement all appropriate licenses, permits, registrations and certificates under Applicable Law for the provision of the services under this Agreement, including authorization for participation in Medicare and Medicaid. UW Medicine shall require University Personnel, including all its independent contractors, who are to perform services under this Agreement, to possess and maintain in effect during the term of their services under this Agreement, all licenses, permits, registrations and certificates required by Applicable Law which are required for their performance hereunder.

Harborview is the only designated Level I adult and pediatric trauma and verified burn center in the state of Washington and also serves as the regional trauma and burn referral center for Wyoming Alaska, Montana and Idaho (the WWAMI region). Harborview is also the disaster preparedness and disaster control hospital for Seattle and King County.

Harborview's mission is to provide care for a broad spectrum of patients from throughout the region, including the most vulnerable residents of King County; to provide and teach exemplary patient care; and to develop and maintain leading-edge centers of emphasis.

2. Identify the legal structure of the applicant (LLC, PLLC, etc.) and provide the unified business identifier (UBI)

Harborview is owned by King County, governed by a county-appointed board of trustees and managed under Agreement by the UW, through UW Medicine.

UW Medicine also owns and/or operates University of Washington Medical Center, Valley Medical Center, the UW School of Medicine, UW Physicians, UW Neighborhood Clinics, and Airlift Northwest.

Harborview's UBI number is: 578037394.

3. Provide the name, title, address, telephone number, and email address of the contact person for this application

The requested information is below:

Sommer Kleweno-Walley,
Chief Executive Officer
Harborview Medical Center
325 Ninth Avenue,
Seattle, WA 98104
(206) 744-8108
skleweno@uw.edu

4. Provide the name, title, address, telephone number, and email address of the consultant authorized to speak on your behalf related to the screening of this application (if any).

Jody Carona
Health Facilities Planning & Development
120 1st Avenue West, Suite 100
Seattle, WA 98119
(206) 441-0971
Email: healthfac@healthfacilitiesplanning.com

5. Provide an organizational chart that clearly identifies the business structure of the applicant(s).

An organizational chart for Harborview is included in Exhibit 1.

Section 2 Facility Description

1. Provide the name and address of the existing facility.

The address of Harborview is:

325 Ninth Avenue,
Seattle, WA 98104

2. Provide the name and address of the proposed facility.

There is no proposed facility.

3. Confirm that the facility will be licensed and certified by Medicare and Medicaid. If this application proposes the expansion of an existing facility, provide the existing identification numbers.

Harborview is fully licensed and certified. The required information is below:

HAC FS: 00000029
Medicare #: 50-0064
Medicaid #: 100127700

4. Identify the accreditation status of the facility before and after the project

Harborview is, and will continue to be, accredited by the Joint Commission. The current accreditation is in place until September 2023. Harborview is also accredited as a Comprehensive Stroke Center by the Joint Commission (accreditation being maintained until the Joint Commission can re-survey, which is past due). Harborview has CARF accreditation for acute rehabilitation and behavioral health (expiration December 2023).

5. Is the facility operated under a management agreement? If yes, provide a copy of the management agreement

As stated earlier, Harborview is owned by King County, governed by a county-appointed board of trustees and operated and licensed under Agreement by the UW, through UW Medicine. A copy of the agreement is included in Appendix 1.

6. Provide the following scope of service information:

**Table 1
Harborview Scope of Services**

Service	Currently Offered?	Offered Following Project Completion?
Alcohol and Chemical Dependency	<input type="checkbox"/>	<input type="checkbox"/>
Anesthesia and Recovery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cardiac Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cardiac Care – Adult Open-Heart Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Care – Pediatric Open-Heart Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Care – Adult Elective PCI	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Care – Pediatric Elective PCI	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dialysis – Inpatient	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Food and Nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging/Radiology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Infant Care/Nursery	<input type="checkbox"/>	<input type="checkbox"/>
Intensive/Critical Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Medical Unit(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Neonatal – Level II	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal – Level III	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal – Level IV	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrics	<input type="checkbox"/>	<input type="checkbox"/>
Oncology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Organ Transplant - Adult (list types)	<input type="checkbox"/>	<input type="checkbox"/>
Organ Transplant - Pediatric (list types)	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pediatrics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pharmaceutical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Psychiatric	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing/Long Term Care	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation (indicate level, if applicable) Level 1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Respiratory Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Source: Applicant

Section 3

Project Description

- 1. Provide a detailed description of the proposed project. If it is a phased project, describe each phase separately. For existing facilities, this should include a discussion of existing services and how these would or would not change as a result of the project.**

Harborview is a comprehensive medical center dedicated to providing specialized care for a broad spectrum of patients from throughout the WWAMI region and Washington State, including the most vulnerable residents of King County. Harborview is physically located in the Central King Hospital Planning Area (Central King), but, as CHARS data demonstrates 75% of its inpatient admissions are generated by individuals that live outside of Central King, and, in fact, Harborview's patients regularly come from each of Washington State's 39 Counties. About 5% of Harborview's patients reside outside of Washington State.

In addition to being the only designated Level I adult and pediatric trauma and verified burn center in the state of Washington and the regional trauma and burn referral center for WWAMI, patients given priority for care include the non-English speaking poor; the uninsured or underinsured, victims of domestic violence or sexual assault; people incarcerated in King County's jails; people with mental illness or substance abuse problems, particularly those treated involuntarily; people with sexually transmitted diseases; and those who require specialized emergency, trauma or burn care.

Harborview also has a mission to teach and undertake research, which is fulfilled through the support of undergraduate, graduate, post-graduate and continuing education programs of the health professions of the University of Washington and other educational institutions.

Harborview's licensed bed capacity is 413, of which 68 are inpatient psychiatric and 24 are acute rehabilitation, leaving 321 beds available for acute care. As the data in Table 2 demonstrates, Harborview now exceeds 100% occupancy on its 321 acute care beds. The target occupancy set forth in the State Health Plan for a hospital with 321 acute care beds is 75%. The acute care beds are the subject of this certificate of need (CN) application.

Table 2
Harborview Medical Center
Inpatient Discharges, Days and Average Midnight Occupancy 2016-2021 (6 months actual)

Year	Acute Discharges	Acute Days	ADC	Average Midnight Occupancy on 321 Acute Beds	Rehab Days	Psych Days	Total Days	Average Midnight Occupancy on 413 Total Beds	ADC
2016	14,411	96,740	264.3	82.3%	7,305	22,371	126,416	83.6%	345.4
2017	14,562	101,089	277.0	86.3%	6,301	22,666	130,056	86.3%	356.3
2018	14,274	102,167	279.9	87.2%	6,951	23,940	133,058	88.3%	365.5
2019	14,026	102,776	281.6	87.7%	6,349	21,452	130,577	86.6%	357.8
2020	12,545	99,601	272.1	84.8%	7,891	23,266	130,758	86.5%	357.3
2021	6,743	59,077	326.4	100.7%	4,337	15,534	78,988	105.7%	436.4

Source: WA State CHARS Database, 2015-2021, acute care census is acute care unit excludes any rehab service line or psych service line patients. The average midnight occupancy excludes observation patients

Harborview has been hugely impacted by the COVID pandemic and the needs of our mission patients, and midnight inpatient census hospital-wide now regularly exceeds 450. Internal Harborview data shows that over the course of the 2018-2020, average monthly census increased from about 410 (2nd half of 2018) to 450. It was even higher in the summer and fall of 2021. This high utilization regularly restricts or delays access to services.

CHARS data, shown in Table 3, demonstrates that Harborview has consistently had the highest midnight occupancy on its 321 acute care beds of any acute care hospital in the State. As a result of the historical high occupancy, Harborview and the Department of Health (Department) have regularly collaborated to allow Harborview to operate on interim basis, inpatient beds over and above the 413-bed license; and under the Governor's Proclamation 20-36, Harborview has added 115 beds.

Table 3
Hospitals with Highest Occupancy on Acute Care Licensed Beds 2015 – 2021 (6 months, actual)

Hospital Name	2015	2016	2017	2018	2019	2020	2021
Harborview Medical Center	88.2%	82.3%	86.3%	87.2%	87.7%	84.8%	100.8%
MultiCare Good Samaritan Hospital	57.0%	59.2%	66.6%	68.5%	76.7%	71.5%	81.0%
PeaceHealth Saint Joseph Hospital	71.4%	74.6%	77.4%	79.6%	79.0%	76.0%	80.1%
Providence Saint Peter Hospital	60.1%	65.7%	69.9%	74.3%	78.2%	72.8%	77.2%
Saint Joseph Medical Center	71.5%	70.9%	73.5%	72.8%	76.3%	72.1%	75.2%
Saint Francis Hospital	73.7%	75.5%	75.2%	71.2%	67.6%	66.0%	71.9%
Saint Clare Hospital	72.7%	74.7%	69.8%	73.0%	70.3%	63.5%	69.9%
Providence Everett	60.1%	64.6%	65.1%	68.5%	68.2%	67.7%	69.6%
Saint Anthony Hospital	55.0%	54.9%	58.7%	59.8%	59.2%	61.1%	69.0%
Central Washington Hospital	64.4%	67.7%	68.7%	68.5%	68.2%	64.3%	66.8%

Source: WA State CHARS Database, 2015-2021. Only includes acute care discharges (Hospital Unit, Acute Care), excludes all newborns, MDC 19, psych and rehab discharges.

To assure Harborview has adequate beds, this certificate of need application requests 104 new acute care beds, and 517 total licensed beds, of which 425 will be acute care. No change in services offered has been assumed. These beds will be made operational in two phases, as detailed in Table 4.

Table 4
Harborview Medical Center
Current and Proposed Licensed Bed Configuration by Type and Phase

Department/ Unit	Current Licensed Beds	Phase 1- +64 beds	Phase 2- +40 beds	Total +104 Beds
		Proposed Beds	Proposed Beds	Total Beds
Med/Surg (Acute)	321	64	40	425
Rehab	24	0	0	24
Psych	68	0	0	68
Total	413	64	40	517

Source: Applicant

As noted above, Harborview already has 115 beds set-up and operational beyond our 413-bed license. These beds are being operated under the Governor’s Proclamation #20-36. The 64 Phase 1 beds are currently dispersed throughout the hospital in various locations. Forty-one (41) of those beds are located in spaces that allow for immediate occupancy. While providing a superior care environment over the ED and hallways, the remaining twenty-three (23) of those Phase 1 beds are in locations that will not fully meet the code requirements, consequently, Harborview has requested a licensing exemption for the 23 beds. Harborview proposes that this exemption sunset when a new inpatient bed tower is constructed on the Harborview campus in the next 5-6 years. The New Tower will allow Harborview to permanently vacate the 23 exempted bed spaces.

The 40 Phase 2 beds will be built to current code requirements as part of a renovation project of the Maleng building and are expected to be occupied in late 2024.

The 104 additional beds at Harborview will improve access for our mission patients, will assure access to our unique tertiary and quaternary services and programming and will reduce overcrowding. Even with 425 acute care beds, and no further increase in acute days beyond actual 2021, Harborview’s occupancy will average over 80% at midnight; above the *State Health Plan’s* target occupancy of 75%.

- 2. If your project involves the addition or expansion of a tertiary service, confirm you included the applicable addendum for that service. Tertiary services are outlined under WAC 246-310-020(1)(d)(i).**

This project does not involve the addition of any new tertiary service.

- 3. Provide a breakdown of the beds, by type, before and after the project. If the project will be phased, include columns detailing each phase.**

The project will be undertaken in two phases. Phase 1 (64 beds) will be operational no later than January 1, 2023, and the remaining 40 beds will be made operational by December 2024. These beds are being made operational as quickly as possible given the urgent need for more capacity. Table 5 details the units in where the beds will be housed.

**Table 5
Bed Configuration**

Year Built	Building	Unit	Current Licensed beds	Beds to Be Added	Phase	Licensed Beds at Project Completion
1972/1978	East Hospital	2EH	17	4	1	21
		3EH	32	2	1	34
		4EH	24	10	1	34

		5EH	22	13	1	35
		6EH	22	4	1	26
		7EH	33	1	1	34
		8EH	26	2	1	28
		9EH	18			18
1993	West Hospital	2WH	30			30
		3WH	38	7	1	45
		4WH	28	2	1	30
		5WH	47			47
2008	Maleng	4MB	-	20	2	20
		5MB	21			21
		6MB	30			30
		7MB	-	20	2	20
		8MB	-	4	1	4
		9MB	24			24
1929	Center Tower	6CT		15	1	15
		Subtotal	412	104		516

Source: Applicant

4. Indicate if any of the beds listed above are not currently set-up, as well as the reason the beds are not set up.

Harborview has all beds operational and in use.

5. With the understanding that the review of a Certificate of Need application typically takes six to nine months, provide an estimated timeline for project implementation, below. For phased projects, adjust the table to include each phase.

Table 6
Harborview Medical Center
Proposed Timeline for Bed Addition

Event	Phase 1 (64 beds) Anticipated Month/Year	Phase 2 (40 beds) Anticipated Month/Year
Anticipated CN Approval	September 2022	September 2022
Design Complete	NA	September 2022
Construction Commenced	NA	November 2023
Construction Completed	NA	November 2024
Facility Prepared for Survey	NA	December 2024
Facility Licensed – Project Complete WAC 246-310-010(47)	September 2022	December 2024

Source: Applicant

6. Provide a general description of the types of patients to be served as a result of this project.

Harborview is a comprehensive healthcare facility dedicated to providing specialized care for a broad spectrum of patients from throughout the Pacific Northwest, including the most vulnerable residents of King County. As the only designated Level I adult and pediatric trauma and verified burn center in the state of Washington, Harborview serves as the regional trauma and burn referral center for Alaska, Montana and Idaho and the disaster preparedness and disaster control hospital for Seattle and King County.

The UW Medicine physicians, staff and other healthcare professionals based at Harborview provide exemplary patient care in leading-edge centers of emphasis, including emergency medicine, trauma and burn care, neurosciences, ophthalmology, vascular surgery, HIV/AIDS and rehabilitation medicine.

Patients given priority for care include the non-English speaking poor; the uninsured or underinsured, victims of domestic violence or sexual assault; people incarcerated in King County's jails; people with mental illness or substance abuse problems, particularly those treated involuntarily; people with sexually transmitted diseases; and those who require specialized emergency, trauma or burn care. No new services are proposed as a result of this project; the new beds will assure that providers and patients from throughout the region will continue to enjoy appropriate timely access to our services

Harborview recognizes that delivering quality healthcare is enhanced by a strong commitment to teaching, community service and research. Harborview fulfills its educational mission through 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.

5. Provide a copy of the letter of intent that was already submitted according to WAC 246-310-080.

A copy of the letter of intent is included as Exhibit 2.

6. Provide single-line drawings (to scale) of the facility, both before and after project completion. For additions or changes to existing hospitals, only provide drawings of those floor(s) affected by this project.

Single line drawings of the Phase 1 units at Harborview that will add beds are included as Exhibit 3. The Phase 2 beds are also included in Exhibit 3.

7. Provide the gross square footage of the hospital, with and without the project.

Harborview's gross square feet is 2,424,027 sq ft. The gross square footage of the hospital will not change as a result of the project.

8. If this project involves construction of 12,000 square feet or more, or construction associated with parking for 40 or more vehicles, submit a copy of either an Environmental Impact Statement or a Declaration of Non-Significance from the appropriate governmental authority. [WAC 246-03-030(4)]

This project does not involve new construction and no EIS or DNS is required.

- 9. If your project includes construction, indicate if you've consulted with Construction Review Services (CRS) and provide your CRS project number. The Certificate of Need program highly recommends that applicants consult with the office of Construction Review Services (CRS) early in the planning process. CRS review is required prior to construction and licensure (WAC 246- 320-500 through WAC 246-320-600). Consultation with CRS can help an applicant reliably predict the scope of work required for licensure and certification. Knowing the required construction standards can help the applicant to more accurately estimate the capital expenditure associated with a project. Note that WAC 246-320-505(2)(a) requires that hospital applicants request and attend a presubmission conference for any construction projects in excess of \$250,000.**

Harborview held an initial Technical Assistance (TA) call with the CRS in January of 2022 and has now submitted a formal request for a change of use with CRS. No CRS project number has yet been assigned.

Section 4

Need (WAC 246-310-210)

- 1. List all other acute care hospitals currently licensed under RCW 70.41 and operating in the hospital planning area affected by this project. If a new hospital is approved, but is not yet licensed, identify the facility.**

Harborview is physically located in the Central King Hospital Planning Area. The other hospitals in the Planning Area include:

- Virginia Mason
- Swedish First Hill (the license of which includes Swedish Ballard, which is located in the North King Hospital Planning Area)
- Swedish Cherry Hill, and
- Kindred Hospital

Because Kindred is a Long-Term Acute Care Hospital (LTACH), the CN Program has confirmed that they are not considered in the supply of general acute care beds. In addition, while the main address for Seattle Cancer Care Alliance is located in Central King, its hospital beds are located within the UWMC, which is located in the North King Hospital Planning Area (North King), and the CN Program has also confirmed that their volumes and beds are to be assigned to North King. Accordingly, the days and discharges for both Seattle Cancer Care Alliance and Kindred are excluded from the projection of future bed need.

In terms of Swedish Ballard, we have conservatively included their licensed beds and discharges within the Central King Planning Area as we are unable to separate discharges between the two campuses¹.

- 2. For projects proposing to add acute care beds, provide a numeric need methodology that demonstrates need in this planning area. The numeric need methodology steps can be found in the Washington State Health Plan (sunset in 1989).**

The numeric methodology is included as Exhibit 4. As discussed with the CN Program, 2019 was used as the baseline year, as 2020 and 2021 for most hospitals are atypical. However, as requested by the CN Program during our February 2022 TA, Harborview is also including the bed need methodology using 2020 as the baseline; it too is included in Exhibit 4. While Central King resident patient days were down about 2% between 2019 and 2020, need for the project, based on set up and available beds, is still demonstrated under the 2020 baseline methodology.

¹ During the February 2022 TA call with the CN Program, staff mentioned the Virginia Mason Medical Center Level II neonatal decision. While this decision did include a discussion of Swedish Ballard, it was strictly related to Level II services and therefore, Harborview concluded it was not relevant to this application. The CN Program should advise in screening if additional information is required from Harborview.

As show in Table 7, there is a total of 1,679 licensed beds and 1,387 set-up beds in the Planning Area. Historically, the CN Program has used set-up beds when calculating bed need. When set-up beds are used the methodology identifies the need for more than the beds being requested by Harborview by 2024, or five years beyond the baseline. This is true whether the baseline is 2019 or 2020. Step 10 of the methodology, with 2019 as the baseline, is included in Table 9, below. The 2020 data is included in Exhibit 4.

Table 7
Step 10 of the Acute Care Bed Beed Projection Methodology-2019 Baseline Data

	2019	2020	2021	2022	2023	2024	2025	2026
Licensed Beds	1,679	1,679	1,679	1,679	1,679	1,679	1,679	1,679
Gross Bed Need (Licensed)	1,339	1,379	1,421	1,457	1,494	1,533	1,573	1,614
Set-Up and Available Beds	1,436	1,436	1,436	1,436	1,436	1,436	1,436	1,436
Gross Bed Need (Set-Up and Available) ²	1,384	1,426	1,469	1,506	1,544	1,584	1,626	1,668
Net Bed Need/Surplus Assuming Licensed Beds (negative is a surplus)	-340	-300	-258	-222	-185	-146	-106	-65
Net Bed Need/Surplus Assuming Set-Up Beds	-3	39	82	119	157	197	239	281

Source: Applicant

Even if the CN Program were to use licensed beds or a different baseline and calculate a surplus of beds, the authors of the *State Health Plan's Acute Care Bed Need Projection Methodology* contemplated that there would be situations wherein no numeric need existed within the Planning Area, but an individual hospital within that Planning Area could justify more beds. Specifically, the *State Health Plan's* Criterion 2 identifies other scenarios under which providers can be awarded new beds, especially in Planning Areas where one or more hospitals are operating above capacity, but another may not be. The Hospital Bed Need Forecasting Method contained in Volume II of the 1987 *State Health Plan* states:

CRITERION 2: Need for Multiple Criteria

Hospital bed need forecasts are only one aspect of planning hospital services for specific groups of people. Bed need forecasts by themselves should not be the only criterion used to decide whether a specific group of people or a specific institution should develop additional beds, services or facilities. Even where the total bed supply serving a group of people or planning area is adequate, it may be appropriate to allow an individual institution to expand.

Standards:

² Gross bed need is increased when using set-up and available beds compared to licensed beds as a result of target occupancy level of Virginia Mason being reduced as a result of having less than 300 beds set up.

b. Under certain conditions, institutions may be allowed to expand even though the bed need forecasts indicate that there are underutilized facilities in the area. The conditions might include the following:

- *the proposed development would significantly improve the accessibility or acceptability of services for underserved groups; or*
- *the proposed development would allow expansion or maintenance of an institution which has staff who have greater training or skill, or which has wider range of important services, or whose programs have evidence of better results than do neighboring and comparable institutions; or*
- *the proposed development would allow expansion of a crowded institution which has good cost, efficiency or productivity measures of its performance while underutilized services are located in neighboring and comparable institutions with higher costs, less efficient operations or lower productivity.*

In such cases, the benefits of expansion are judged to outweigh the potential costs of possible additional surplus.

In the unlikely event that the CN Program's interpretation of the methodology finds no need, Harborview's request for beds warrants the strongest possible consideration under *Criterion 2* related to access for the underserved and training and a wider range of services.

Accessibility to the underserved. Harborview's mission is laser focused on accessibility to the underserved. Our charity care averaged more than \$81million annually (2017-2019), and as detailed in Table 8, Harborview provides the highest percentage of inpatient care to Medicaid and self-pay patients of any hospital serving primarily adults in either the Central King area or in King County in total. Care to this typically underserved population will be compromised without adequate bed capacity.

Table 8
King County Hospitals, Discharges by Payer, 2019

Payer	Harborview	Other Central King Planning Area Hospitals, less Kindred	King County Provider Range (excluding Harborview)
Commercial & HMO	23.8%	40.3%	19.9% - 64.5%
Medicaid, Self-Pay & Charity	38.5%	17.7%	6.3% - 34.8%
Medicare	37.7%	42.0%	27.2% - 58.0%
Total	100.0%	100.0%	

Source: WA State CHARS Database, 2019, excludes all newborns, dedicated psychiatric hospitals, MDC 19, and Seattle Children's Hospital.

For hospital charity care reporting purposes, the Department divides Washington State into five regions. Harborview is located in the King County Region. According to 2017-2019 charity care data produced by the Department (the latest data available), the three-year charity care average for the Region, excluding Harborview, was 1.05% of gross revenue and 2.34% of adjusted revenue. During the same time frame, Harborview's charity care was 3.38% of gross revenue and 9.06%, respectively, more than three times the average of the gross revenue and four times the average of adjusted revenue.

Greater Training/Skill or Wider Range of Services

Harborview is also the only designated Level I adult and pediatric trauma and verified burn center in the state of Washington and also serves as the regional trauma and burn referral center for Wyoming, Alaska, Montana and Idaho (the WWAMI region). Harborview is also the disaster preparedness and disaster control hospital for Seattle and King County. Further, Harborview is a training site for the UW School of Medicine, which, through its component institutions and organizations (collectively known as an academic medical center), educates and trains medical professionals. It is through its academic medical center that the UW accomplishes the legislature's mandate of providing qualified health care workers to the public. Essential to any training program is the ability to perform enough cases not just to develop internal expertise, but also to train enough doctors to serve the region. Harborview is an integral component of the training of residents and fellows. In addition to training, Harborview, and the UW School of Medicine are nationally recognized for basic and clinical research.

Crowded Institution/Efficiency:

While we are not asking for consideration under the Criterion's third area, we do note for the record that we are the only hospital in Central King that does not have idle or "banked" and unused bed capacity. The acute care bed need projection methodology demonstrates that the other hospitals have hundreds of beds "banked" under their licenses, such that they appear underutilized based on the license. These beds have been idle for decades. Harborview has no such beds and operates above 100% on a regular basis

3. For existing facilities proposing to expand, identify the type of beds that will expand with this project.

All of the beds requested will be used as acute medical/surgical beds.

4. For existing facilities, provide the facility's historical utilization for the last three full calendar years. The first table should only include the type(s) of beds that will increase with the project, the second table should include the entire hospital.

Table 9 details patient days for the past three full calendar years for the type of beds (medical/surgical) that will increase with the project. Table 10 details the same information for the entire hospital.

Table 9
Harborview Medical Center
Acute Care Patient Days and Discharges, CY 2018-2021A

Project-Specific Only	2018	2019	2020	2021A
Licensed beds	321	321	321	321
Available beds	321	321	321	321
Discharges	14,274	14,026	12,545	13,486
Patient days	102,167	102,776	99,601	118,042
% Occupancy	87.2%	87.7%	84.8%	100.8%

Source: Applicant, discharges and days from CHARS. Hospital unit is "Acute" and excludes psychiatry and rehabilitation discharges and days. 2021 days and discharges are annualized based on six months of data (January – June)

Table 10
Harborview Medical Center
All Patient Days and Discharges, CY2018-2021A

Entire Hospital	2018	2019	2020	2021A
Licensed beds	413	413	413	413
Available beds	413	413	413	413
Discharges	16,045	15,792	14,245	15,508
Patient days	133,058	130,577	130,758	157,976
% Occupancy	88.3%	86.6%	86.5%	104.8%

Source: Applicant, discharges and days from CHARS (all units and discharges, excluding normal newborns). 2021 days and discharges are annualized based on six months of data (January – June).

- 5. Provide projected utilization of the proposed facility for the first seven full years of operation if this project proposes an expansion to an existing hospital. Provide projected utilization for the first ten full years if this project proposes new facility. For existing facilities, also provide the information for intervening years between historical and projected. The first table should only include the type(s) of beds that will increase with the project, the second table should include the entire hospital. Include all assumptions used to make these projections.**

Table 11 includes the intervening years of 2022-2024 in addition to the first three full years of the project.

Table 11
Total Patient Days and Discharges, FY 2019-FY2026

Project-Specific Only	Historical			Intervening			Project		
	FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY26
Licensed beds	413	413	413	477	477	477	517	517	517
Available beds	413	413	413	477	477	477	517	517	517
Admissions	16,073	15,329	15,112	15,112	15,112	15,112	15,112	15,112	15,112
Patient days	147,649	140,502	151,432	151,432	151,432	151,432	151,432	151,432	151,432
Beds	413	413	413	413	477	477	517	517	517
Occupancy	97.9%	93.2%	100.5%	100.5%	87.0%	87.0%	80.2%	80.2%	80.2%

Source: Applicant

6. For existing facilities, provide patient origin zip code data for the most recent full calendar year of operation.

The requested information is included in Exhibit 5.

7. Identify any factors in the planning area that currently restrict patient access to the proposed services.

Harborview operates at or above capacity regularly, and the Harborview mission population is a fundamentally different, and often more challenging population than that typically served by other hospitals, which at times makes it difficult to secure services. A lack of available beds at Harborview will compromise access for the mission population. As delineated in Table 8 above, Harborview provides the highest percentage of inpatient care to Medicaid and Self-Pay individuals of any provider in King County. Care to this population will be compromised without adequate bed capacity at Harborview.

8. Identify how this project will be available and accessible to underserved groups.

Admission is based on clinical need and Harborview's services are made available to all persons regardless of race, color, creed, sex, national origin, income or disability. Copies of Harborview's admission and non-discrimination policies are included as in Exhibit 6.

- 9. If this project proposes either a partial or full relocation of an existing facility, provide a detailed discussion of the limitations of the current location.**

This question is not applicable.

- 10. If this project proposes either a partial or full relocation of an existing facility, provide a detailed discussion of the benefits associated with relocation,**

This question is not applicable.

- 11. Provide a copy of the following policies:**

- **Admissions policy**
- **Charity care or financial assistance policy**
- **Patient rights and responsibilities policy**
- **Non-discrimination policy**
- **End of life policy**
- **Reproductive health policy**
- **Any other policies directly associated with patient access**

All requested policies are included in Exhibit 6.

Section 5

Financial Feasibility (WAC 246-310-220)

- 1. Provide documentation that demonstrates the immediate and long-range capital and operating costs of the project can be met. This should include but is not limited to:**
 - **Utilization projections. These should be consistent with the projections provided under the Need section. Include all assumptions.**
 - **A current balance sheet at the facility level.**
 - **Pro forma balance sheets at the facility level throughout the projection period.**
 - **Pro forma revenue and expense projections for at least the first three full calendar years following completion of the project. Include all assumptions.**
 - **For existing facilities, provide historical revenue and expense statements, including the current year. Ensure these are in the same format as the pro forma projections. For incomplete years, identify whether the data is annualized.**

The requested data is included in Exhibit 7. For the assumptions, Harborview conservatively assumed no growth in volumes beyond actual FY2021. Harborview also assumed no increase in revenue or expenses (except for the additional depreciation expense related to the Phase 2, beginning in FY 2024.)

- 2. Identify the hospital's fiscal year.**

Harborview's fiscal year has a June 30 end.

- 3. Provide the following agreements/contracts:**
 - **Management agreement**
 - **Operating agreement**
 - **Development agreement**
 - **Joint Venture agreement**

A copy of the Agreement with UW is included as Appendix 1. No other agreements exist.

- 4. Provide documentation of site control. This could include either a deed to the site or a lease agreement for the site. If a lease agreement is provided, the terms must be for at least five years with options to renew for a total of 20 years.**

King County owns Harborview. Included in Exhibit 8 is documentation from the King County Assessor's office demonstrating the County's ownership of the site.

5. **County assessor information and zoning information for the site. If zoning information for the site is unclear, provide documentation or letter from the municipal authorities showing the proposed project is allowable at the identified site. If the site must undergo rezoning or other review prior to being appropriate for the proposed project, identify the current status of the process.**

While there is internal renovation of existing space in Phase 2, there is no new construction proposed. This question is not applicable.

6. **Complete the table on the following page with the estimated capital expenditure associated with this project. If you include other line items not listed below, include the definition of the line item. Include all assumptions used to create the capital expenditure estimate.**

The estimated capital expenditure is as follows:

Table 12
Total Estimated Capital Expenditure

Item	Cost Phase 1	Cost Phase 2
a. Land Purchase	\$ -	\$ -
b. Utilities to Lot Line	\$ -	\$ -
c. Land Improvements	\$ -	\$ -
d. Building Purchase	\$ -	\$ -
e. Residual Value of Replaced Facility	\$ -	\$ -
f. Building Construction		\$54,719,590
g. Fixed Equipment (not already included in the construction contract)		
h. Movable Equipment		\$18,750,000
i. Architect and Engineering Fees		\$4,900,031
j. Consulting Fees	\$ -	\$7,850,000
k. Site Preparation	\$ -	\$
l. Supervision and Inspection of Site		
m. Any Costs Associated with Securing the Sources of Financing (include interim interest during construction)	\$ -	\$
1. Land	\$ -	\$
2. Building	\$ -	\$
3. Equipment	\$ -	\$
4. Other	\$ -	\$
n. Washington Sales Tax		\$7,530,379
o. Other Project Costs		\$0
Total Estimated Capital Expenditure	0	\$93,750,000

Source: Applicant.

- 7. Identify the entity responsible for the estimated capital costs. If more than one entity is responsible, provide breakdown of percentages and amounts for all.**

The Phase 2 capital costs were developed by Harborview and UW facility staff.

- 8. Identify the start-up costs for this project. Include the assumptions used to develop these costs. Start-up costs should include any non-capital expenditure expenses incurred prior to the facility opening or initiating the proposed service.**

No start-up period is anticipated.

- 9. Identify the entity responsible for the start-up costs. If more than one entity is responsible, provide a breakdown of percentages and amounts for all.**

There is no start up period. This question is not applicable.

- 10. Provide a non-binding contractor's estimate for the construction costs for the project.**

There are no costs in Phase 1. The non-binding contractor's estimate for Phase 2 is included as Exhibit 9.

- 11. Provide a detailed narrative supporting that the costs of the project, including any construction costs, will probably not result in an unreasonable impact on the costs and charges for health services in the planning area.**

In today's managed care and negotiated rate environment, Harborview's capital costs do not result in increases in charges or reimbursements. That said, because Harborview is using reserves, there is no interest expense, and the only real change in costs relates to depreciation expense.

- 12. Provide the projected payer mix for the hospital by revenue and by patients using the example table below. Medicare and Medicaid managed care plans should be included within the Medicare and Medicaid lines, respectively. If "other" is a category, define what is included in "other."**

Harborview's payer mix will not change as a result of adding beds to the license that have been operational for more than two years. Table 13 details the current and proposed payer mix based on gross revenue.

Table 13
Harborview Medical Center Current and Proposed Payer Mix – Gross Revenue

Payer Mix	Percentage by Revenue	Percentage by Patient
Medicare	32%	30%
Medicaid	33%	29%
Commercial	25%	31%
Worker's Comp	3%	2%
Tri-Care	1%	0%
Self-Pay	4%	7%
Other (TriWest Healthcare Alliance, VA, King County Jail and other correctional facilities and hospice/rehab facilities)	2%	1%
Total	100%	100%

Source: Applicant

13. If this project proposes the addition of beds to an existing facility, provide the historical payer mix by revenue and patients for the existing facility. The table format should be consistent with the table shown above.

This information was provided in Table 13 above.

14. Provide a listing of all new equipment proposed for this project. The list should include estimated costs for the equipment. If no new equipment is required, explain.

New equipment is required in Phase 2 only. A listing of the equipment is provided in Exhibit 10.

15. Identify the source(s) of financing and start-up costs (loan, grant, gifts, etc.) and provide supporting documentation from the source. Examples of supporting documentation include: a letter from the applicant's CFO committing to pay for the project or draft terms from a financial institution.

If this project will be debt financed through a financial institution, provide a repayment schedule showing interest and principal amount for each year over which the debt will be amortized.

Harborview is using reserves to fund the Phase 2 costs. A letter from Harborview detailing the commitment to use of reserves is included as Exhibit 11.

16. Provide the most recent audited financial statements for:

- **The applicant, and**
- **Any parent entity.**

The requested information is included in Appendix 2.

Section 6

Structure and Process of Care (WAC 246-310-230)

- 1. Identify all licensed healthcare facilities owned, operated, or managed by the applicant. This should include all facilities in Washington State as well as any out-of-state facilities. Include applicable license and certification numbers.**

There are no other licensed healthcare facilities owned, operated or managed by Harborview.

- 2. Provide a table that shows full time equivalents (FTEs) by type (e.g., physicians, management, technicians, RNs, nursing assistants, etc.) for the facility. If the facility is currently in operation, include at least the most recent full year of operation, the current year, and projections through the first three full years of operation following project completion. There should be no gaps. All FTE types should be defined.**

The requested information is included in Table 14.

Table 14
Historical, Current, and Projected Staffing FTEs and Type by Year

	FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26
Management Total	280.0	284.8	286.0	286.0	286.0	286.0	286.0	286.0
Administrator	14.7	13.9	14.6	14.6	14.6	14.6	14.6	14.6
Director	31.6	35.7	38.3	38.3	38.3	38.3	38.3	38.3
Manager	69.2	69.0	65.5	65.5	65.5	65.5	65.5	65.5
Program Ops	115.0	118.9	121.4	121.4	121.4	121.4	121.4	121.4
Other	49.5	47.3	46.2	46.2	46.2	46.2	46.2	46.2
Providers	318.0	324.2	342.3	342.3	342.3	342.3	342.3	342.3
Physician	144.5	145.2	151.5	151.5	151.5	151.5	151.5	151.5
Non-Physician Providers	173.5	179.0	190.8	190.8	190.8	190.8	190.8	190.8
Registered Nurses	1,354.9	1,364.1	1,424.7	1,424.7	1,424.7	1,424.7	1,424.7	1,424.7
Nursing Assistants	423.0	433.8	422.3	422.3	422.3	422.3	422.3	422.3
Other Staff Total	2,078.5	2,063.9	2,068.9	2,068.9	2,068.9	2,068.9	2,068.9	2,068.9
Pharmacist	90.1	92.9	95.5	95.5	95.5	95.5	95.5	95.5
Dietician	14.0	14.4	14.2	14.2	14.2	14.2	14.2	14.2
Social Work	115.4	117.4	117.0	117.0	117.0	117.0	117.0	117.0
Respiratory Therapy	67.9	63.8	62.7	62.7	62.7	62.7	62.7	62.7
Imaging Services Tech	201.4	193.8	192.2	192.2	192.2	192.2	192.2	192.2
Lab Services Tech	141.0	138.7	132.9	132.9	132.9	132.9	132.9	132.9
Tech Other	470.8	461.5	473.3	473.3	473.3	473.3	473.3	473.3
Environmental Services	205.9	222.5	213.1	213.1	213.1	213.1	213.1	213.1
Patient Service Specialist	149.9	150.7	152.7	152.7	152.7	152.7	152.7	152.7
Food Service	120.1	119.1	112.9	112.9	112.9	112.9	112.9	112.9
Non-Tech Other	502.0	489.1	502.4	502.4	502.4	502.4	502.4	502.4
Total	4,454.4	4,470.8	4,544.2	4,544.2	4,544.2	4,544.2	4,544.2	4,544.2

Source: Applicant

3. Provide the basis for the assumptions used to project the number and types of FTEs identified for this project.

Harborview has been operating 115 beds beyond its acute care license for two years. To be conservative, we are assuming no further increases in acute patient days, beyond actual FY2021 for the period of 2022-2026.

4. Identify key staff (e.g., chief of medicine, nurse manager, clinical director, etc.) by name and professional license number, if known.

Table 15 identifies Harborview's key clinical acute care leadership. .

Table 15
Harborview Clinical Acute Care Leadership

Name	Title	Professional License Number
J. Richard Goss, MD	Medical Director	MD00031022
Jay Sandel, RN	Interim Chief Nursing Officer	RN00157105
Katherine Hollman	Associate Administrator, Ambulatory and Allied Care Services	NA

Source: Applicant

5. Describe your methods for staff recruitment and retention. If any barriers to staff recruitment exist in the planning area, provide a detailed description of your plan to staff this project.

In this extraordinarily challenging workforce environment, staff is already in place for this project, as the beds have been in operation for two years; and Harborview has regularly had more patients in-house than licensed beds (administrative days, observation, difficult to discharge, etc.).

Harborview employees are employees of UW Medicine, UW Medicine has been, and continues to be, well positioned to attract and retain staff. Specifically, its reputation as a nationally recognized provider of high-quality tertiary services, and its position as a research/teaching facility has historically greatly enhanced its efforts and minimized difficulty in recruiting qualified personnel. Harborview's Level I trauma status has historically been attractive to potential recruits. We also offer a competitive wage and benefit packages.

6. For new facilities, provide a listing of ancillary and support services that will be established.

This question is not applicable.

7. For existing facilities, provide a listing of ancillary and support services already in place.

The existing ancillary and support services, and an indication as to whether they are provided in house or under agreement, are provided in Table 16:

Table 16
Ancillary and Support Services

Services Provided	In House or Under Agreement
Linen service	Hybrid/Laundering contracted/ receiving and distribution HMC, EVS
Lab & Pathology	In-house
Biomedical	Same as Biomedical/Clinical Engineering?
Biomedical waste	Hybrid/EVS collection and sterilization/ Disposal contracted
PT	In-house
Dietary	In-house
Respiratory Therapy	In-house
Imaging	In-house
Health Information Management	In-house/UW Medicine
Biomedical/Clinical Engineering	In-house
Quality Management	In-house
Customer Service/Support	In-house
Security	In-house
Medical Staff Services	In-house
Facilities/Environment of Care including janitorial services	In-house
Utilization Review	In-house
Supply Chain	In-house/UW Medicine
Pharmacy	In-house
Interpretation Services	In-house
Blood Products and Services	In-house/Bloodworks Northwest

Source: Applicant

8. Identify whether any of the existing ancillary or support agreements are expected to change as a result of this project.

No existing ancillary or support agreements are expected to change as a result of this project.

9. If the facility is currently operating, provide a listing of healthcare facilities with which the facility has working relationships.

Harborview is the WWAMI region's only designated Level 1 adult and pediatric trauma and verified burn center, as well as Seattle and King County's disaster preparedness and disaster control hospital for Seattle and King County. Our mission is to provide care for a broad spectrum of patients from throughout the region, including the most vulnerable residents of King County; to provide and teach exemplary patient care; and to develop and maintain leading-edge centers of

emphasis. To assure access for trauma and burn and our mission possible, Harborview has prioritized the development and maintenance of strong working relationships with all health and social service organizations entities throughout the five States. These organizations include EMS, social services, behavioral health, hospitals, clinics and post-acute.

10. Identify whether any of the existing working relationships with healthcare facilities listed above would change as a result of this project.

No existing working relationships are expected to change as a result of this project.

11. For a new facility, provide a listing of healthcare facilities with which the facility would establish working relationships.

This question is not applicable.

12. Provide an explanation of how the proposed project will promote continuity in the provision of health care services in the planning area, and not result in an unwarranted fragmentation of services.

Approval of the project will promote timely access to Harborview's inpatient services in a better care environment (a patient room vs the ED or a hallway). This in turn will promote a better patient experience and continuity, especially for our mission population.

Harborview's Continuity of Care staff coordinate all aspects of care for acute care patients in an effort to support timely transition to the next level of care. Staff serve as liaisons between patients, families, medical teams, nursing staff, social services, interdisciplinary team members, consulting and referring physicians and agencies involved in the care of patients from admission through the discharge process. This department also has RN patient flow staff that exist to coordinate transitions between inpatient units and transitions between inpatient units and ancillary departments (including departments that support care transitions such as financial planning, social work services, nutrition, and medications). They also support discharges and timely transition to the next level of care. These staff also work with Harborview's Care Management team to identify milestones for discharge, working to solve barriers as needed.

Having sufficient beds spaces that are not in the ED or a hallway to timely accept patients is key. Importantly, at Harborview, a portion of that capacity is needed so that if a patient no longer qualifies for inpatient care, but a safe discharge option cannot be identified, they can still stay at Harborview under "administrative days" while an appropriate discharge option can be found, Because the lack of options for hard to discharge patients is growing, some bed capacity is needed to assure care for this population. Permanently adding the 104 beds will advantage the patient population we exist to serve.

13. Provide an explanation of how the proposed project will have an appropriate relationship to the service area's existing health care system as required in WAC 246-310-230(4).

Harborview is a critical component of the Region's health care system- including direct services, EMS, training and research. Other sections of this application have demonstrated the relationship in more detail.

- 14. Identify whether any facility or practitioner associated with this application has a history of the actions listed below. If so, provide evidence that the proposed or existing facility can and will be operated in a manner that ensures safe and adequate care to the public and conforms to applicable federal and state requirements.**
- a. A criminal conviction which is reasonably related to the applicant's competency to exercise responsibility for the ownership or operation of a health care facility; or**
 - b. A revocation of a license to operate a healthcare facility; or**
 - c. A revocation of a license to practice as a health profession; or**
 - d. Decertification as a provider of services in the Medicare or Medicaid program because of failure to comply with applicable federal conditions of participation.**

No facility or practitioner associated with Harborview has any history with respect to the above.

Section 7

Cost Containment (WAC 246-310-240)

- 1. Identify all alternatives considered prior to submitting this project. At a minimum include a brief discussion of this project versus no project.**

Given sustained high census, Harborview concluded there was no option other than making permanent a number of beds (115) approximate to that which we have had operational during the pandemic. Once that determination was made, significant time was expended by our facilities and clinical leaders to determine how many bed spaces Harborview could identify in the existing buildings that could likely meet applicable code and be made operational quickly. The determination was made that “a home” for 104 of the 115 beds could be found; 64 in existing units throughout the hospital; and 40 by converting several floors of the Maleng building into inpatient units (two floors, 20 private rooms each). The 64 beds became Phase 1, and the Maleng conversion became Phase 2.

Even prior to the pandemic, and as data in this application shows, Harborview’s census was regularly above capacity. Without an expansion, patients will be housed for extended periods in a large open bay in the ED or in hallways. This is unsatisfying to patients and families, and more importantly challenges care delivery.

- 2. Provide a comparison of this project with alternatives rejected by the applicant. Include the rationale for considering this project to be superior to the rejected alternatives. Factors to consider can include, but are not limited to patient access to healthcare services, capital cost, legal restrictions, staffing impacts, quality of care, and cost or operation efficiency.**

Table 17 provides the requested comparison:

Table 17
Comparison of Alternatives

Factors	Scenario 1: Return to 413 License Post-Pandemic	Scenario 2: Retain all 115 Beds Made Operational During Pandemic	Scenario 3: Retain 104 Beds (the Number we Estimate that Meet Code)
Patient access	Highly compromised; while Harborview will continue to admit all patients, they will be housed in large ED bay or hallways.	Largest positive impact on access	Nearly identical improvement in access to scenario 2.
Capital Cost	None	The capital cost to make the 11 additional beds permanent (difference between 104 and 115) would require new construction and add millions of dollars and several year delay.	\$94 million for the 40 Phase 2 beds
Legal Restrictions	None identified	None identified, other than prior CN review.	None identified, other than prior CN review
Staffing	Harborview is already staffed for 115 additional beds (528 total). There would be staff reductions under this scenario, though we believe that patient days would remain near current levels, with care being delivered in ED and hallways.	Harborview is already staffed for 115 additional beds (528 total). So, this scenario is a no change from current situation.	While this is 11 beds less than Scenario 2, we have projected our patient days to be the same between the 2 scenarios. Staffing will be the same as in Scenario 2
Quality	Harborview produces superior quality outcomes for our patient population despite physical plant limitations. However, it is most challenging in this scenario due to a high volume of patients being cared for (for more than 24 hours) outside of a patient room	Harborview produces superior quality outcomes for our patient population; this scenario provides greatest opportunity for most patients to regularly be housed in dedicated inpatient bed spaces.	This scenario is identical to Scenario 2.
Operating Costs/Efficiency	This scenario is least efficient; as patients are not in rooms and are moved and shifted between spaces frequently.	This scenario produces greatest efficiency; once operational, but the additional capital costs will further increase depreciation expense. Further, the disruption during an extended building project would create short-term operating inefficiencies.	This scenario produces the greatest efficiency in the shortest timeframe.

Source: Applicant

3. If the project involves construction, provide information that supports conformance with WAC 246-310-240(2):

- **The costs, scope, and methods of construction and energy conservation are reasonable; and**
- **The project will not have an unreasonable impact on the costs and charges to the public of providing health services by other persons.**

The project involves remodeling, but no new construction. As noted in responses to earlier sections, the additional 104 beds will be made operational on several different units. A total of 13 units will be impacted by this project with bed additions ranging from 2 to 20. Therefore, there is limited opportunity for energy conservation and other efficiencies to be obtained. As noted previously, Harborview's rates and charges are not determined by capital expenditures. By having a sufficient number of beds, access to health services for our patients will be improved.

4. Identify any aspects of the project that will involve appropriate improvements or innovations in the financing and delivery of health services which foster cost containment, and which promote quality assurance and cost effectiveness.

As noted in earlier sections of this application, at its current volumes, Harborview needs the additional 104 beds; and occupancy will never fall below the State Health Plan's target 75% midnight occupancy standard. Cost-efficiency will be realized when the facility is not regularly exceeding 100% occupancy.

Exhibit 1
Organizational Chart

Lisa Brandenburg, MBA, MPH
President, UW Medicine Hospitals & Clinics

Marketing/Media/Outreach
News & Community Relations
UW Human Resources
UW Medicine Advancement
UW Medicine Compliance
UW Medicine Financial Operations / Accounting
UW Medicine IT
UW Medicine PFS

**Harborview Medical Center
Organizational Chart**

**Vacant
Director
Behavioral Health
Institute**

**Tim Patmont
Director of Strategy**

Sommer Kleweno Walley, MHA, MA
Chief Executive Officer

Veronica Howell
Executive Assistant

Service Line Administrators

Neurosciences
Regional Epilepsy Center
Orthopaedics
Spine
Heart Institute

Steffanie Fain, JD
President
Board of Trustees

Dana Hermann, MBA
Associate Administrator
Hospital Business Operations

Performance Improvement
Employee Health
Patient Relations
Volunteer Services
Community Outreach
Communications
HMC Intranet

**Jay Sandel, MSN, RN
(Interim)**
*Chief Nursing Officer &
Sr. Associate Administrator*
Patient Care Services Division

Critical Care Service
Acute Care Service
Rehabilitation Medicine Service
Psychiatry & Behavioral Health Service
Respiratory Care
Healthcare Specialists
Burn Center
Gamma Knife
GI/Endoscopy
APA
Social Work
Advanced Palliative Care Service
Organ & Tissue Procurement
Patient Education
Clinical Education
Care Management
Nursing Services
Professional Practice
PDNE
Research
Quality
Magnet Accreditation
Student Coordination
Councilor Structure
Patient Satisfaction
UWM Sleep Medicine Clinic and Lab
Comprehensive Stroke Services
Patient Satisfaction

Richard Goss, MD, MPH
Medical Director
HMC Associate Dean, UW SOM

Quality Improvement
Patient Safety Program & PSN
Risk Management – Medical Care
Clinical Outcomes Management
Infection Control
Medical Staff Department Affairs
including credentialing and privileges
Graduate Medical Education

**Katherine Hollman,
MHA, PH.C.**
Associate Administrator
Ambulatory & Allied Care
Services

Primary/Specialty Care Clinics
Healthcare for the Homeless and
Respite
King County Public Health Clinics at
HMC (STD, TB)
Interpreter Services
Spiritual Care

Martine Pierre-Louis, MPH
Director
Equity, Diversity & Inclusion

Mark Taylor, RN, CCRN
Senior Associate Administrator
Surgical Emergent & Integrated
Clinical Services

Surgical Services
Ambulatory Procedure
Cardiology Services
Emergency Department
Environment of Care
EOC and Emergency Services
Food and Nutrition Services
CRNAs
Laboratory and Pathology Services
Medic One Liaison
Transcranial Doppler Lab
Trauma Services
Pharmacy
Radiology Services
Regulatory Affairs
Safety Officer
Security Services
Parking and Commuter Services
Service Line Leader Liaison
Vascular Services

Kera Dennis, MBA
Associate Administrator
Finance, Facilities

Finance
Facility Planning & Engineering
Clinical Engineering
Telecommunications
Planning (Bond)
Major Institution Master Plan
Environmental Services

Exhibit 2
Letter of Intent



RECEIVED

By CERTIFICATE OF NEED PROGRAM at 1:38 pm, Jan 28, 2022

January 28, 2022

LOI22-01HarViewHK

Eric Hernandez, Program Manager
Certificate of Need Program
Department of Health
P.O. Box 47852
Olympia, WA 98504-7852
Via email: FSLCON@DOH.WA.GOV; eric.hernandez@doh.wa.gov

Dear Mr. Hernandez:

Consistent with WAC 246-310-080, Harborview Medical Center (Harborview) here within submits a letter of intent to add 104 acute medical/surgical beds. The following information is provided:

1. A Description of the Extent of Services Proposed:

Harborview is currently licensed for 413 beds, and proposes to add around 104 medical-surgical beds that are currently in use for the Public Health Emergency as allowed by the governor's proclamation (20-36). Once approved, Harborview will be licensed for 517 beds, including 425 medical-surgical, 24 acute rehabilitation and 68 psychiatric beds.

2. Estimated Cost of the Proposed Project:

Total construction cost is \$75M and equipment is estimated at an additional \$18.75M.

3. Description of the Service Area:

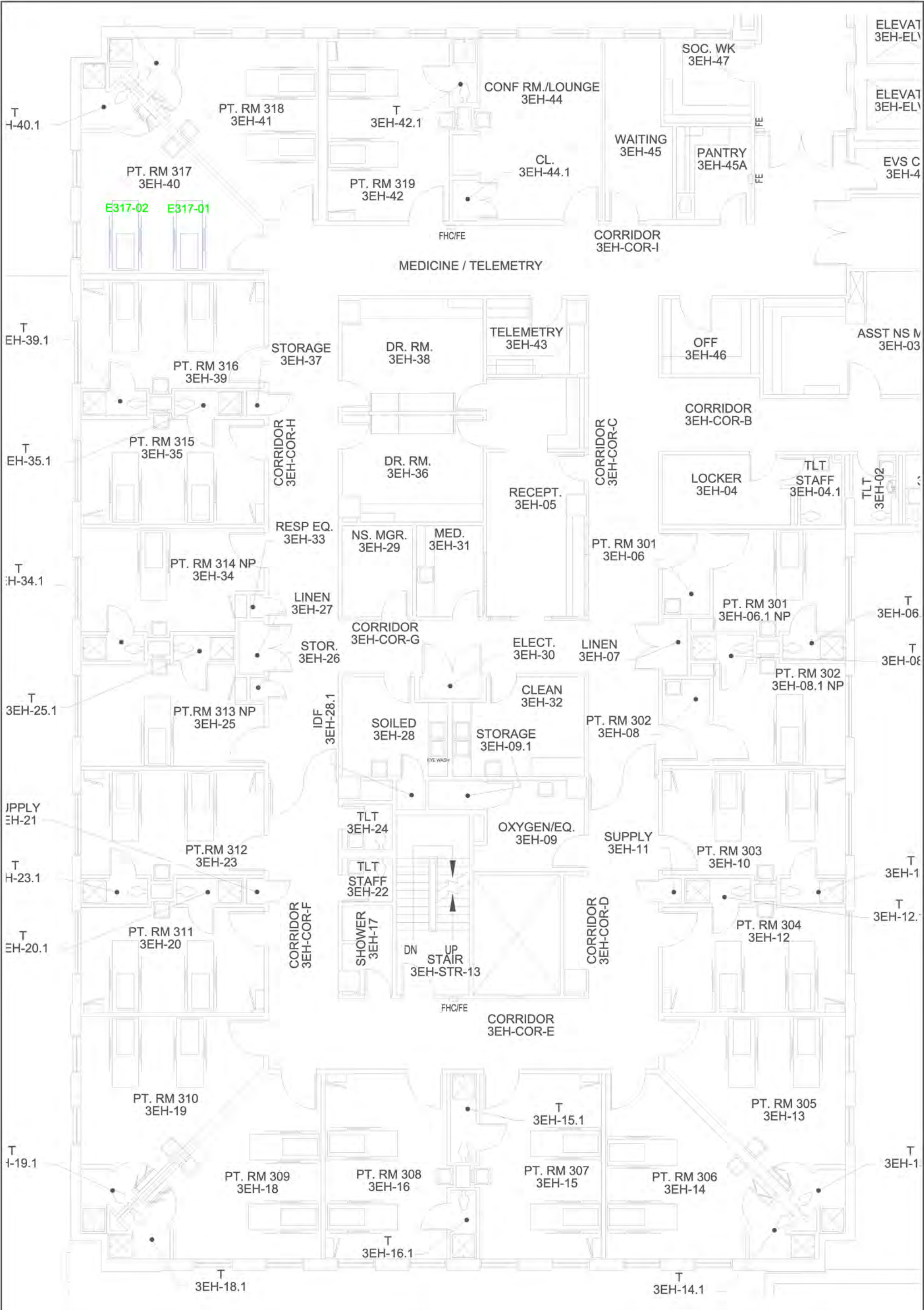
Harborview is located in the Central King Hospital Planning Area. As the only Level I adult and pediatric trauma and burn center in the five state Washington, Wyoming, Alaska, Montana, Idaho (WWAMI) region, the majority of Harborview's patients come from outside of the Central King planning area.

Thank you for your time and attention to this matter. Please contact me directly with any questions.

Sincerely,

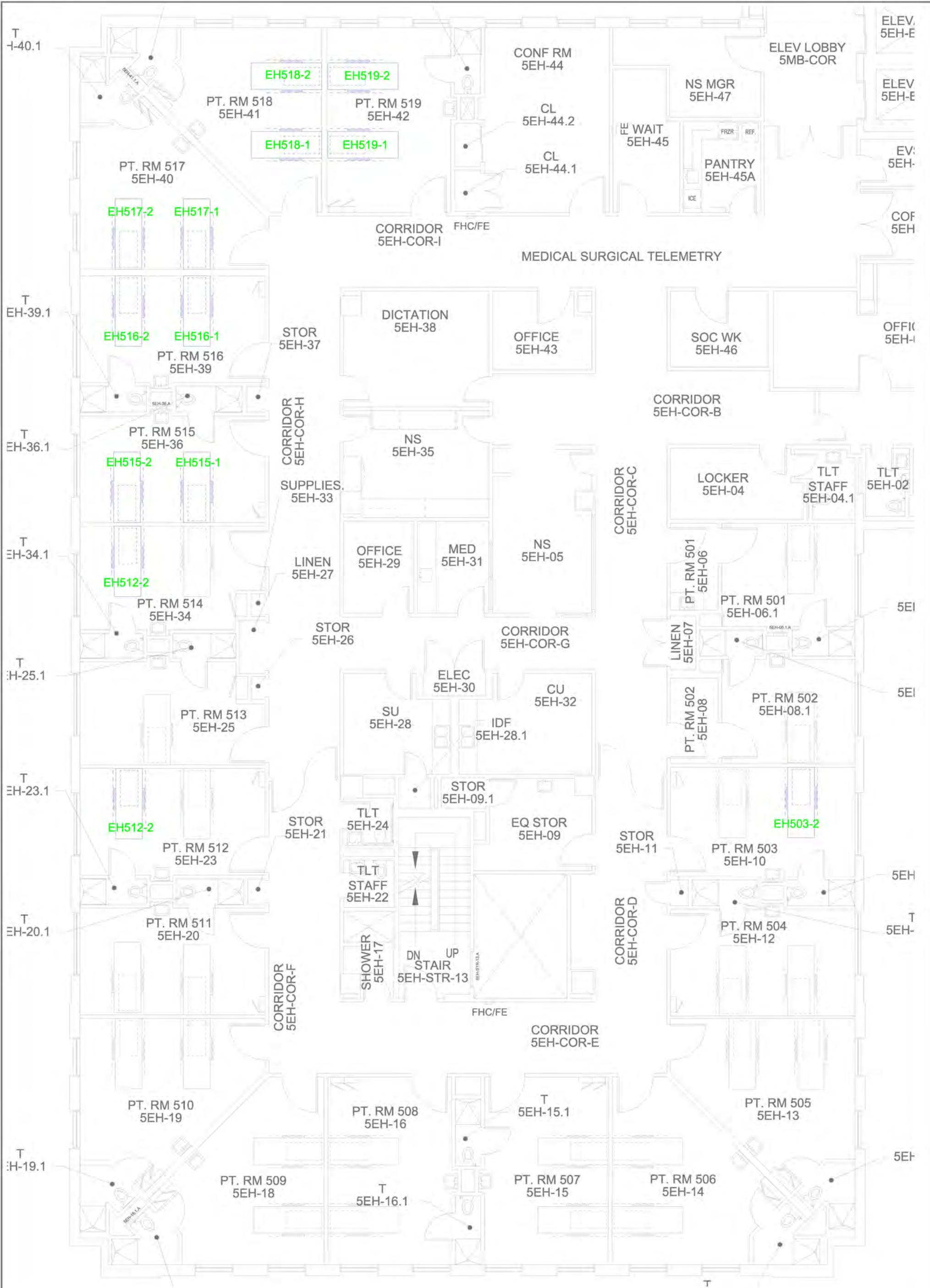
Sommer Kleweno Walley
Chief Executive Officer
Administration | Harborview Medical Center | UW Medicine
325 9th Avenue | Box 359890 | Seattle, WA 98104
skleweno@uw.edu

Exhibit 3
Single Line Drawings

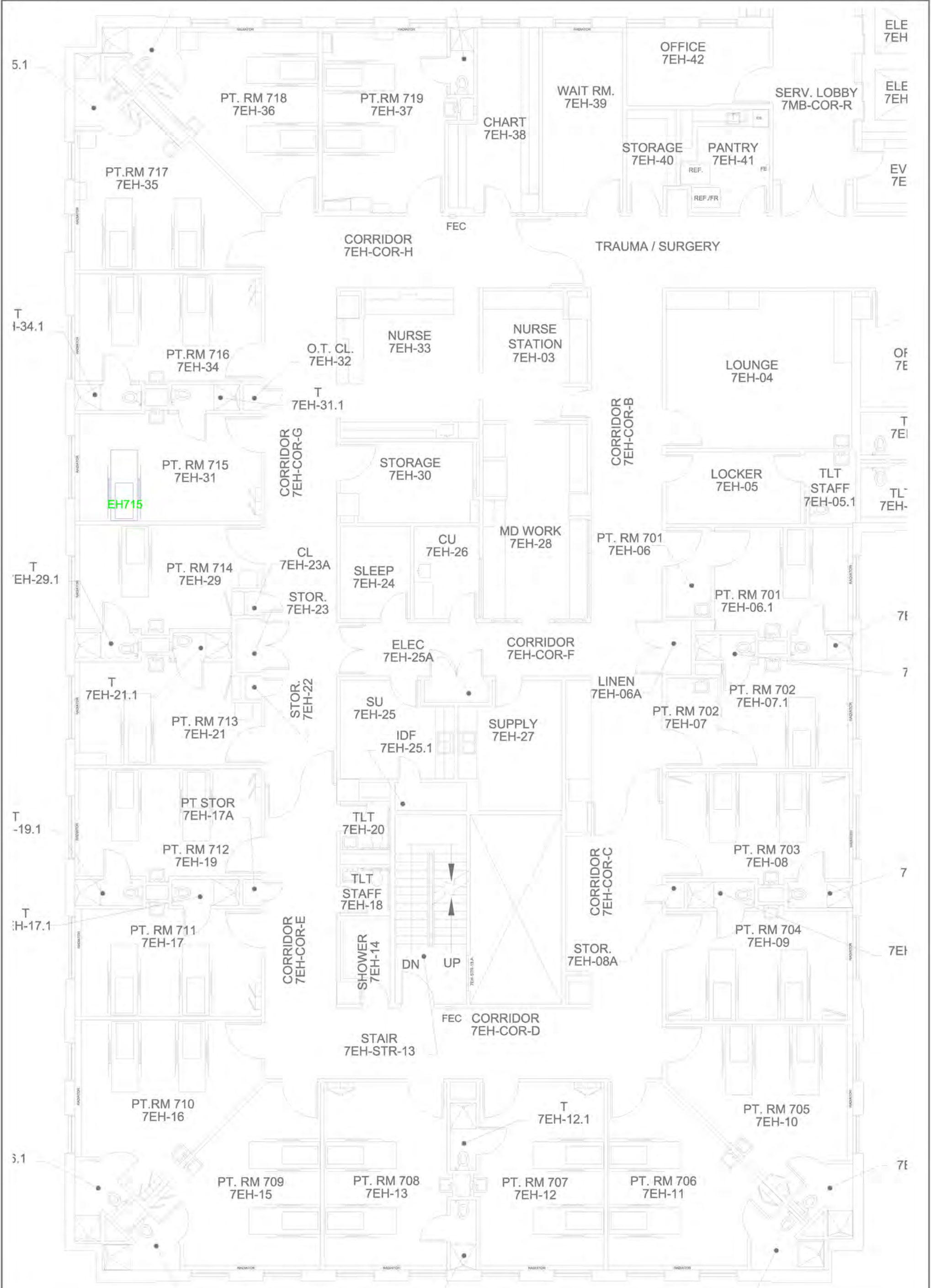


PROJECT # -	WORK ORDER # WO #	DATE: 01/20/2022	TITLE: DOH CERTIFICATE OF NEED	<div>HARBORVIEW MEDICAL CENTER</div> <div>UW Medicine  King County </div>
SHEET: 2 OF 13	FILE NAME: 10003-a.dwg	FILE PATH: \\CADIAS-BUILTS\SUPER BLOCK\ Architectural Floor Plans	2 NEW BEDS ADDED	
DWG# -	SCALE: "B" 11X17 NTS	REVISION -	BUILDING: EAST HOSPITAL 3RD FLOOR	
DRAWN BY: MH			HARBORVIEW MEDICAL CENTER, 325 NINTH AVENUE, SEATTLE, WA 98104-2499	

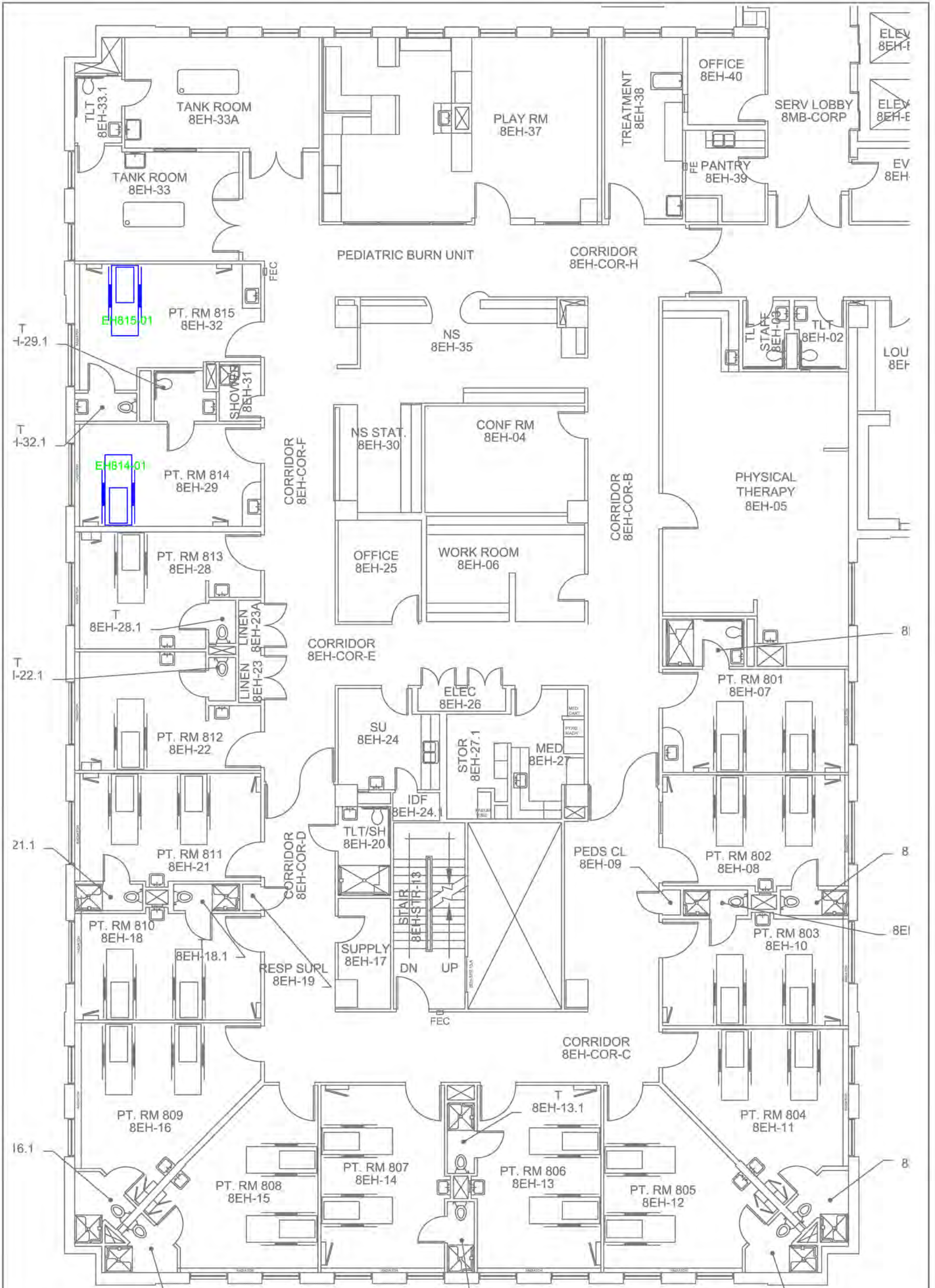




PROJECT # -	WORK ORDER # WO #	DATE: 01/21/2022	TITLE: DOH CERTIFICATE OF NEED 13 NEW BEDS ADDED	<div>HARBORVIEW MEDICAL CENTER</div> <div>UW Medicine</div> <div> King County</div>
SHEET: 6 OF 13	FILE NAME: 1005-a.dwg	FILE PATH: \\CAD\AS-BUILT\SUPER BLOCK\ Architectural Floor Plans\		
DWG# -	SCALE: "B" 11X17 NTS	REVISION - BY: -	BUILDING: EAST HOSPITAL 5TH FLOOR	
	DRAWN BY: MH			
HARBORVIEW MEDICAL CENTER, 325 NINTH AVENUE, SEATTLE, WA 98104-2499				



<div>PROJECT #</div> <div>-</div> <div>SHEET:</div> <div>9 OF 13</div> <div>DWG#</div> <div>-</div>	<div>WORK ORDER #</div> <div>WO #</div> <div>FILE NAME:</div> <div>10007a.dwg</div> <div>SCALE: "B" 1/16"=1'-0"</div> <div>NTS</div> <div>DRAWN BY:</div> <div>MH</div>	<div>DATE:</div> <div>01/21/2022</div> <div>FILE PATH:</div> <div>\\CADIAS-BUILTS\SUPER BLOCK\Architectural Floor Plans\</div> <div>REVISION</div> <div>-</div> <div>BY:</div> <div>-</div>	<div>TITLE:</div> <div>DOH CERTIFICATE OF NEED</div> <div>1 NEW BED ADDED</div> <div>BUILDING:</div> <div>EAST HOSPITAL</div> <div>7TH FLOOR</div> <div>HARBORVIEW MEDICAL CENTER, 325 NINTH AVENUE, SEATTLE, WA 98104-2499</div>	<div>HARBORVIEW MEDICAL CENTER</div> <div>UW Medicine</div> <div> King County</div>
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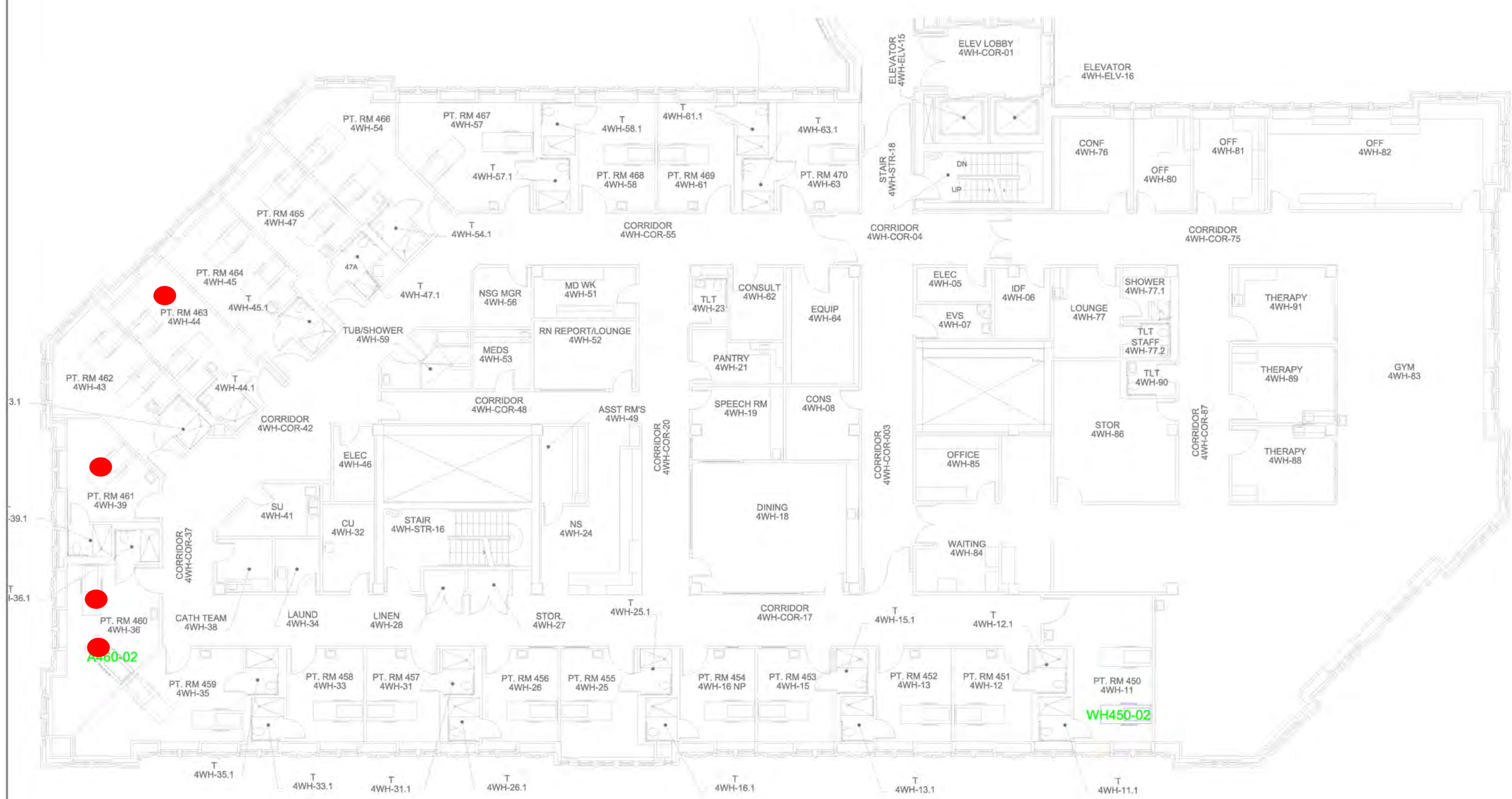


PROJECT # -	WORK ORDER # WO #	DATE 01/21/2022	TITLE DOH CERTIFICATE OF NEED 2 NEW BEDS ADDED	<div>HARBORVIEW MEDICAL CENTER</div> <div>UW Medicine  King County</div>
SHEET: 10 OF 13	FILE NAME: 10008-a.dwg	FILE PATH: \\CADVAS-BUILTS\SUPER BLOCK\ Architectural Floor Plans\	BUILDING: EAST HOSPITAL 8TH FLOOR	
DWG#	SCALE: "B" 1/16"=1'-0" NTS	REVISION BY: -	HARBORVIEW MEDICAL CENTER, 325 NINTH AVENUE, SEATTLE, WA 98104-2499	
	DRAWN BY: MH			



TITLE: DOH CERTIFICATE OF NEED 7 NEW BEDS ADDED	
BUILDING: WEST HOSPITAL 3RD FLOOR	
PROJECT# -	
WORK ORDER # -	
FILE NAME: 10003-a.dwg	
FILE LOCATION: \\CADIAS-BUILTS\SUPER BLOCK\Architectural Floor Plans\	
DRAWN BY: MH	
DATE: 01/20/2022	
SCALE: "B" 11X17 1/4"=1'-0"	
REVISION -	BY: -
SHEET: 3 OF 13	
DWG# 47	

HARBORVIEW MEDICAL CENTER, 325 9TH AVE, SEATTLE, WA 98104



HARBORVIEW
MEDICAL CENTER

UW Medicine  King County

DOH CERTIFICATE OF NEED

2 NEW BEDS ADDED

WEST HOSPITAL
4TH FLOOR

TITLE:

PROJECT#

WORK ORDER #

WO #

FILE NAME:

10004-a.dwg

FILE LOCATION:

\\CAD\AS-BUILTS\SUPER BLOCK\ Architectural Floor Plans\

DRAWN BY:

MH

DATE:

01/20/2022

SCALE: "B" 11X17

NTS

REVISION

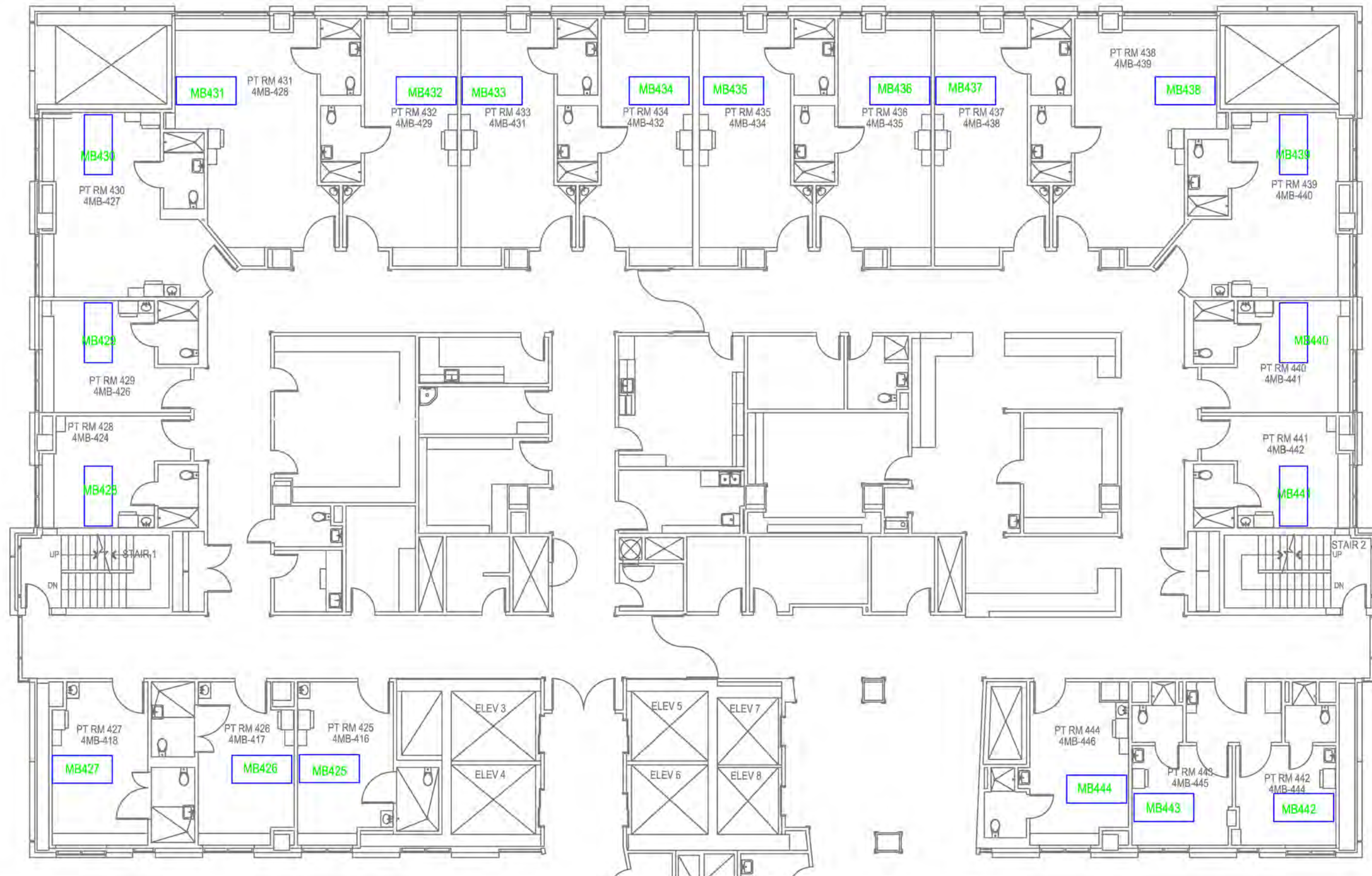
BY: -

SHEET:

5 OF 13

DWG#

48



NOTE:
NEW CONSTRUCTION - 20 NEW BEDS
FLOOR PLAN FOR REFERENCE ONLY

DOH CERTIFICATE OF NEED 20 NEW BED LICENSES ADDED

MALENG
4TH FLOOR

HARBORVIEW MEDICAL CENTER, 325 9TH AVE, SEATTLE, WA 98104

TITLE:

PROJECT#

WORK ORDER #
WO #

FILE NAME:
4MB.dwg

FILE LOCATION:

\\CADIAS-BUILTS\Maleng

DRAWN BY:

MH

DATE:

01/21/2022

SCALE: "B" 1/16" = 1'

NTS

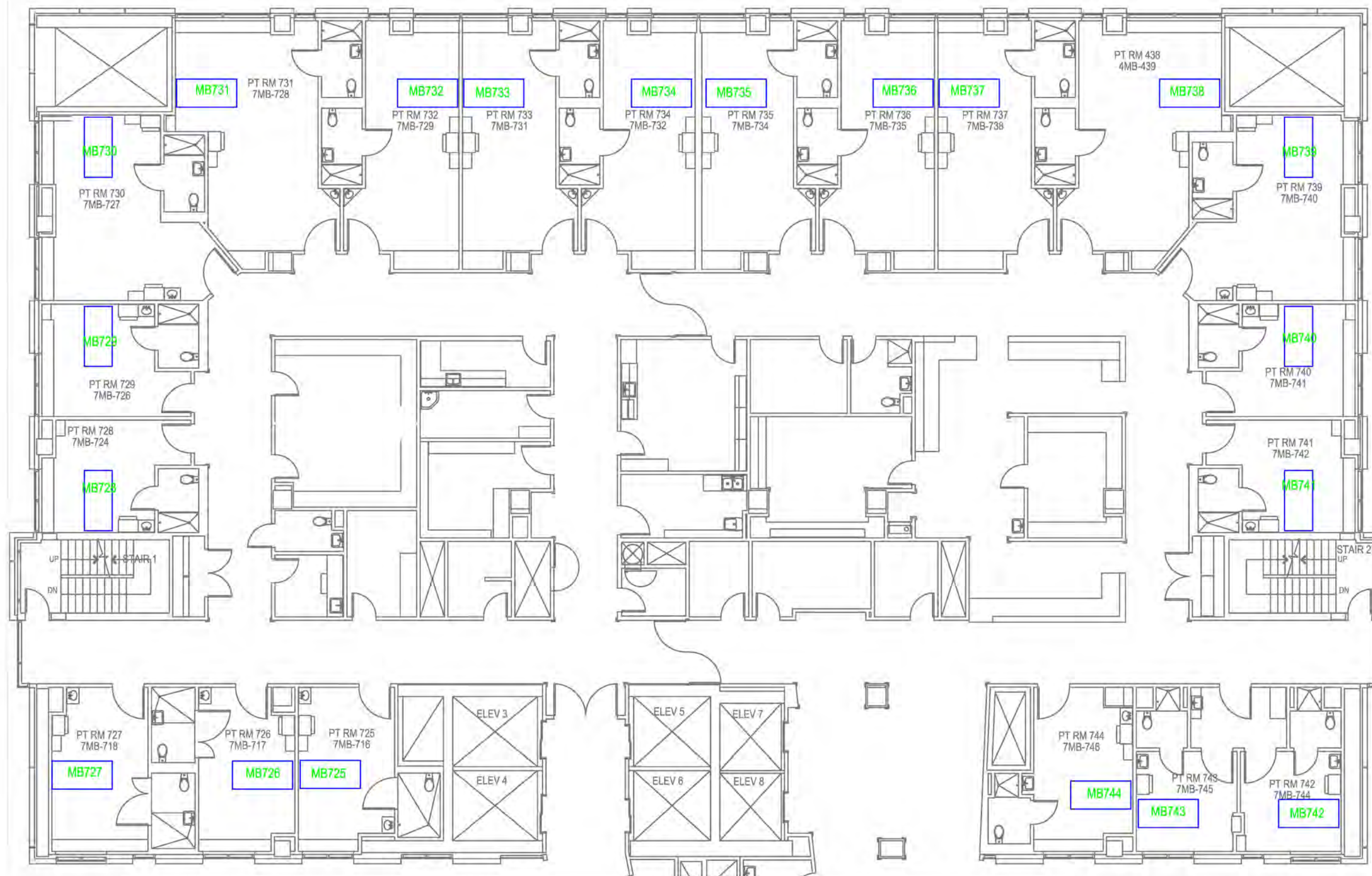
REVISION

BY: -

SHEET:

11 OF 13

DWG#



NOTE:
NEW CONSTRUCTION - 20 NEW BEDS
FLOOR PLAN FOR REFERENCE ONLY

DOH CERTIFICATE OF NEED
20 NEW BED LICENSES ADDED

MALENG
7TH FLOOR

HARBORVIEW MEDICAL CENTER, 325 9TH AVE, SEATTLE, WA 98104

TITLE

PROJECT#

WORK ORDER #
WO #

FILE NAME:
7MB.dwg

FILE LOCATION:

\\CADVAS-BUILTS\Maleng\

DRAWN BY:

MH

DATE:

01/21/2022

SCALE: 1/8" = 1'-0"

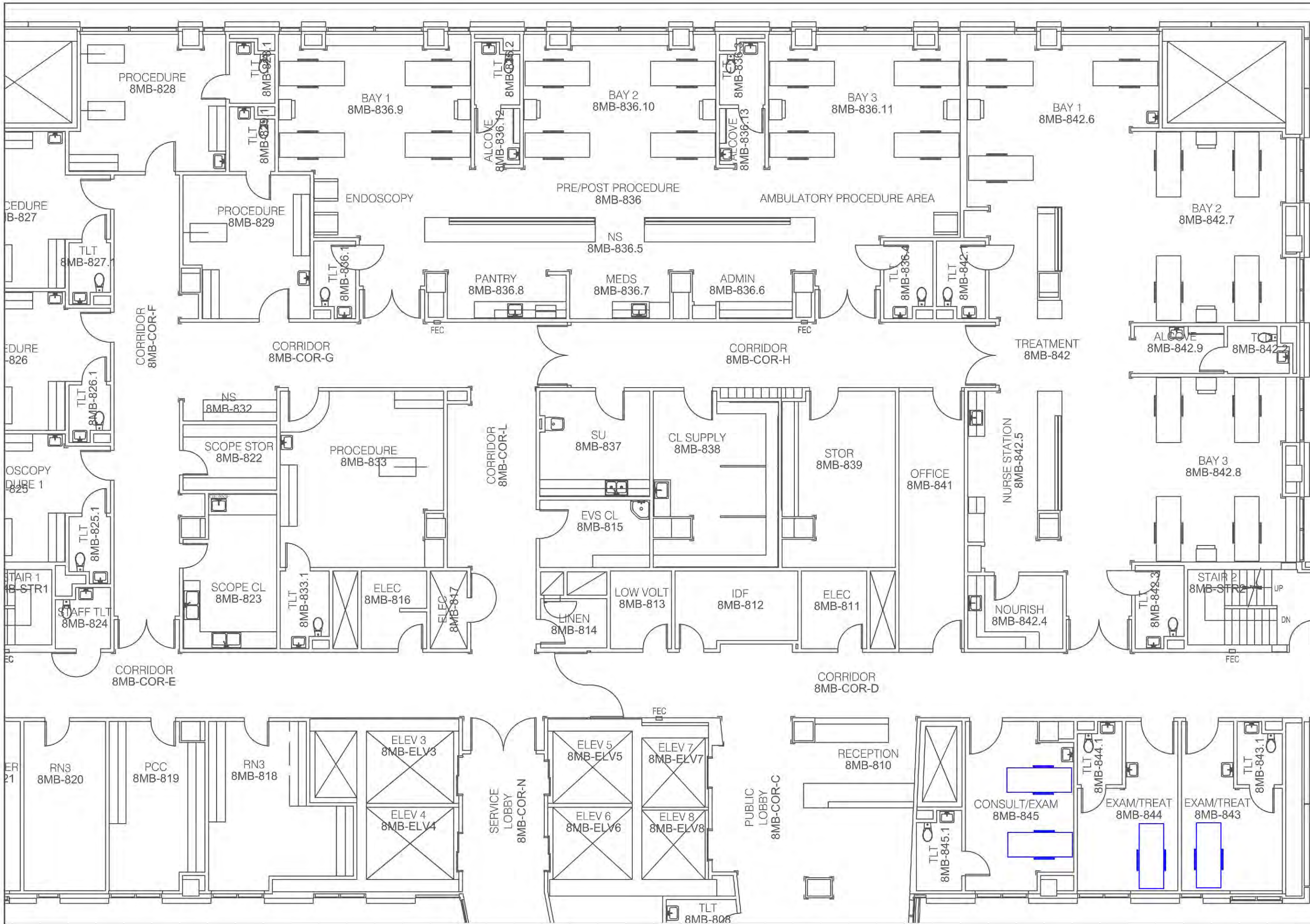
NTS

REVISION

SHEET:

12 OF 13

DWG#



HARBORVIEW MEDICAL CENTER		UW Medicine  King County	
DOH CERTIFICATE OF NEED		MALENG 8TH FLOOR	
23 NEW BEDS ADDED		HARBORVIEW MEDICAL CENTER, 325 9TH AVE, SEATTLE, WA 98104	
TITLE:	PROJECT#	WORK ORDER #	WO #
		FILE NAME:	8MB.dwg
		FILE LOCATION:	WCADIAS-BUILTS\Maleng\
		DRAWN BY:	MH
		DATE:	01/21/2022
		SCALE: "B" 11X17	NTS
		REVISION	BY: -
		SHEET:	13 OF 13
		DWG#	52

Exhibit 4
Acute Care Bed Need Methodology

2019 Bed Need Methodology – Central King

Step 1**1. 2010-2019 Total Resident Days***Excludes MDC 19 and MDC 15, Rehab Service Line*

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Central King	95,710	96,068	89,990	91,860	98,877	102,211	105,411	111,034	113,892	116,095
HSA# 1	1,257,015	1,283,514	1,266,307	1,281,802	1,321,664	1,389,130	1,413,456	1,460,917	1,491,955	1,494,268
Statewide Total	2,030,277	2,044,374	2,031,791	2,039,569	2,087,957	2,184,145	2,233,131	2,305,650	2,345,500	2,370,127

STEP 2: Total Resident Days Adjusted to Exclude All Psychiatric Patient Days**2-A. 2010-2019 Total Resident Days (from Step 1)***Excludes MDC 19, MDC 15, Rehab*

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Central King	95,710	96,068	89,990	91,860	98,877	102,211	105,411	111,034	113,892	116,095
HSA# 1	1,257,015	1,283,514	1,266,307	1,281,802	1,321,664	1,389,130	1,413,456	1,460,917	1,491,955	1,494,268
Statewide Total	2,030,277	2,044,374	2,031,791	2,039,569	2,087,957	2,184,145	2,233,131	2,305,650	2,345,500	2,370,127

2-B. 2010-2019 Total Psychiatric Hospital Non-MDC 19 Patient Days*Excludes MDC 19, MDC 15, Rehab*

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Central King	86	55	126	173	707	1,799	1,579	1,805	2,428	2,922
HSA# 1	1,384	1,639	2,907	3,101	9,823	16,266	15,482	16,250	16,704	17,945
Statewide Total	1,563	1,916	3,185	3,410	11,148	18,411	18,309	19,713	20,467	23,321

NOTE: Relevant to this Step, there are 4 psychiatric hospitals statewide:Fairfax Hospital, Kirkland: *Located in HSA 1 and East King Planning Area*Navos, Seattle: *Located in HSA 1 and Southwest King Planning Area*Lourdes Counseling Center, Richland: *Located in HSA 3 and Benton-Franklin Planning Area***2C. 2010-2019 Total Resident Days Adjusted to Exclude All Psychiatric Patient Days***Excludes MDC 19, MDC 15, Rehab*

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Central King	95,624	96,013	89,864	91,687	98,170	100,412	103,832	109,229	111,464	113,173
HSA# 1	1,255,631	1,281,875	1,263,400	1,278,701	1,311,841	1,372,864	1,397,974	1,444,667	1,475,251	1,476,323
Statewide Total	2,028,714	2,042,458	2,028,606	2,036,159	2,076,809	2,165,734	2,214,822	2,285,937	2,325,033	2,346,806

STEP 3: Historical Average Use Rates**3-A. 2010-2019 Total Resident Days Adjusted to Exclude All Psychiatric Patient Days (from Step 2-C.)***Excludes MDC 19, MDC 15, Rehab, Mary Bridge*

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Central King	95,624	96,013	89,864	91,687	98,170	100,412	103,832	109,229	111,464	113,173
HSA# 1	1,255,631	1,281,875	1,263,400	1,278,701	1,311,841	1,372,864	1,397,974	1,444,667	1,475,251	1,476,323
Statewide Total	2,028,714	2,042,458	2,028,606	2,036,159	2,076,809	2,165,734	2,214,822	2,285,937	2,325,033	2,346,806

3-B. 2010-2019 Total Populations

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Central King	286,520	292,558	298,758	305,126	311,668	318,391	325,302	332,407	339,714	347,232
HSA # 1	4,204,534	4,231,500	4,261,500	4,303,625	4,361,850	4,429,440	4,523,580	4,612,100	4,688,920	4,767,780
Statewide Total	6,724,540	6,767,900	6,817,770	6,882,400	6,968,170	7,061,410	7,183,700	7,310,300	7,427,570	7,546,410

3-C. 2010-2019 Total Use Rates Per 1,000

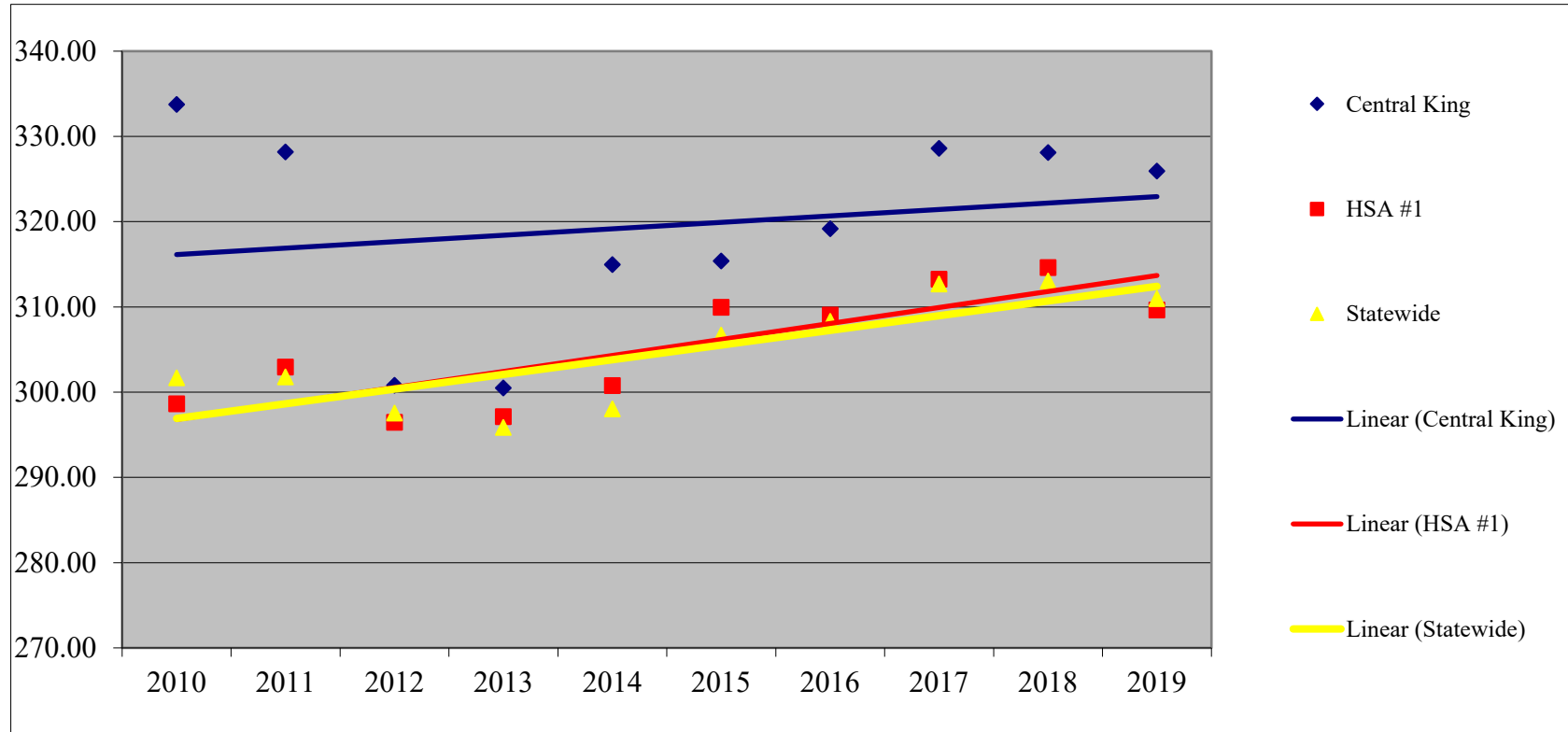
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Central King	333.74	328.18	300.79	300.49	314.98	315.37	319.19	328.60	328.11	325.93
HSA # 1	298.64	302.94	296.47	297.12	300.75	309.94	309.04	313.23	314.62	309.65
Statewide Total	301.69	301.79	297.55	295.85	298.04	306.70	308.31	312.70	313.03	310.98

STEP 4: Historical Use Rate Trend Lines and Slopes

4-A. 2010-2019 Total Use Rates Per 1,000 (from Step 3-C.)

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Central King	333.74	328.18	300.79	300.49	314.98	315.37	319.19	328.60	328.11	325.93
HSA# 1	298.64	302.94	296.47	297.12	300.75	309.94	309.04	313.23	314.62	309.65
Statewide Total	301.69	301.79	297.55	295.85	298.04	306.70	308.31	312.70	313.03	310.98

4-B. 2010-2019 Total Use Rate Trend Lines



4-C. 2010-2019 Total Use Rate Slopes

HSA#1	1.88
Statewide Total	1.72

STEP 5: Allocation of Patient (Provider) Days Back to Planning Areas Where the Patients Live**5-A. 2019 (Provider) Days by Age and Residence***Excludes MDC 19 ,MDC 15, Rehab***Central King**

	Total Patient Days	Out-of-State Days	Total Less Out-of-State	% Out-of-State
Age 0-64	203,961	11,669	192,292	5.72%
Age 65+	150,493	7,515	142,978	4.99%
Total	354,454	19,184	335,270	5.41%

Other Washington (WA-Central King)

	Total Patient Days	Out-of-State Days	Total Less Out-of-State	% Out-of-State
Age 0-64	1,077,295	50,328	1,026,967	4.67%
Age 65+	1,022,397	37,855	984,542	3.70%
Total	2,099,692	88,183	2,011,509	4.20%

5-B. 2019 Patient Days by Age and Residence, to Providers by Area*Excludes MDC 19 , MDC 15, Rehab***Residents of****Central King**

	To Planning Area Providers	To Other WA Providers	Total Resident Days (Excl. Out-of-State)
Age 0-64	48,064	17,519	65,583
Age 65+	38,073	9,517	47,590
Total	86,137	27,036	113,173

2019

Add (Patient) Days Provided in OR *	Total Resident Days
135	65,718
61	47,651
196	113,369

Other WA

Residents	To Planning Area Providers	To Other WA Providers	Total Resident Days (Excl. Out-of-State)
Age 0-64	155,897	1,059,776	1,215,673
Age 65+	112,420	1,012,880	1,125,300
Total	268,317	2,072,656	2,340,973

Add (Patient) Days Provided in OR *	Total Resident Days
39,834	1,255,507
28,888	1,154,188
68,722	2,409,695

5-C. 2019 Market Shares - Percentage of Total Resident Patient Days*Excludes MDC 19, MDC 15, Rehab*

Residents of	Central King	
	To Planning Area Providers	To Other WA Providers
Age 0-64	73.14%	26.66%
Age 65+	79.90%	19.97%
Total	75.98%	23.85%

To OR Providers
0.21%
0.13%
0.17%

Other WA Residents

Age 0-64	12.42%	84.41%
Age 65+	9.74%	87.76%
Total	11.13%	86.01%

3.17%
2.50%
2.85%

STEP 6: Planning Area Use Rates by Age*Excludes MDC 19, MDC 15, Rehab***6-A. 2019 Population* by Age**

	Central King	Other WA
Age 0-64	299,142	5,992,457
Age 65+	48,090	1,175,537
Total	347,232	7,167,994

* Planning area population from OFM(2017)

Other WA population = Statewide population from OFM (2017), minus Planning Area population.

6-B. 2019 Use Rates by Age*Excludes MDC 19, MDC 15, Rehab*

	Central King	Other WA
Age 0-64	219.69	209.51
Age 65+	990.87	981.84
Total	326.49	336.17

STEP 7A: Planning Area Use Rates by Age**7A-A. 2019 Use Rates by Age (from Step 6-B)***Excludes MDC 19, MDC 15, Rehab, Mary Bridge*

	Central King
Age 0-64	219.69
Age 65+	990.87
Total	326.49

7A-B. Projected Use Rates by Age for Central King*Excludes MDC 19, MDC 15, Rehab*

	2019	2020	2021	2022	2023	2024	2025	2026	2027
Age 0-64 using HSATrend	219.69	221.57	223.44	225.32	227.20	229.07	230.95	232.83	234.70
Age 0-64 using State Trend	219.69	221.41	223.13	224.85	226.58	228.30	230.02	231.74	233.47
Age 65+ using HSA Trend	990.87	992.75	994.62	996.50	998.38	1,000.26	1,002.13	1,004.01	1,005.89
Age 65+ using State Trend	990.87	992.59	994.32	996.04	997.76	999.48	1,001.20	1,002.93	1,004.65

Trended Use Rates (from above) that are Closest to Central King

Current Value - i.e., Requires the Smallest Adjustment

	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>
Age 0-64 using State Trend	219.69	221.41	223.13	224.85	226.58	228.30	230.02	231.74	233.47
Age 65+ using State Trend	990.87	992.59	994.32	996.04	997.76	999.48	1,001.20	1,002.93	1,004.65

7A-A. 2019 Use Rates by Age (from Step 6-B)*Excludes MDC 19, MDC 15, Rehab*

	Other WA
Age 0-64	209.51
Age 65+	981.84
Total	336.17

7A-B. Projected Use Rates by Age for Central King*Excludes MDC 19, MDC 15, Rehab*

	2019	2020	2021	2022	2023	2024	2025	2026	2027
Age 0-64 using HSATrend	209.51	211.39	213.27	215.14	217.02	218.90	220.78	222.65	224.53
Age 0-64 using State Trend	209.51	211.24	212.96	214.68	216.40	218.13	219.85	221.57	223.29
Age 65+ using HSA Trend	981.84	983.72	985.59	987.47	989.35	991.22	993.10	994.98	996.85
Age 65+ using State Trend	981.84	983.56	985.28	987.01	988.73	990.45	992.17	993.89	995.62

STEP 8: Forecast Patient Days Using Trended Use Rates**8A. Projected Use Rates by Age (from Step 7A-B.) for****Central King**

	2019	2020	2021	2022	2023	2024	2025	2026	2027
Age 0-64 using State Trend	219.69	221.41	223.13	224.85	226.58	228.30	230.02	231.74	233.47
Age 65+ using State Trend	990.87	992.59	994.32	996.04	997.76	999.48	1,001.20	1,002.93	1,004.65

8B. Projected Population* for**Central King**

	2019	2020	2021	2022	2023	2024	2025	2026	2027
0-64	299,142	302,130	305,148	308,196	311,274	314,383	317,523	320,695	323,898
65+	48,090	50,073	52,137	54,287	56,525	58,855	61,281	63,808	66,439
Total	347,232	352,203	357,285	362,482	367,799	373,238	378,805	384,503	390,336

8C. Projected Resident Patient Days* for**Central King**

	2019	2020	2021	2022	2023	2024	2025	2026	2027
0-64	65,718	66,895	68,088	69,299	70,528	71,773	73,037	74,319	75,619
65+	47,651	49,702	51,841	54,071	56,398	58,825	61,355	63,995	66,747
Total	113,369	116,597	119,929	123,371	126,926	130,598	134,392	138,314	142,366

*Excludes MDC 19, MDC 15, Rehab, Mary Bridge***8A. Projected Use Rates by Age (from Step 7A-B.) for****Other WA**

	2019	2020	2021	2022	2023	2024	2025	2026	2027
Age 0-64 using State Trend	209.51	211.24	212.96	214.68	216.40	218.13	219.85	221.57	223.29
Age 65+ using State Trend	981.84	983.56	985.28	987.01	988.73	990.45	992.17	993.89	995.62

8B. Projected Population* for**Other WA**

	2019	2020	2021	2022	2023	2024	2025	2026	2027
0-64	5,926,119	5,989,469	6,054,080	6,087,770	6,122,148	6,157,224	6,193,007	6,229,508	6,265,224
65+	1,122,746	1,173,554	1,227,058	1,271,402	1,317,849	1,366,517	1,417,532	1,471,026	1,507,682
Total	7,048,865	7,163,023	7,281,138	7,359,173	7,439,998	7,523,741	7,610,539	7,700,534	7,772,907

8c. Projected Resident Patient Days* for**Other Washington**

	2019	2020	2021	2022	2023	2024	2025	2026	2027
0-64	1,241,608	1,265,196	1,289,270	1,306,929	1,324,853	1,343,047	1,361,518	1,380,270	1,398,974
65+	1,102,356	1,154,262	1,209,000	1,254,881	1,302,994	1,353,467	1,406,435	1,462,044	1,501,073
Total	2,343,964	2,419,458	2,498,270	2,561,810	2,627,847	2,696,514	2,767,953	2,842,315	2,900,047

STEP 9: Allocate Forecasted Patient Days to the Planning Areas Where Services are Expected to Be Provided**9A. (From Steps 8-C and D).****Projected Resident Patient Days* for****Central King**

	2019	2020	2021	2022	2023	2024	2025	2026	2027
0-64	65,718	66,895	68,088	69,299	70,528	71,773	73,037	74,319	75,619
65+	47,651	49,702	51,841	54,071	56,398	58,825	61,355	63,995	66,747
Total	113,369	116,597	119,929	123,371	126,926	130,598	134,392	138,314	142,366

*Excludes MDC 19, MDC 15, Rehab***Projected Resident Patient Days* for****Other Washington**

	2019	2020	2021	2022	2023	2024	2025	2026	2027
0-64	1,241,608	1,265,196	1,289,270	1,306,929	1,324,853	1,343,047	1,361,518	1,380,270	1,398,974
65+	1,102,356	1,154,262	1,209,000	1,254,881	1,302,994	1,353,467	1,406,435	1,462,044	1,501,073
Total	2,343,964	2,419,458	2,498,270	2,561,810	2,627,847	2,696,514	2,767,953	2,842,315	2,900,047

*Excludes MDC 19, MDC 15, Rehab***9-B. 2018 Market Shares - Percentage of Total Resident Patient Days (From Step 5-C)***Excludes MDC 19, MDC 15, Rehab***Residents of
Central King**

	To Planning Area Providers	To Other WA Providers
Age 0-64	73.14%	26.66%
Age 65+	79.90%	19.97%
Total	75.98%	23.85%

To OR Providers
0.21%
0.13%
0.17%

Other WA Residents

Age 0-64	12.42%	84.41%
Age 65+	9.74%	87.76%
Total	11.13%	86.01%

3.17%
2.50%
2.85%

**9C. Central King
Resident Patient
Days* to Central King
Providers**

	2019	2020	2021	2022	2023	2024	2025	2026	2027
0-64	48,064	48,925	49,798	50,683	51,582	52,493	53,417	54,354	55,305
65+	38,073	39,712	41,421	43,203	45,062	47,001	49,023	51,132	53,331
Total	86,137	88,636	91,218	93,886	96,643	99,493	102,440	105,486	108,636

**Central King
Resident Patient Days to Other Washington
Providers**

	2019	2020	2021	2022	2023	2024	2025	2026	2027
0-64	17,519	17,833	18,151	18,474	18,801	19,133	19,470	19,812	20,158
65+	9,517	9,927	10,354	10,799	11,264	11,749	12,254	12,781	13,331
Total	27,036	27,759	28,505	29,273	30,065	30,882	31,724	32,593	33,489

**Central King
Resident Patient Days to Oregon
Providers**

	2019	2020	2021	2022	2023	2024	2025	2026	2027
0-64	135	137	140	142	145	147	150	153	155
65+	61	64	66	69	72	75	79	82	85
Total	196	201	206	212	217	223	229	235	241

**9D. Other Washington Resident Patient Days* to
Central King
Providers**

	2019	2020	2021	2022	2023	2024	2025	2026	2027
0-64	154,171	157,100	160,089	162,282	164,508	166,767	169,060	171,389	173,711
65+	107,371	112,427	117,759	122,228	126,914	131,830	136,989	142,406	146,207
Total	261,543	269,527	277,848	284,510	291,422	298,597	306,050	313,795	319,919

**Other Washington
Resident Patient Days to Other Washington Providers**

	2019	2020	2021	2022	2023	2024	2025	2026	2027
0-64	1,048,044	1,067,954	1,088,276	1,103,181	1,118,311	1,133,669	1,149,260	1,165,089	1,180,877
65+	967,394	1,012,945	1,060,981	1,101,245	1,143,468	1,187,761	1,234,245	1,283,045	1,317,296
Total	2,015,438	2,080,900	2,149,257	2,204,427	2,261,779	2,321,430	2,383,504	2,448,134	2,498,173

**Other Washington
Resident Patient Days to Oregon
Providers**

	2019	2020	2021	2022	2023	2024	2025	2026	2027
0-64	39,393	40,141	40,905	41,465	42,034	42,611	43,197	43,792	44,386
65+	27,591	28,890	30,260	31,408	32,612	33,876	35,201	36,593	37,570
Total	66,984	69,031	71,165	72,874	74,647	76,487	78,399	80,386	81,956

**9E. Total Washington Resident Patient Days* to
Central King
Providers**

	2019	2020	2021	2022	2023	2024	2025	2026	2027
0-64	202,235	206,025	209,887	212,965	216,089	219,260	222,477	225,743	229,017
65+	145,444	152,139	159,179	165,431	171,976	178,831	186,012	193,537	199,538
Total	347,680	358,164	369,066	378,396	388,065	398,090	408,489	419,281	428,555

**Total Washington Resident Patient Days* to
Other Washington Providers**

	2019	2020	2021	2022	2023	2024	2025	2026	2027
0-64	1,065,563	1,085,787	1,106,427	1,121,655	1,137,112	1,152,802	1,168,730	1,184,901	1,201,035
65+	976,911	1,022,872	1,071,335	1,112,045	1,154,732	1,199,510	1,246,499	1,295,827	1,330,627
Total	2,042,474	2,108,659	2,177,762	2,233,700	2,291,844	2,352,312	2,415,228	2,480,727	2,531,662

**Total Washington Resident Patient Days* to
Oregon Providers**

	2019	2020	2021	2022	2023	2024	2025	2026	2027
0-64	39,528	40,279	41,045	41,608	42,179	42,759	43,347	43,945	44,541
65+	27,652	28,953	30,326	31,477	32,685	33,951	35,280	36,675	37,656
Total	67,180	69,232	71,371	73,085	74,864	76,710	78,627	80,620	82,197

9-F. Percent Out-of-State Resident Patient Days * (From Step 5-A)

Central King

	% Out-of-State	
Age 0-64	5.72%	
Age 65+	4.99%	
Total	5.41%	

Other Washington

Age 0-64	4.67%	
Age 65+	3.70%	
Total	4.20%	

9-F. Total Patient Days*, Including Out-of-State Residents

Central King

	2019	2020	2021	2022	2023	2024	2025	2026	2027
0-64	213,805	217,812	221,895	225,149	228,452	231,804	235,206	238,659	242,119
65+	152,707	159,736	167,128	173,692	180,564	187,761	195,301	203,202	209,502
Total	366,513	377,548	389,023	398,841	409,016	419,565	430,506	441,860	451,622

Central King

Provider Market Share of All Planning Area Resident Days

	2019	2020	2021	2022	2023	2024	2025	2026	2027
Total	75.98%	76.02%	76.06%	76.10%	76.14%	76.18%	76.22%	76.27%	76.31%

Central King

Immigration Days

	2019	2020	2021	2022	2023	2024	2025	2026	2027
Total	280,376	288,912	297,805	304,955	312,372	320,071	328,067	336,374	342,985

Excludes MDC 19, MDC 15, Rehab

STEP 10: Apply Weighted Occupancy Standard to Determine Bed Need

2019 BASELINE

Final Bed Need Calculations

Excludes MDC 19, MDC 15, Rehab

Central King

	2019	2020	2021	2022	2023	2024	2025	2026	2027
Population 0-64	299,142	302,130	305,148	308,196	311,274	314,383	317,523	320,695	323,898
0-64 Use Rate	219.69	221.41	223.13	224.85	226.58	228.30	230.02	231.74	233.47
Population 65+	48,090	50,073	52,137	54,287	56,525	58,855	61,281	63,808	66,439
65+ Use Rate	990.87	992.59	994.32	996.04	997.76	999.48	1,001.20	1,002.93	1,004.65
Total Population	347,232	352,203	357,285	362,482	367,799	373,238	378,805	384,503	390,336
Total Area Resident Days	113,369	116,597	119,929	123,371	126,926	130,598	134,392	138,314	142,366
Total Days in Area Hospitals	366,513	377,548	389,023	398,841	409,016	419,565	430,506	441,860	451,622

Planning Area Available Beds - LICENSED BEDS

Group Health Central	0	0	0	0	0	0	0	0	0
UW/Harborview Medical Center	321	321	321	321	321	321	321	321	321
Kindred	0	0	0	0	0	0	0	0	0
Swedish Cherry Hill	313	313	313	313	313	313	313	313	313
Seattle Cancer Allian.	0	0	0	0	0	0	0	0	0
Swedish First Hill/Ballard	732	732	732	732	732	732	732	732	732
Virginia Mason Medical Center	313	313	313	313	313	313	313	313	313
TOTAL	1,679	1,679	1,679	1,679	1,679	1,679	1,679	1,679	1,679

Weighted Occupancy Standard	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
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Gross Bed Need	1,339	1,379	1,421	1,457	1,494	1,533	1,573	1,614	1,650
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Net Bed Need / Surplus	-340	-300	-258	-222	-185	-146	-106	-65	-29
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STEP 10: Apply Weighted Occupancy Standard to Determine Bed Need

2019 BASELINE

Final Bed Need Calculations

Excludes MDC 19, MDC 15, Rehab

Central King

	2019	2020	2021	2022	2023	2024	2025	2026	2027
Population 0-64	299,142	302,130	305,148	308,196	311,274	314,383	317,523	320,695	323,898
0-64 Use Rate	219.69	221.41	223.13	224.85	226.58	228.30	230.02	231.74	233.47
Population 65+	48,090	50,073	52,137	54,287	56,525	58,855	61,281	63,808	66,439
65+ Use Rate	990.87	992.59	994.32	996.04	997.76	999.48	1,001.20	1,002.93	1,004.65
Total Population	347,232	352,203	357,285	362,482	367,799	373,238	378,805	384,503	390,336
Total Area Resident Days	113,369	116,597	119,929	123,371	126,926	130,598	134,392	138,314	142,366
Total Days in Area Hospitals	366,513	377,548	389,023	398,841	409,016	419,565	430,506	441,860	451,622

Planning Area Available Beds - SET UP BEDS

Group Health Central	0	0	0	0	0	0	0	0	0
UW/Harborview Medical Center	321	321	321	321	321	321	321	321	321
Kindred	0	0	0	0	0	0	0	0	0
Swedish Cherry Hill	197	197	197	197	197	197	197	197	197
Seattle Cancer Allian.	0	0	0	0	0	0	0	0	0
Swedish First Hill/Ballard	586	586	586	586	586	586	586	586	586
Virginia Mason Medical Center	283	283	283	283	283	283	283	283	283
TOTAL	1,387	1,387	1,387	1,387	1,387	1,387	1,387	1,387	1,387

Weighted Occupancy Standard	72.56%	72.56%	72.56%	72.56%	72.56%	72.56%	72.56%	72.56%	72.56%
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Gross Bed Need	1,384	1,426	1,469	1,506	1,544	1,584	1,626	1,668	1,705
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Net Bed Need / Surplus	-3	39	82	119	157	197	239	281	318
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2020 Bed Need Methodology – Central King

Step 1**1. 2011-2020 Total Resident Days***Excludes MDC 19 and MDC 15, Rehab Service Line*

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Central King	96,068	89,990	91,860	98,877	102,211	105,411	111,034	113,892	116,095	114,080
HSA# 1	1,283,514	1,266,307	1,281,802	1,321,664	1,389,130	1,413,456	1,460,917	1,491,955	1,494,268	1,443,980
Statewide Total	2,044,374	2,031,791	2,039,569	2,087,957	2,181,145	2,233,131	2,305,650	2,345,500	2,370,127	2,283,502

STEP 2: Total Resident Days Adjusted to Exclude All Psychiatric Patient Days**2-A. 2011-2020 Total Resident Days (from Step 1)***Excludes MDC 19, MDC 15, Rehab*

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Central King	96,068	89,990	91,860	98,877	102,211	105,411	111,034	113,892	116,095	114,080
HSA# 1	1,283,514	1,266,307	1,281,802	1,321,664	1,389,130	1,413,456	1,460,917	1,491,955	1,494,268	1,443,980
Statewide Total	2,044,374	2,031,791	2,039,569	2,087,957	2,181,145	2,233,131	2,305,650	2,345,500	2,370,127	2,283,502

2-B. 2011-2020 Total Psychiatric Hospital Non-MDC 19 Patient Days*Excludes MDC 19, MDC 15, Rehab*

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Central King	55	126	173	707	1,799	1,579	1,805	2,428	2,922	2,079
HSA# 1	1,639	2,907	3,101	9,823	16,266	15,482	16,250	16,704	17,945	10,954
Statewide Total	1,916	3,185	3,410	11,148	18,411	18,309	19,713	20,467	23,321	17,717

NOTE: Relevant to this Step, there are 4 psychiatric hospitals statewide:Fairfax Hospital, Kirkland: *Located in HSA 1 and East King Planning Area*Navos, Seattle: *Located in HSA 1 and Southwest King Planning Area*Lourdes Counseling Center, Richland: *Located in HSA 3 and Benton-Franklin Planning Area***2C. 2011-2020 Total Resident Days Adjusted to Exclude All Psychiatric Patient Days***Excludes MDC 19, MDC 15, Rehab*

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Central King	96,013	89,864	91,687	98,170	100,412	103,832	109,229	111,464	113,173	112,001
HSA# 1	1,281,875	1,263,400	1,278,701	1,311,841	1,372,864	1,397,974	1,444,667	1,475,251	1,476,323	1,433,026
Statewide Total	2,042,458	2,028,606	2,036,159	2,076,809	2,162,734	2,214,822	2,285,937	2,325,033	2,346,806	2,265,785

STEP 3: Historical Average Use Rates**3-A. 2011-2020 Total Resident Days Adjusted to Exclude All Psychiatric Patient Days (from Step 2-C.)***Excludes MDC 19, MDC 15, Rehab, Mary Bridge*

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Central King	96,013	89,864	91,687	98,170	100,412	103,832	109,229	111,464	113,173	112,001
HSA# 1	1,281,875	1,263,400	1,278,701	1,311,841	1,372,864	1,397,974	1,444,667	1,475,251	1,476,323	1,433,026
Statewide Total	2,042,458	2,028,606	2,036,159	2,076,809	2,162,734	2,214,822	2,285,937	2,325,033	2,346,806	2,265,785

3-B. 2011-2020 Total Populations

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Central King	292,808	299,257	305,877	312,677	319,661	326,836	334,209	341,788	349,579	357,591
HSA # 1	4,231,500	4,261,500	4,303,625	4,361,850	4,429,440	4,523,580	4,612,100	4,688,920	4,767,780	4,581,555
Statewide Total	6,767,900	6,817,770	6,882,400	6,968,170	7,061,410	7,183,700	7,310,300	7,427,570	7,546,410	7,280,861

3-C. 2011-2020 Total Use Rates Per 1,000

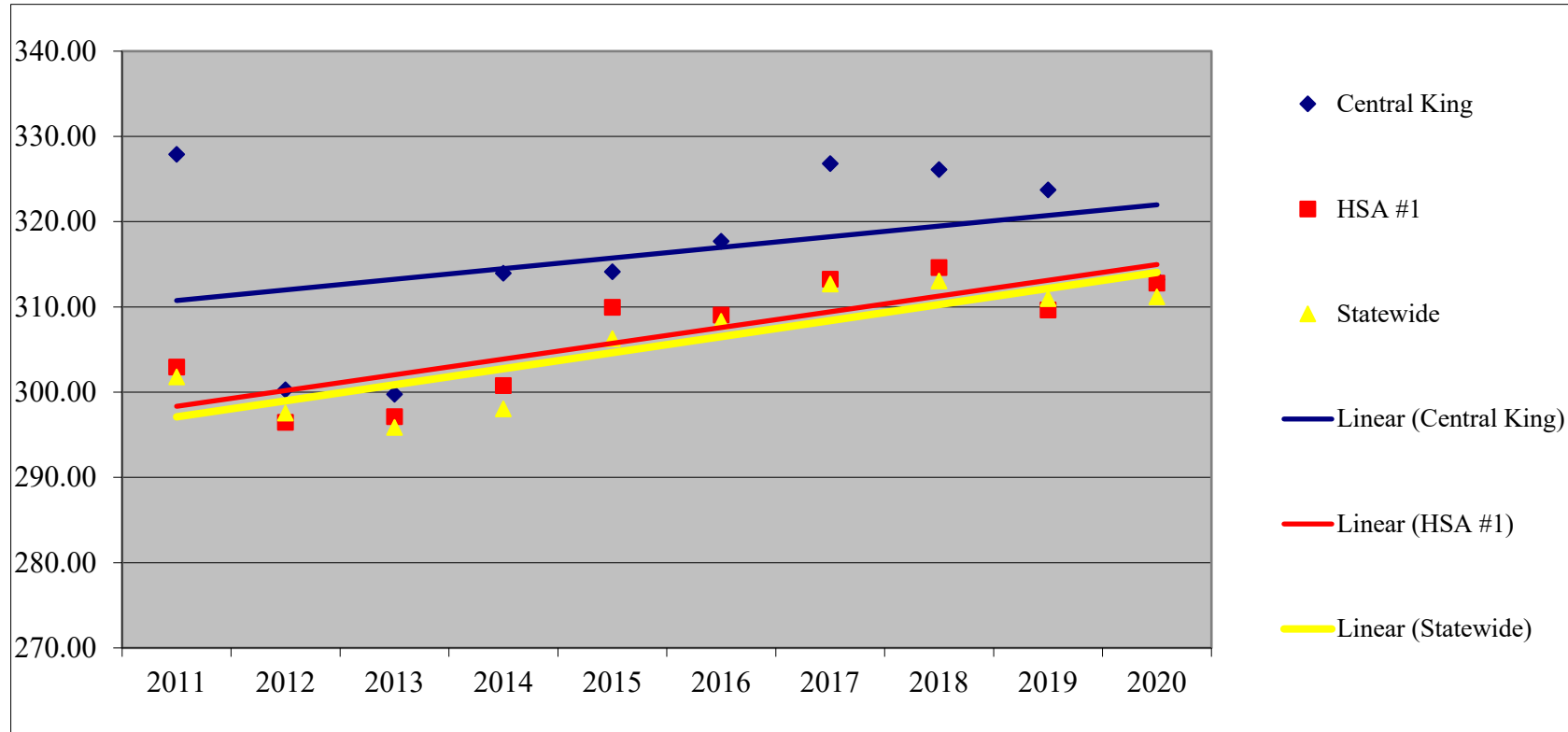
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Central King	327.90	300.29	299.75	313.97	314.12	317.69	326.83	326.12	323.74	313.21
HSA # 1	302.94	296.47	297.12	300.75	309.94	309.04	313.23	314.62	309.65	312.78
Statewide Total	301.79	297.55	295.85	298.04	306.28	308.31	312.70	313.03	310.98	311.20

STEP 4: Historical Use Rate Trend Lines and Slopes

4-A. 2011-2020 Total Use Rates Per 1,000 (from Step 3-C.)

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Central King	327.90	300.29	299.75	313.97	314.12	317.69	326.83	326.12	323.74	313.21
HSA# 1	302.94	296.47	297.12	300.75	309.94	309.04	313.23	314.62	309.65	312.78
Statewide Total	301.79	297.55	295.85	298.04	306.28	308.31	312.70	313.03	310.98	311.20

4-B. 2010-2019 Total Use Rate Trend Lines



4-C. 2010-2019 Total Use Rate Slopes

HSA#1	1.85
Statewide Total	1.88

STEP 5: Allocation of Patient (Provider) Days Back to Planning Areas Where the Patients Live**5-A. 2020 (Provider) Days by Age and Residence***Excludes MDC 19 ,MDC 15, Rehab***Central King**

	Total Patient Days	Out-of-State Days	Total Less Out-of-State	% Out-of-State
Age 0-64	194,694	8,926	185,768	4.58%
Age 65+	142,952	4,663	138,289	3.26%
Total	337,646	13,589	324,057	4.02%

Other Washington (WA-Central King)

	Total Patient Days	Out-of-State Days	Total Less Out-of-State	% Out-of-State
Age 0-64	1,028,991	41,705	987,286	4.05%
Age 65+	987,445	33,060	954,385	3.35%
Total	2,016,436	74,765	1,941,671	3.71%

5-B. 2020 Patient Days by Age and Residence, to Providers by Area*Excludes MDC 19 , MDC 15, Rehab***Residents of****Central King**

	To Planning Area Providers	To Other WA Providers	Total Resident Days (Excl. Out-of-State)
Age 0-64	48,334	16,640	64,974
Age 65+	37,800	9,227	47,027
Total	86,134	25,867	112,001

2020

Add (Patient) Days Provided in OR *	Total Resident Days
150	65,124
100	47,127
250	112,251

Other WA

Residents	To Planning Area Providers	To Other WA Providers	Total Resident Days (Excl. Out-of-State)
Age 0-64	146,360	1,012,351	1,158,711
Age 65+	105,152	978,218	1,083,370
Total	251,512	1,990,569	2,242,081

Add (Patient) Days Provided in OR *	Total Resident Days
37,366	1,196,077
24,938	1,108,308
62,304	2,304,385

5-C. 2020 Market Shares - Percentage of Total Resident Patient Days
Excludes MDC 19, MDC 15, Rehab

Residents of	Central King		To OR Providers
	To Planning Area Providers	To Other WA Providers	
Age 0-64	74.22%	25.55%	0.23%
Age 65+	80.21%	19.58%	0.21%
Total	76.73%	23.04%	0.22%

Other WA Residents			
Age 0-64	12.24%	84.64%	
Age 65+	9.49%	88.26%	2.25%
Total	10.91%	86.38%	2.70%

STEP 6: Planning Area Use Rates by Age
Excludes MDC 19, MDC 15, Rehab

6-A. 2020 Population* by Age

	Central King	Other WA
Age 0-64	307,467	6,051,761
Age 65+	50,124	1,229,071
Total	357,591	7,280,832

* Planning area population from OFM(2017)
 Other WA population = Statewide population from OFM (2017), minus Planning Area population.

6-B. 2020 Use Rates by Age
Excludes MDC 19, MDC 15, Rehab

	Central King	Other WA
Age 0-64	211.81	197.64
Age 65+	940.21	901.74
Total	313.91	316.50

STEP 7A: Planning Area Use Rates by Age**7A-A. 2020 Use Rates by Age (from Step 6-B)***Excludes MDC 19, MDC 15, Rehab, Mary Bridge*

	Central King
Age 0-64	211.81
Age 65+	940.21
Total	313.91

7A-B. Projected Use Rates by Age for Central King*Excludes MDC 19 , MDC 15, Rehab*

	2020	2021	2022	2023	2024	2025	2026	2027
Age 0-64 using HSATrend	211.81	213.66	215.50	217.35	219.20	221.05	222.90	224.74
Age 0-64 using State Trend	211.81	213.69	215.57	217.46	219.34	221.22	223.10	224.99
Age 65+ using HSA Trend	940.21	942.06	943.90	945.75	947.60	949.45	951.30	953.14
Age 65+ using State Trend	940.21	942.09	943.97	945.86	947.74	949.62	951.50	953.39

Trended Use Rates (from above) that are Closest to Central King

Current Value - i.e., Requires the Smallest Adjustment

	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>
Age 0-64 using HSATrend	211.81	213.66	215.50	217.35	219.20	221.05	222.90	224.74
Age 65+ using HSA Trend	940.21	942.06	943.90	945.75	947.60	949.45	951.30	953.14

7A-A. 2020 Use Rates by Age (from Step 6-B)*Excludes MDC 19, MDC 15, Rehab*

	Other WA
Age 0-64	197.64
Age 65+	901.74
Total	316.50

7A-B. Projected Use Rates by Age for Central King*Excludes MDC 19, MDC 15, Rehab*

	2020	2021	2022	2023	2024	2025	2026	2027
Age 0-64 using HSATrend	197.64	199.49	201.34	203.18	205.03	206.88	208.73	210.58
Age 0-64 using State Trend	197.64	199.52	201.41	203.29	205.17	207.05	208.94	210.82
Age 65+ using HSA Trend	901.74	903.59	905.44	907.29	909.14	910.98	912.83	914.68
Age 65+ using State Trend	901.74	903.63	905.51	907.39	909.28	911.16	913.04	914.92

STEP 8: Forecast Patient Days Using Trended Use Rates**8A. Projected Use Rates by Age (from Step 7A-B.) for****Central King**

	2020	2021	2022	2023	2024	2025	2026	2027
Age 0-64 using HSATrend	211.81	213.66	215.50	217.35	219.20	221.05	222.90	224.74
Age 65+ using HSA Trend	940.21	942.06	943.90	945.75	947.60	949.45	951.30	953.14

8B. Projected Population* for**Central King**

	2020	2021	2022	2023	2024	2025	2026	2027
0-64	307,467	310,537	313,639	316,771	319,934	323,129	326,356	329,615
65+	50,124	52,082	54,116	56,229	58,425	60,707	63,078	65,541
Total	357,591	362,619	367,754	373,000	378,359	383,836	389,434	395,156

8C. Projected Resident Patient Days* for**Central King**

	2020	2021	2022	2023	2024	2025	2026	2027
0-64	65,124	66,348	67,590	68,851	70,129	71,427	72,743	74,079
65+	47,127	49,064	51,080	53,179	55,364	57,638	60,006	62,470
Total	112,251	115,412	118,670	122,030	125,493	129,065	132,749	136,549

*Excludes MDC 19, MDC 15, Rehab, Mary Bridge***8A. Projected Use Rates by Age (from Step 7A-B.) for****Other WA**

	2020	2021	2022	2023	2024	2025	2026	2027
Age 0-64 using HSATrend	197.64	199.49	201.34	203.18	205.03	206.88	208.73	210.58
Age 65+ using HSA Trend	901.74	903.59	905.44	907.29	909.14	910.98	912.83	914.68

8B. Projected Population* for**Other WA**

	2020	2021	2022	2023	2024	2025	2026	2027
0-64	5,917,794	5,981,062	6,045,589	6,079,195	6,113,488	6,148,478	6,184,175	6,220,588
65+	1,120,712	1,171,545	1,225,079	1,269,460	1,315,949	1,364,665	1,415,735	1,469,293
Total	7,038,506	7,152,607	7,270,669	7,348,655	7,429,437	7,513,143	7,599,910	7,689,881

8c. Projected Resident Patient Days* for**Other Washington**

	2020	2021	2022	2023	2024	2025	2026	2027
0-64	1,169,600	1,193,156	1,217,201	1,235,201	1,253,466	1,272,002	1,290,815	1,309,910
65+	1,010,596	1,058,599	1,109,236	1,151,766	1,196,377	1,243,188	1,292,328	1,343,932
Total	2,180,195	2,251,756	2,326,437	2,386,967	2,449,843	2,515,190	2,583,143	2,653,843

STEP 9: Allocate Forecasted Patient Days to the Planning Areas Where Services are Expected to Be Provided

9A. (From Steps 8-C and D).

Projected Resident Patient Days* for

Central King

	2020	2021	2022	2023	2024	2025	2026	2027
0-64	65,124	66,348	67,590	68,851	70,129	71,427	72,743	74,079
65+	47,127	49,064	51,080	53,179	55,364	57,638	60,006	62,470
Total	112,251	115,412	118,670	122,030	125,493	129,065	132,749	136,549

Excludes MDC 19 , MDC 15, Rehab

Projected Resident Patient Days* for

Other Washington

	2020	2021	2022	2023	2024	2025	2026	2027
0-64	1,169,600	1,193,156	1,217,201	1,235,201	1,253,466	1,272,002	1,290,815	1,309,910
65+	1,010,596	1,058,599	1,109,236	1,151,766	1,196,377	1,243,188	1,292,328	1,343,932
Total	2,180,195	2,251,756	2,326,437	2,386,967	2,449,843	2,515,190	2,583,143	2,653,843

Excludes MDC 19, MDC 15, Rehab

9-B. 2020 Market Shares - Percentage of Total Resident Patient Days (From Step 5-C)

Excludes MDC 19, MDC 15, Rehab

**Residents of
Central King**

	To Planning Area Providers	To Other WA Providers
Age 0-64	74.22%	25.55%
Age 65+	80.21%	19.58%
Total	76.73%	23.04%

To OR Providers
0.23%
0.21%
0.22%

Other WA Residents

Age 0-64	12.24%	84.64%
Age 65+	9.49%	88.26%
Total	10.91%	86.38%

3.12%
2.25%
2.70%

**9C. Central King
Resident Patient
Days* to Central King
Providers**

	2020	2021	2022	2023	2024	2025	2026	2027
0-64	48,334	49,243	50,164	51,100	52,049	53,012	53,989	54,980
65+	37,800	39,353	40,971	42,654	44,407	46,231	48,130	50,107
Total	86,134	88,596	91,135	93,754	96,456	99,243	102,119	105,087

**Central King
Resident Patient Days to Other Washington
Providers**

	2020	2021	2022	2023	2024	2025	2026	2027
0-64	16,640	16,953	17,270	17,592	17,919	18,250	18,587	18,928
65+	9,227	9,606	10,001	10,412	10,840	11,285	11,749	12,231
Total	25,867	26,559	27,271	28,004	28,759	29,535	30,335	31,159

**Central King
Resident Patient Days to Oregon
Providers**

	2020	2021	2022	2023	2024	2025	2026	2027
0-64	150	153	156	159	162	165	168	171
65+	100	104	108	113	117	122	127	133
Total	250	257	264	271	279	287	295	303

**9D. Other Washington Resident Patient Days* to
Central King
Providers**

	2020	2021	2022	2023	2024	2025	2026	2027
0-64	143,120	146,003	148,945	151,147	153,382	155,651	157,953	160,289
65+	95,881	100,436	105,240	109,275	113,508	117,949	122,611	127,507
Total	239,001	246,438	254,185	260,423	266,890	273,600	280,564	287,797

**Other Washington
Resident Patient Days to Other Washington Providers**

	2020	2021	2022	2023	2024	2025	2026	2027
0-64	989,941	1,009,879	1,030,230	1,045,465	1,060,925	1,076,613	1,092,536	1,108,699
65+	891,975	934,344	979,037	1,016,575	1,055,949	1,097,266	1,140,639	1,186,186
Total	1,881,916	1,944,223	2,009,267	2,062,040	2,116,874	2,173,880	2,233,175	2,294,884

**Other Washington
Resident Patient Days to Oregon
Providers**

	2020	2021	2022	2023	2024	2025	2026	2027
0-64	36,539	37,275	38,026	38,588	39,159	39,738	40,326	40,922
65+	22,739	23,820	24,959	25,916	26,920	27,973	29,079	30,240
Total	59,278	61,094	62,985	64,504	66,078	67,711	69,404	71,162

**9E. Total Washington Resident Patient Days* to
Central King
Providers**

	2020	2021	2022	2023	2024	2025	2026	2027
0-64	191,454	195,245	199,109	202,247	205,431	208,663	211,942	215,270
65+	133,681	139,789	146,211	151,929	157,914	164,180	170,741	177,614
Total	325,135	335,035	345,320	354,177	363,346	372,842	382,683	392,883

**Total Washington Resident Patient Days* to
Other Washington Providers**

	2020	2021	2022	2023	2024	2025	2026	2027
0-64	1,006,581	1,026,832	1,047,500	1,063,057	1,078,843	1,094,864	1,111,123	1,127,627
65+	901,202	943,950	989,038	1,026,987	1,066,789	1,108,551	1,152,387	1,198,417
Total	1,907,783	1,970,782	2,036,538	2,090,044	2,145,633	2,203,415	2,263,510	2,326,043

**Total Washington Resident Patient Days* to
Oregon Providers**

	2020	2021	2022	2023	2024	2025	2026	2027
0-64	36,689	37,428	38,182	38,747	39,320	39,902	40,493	41,093
65+	22,839	23,924	25,067	26,029	27,037	28,095	29,206	30,372
Total	59,528	61,351	63,249	64,776	66,357	67,998	69,699	71,465

9-F. Percent Out-of-State Resident Patient Days * (From Step 5-A)

Central King

	% Out-of-State	
Age 0-64	4.58%	
Age 65+	3.26%	
Total	4.02%	

Other Washington

Age 0-64	4.05%	
Age 65+	3.35%	
Total	3.71%	

9-F. Total Patient Days*, Including Out-of-State Residents

Central King

	2020	2021	2022	2023	2024	2025	2026	2027
0-64	200,232	204,196	208,238	211,520	214,850	218,229	221,658	225,139
65+	138,042	144,349	150,980	156,885	163,065	169,535	176,311	183,408
Total	338,274	348,546	359,218	368,405	377,915	387,764	397,969	408,546

Central King

Provider Market Share of All Planning Area Resident Days

	2020	2021	2022	2023	2024	2025	2026	2027
Total	76.73%	76.77%	76.80%	76.83%	76.86%	76.89%	76.93%	76.96%

Central King

Immigration Days

	2020	2021	2022	2023	2024	2025	2026	2027
Total	252,140	259,950	268,083	274,651	281,459	288,521	295,850	303,460

Excludes MDC 19, MDC 15, Rehab

STEP 10: Apply Weighted Occupancy Standard to Determine Bed Need

2020 BASELINE

Final Bed Need Calculations

Excludes MDC 19, MDC 15, Rehab

Central King

	2020	2021	2022	2023	2024	2025	2026	2027
Population 0-64	307,467	310,537	313,639	316,771	319,934	323,129	326,356	329,615
0-64 Use Rate	211.81	213.66	215.50	217.35	219.20	221.05	222.90	224.74
Population 65+	50,124	52,082	54,116	56,229	58,425	60,707	63,078	65,541
65+ Use Rate	940.21	942.06	943.90	945.75	947.60	949.45	951.30	953.14
Total Population	357,591	362,619	367,754	373,000	378,359	383,836	389,434	395,156
Total Area Resident Days	112,251	115,412	118,670	122,030	125,493	129,065	132,749	136,549
Total Days in Area Hospitals	338,274	348,546	359,218	368,405	377,915	387,764	397,969	408,546

Planning Area Available Beds - LICENSED BEDS

Group Health Central	0	0	0	0	0	0	0	0
UW/Harborview Medical Center	321	321	321	321	321	321	321	321
Kindred	0	0	0	0	0	0	0	0
Swedish Cherry Hill	313	313	313	313	313	313	313	313
Seattle Cancer Allian.	0	0	0	0	0	0	0	0
Swedish First Hill/Ballard	732	732	732	732	732	732	732	732
Virginia Mason Medical Center	313	313	313	313	313	313	313	313
TOTAL	1,679	1,679	1,679	1,679	1,679	1,679	1,679	1,679

Weighted Occupancy Standard	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
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Gross Bed Need	1,236	1,273	1,312	1,346	1,381	1,416	1,454	1,492
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Net Bed Need / Surplus	-443	-406	-367	-333	-298	-263	-225	-187
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STEP 10: Apply Weighted Occupancy Standard to Determine Bed Need

2020 BASELINE

Final Bed Need Calculations

Excludes MDC 19, MDC 15, Rehab

Central King

	2020	2021	2022	2023	2024	2025	2026	2027
Population 0-64	307,467	310,537	313,639	316,771	319,934	323,129	326,356	329,615
0-64 Use Rate	211.81	213.66	215.50	217.35	219.20	221.05	222.90	224.74
Population 65+	50,124	52,082	54,116	56,229	58,425	60,707	63,078	65,541
65+ Use Rate	940.21	942.06	943.90	945.75	947.60	949.45	951.30	953.14
Total Population	357,591	362,619	367,754	373,000	378,359	383,836	389,434	395,156
Total Area Resident Days	112,251	115,412	118,670	122,030	125,493	129,065	132,749	136,549
Total Days in Area Hospitals	338,274	348,546	359,218	368,405	377,915	387,764	397,969	408,546

Planning Area Available Beds - SET UP BEDS

Group Health Central	0	0	0	0	0	0	0	0
UW/Harborview Medical Center	321	321	321	321	321	321	321	321
Kindred	0	0	0	0	0	0	0	0
Swedish Cherry Hill	197	197	197	197	197	197	197	197
Seattle Cancer Allian.	0	0	0	0	0	0	0	0
Swedish First Hill/Ballard	586	586	586	586	586	586	586	586
Virginia Mason Medical Center	283	283	283	283	283	283	283	283
TOTAL	1,387	1,387	1,387	1,387	1,387	1,387	1,387	1,387

Weighted Occupancy Standard	72.56%	72.56%	72.56%	72.56%	72.56%	72.56%	72.56%	72.56%
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Gross Bed Need	1,277	1,316	1,356	1,391	1,427	1,464	1,503	1,543
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Net Bed Need / Surplus	-110	-71	-31	4	40	77	116	156
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Exhibit 5
Patient Origin

CY2020 Harborview Medical Center Discharges and Days (excluding normal newborns)

Zip Code	Planning Area	Discharges	% of Total Discharges	Days
98104	Central King	1,093	7.67%	9,604
98101	Central King	684	4.80%	7,989
98118	Central King	439	3.08%	3,420
98144	Central King	379	2.66%	3,427
98122	Central King	304	2.13%	2,629
98121	Central King	302	2.12%	2,768
98106	Southwest King	226	1.59%	1,860
98108	Central King	220	1.54%	2,008
98168	Southwest King	195	1.37%	1,722
98133	North King	173	1.21%	2,812
98109	Central King	170	1.19%	1,676
98126	Southwest King	153	1.07%	1,483
98103	North King	149	1.05%	1,333
98032	Southeast King	144	1.01%	1,381
98178	Central King	144	1.01%	1,456
98146	Southwest King	143	1.00%	1,107
98125	North King	142	1.00%	1,100
98116	Southwest King	136	0.95%	1,035
98003	Southeast King	134	0.94%	1,576
98031	Southeast King	126	0.88%	1,163
98198	Southwest King	118	0.83%	963
98155	North King	114	0.80%	1,572
98002	Southeast King	110	0.77%	1,229
98102	Central King	107	0.75%	898
98188	Southwest King	104	0.73%	1,006
98115	North King	95	0.67%	737
98119	Central King	95	0.67%	777
98136	Southwest King	95	0.67%	723
98058	Southeast King	91	0.64%	897
98042	Southeast King	90	0.63%	694
98023	Southeast King	86	0.60%	700
98223	North Snohomish	84	0.59%	509
98902	Yakima	84	0.59%	754
98030	Southeast King	83	0.58%	946
98056	Southeast King	81	0.57%	531
98092	Southeast King	81	0.57%	722
98277	Whidbey/Fidalgo	79	0.55%	786
98584	Mason	79	0.55%	647
98382	East Clallam	78	0.55%	545
98112	Central King	76	0.53%	689
98036	Southwest Snohomish	73	0.51%	823
98107	North King	70	0.49%	449

CY2020 Harborview Medical Center Discharges and Days (excluding normal newborns)

Zip Code	Planning Area	Discharges	% of Total Discharges	Days
98117	North King	68	0.48%	644
98226	Whatcom	66	0.46%	546
98273	East Skagit	66	0.46%	649
98001	Southeast King	65	0.46%	783
98105	North King	64	0.45%	387
98038	Southeast King	63	0.44%	704
98059	Southeast King	63	0.44%	640
98166	Southwest King	63	0.44%	465
98362	East Clallam	63	0.44%	582
98271	Central Snohomish	62	0.44%	805
98908	Yakima	59	0.41%	412
98225	Whatcom	58	0.41%	832
98272	East Snohomish	55	0.39%	401
98006	East King	53	0.37%	604
98201	Central Snohomish	53	0.37%	411
98221	Whidbey/Fidalgo	53	0.37%	238
98520	West Grays Harbor	52	0.37%	668
98110	Kitsap	51	0.36%	353
98801	Chelan/Douglas	51	0.36%	463
98026	Southwest Snohomish	50	0.35%	425
98052	East King	50	0.35%	498
98204	Central Snohomish	50	0.35%	803
98208	Central Snohomish	50	0.35%	296
98270	Central Snohomish	50	0.35%	476
98901	Yakima	50	0.35%	462
98055	Southeast King	49	0.34%	388
98177	North King	49	0.34%	400
98926	Kittitas	49	0.34%	343
98012	Southwest Snohomish	48	0.34%	305
98229	Whatcom	48	0.34%	341
98290	East Snohomish	48	0.34%	282
98444	West Pierce	48	0.34%	391
98148	Southwest King	47	0.33%	479
98258	Central Snohomish	47	0.33%	457
98404	Central Pierce	47	0.33%	384
99301	Benton/Franklin	46	0.32%	266
98057	Southeast King	45	0.32%	245
98070	Southwest King	45	0.32%	264
98368	East Jefferson	45	0.32%	296
98022	Southeast King	44	0.31%	325
98040	East King	44	0.31%	226
98034	East King	43	0.30%	325

CY2020 Harborview Medical Center Discharges and Days (excluding normal newborns)

Zip Code	Planning Area	Discharges	% of Total Discharges	Days
98199	Central King	43	0.30%	391
98284	East Skagit	43	0.30%	415
98374	East Pierce	42	0.29%	263
98004	East King	41	0.29%	222
98312	Kitsap	41	0.29%	406
98837	Grant	41	0.29%	306
98033	East King	40	0.28%	244
98087	Southwest Snohomish	40	0.28%	282
98203	Central Snohomish	40	0.28%	448
98248	Whatcom	40	0.28%	266
98391	East Pierce	40	0.28%	229
98282	North Snohomish	39	0.27%	257
98007	East King	38	0.27%	307
98134	Central King	38	0.27%	326
98387	West Pierce	37	0.26%	404
98021	Southwest Snohomish	36	0.25%	229
98037	Southwest Snohomish	36	0.25%	242
98045	East King	35	0.25%	290
98274	East Skagit	35	0.25%	367
98802	Chelan/Douglas	35	0.25%	440
98230	Whatcom	34	0.24%	262
98370	Kitsap	34	0.24%	348
98233	East Skagit	33	0.23%	235
98310	Kitsap	33	0.23%	228
98363	East Clallam	33	0.23%	290
98501	Thurston	33	0.23%	203
98532	West Lewis	33	0.23%	249
98903	Yakima	33	0.23%	197
98292	North Snohomish	32	0.22%	341
98366	Kitsap	32	0.22%	272
98502	Thurston	32	0.22%	258
98043	Southwest Snohomish	31	0.22%	163
98367	Kitsap	31	0.22%	302
98372	East Pierce	31	0.22%	241
98445	West Pierce	31	0.22%	284
All Others		3,330	23.38%	32,141
Total		14,245	100.00%	130,758

Exhibit 6
Harborview Policies

Access to Care: UW Medicine Policy

UW Medicine is an integrated health system that includes three hospitals: Harborview Medical Center, UW Medical Center and Valley Medical Center. Through various delivery methods each hospital provides guidance to our healthcare professionals concerning admissions, nondiscrimination, end of life care and reproductive healthcare. The purpose of this policy is to provide our patients with a clear summary of the commitments and expectations in these subject areas.

Admission. Each hospital admits patients to the hospital as in-patients when the patient's diagnosis warrants admission, based on medical necessity and upon the orders of a physician.

- When one of our hospitals does not have an appropriate in-patient bed available, we will work within our system, and with area hospitals as needed, to transfer the patient to an in-patient facility with capacity.
- When one of our hospitals lacks the expertise required to treat the medical condition, we will work within our system, and with area hospitals as needed, to transfer the patient to an appropriate facility.

Non-Discrimination. Each hospital is committed to ensuring that patients are treated with equality, in a welcoming, nondiscriminatory manner, consistent with state and federal law.

- Each hospital provides an environment for patients that is free from discrimination based on age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, veteran or military status or any other basis prohibited by federal, state, or local law.
- Patients have a right to choose the family members and/or other individuals close to them who may participate in their healthcare decisions and have access to protected health information about them. We will respect patient choice.
- We will not condition a patient's access to emergency treatment and labor and delivery care on an ability to pay for such treatment.
- Within the limits of the resources available to Harborview, admission to Harborview is not conditioned on the patient's ability to pay. Please see our charity care policies (also referred to as Financial Assistance) at the following link: [DOH Policy Link](#)
- We will not discriminate in the provision of charity care to needy patients. Please see our charity care policies (also referred to as Financial Assistance) at the following link: [DOH Policy Link](#)
- If you believe there has been behavior inconsistent with these standards, you may file a complaint. For more information on filing a complaint, please click on the link below for the appropriate hospital:
 - [Harborview Medical Center](#)
 - [UW Medical Center](#)
 - [Valley Medical Center](#)

End of Life Care. Each hospital will honor patient choice in end of life decisions.

- We will talk with our patients and their family about advance directives that guide the healthcare team on your wishes for medical care. If a patient does not have an advance directive, we will provide them with information on how to do so.
- We will provide our patients with information on their rights to accept or refuse medical care and any limitation in our ability to implement their wishes.
- Each of the hospitals provides the full range of comfort and palliative care for the end of life.
- Each of the three hospitals complies with the state law known as the Death with Dignity Act.

UW Medicine

Administrative Policies and Procedures

FINANCIAL ASSISTANCE

POLICY

This Financial Assistance Policy is intended to ensure that residents of Washington State who are at or near the federal poverty level receive Appropriate Hospital-Based Medical Services and Appropriate Non-Hospital-Based Medical Services at a cost that is based on their ability to pay for services up to and including care without charge. Financial Assistance will be granted to all eligible persons regardless of age, race, color, religion, sex, sexual orientation or national origin in accordance with WAC Chapter 246-453 and RCW 70.170.

POLICY AVAILABILITY

UW Medicine is required to provide notice of its Financial Assistance program and will make a good faith effort to provide every patient with information regarding its availability. UW Medicine hospitals (inpatient and hospital-based outpatient clinics/facilities) will post signs in Admitting, Financial Counseling, Emergency Department and Outpatient Registration that will notify the public of the Financial Assistance Policy. POS 11 settings will not be required to post such notice. Eligibility for Financial Assistance requires that patients must fulfill all requirements and expectations as outlined in the Financial Assistance Policy.: This Financial Assistance Policy and applications for Financial Assistance are available in any language spoken by the lesser of five percent of the population or 1,000 individuals in the applicable hospital's service area. Additionally, interpreter services will be made available for other non-English speaking or limited-English speaking or other patients who cannot read or understand the written application materials.

DEFINITIONS

Financial Assistance: Medically necessary hospital health care rendered to indigent persons when Third-Party Coverage, if any, has been exhausted, to the extent that the persons are unable to pay for the care or to pay deductible or coinsurance amounts required by a third-party payer based on the criteria in this policy. Persons who have exhausted any third-party coverage, including Medicare and Medicaid, and whose income is equal to or below 300% of the federal poverty standards, adjusted for family size or is otherwise not sufficient to enable them to pay for the care or to pay deductibles or coinsurance amounts required by a third-party payer, may be eligible for Financial Assistance under this policy¹.

UW Medicine: For the purposes of this policy, "UW Medicine" includes Airlift Northwest, Harborview Medical Center, UW Medical Center, UW Physicians, Valley Medical Center, and UW Medicine Primary Care.

Appropriate Hospital-Based Medical Services: Those UW Medicine hospital services which are reasonably calculated to diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the person requesting the service. A course of treatment may include mere observation or, where appropriate, no treatment at all. Appropriate Hospital-Based Services do not include care in Place of Service 11 (POS 11) freestanding clinics/physician offices even if associated with a UW Medicine hospital. However, the term does include professional services provided in the hospital setting by Harborview Medical Center, UW Medical Center, UW Physicians, and Valley Medical Center.

¹ UW Medicine entities participating in any federal funding programs that require imposition of charges in a manner differently than outlined in this policy shall follow the charging requirements of the specific program.

Appropriate Non-Hospital-Based Medical Services: Those services rendered either (1) by Airlift, or (2) in Place of Service 11 (POS 11) freestanding clinics/physician offices by UWP Members, which are reasonably calculated to diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the person requesting the service. A course of treatment may include mere observation or, where appropriate, no treatment at all. For purposes of this Financial Assistance Policy, preventive care services may be considered "Appropriate Non-Hospital-Based Medical Services".

Emergency Medical Condition: A medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
2. Serious impairment of bodily functions;
3. Serious dysfunction of any bodily organ or part.

With respect to a pregnant woman who is having contractions the term shall mean:

4. That there is inadequate time to effect a safe transfer to another hospital before delivery; or
5. That the transfer may pose a threat to the health or safety of the woman or the unborn child.

Place of Service 11 (POS 11): For purposes of this policy, this term shall indicate all UW Medicine Primary Care locations and any other freestanding clinic or non-hospital physician office setting in which a healthcare professional renders services and bills a professional fee.

UW Physicians (UWP) Members: For purposes of this policy, a physician or other qualified healthcare professional who has executed a practice agreement with UWP, or has otherwise reassigned their services to UWP under a contractual arrangement, and provides services at approved UW Medicine sites of practice.

ELIGIBILITY CRITERIA

Persons seeking Financial Assistance must meet eligibility requirements and complete an application process, as described herein.

Residence and Scope of Services

Eligibility for Financial Assistance requires that a person be a Washington State resident and that the medical services sought are Appropriate Hospital-Based Medical Services, as opposed to services which are investigational, elective or experimental in nature. A person is not a Washington State resident and is not eligible for Financial Assistance when that person enters Washington State solely for the purpose of seeking medical care. Refugees, asylees, and those seeking asylum are exempt from the Washington State residency requirement for Financial Assistance eligibility. Also exempt from the Washington State residency requirement are those patients who have an Emergency Medical Condition. Financial Assistance will not be denied based on immigration status. Exceptions to residence and scope of services requirements outlined in this paragraph may be made only in extraordinary circumstances and with the approval of the UW Medicine Chief Financial Officer or designee. While not required by federal or state law, eligibility for Financial Assistance will be extended to individuals who receive Appropriate Non-Hospital Based Medical Services and meet the above criteria.

Third-Party Coverage

Financial Assistance is generally secondary to all other third-party coverage resources available to the patient.

This includes:

1. Group or individual medical plans.
2. Workers' compensation programs.
3. Medicare, Medicaid or other medical assistance programs.
4. Other state, federal or military programs.
5. Third-party liability situations. (e.g.: auto accidents or personal injuries).
6. Tribal health benefits.
7. Health care sharing ministry as defined in 26 U.S.C. Sec. 5000A.
8. Other situations in which another person or entity may have legal responsibility to pay for the costs of medical services.

Financial Assistance for otherwise eligible patients who do not follow through in obtaining insurance coverage potentially available to them (e.g. Medicaid) will be individually evaluated.

Before being considered for Financial Assistance, the patient's/guarantor's eligibility for the third-party payment coverage will be assessed and the patient/guarantor may be required to apply for coverage under those programs for which he or she is eligible. Patients who fail to comply with the Financial Assistance application requirements may be denied financial assistance. Patients who do not elect to receive Medicaid benefits when eligible for Medicaid may be denied Financial Assistance; however, UW Medicine will not deny Financial Assistance to a patient solely based upon the patient's refusal to enroll in a plan available to the patient on the Health Benefits Exchange.

Income

By policy, persons whose income is equal to or below 300% of the federal poverty standard may be eligible to receive Financial Assistance. UW Medicine will consider all sources of income in establishing income eligibility for Financial Assistance. Income includes: total cash receipts before taxes derived from wages and salaries; welfare payments; Social Security payments; strike benefits; unemployment or disability benefits; child support; alimony; and net earnings from business and investment activities paid to the individual patient/guarantor.

APPLICATION

When a patient wishes to apply for Financial Assistance, the patient shall complete a Confidential Financial Information (CFI) Form and provide necessary and reasonable supplementary financial documentation to support the entries on the CFI. UW Medicine will make an initial determination of a patient's Financial Assistance status at the time of admission or as soon as possible following the initiation of services to the patient. Financial Assistance application procedures shall not place an unreasonable burden upon the patient, taking into account any barriers which may hinder the patient's capability of complying with the application procedures. Screening for eligibility for Medicaid or other relevant public assistance benefits will be coordinated through the Patient Access Department, Discharge Planning/Outcomes Management (if not nursing home placement) or through Patient Financial Services.

1. Any one of the following documents shall be considered sufficient evidence upon which to base the final determination of Financial Assistance eligibility:
 - a. "W-2" withholding statement;
 - b. Current pay stubs (3 months);
 - c. Bank statements (3 months);
 - d. Last year's income tax return, including schedules, if applicable;
 - e. Written, signed statements from employers or others (letter of support) stating your current financial situation and circumstances if you have no proof of income;
 - f. Forms approving or denying eligibility for Medicaid and/or state funded medical assistance;
 - g. Forms approving or denying unemployment compensation; or written statements from employers or welfare agencies.
2. In addition, in the event the patient is not able to provide any of the documents described above, UW Medicine shall rely upon written and signed statements from either the responsible party or another party describing the applicant's income. If none of the above is available, UW Medicine may make a determination based on knowledge of a prior UW Medicine grant of financial assistance or based on verbal representation.

UW Medicine may waive income requirements, documentation and verification if Financial Assistance eligibility is obvious. UW Medicine staff discretion will be exercised in situations where factors such as social or health issues exist. In such cases, UW Medicine shall rely upon written and signed statements from the responsible party for making a final determination of eligibility.

FINANCIAL CRITERIA

UW Medicine will provide Financial Assistance for full charges for any patient/guarantor whose gross family income is at or below 300% of the current federal poverty guidelines.

When documented circumstances indicate severe financial hardship, UW Medicine may elect to write off billed charges as financial assistance for persons whose family income exceeds 300% of the current federal poverty guidelines².

In the event that a responsible party pays a portion or all of the charges related to Appropriate Hospital-Based or Non-Hospital-Based Medical Services and is subsequently found to have met the criteria for Financial Assistance under this policy, all such payments shall be refunded to the responsible party within 30 days of UW Medicine's determination that the patient is eligible for Financial Assistance. Additional information can be found in the billing and collections policy for the applicable hospital.

PROCEDURE

Responsible Parties: Financial Counseling and/or Patient Financial Services

A. Guidelines/Steps

Accounts assigned to a collection agency and have judgement granted through the court system are no longer eligible for charity consideration. A patient may apply for charity at any time prior to the account receiving a court judgement. The application consists of a Confidential Financial Information Form and Confidential Financial Information Form Instructions (see Attachment 1) which lists documentation that is required as part of the financial assistance assessment process.

Patients will be screened for other forms of coverage such as Medicaid and Health Benefits Exchange eligibility.

This application, along with full disclosure of their financial status with supporting documentation, will be considered in the final determination of eligibility.

UW Medicine will not initiate collection efforts until an initial determination of Financial Assistance eligibility status is made. Where UW Medicine initially determines that a patient may be eligible for Financial Assistance, any and all extraordinary collection actions (including civil actions, garnishments, and reports to collections or credit agencies) shall cease pending a final determination of Financial Assistance eligibility. However, as set forth in WAC 246-453-020 (5), the failure of a patient or responsible party to reasonably complete Financial Assistance application procedures under this policy shall be sufficient grounds for UW Medicine to initiate collection efforts directed at the patient. Accordingly, for purposes of this policy, a patient or responsible party has failed to reasonably complete financial assistance application procedures when the patient or responsible party does not submit application materials within 15 business days of the patient's or responsible party's receipt of the materials. Any collection efforts will be halted if the patient or responsible party reengages in the application process.

UW Medicine shall make a final determination within 14 days of receipt of financial assistance applications and supporting documentation. Supporting documentation includes items listed on the Confidential Financial Information Form Instructions.

² Consistent with the Patient Protection and Affordable Care Act, hospitals which are nonprofit and recognized as 501(c)(3) organizations (including **Valley Medical Center**) must limit amounts charged for emergency or other medically necessary care provided to individuals eligible for assistance under this Financial Assistance Policy to not more than the amounts generally billed to individuals who have insurance covering such care and may not collect "gross charges" from such individuals. See 26 USC §501(r)(5)(A) and (B). Valley Medical Center satisfy this requirement by writing off all charges for individuals who qualify for financial assistance under this policy. Valley Medical Center provide information regarding this policy to local nonprofit and public agencies that address the health needs of their respective communities' low income populations. Additionally, Valley Medical Center maintain plain language summaries of this policy, available in languages spoken by more than the lesser of 5% of the population or 1,000 individuals in the applicable hospital's service area. Valley Medical Center will provide copies of this policy, its plain language summary, and application free of charge on their websites, upon request where medical services are performed and via US Mail at: Valley Medical Center Financial Counseling, 400 South 43rd St., Renton, WA 98055-5010; (425) 690-3578; (open M to F, 8:30 a.m. to 5:00 p.m.).

B. Notifications

UW Medicine shall notify persons applying for Financial Assistance of its determination of eligibility for Financial Assistance within 14 days of a receiving person's completed application for Financial Assistance and supporting documentation. Approvals, Requests for More Information or Denials for Financial Assistance applications shall be in writing and shall include instructions for appeal or reconsideration. In the event that UW Medicine denies Financial Assistance, UW Medicine shall notify the person applying for Financial Assistance of the basis for the denial. If denied the patient/guarantor may provide additional documentation to UW Medicine or request review by the Chief Financial Officer or their designee within 30 days of receipt of the notification of denial. If this review affirms the previous denial of Financial Assistance, written notification will be sent to the patient/guarantor and the Department of Health in accordance with state law.

C. Documentation of Records

All information relating to the application will be kept confidential. Copies of documents that support the application will be kept with the financial assistance application form and retained for seven years.

HEALTHCARE PROFESSIONALS COVERED UNDER THIS POLICY

Each UW Medicine hospital maintains a list of healthcare professionals whose services are covered under this policy. Contact the individual hospital or refer to www.uwmedicine.org/financialassistance for the individual hospital lists:

- Harborview Medical Center
- UW Medical Center
- Valley Medical Center

CROSS REFERENCE

- Washington Administrative Code, Chapter 246-453, "Hospital Financial Assistance" with specific reference to the following:
 - o WAC 246-453-020 Uniform procedures for the identification of indigent persons
 - o WAC 246-453-030 Data requirements for the identification of indigent persons
 - o WAC 246-453-040 Uniform criteria for the identification of indigent persons
- RCW 70.170.060 Financial Assistance — Prohibited and required hospital practices and policies
- 26 USC §501(r)(5)(A) and (B)
- Valley Medical Center Billing & Collection Policy
- UW Medical Center and Harborview Medical Center Billing & Collection Policy
- UW Medicine Policy Number COM-007 – "Application of and Compliance with the Emergency Medical Treatment and Active Labor Act (EMTALA)"

ATTACHMENTS:

Attachment 1: Financial Assistance Application and Form - Confidential

REVIEW/REVISION DATES: 3/2/2015, 3/23/2016, 4/18/2016, 10/2/2017, 10/1/2018, 5/29/2019, 1/1/2020, 1/12/2022

Reproductive Healthcare Services. As an integrated health system, the three hospitals work together to provide access to a full range of reproductive healthcare services to meet a patient's clinical needs and a patient's choice, although not every procedure is available in all three hospitals. This policy focuses on services provided in hospital facilities only.

- Through the primary care settings in hospital facilities, patients have access to a full array of preventative healthcare services including all forms of contraception prevention, and the prevention and treatment of sexually transmitted diseases.
- Through two of the three hospitals, patients have access to dedicated birth services. Harborview Medical Center provides pre-natal care services with planned deliveries at UW Medical Center.
- Our hospitals which routinely deliver babies offer a full scope of services related to prenatal care, birth, maternal fetal medicine consultations and referrals, and genetic counseling.
- Within the UW Medicine integrated health system, we offer both elective and medically indicated terminations of pregnancy in addition to actively referring patients to community providers.
- Patients who wish to explore services related to fertility can find a full array of such services at UW Medical Center.

Note: The above hospitals permit their healthcare professionals to opt-out of participating in services that violate their conscience or values. In such circumstances, the hospitals arrange for other healthcare professionals to deliver the care for the patient.

Exhibit 7
Pro Forma Financials

Statement of Revenue & Expenses							
HMC							
\$ in (000's)	Audited FY 2020	Audited FY 2021	Budget FY 2022	Projected			
				FY 2023	FY 2024	FY 2025	FY 2026
Patient Revenue							
Inpatient Services	\$1,573,410	\$1,828,323	\$1,828,323	\$1,828,323	\$1,828,323	\$1,828,323	\$1,828,323
Outpatient Services	908,279	994,300	\$994,300	\$994,300	\$994,300	\$994,300	\$994,300
Gross Patient Revenue	2,481,689	2,822,623	2,822,623	2,822,623	2,822,623	2,822,623	2,822,623
Total Deductions from Revenue	1,548,653	1,801,831	\$1,801,831	\$1,801,831	\$1,801,831	\$1,801,831	\$1,801,831
Charity Care	86,832	88,174	88,174	88,174	88,174	88,174	88,174
Bad Debt	28,127	29,965	29,965	29,965	29,965	29,965	29,965
Deduct %	62%	64%	64%	64%	64%	64%	64%
Net Patient Revenue	933,036	1,020,792	\$1,020,792	1,020,792	1,020,792	1,020,792	1,020,792
Other Operating Revenue	106,642	108,457	\$108,457	\$108,457	\$108,457	\$108,457	\$108,457
Total Operating Revenue	1,039,678	1,129,249	1,129,249	1,129,249	1,129,249	1,129,249	1,129,249
Operating Expenses							
Salaries and Benefits	550,919	591,063	\$591,063	\$591,063	\$591,063	\$591,063	\$591,063
Supplies	169,137	193,127	\$193,127	\$193,127	\$193,127	\$193,127	\$193,127
Depreciation & Amortization	29,294	30,757	\$30,757	\$30,757	\$34,457	\$34,457	\$34,457
Other Expense	293,874	324,723	\$324,723	\$324,723	\$324,723	\$324,723	\$324,723
Total Operating Expenses	1,043,225	1,139,669	1,139,669	1,139,669	1,143,369	1,143,369	1,143,369
Excess of Revenue over Expenses from Operations	(3,547)	(10,420)	(10,420)	(10,420)	(14,120)	(14,120)	(14,120)
Net Nonoperating Revenue	30,594	16,402	\$16,402	\$16,402	\$16,402	\$16,402	\$16,402
Excess of Revenue over Expenses	\$27,047	\$5,982	\$5,982	\$5,982	\$2,282	\$2,282	\$2,282
Total Margin %	2.5%	0.5%	0.5%	0.5%	0.2%	0.2%	0.2%

Beginning in FY2023, Harborview recognizes that there will be an increase in charity care due to the recent legislative session and it will need to be quantified. An additional \$3.7million in annual depreciation expense has been added beginning in FY2024.

Exhibit 8
King County Assessor Information

King County Department of Assessments

Setting values, serving the community, and promoting fairness and equity.

You're In: [Assessor](#) >> [Look up Property Info](#) >> [eReal Property](#)

Department of Assessments

201 South Jackson Street, Room 708
Seattle, WA 98104

Office Hours:
Mon - Fri
8:30 a.m. to
4:30 p.m.

TEL: 206-296-7300
FAX: 206-296-5107
TTY: 206-296-7888

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- [Map This Property](#)
- [Glossary of Terms](#)
- [Area Report](#)
- [Print Property Detail](#)
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PARCEL DATA

Parcel	859040-0545	Jurisdiction	SEATTLE
Name	KING COUNTY-HARBORVIEW	Levy Code	0010
Site Address	325 9TH AVE 98104	Property Type	C
Geo Area	25-42	Plat Block / Building Number	66 &
Spec Area		Plat Lot / Unit Number	ALL
Property Name	Harborview Medical Center Core	Quarter-Section-Township-Range	SW-32-25-4

Legal Description

TERRYS 1ST ADD BLKS 66 & 67 TGW VAC STS & ALLEY ADJ TGW LOTS 6 & 7 BLK 68 TGW LOTS 6 & 7 BLK 69
PLat Block: 66 &
PLat Lot: ALL

LAND DATA

Highest & Best Use As If Vacant	MULTI-FAMILY DWELLING	Percentage Unusable	
Highest & Best Use As Improved	PRESENT USE	Unbuildable	NO
Present Use	Hospital	Restrictive Size Shape	NO
Land SqFt	186,352	Zoning	MIO-240-HR
Acres	4.28	Water	WATER DISTRICT
		Sewer/Septic	PUBLIC
		Road Access	PUBLIC
		Parking	ADEQUATE
		Street Surface	PAVED

Views

Rainier		Waterfront Location	
Territorial		Waterfront Footage	0
Olympics		Lot Depth Factor	0
Cascades		Waterfront Bank	
Seattle Skyline		Tide/Shore	
Puget Sound		Waterfront Restricted Access	
Lake Washington		Waterfront Access Rights	NO
Lake Sammamish		Poor Quality	NO
Lake/River/Creek		Proximity Influence	NO
Other View			

Designations

Historic Site	DESIGNATED	Topography	
Current Use	(none)	Traffic Noise	
Nbr Bldg Sites		Airport Noise	
Adjacent to Golf Fairway	NO	Power Lines	NO
Adjacent to Greenbelt	NO	Other Nuisances	NO
Other Designation	NO		
Deed Restrictions	NO	Problems	
Development Rights Purchased	NO	Water Problems	NO
Easements	NO	Transportation Concurrency	NO
Native Growth Protection Easement	NO	Other Problems	NO
DNR Lease	NO	Environmental	
		Environmental	NO

BUILDING

Building Number	1
Building Description	Harborview Medical Center Core
Number Of Buildings Aggregated	5
Predominant Use	HOSPITAL (331)
Shape	Rect or Slight Irreg
Construction Class	REINFORCED CONCRETE
Building Quality	GOOD
Stories	16

Click the camera to see more pictures.
Picture of Building 1

Reference Links:

- [King County Tax Links](#)
- [Property Tax Advisor](#)
- [Washington State Department of Revenue](#) (External link)
- [Washington State Board of Tax Appeals](#) (External link)
- [Board of Appeals/Equalization](#)
- [Districts Report](#)
- [iMap](#)
- [Recorder's Office](#)

[Scanned images of surveys and other map documents](#)

[Scanned images of plats](#)

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Building Gross Sq Ft	992,925
Building Net Sq Ft	992,925
Year Built	1930
Eff. Year	2001
Percentage Complete	100
Heating System	COMPLETE HVAC
Sprinklers	Yes
Elevators	Yes
1 2 3	

Section(s) Of Building Number: 1

Section Number	Section Use	Description	Stories	Height	Floor Number	Gross Sq Ft	Net Sq Ft
1	HOSPITAL (331)		16	12		687,078	687,078
2	BASEMENT, FINISHED (701)		1	12	0	305,847	305,847

Accessory

Accessory Type	Picture	Description	Qty	Unit Of Measure	Size	Grade	Eff Yr	%	Value	Date Valued
Pkg: Covrd, Sec		1967 YB Parking Garage	380			(unknown)				
Pkg: Covrd, Sec		2001 YB Parking Garage	325			(unknown)				

Unit Breakdown

Unit Type	Number of This Type	Sq Ft	# of Bedrooms	# of Baths
Flat	3	0	S	1
Flat	3	0	1	1

TAX ROLL HISTORY

This is a government owned parcel.
Change to state law (RCW 84. 40.045 and 84.40.175) by the 2013 Legislature eliminated revaluation of government owned parcels.

SALES HISTORY

REVIEW HISTORY

PERMIT HISTORY

Permit Number	Permit Description	Type	Issue Date	Permit Value	Issuing Jurisdiction	Reviewed Date
6813075-CN	Construct interior alterations to existing institutional building (Harborview Medical Center) at level 1, per plan. Mechanical Included.,	Remodel	8/27/2021	\$101,342	SEATTLE	
6807768-CN	Construct alterations to remove exterior door for existing hospital, per plan.,	Remodel	12/11/2020	\$10,000	SEATTLE	8/23/2021
6749982-CN	Construct alterations to portions of N wing, 8th floor Harborview, per plans, Mechanical Included this permit.,	Remodel	1/29/2020	\$790,000	SEATTLE	3/2/2020
6719432-CN	Construct interior alterations to existing institutional building (Harborview Medical Central Tower) at basement and ground floor levels, per plan. Mechanical is included.,	Remodel	9/4/2019	\$635,390	SEATTLE	3/2/2020
6719188-CN	Install lifts in patient rooms on 5th, 6th & 8th floor of existing institutional structure (Harborview Medical Center), per plan.,	Remodel	5/10/2019	\$240,000	SEATTLE	8/15/2019
6696817-CN	Construct interior alterations to existing institutional building (Harborview Medical Center) on Level B of East Hospital Building, per plan. Mechanical Included.,	Remodel	3/27/2019	\$2,495,090	SEATTLE	3/2/2020
6715728-CN	Construct alterations in portion of basement of Harborview Medical Center for operating room #9, per STFI.,	Remodel	3/6/2019	\$440,000	SEATTLE	3/2/2020
6698785-CN	Construct tenant improvements to existing institution (Harborview Medical Center), Level 1, per plan. Mechanical Included.,	Remodel	2/20/2019	\$850,000	SEATTLE	8/15/2019
6711741-CN	Construct interior alterations at ground floor Harborview Medical Center Pharmacy to install vertical storage for medications and two new work spaces, subject to field inspection (STFI).,.	Remodel	2/7/2019	\$150,000	SEATTLE	8/15/2019
6688894-CN	Construct alterations to first floor RESUS rooms within existing hospital (Harborview Medical Center), per plan. Mechanical work is included in this permit.,	Remodel	1/29/2019	\$700,000	SEATTLE	8/23/2021
6686942-CN	Construct alterations to offices at Central Tower of Harborview Medical Center, per plan. Mechanical work included in this scope of work.,	Remodel	10/12/2018	\$52,000	SEATTLE	8/15/2019
6687084-CN	Interior alterations to level 1 subject to field inspection, STFI.,	Remodel	9/6/2018	\$110,000	SEATTLE	8/23/2021
6642683-CN	Construct tenant improvements at west side of first floor of existing hospital (Harborview Medical Center), per plan. Mechanical included.,	Remodel	8/28/2018	\$675,000	SEATTLE	8/15/2019
6642654-CN	X-ray machine replacement, Subject-to-field-inspection, (STFI), per plan.,	Remodel	6/11/2018	\$350,000	SEATTLE	8/15/2019
	Alteratons on 1st and 3rd floors of					

6642625	Harborview Medical Center, subject to field inspection (STFI),.	Remodel	3/30/2018	\$800,000	SEATTLE	8/15/2019
6606453	Installing a 99.840 kW photovoltaic system on the roof of the Harborview Medical Center West, per plan.,	Remodel	12/26/2017	\$305,580	SEATTLE	8/15/2019
6617057	Alterations to convert staff lounge room 130 and office room 103 to medical exam rooms (west clinic, 4th floor) for Harborview Medical Center, per plans.,	Remodel	9/30/2017	\$40,000	SEATTLE	8/15/2019
6577903	Construct alterations to existing hospital (Harborview Medical Center) at the basement, ground level and third floor level, per plan. Mechanical is included.,	Remodel	5/16/2017	\$575,000	SEATTLE	8/10/2017
6585032	Interior alterations to level one of Harborview Medical Center, subject to field inspection (STFI),.	Remodel	4/20/2017	\$125,000	SEATTLE	8/10/2017
6560971	Construct alterations to scullery in basement of Harborview Hospital, per plans. Mechanical included this permit.,	Remodel	4/17/2017	\$536,704	SEATTLE	8/10/2017
6553908	Construct tenant improvements to existing office space, per (STFI),	Remodel	8/29/2016	\$120,000	SEATTLE	5/26/2017
6507141	Construct alterations in portion of basement of Harborview Medical Center for operating room #7, per plan.,	Remodel	4/4/2016	\$120,000	SEATTLE	5/26/2017
6520160	Interior alterations of Recovery Space in BWH-09 and new Nurse Station layouts, subject to field inspection,	Remodel	3/21/2016	\$200,000	SEATTLE	5/26/2017
6503579	Construct alterations for new patient lifts in 3rd & 7th floor, NE wing Harborview, per plans.,	Remodel	2/18/2016	\$180,000	SEATTLE	8/15/2019
6504351	Construct alterations to portion of 3rd floor of Harborview West Clinic, per plans,	Remodel	12/11/2015	\$280,000	SEATTLE	5/26/2017
6492908	Construct tenant improvements in portion of basement and ground floor Harborview (West Bldg), per plan,	Remodel	10/15/2015	\$200,000	SEATTLE	5/26/2017
6452241	Construct alterations to Harborview Medical Center at the 1st floor CT scan room, per plan.,	Remodel	2/21/2015	\$339,000	SEATTLE	5/26/2017
6351154	Alterations to west entry of existing hospital (Harborview Medical Center), per plan.,	Remodel	3/19/2013	\$385,000	SEATTLE	10/2/2013
6355886	Construct interior alterations to basement level of HarborView, per floor plan, subject to field inspection (STFI),.	Remodel	3/6/2013	\$190,000	SEATTLE	10/2/2013
6351290	Construct alterations to Harborview Medical Center for basement level operating room #8, per plan.,	Remodel	3/4/2013	\$190,000	SEATTLE	10/2/2013
6349797	Construct frame to support 2 air cooled chillers (Mechanical included in this permit),	Remodel	1/31/2013	\$90,828	SEATTLE	10/2/2013
6317046	Structural alterations to create operating room in basement of the East wing for "Harborview Medical Center" per plan.,	Remodel	7/17/2012	\$588,108	SEATTLE	9/18/2012
6317695	Alterations to kitchen in basement of existing hospital (Harborview Medical Center), per plans.,	Remodel	6/27/2012	\$252,000	SEATTLE	9/18/2012
6308993	Construct interior alterations to first floor of existing hospital (Harborview Medical Center) per plans.,	Remodel	4/6/2012	\$500,000	SEATTLE	9/18/2012
6310897	Demolish existing multifamily structure, per plan,	Demolition	3/20/2012	\$0	SEATTLE	9/18/2012
6312268	Initial TI for ground floor retail space along north side of building. Change use to restaurant (Subway) and occupy, per plan.	Remodel	3/14/2012	\$100,000	SEATTLE	9/18/2012
6265992	Interior alterations to replace plumbing fixtures and some finishes and install patient lifts on 4th floor of existing hospital (Harborview Medical Center East Hospital) per plans.	Remodel	3/8/2011	\$250,000	SEATTLE	9/18/2012
6227759	Chg. use for portion of retail to Indoor Participant Sport & alter 1st level West tenant space.	Remodel	11/2/2009	\$300,000	SEATTLE	6/30/2010
6216865	Blanket permit for Harborview Radiology ISIS/Kidney ICRC lab at eat half of level 3 & freezer room on level P2, per plan.	Remodel	7/10/2009	\$2,000,000	SEATTLE	6/30/2010
6201029	Tenant improvement with ceiling modification to 1st floor NW corner of existing hospital Harborview Medical Center.	Remodel	12/11/2008	\$400,000	SEATTLE	6/30/2010
6192775	Alterations to floors 4 & 5 installation of single duct VAV boxes with hot water re-heat coils.	Remodel	9/16/2008	\$641,578	SEATTLE	6/30/2010
6188096	Blanket permit for interior non-structural alterations for the 6th floor (Clinic)	Remodel	9/10/2008	\$38,175,500	SEATTLE	6/30/2010
6188095	Blanket permit for interior non-structural alterations for the 4th floor (Harborview Sleep Clinic)	Remodel	9/10/2008	\$38,175,500	SEATTLE	6/30/2010
6190515	Interior non-structural alterations, 2nd flr (East) Hospital to existing patient/support area per plan, subject to field inspection.	Remodel	8/7/2008	\$220,000	SEATTLE	7/21/2009
6185546	Blanket permit for interior non-structural alterations for floor 5.	Remodel	7/17/2008	\$1,000,000	SEATTLE	7/21/2009
6161013	Shoring/excavation per subject to field inspection.	Other	11/14/2007	\$1,000	SEATTLE	9/18/2012
6125312	Alterations to existing Harborview Medical Center located ground level radiology department with mechanical, per plan.	Remodel	4/23/2007	\$1,230,000	SEATTLE	9/18/2012
3005971	Revision to include 14-story Major Institution Building (Harborview Medical Center)	Building, New	3/27/2007	\$0	SEATTLE	9/18/2012
6129062	Construct hospital clinic at a major institution (Harborview) & occupy per plans.	Building, New	9/14/2006	\$38,175,500	SEATTLE	9/18/2012
752710		Building, New	9/7/2005	\$38,175,500	SEATTLE	9/18/2012

752520		Remodel	8/19/2005	\$3,576,143	SEATTLE	9/18/2012
750318		Building, New	5/6/2005	\$9,937,500	SEATTLE	9/18/2012
750018		Other	4/25/2005	\$55,750	SEATTLE	9/18/2012
749477		Demolition	4/1/2005	\$1,000	SEATTLE	7/10/2008
747303		Demolition	12/13/2004	\$431,400	SEATTLE	7/10/2008
746551		Building, New	11/3/2004	\$0	SEATTLE	9/18/2012
745654		Building, New	9/27/2004	\$0	SEATTLE	9/18/2012
742477		Remodel	5/12/2004	\$230,000	SEATTLE	6/5/2006
716142		Remodel	9/13/2000	\$300,000	SEATTLE	4/6/2001
715618		Building, New	8/18/2000	\$5,267,565	SEATTLE	4/27/2001
713977		Building, New	6/6/2000	\$1,430,000	SEATTLE	4/6/2001
712154	None	Remodel	3/9/2000	\$223,000	SEATTLE	4/6/2001
710405	None	Other	11/24/1999	\$7,609,022	SEATTLE	4/6/2001
697373		Remodel	3/2/1998	\$280,835		
690695		Building, New	3/14/1997	\$0		
687529		Building, New	8/15/1996	\$0		
		Building, New	4/7/1994	\$79,645,089		
		Demolition	1/24/1994	\$53,893,446		
		Remodel	9/30/1993	\$1,000,000		

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Exhibit 9
Cost Estimator Letter

March 24, 2022

Eric Hernandez, Program Manager
Certificate of Need Program
Department of Health
P.O. Box 47852
Olympia, WA 98504-7852

Dear Mr. Hernandez:

On behalf of Harborview Medical Center, I am writing in regard to the certificate of need application for the proposed addition of 104 acute care beds. I have developed the following capital cost estimates in conjunction with the project architects and development team. These costs have been based on extensive experience in hospital construction costs including my nearly 20 years at Harborview. We have reviewed the following items and related capital cost estimates, including sales tax are as follows:

Description	Estimated Cost
Building Construction	54,719,590
Moveable Equipment	18,750,000
Architect and Engineering Fees	4,900,031
Supervision and Inspection of Site	-
Consulting Fees	7,850,000
Sales Tax	7,530,379
Total Project Cost	93,750,000

Based upon our experience in construction projects and cost estimation, we believe these estimates to be reasonable. Please do not hesitate to contact me if you have questions or require additional information.

Sincerely,



Ted Klainer
Director of Capital Development
Harborview Facilities Management Division | UW Medicine
325 9th Ave | Box 359794 | Seattle, WA 98104
OFFICE: 206.744.2421 CELL: 206.369.1486
EMAIL: tklainer@uw.edu WEB: uwmedicine.org

Exhibit 10
Equipment List

Project: Maleng Single Patient Room
Room by Room



Building: Maleng
Level: 4th Floor
Architectural Department: MedSurg
Room: Breakroom / Lounge Staff

Preliminary Equipment List

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
BRK-6E0CE	---	01-Fixed Equipment	New	No	1	\$191.00	
Bracket	---	Owner	60	Yes	1	\$191.00	\$191.00
Television, Wall, Flat Panel	---	Contractor	2024-07-17	Wall	1	\$191.00	
CHR-BAEA5	---	05-Furniture	New	No	2	\$740.00	
Chair, Interiors	---	Owner	105	No	1	\$1,480.00	\$1,480.00
Guest, w/o Arms	---	Owner	2024-07-17	Floor	2	\$1,480.00	
CHR-C1700	---	05-Furniture	New	No	4	\$318.00	
Chair, Interiors	---	Owner	105	No	1	\$1,272.00	\$1,272.00
Stacking w/o Arms	---	Owner	2024-07-17	Floor	4	\$1,272.00	
CLK-52ECF	---	01-Fixed Equipment	New	No	1	\$210.00	
Clock	---	Owner	14	Yes	1	\$210.00	\$210.00
Analog, Wall	---	Owner	2024-07-17	Wall	1	\$210.00	
COF-FF0FF	---	01-Fixed Equipment	New	No	1	\$827.16	
Coffee Maker	---	Owner	45	Yes	1	\$827.16	\$827.16
Automatic, 3-6 Warmer	---	Contractor	2024-07-17	Counter/Cart/Table/Pole	1	\$827.16	
DSH-8E208	---	01-Fixed Equipment	New	No	1	\$399.00	
Dishwasher	---	Owner	30	Yes	1	\$399.00	\$399.00
Domestic, Undercounter	---	Contractor	2024-07-17	Floor	1	\$399.00	
DSP-38E68	---	01-Fixed Equipment	New	No	1	\$40.37	
Dispenser	---	Owner	75	Yes	1	\$40.37	\$40.37
Paper Towel, Surface Mount	---	Contractor	2024-07-17	Wall	1	\$40.37	
DSP-D719B	---	01-Fixed Equipment	New	No	1	\$14.00	
Dispenser	---	Owner	45	Yes	1	\$14.00	\$14.00
Hand Sanitizer, Wall Mount	---	Contractor	2024-07-17	Wall	1	\$14.00	
DSP-EB20B	---	01-Fixed Equipment	New	No	1	\$54.34	
Dispenser	---	Owner	75	Yes	1	\$54.34	\$54.34
Soap, Wall Mount	---	Contractor	2024-07-17	Wall	1	\$54.34	
LCK-5F33E	---	01-Fixed Equipment	New	No	1	\$340.00	
Locker	---	Owner	90	Yes	1	\$340.00	\$340.00
Purse	---	Contractor	2024-07-17	Floor	1	\$340.00	
OVN-4237B	---	02-Movable Electrical	New	No	1	\$149.00	
Oven	---	Owner	30	Yes	1	\$149.00	\$149.00
Domestic, Microwave, Countertop	---	Owner	2024-07-17	Counter/Cart/Table/Pole	1	\$149.00	
REF-000F8	---	02-Movable Electrical	New	No	1	\$578.00	
Refrigerator	---	Owner	30	Yes	1	\$578.00	\$578.00
Domestic with Freezer	---	Owner	2024-07-17	Floor	1	\$578.00	
SOR-8BBEC	---	03-Movable Non-Electrical	New	No	1	\$3,029.00	
Sorter	---	Owner	45	No	1	\$3,029.00	\$3,029.00
Mail, Freestanding	---	Owner	2024-07-17	Floor	1	\$3,029.00	
TBI-B712B	---	05-Furniture	New	No	1	\$1,680.00	
Table, Interiors	---	Owner	45	No	1	\$1,680.00	\$1,680.00
Dining	---	Owner	2024-07-17	Floor	1	\$1,680.00	
TEL-67920	---	06-IT Computers	New	No	1	\$46.00	
Telephone	---	Owner	60	Yes	1	\$46.00	\$46.00
Wall	---	Vendor	2024-07-17	Wall	1	\$46.00	

Atta3 ID	Manufacturer	Item Architectural Code	Status	Item Critical Path	Item Quantity	Unit Price	
Category	Model	Item Furnish Responsibility	Lead Time	Item Architecturally Significant	Room Quantity	Subtotal	
Subcategory	Vendor	Item Install Responsibility	Need By	Mounting	Extended Item Quantity	Total	Extended Total
TVS-CB63F	---	02-Movable Electrical	New	No	1	\$960.00	
Television	---	Owner	60	Yes	1	\$960.00	\$960.00
19-20 inch, Flat Panel	---	Owner	2024-07-17	Counter/Cart/Table/Pole	1	\$960.00	
WST-2803F	---	03-Movable Non-Electrical	New	No	1	\$197.00	
Waste Can	---	Owner	30	No	1	\$197.00	\$197.00
Step-On	---	Owner	2024-07-17	Floor	1	\$197.00	
WST-EAB34	---	03-Movable Non-Electrical	New	No	1	\$15.00	
Waste Can	---	Owner	30	No	1	\$15.00	\$15.00
Recycle	---	Owner	2024-07-17	Floor	1	\$15.00	

Project: Maleng Single Patient Room
Room by Room



Building: Maleng
Level: 4th Floor
Architectural Department: MedSurg
Room: Housekeeping Closet

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
BUK-18BC4	---	03-Movable Non-Electrical	New	No	1	\$473.45	
Bucket	---	Owner	30	No	1	\$473.45	\$473.45
Mopping	---	Owner	2024-07-17	Floor - Mobile	1	\$473.45	
DSP-153AE	---	01-Fixed Equipment	New	No	1	\$616.00	
Dispenser	---	Owner	45	Yes	1	\$616.00	\$616.00
Cleaning Solution	---	Contractor	2024-07-17	Wall	1	\$616.00	
DSP-38E68	---	01-Fixed Equipment	New	No	1	\$40.37	
Dispenser	---	Owner	75	Yes	1	\$40.37	\$40.37
Paper Towel, Surface Mount	---	Contractor	2024-07-17	Wall	1	\$40.37	
DSP-D719B	---	01-Fixed Equipment	New	No	1	\$14.00	
Dispenser	---	Owner	45	Yes	1	\$14.00	\$14.00
Hand Sanitizer, Wall Mount	---	Contractor	2024-07-17	Wall	1	\$14.00	
DSP-EB20B	---	01-Fixed Equipment	New	No	1	\$54.34	
Dispenser	---	Owner	75	Yes	1	\$54.34	\$54.34
Soap, Wall Mount	---	Contractor	2024-07-17	Wall	1	\$54.34	
FLR-17D86	---	03-Movable Non-Electrical	New	No	1	\$5,243.00	
Floor Machine	---	Owner	60	Yes	1	\$5,243.00	\$5,243.00
Burnisher, Propane	---	Owner	2024-07-17	Floor - Mobile	1	\$5,243.00	
GLV-09D76	---	01-Fixed Equipment	New	No	1	\$75.71	
Dispenser, Glove	---	Owner	45	Yes	1	\$75.71	\$75.71
Triple Box	---	Contractor	2024-07-17	Wall	1	\$75.71	
HSK-4F29C	---	03-Movable Non-Electrical	New	No	1	\$1,924.00	
Cart, Housekeeping	---	Owner	90	No	1	\$1,924.00	\$1,924.00
Stainless	---	Owner	2024-07-17	Floor - Mobile	1	\$1,924.00	
RCK-2C0CB	---	01-Fixed Equipment	New	No	1	\$62.00	
Rack	---	Owner	30	Yes	1	\$62.00	\$62.00
Mops / Brooms	---	Contractor	2024-07-17	Wall	1	\$62.00	
VAC-28A91	---	02-Movable Electrical	New	No	1	\$354.00	
Vacuum	---	Owner	45	Yes	1	\$354.00	\$354.00
Upright	---	Owner	2024-07-17	Floor - Mobile	1	\$354.00	
WST-23374	---	03-Movable Non-Electrical	New	No	1	\$59.50	
Waste Can	---	Owner	30	No	1	\$59.50	\$59.50
32-40 Gallon	---	Owner	2024-07-17	Floor	1	\$59.50	

Project: Maleng Single Patient Room
Room by Room



Building: Maleng
Level: 4th Floor
Architectural Department: MedSurg
Room: Medication Room w/Dispenser

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
BIN-8699F	---	03-Movable Non-Electrical	New	No	1	\$377.00	
Bin	---	Owner	30	No	1	\$377.00	\$377.00
Shredding, Secure	---	Vendor	2024-07-17	Floor	1	\$377.00	
BRD-2C53B	---	01-Fixed Equipment	New	No	1	\$136.00	
Board	---	Owner	75	Yes	1	\$136.00	\$136.00
Bulletin/Marker Combo	---	Owner	2024-07-17	Wall	1	\$136.00	
CLK-3D2F9	---	01-Fixed Equipment	New	No	1	\$170.00	
Clock	---	Owner	75	Yes	1	\$170.00	\$170.00
Analog, Synchronized, Wireless	---	Contractor	2024-07-17	Wall	1	\$170.00	
DIS-6BB53	---	01-Fixed Equipment	New	No	1	\$92.00	
Disposal, Sharps	---	Owner	45	Yes	1	\$92.00	\$92.00
Wall Mount, Pharmacy	---	Contractor	2024-07-17	Wall	1	\$92.00	
DIS-DF524	---	01-Fixed Equipment	New	No	1	\$131.00	
Disposal, Sharps	---	Owner	45	Yes	1	\$131.00	\$131.00
Wall Mount	---	Contractor	2024-07-17	Wall	1	\$131.00	
DSP-38E68	---	01-Fixed Equipment	New	No	1	\$40.37	
Dispenser	---	Owner	75	Yes	1	\$40.37	\$40.37
Paper Towel, Surface Mount	---	Contractor	2024-07-17	Wall	1	\$40.37	
DSP-D719B	---	01-Fixed Equipment	New	No	1	\$14.00	
Dispenser	---	Owner	45	Yes	1	\$14.00	\$14.00
Hand Sanitizer, Wall Mount	---	Contractor	2024-07-17	Wall	1	\$14.00	
DSP-EB20B	---	01-Fixed Equipment	New	No	1	\$54.34	
Dispenser	---	Owner	75	Yes	1	\$54.34	\$54.34
Soap, Wall Mount	---	Contractor	2024-07-17	Wall	1	\$54.34	
GLV-09D76	---	01-Fixed Equipment	New	No	1	\$75.71	
Dispenser, Glove	---	Owner	45	Yes	1	\$75.71	\$75.71
Triple Box	---	Contractor	2024-07-17	Wall	1	\$75.71	
MED-51129	---	02-Movable Electrical	New	No	1	\$35,082.00	
Dispenser, Medication	---	Owner	120	Yes	1	\$35,082.00	\$35,082.00
Host (Main)	---	Vendor	2024-07-17	Floor	1	\$35,082.00	
MED-62F2E	---	03-Movable Non-Electrical	New	No	2	\$28,206.00	
Dispenser, Medication	---	Owner	120	Yes	1	\$56,412.00	\$56,412.00
Auxiliary	---	Vendor	2024-07-17	Floor	2	\$56,412.00	
MED-64624	---	02-Movable Electrical	New	No	1	\$5,892.00	
Dispenser, Medication	---	Owner	120	Yes	1	\$5,892.00	\$5,892.00
Lock Module	---	Owner	2024-07-17	Special	1	\$5,892.00	
MNR-38732	---	02-Movable Electrical	New	No	1	\$1,833.00	
Monitor	---	Owner	30	No	1	\$1,833.00	\$1,833.00
Blood Glucose, Point-of-Care	---	Owner	2024-07-17	Counter/Cart/Table/Pole	1	\$1,833.00	
MNR-7F657	---	02-Movable Electrical	New	No	1	\$492.00	
Monitor	---	Owner	30	No	1	\$492.00	\$492.00
Temperature & Humidity	---	Owner	2024-07-17	Counter/Cart/Table/Pole	1	\$492.00	
REF-7AD12	---	02-Movable Electrical	New	No	1	\$1,805.00	
Refrigerator	---	Owner	90	Yes	1	\$1,805.00	\$1,805.00
Commercial, Undercounter	---	Owner	2024-07-17	Floor	1	\$1,805.00	

Atta3 ID	Manufacturer	Item Architectural Code	Status	Item Critical Path	Item Quantity	Unit Price	
Category	Model	Item Furnish Responsibility	Lead Time	Item Architecturally Significant	Room Quantity	Subtotal	
Subcategory	Vendor	Item Install Responsibility	Need By	Mounting	Extended Item Quantity	Total	Extended Total
SHL-142ED	---	03-Movable Non-Electrical	New	No	1	\$1,370.00	
Shelving	---	Owner	90	No	1	\$1,370.00	\$1,370.00
Wire, Stainless Steel, 36 inch	---	Owner	2024-07-17	Floor	1	\$1,370.00	
WST-2803F	---	03-Movable Non-Electrical	New	No	1	\$197.00	
Waste Can	---	Owner	30	No	1	\$197.00	\$197.00
Step-On	---	Owner	2024-07-17	Floor	1	\$197.00	

Project: Maleng Single Patient Room
Room by Room



Building: Maleng
Level: 4th Floor
Architectural Department: MedSurg
Room: Nourishment Station/Room

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
CLK-52ECF	---	01-Fixed Equipment	New	No	1	\$210.00	
Clock	---	Owner	14	Yes	1	\$210.00	\$210.00
Analog, Wall	---	Owner	2024-07-17	Wall	1	\$210.00	
COF-FF0FF	---	01-Fixed Equipment	New	No	1	\$827.16	
Coffee Maker	---	Owner	45	Yes	1	\$827.16	\$827.16
Automatic, 3-6 Warmer	---	Contractor	2024-07-17	Counter/Cart/Table/Pole	1	\$827.16	
CWK-4C8D0	---	01-Fixed Equipment	New	No	1	\$3,239.00	
Casework	---	Owner	120	Yes	1	\$3,239.00	\$3,239.00
Cabinet, Base/Wall Combo	---	Contractor	2024-07-17	Special	1	\$3,239.00	
DSP-270C6	---	01-Fixed Equipment	New	No	1	\$126.00	
Dispenser	---	Owner	45	Yes	1	\$126.00	\$126.00
Cup, Wall Mount	---	Contractor	2024-07-17	Wall	1	\$126.00	
DSP-38E68	---	01-Fixed Equipment	New	No	1	\$40.37	
Dispenser	---	Owner	75	Yes	1	\$40.37	\$40.37
Paper Towel, Surface Mount	---	Contractor	2024-07-17	Wall	1	\$40.37	
DSP-D719B	---	01-Fixed Equipment	New	No	1	\$14.00	
Dispenser	---	Owner	45	Yes	1	\$14.00	\$14.00
Hand Sanitizer, Wall Mount	---	Contractor	2024-07-17	Wall	1	\$14.00	
DSP-EB20B	---	01-Fixed Equipment	New	No	1	\$54.34	
Dispenser	---	Owner	75	Yes	1	\$54.34	\$54.34
Soap, Wall Mount	---	Contractor	2024-07-17	Wall	1	\$54.34	
ICE-3ABC8	---	01-Fixed Equipment	New	No	1	\$14,290.00	
Ice Machine	---	Owner	60	Yes	1	\$14,290.00	\$14,290.00
Dispenser, Nugget, Freestanding	---	Contractor	2024-07-17	Floor	1	\$14,290.00	
OVN-4237B	---	02-Movable Electrical	New	No	1	\$149.00	
Oven	---	Owner	30	Yes	1	\$149.00	\$149.00
Domestic, Microwave, Countertop	---	Owner	2024-07-17	Counter/Cart/Table/Pole	1	\$149.00	
REF-000F8	---	02-Movable Electrical	New	No	1	\$578.00	
Refrigerator	---	Owner	30	Yes	1	\$578.00	\$578.00
Domestic with Freezer	---	Owner	2024-07-17	Floor	1	\$578.00	
WST-2803F	---	03-Movable Non-Electrical	New	No	1	\$197.00	
Waste Can	---	Owner	30	No	1	\$197.00	\$197.00
Step-On	---	Owner	2024-07-17	Floor	1	\$197.00	

Project: Maleng Single Patient Room
Room by Room



Building: Maleng
Level: 4th Floor
Architectural Department: MedSurg
Room: Office, General

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
CHO-012E5	---	05-Furniture	New	No	1	\$1,312.00	
Chair, Office	---	Owner	105	No	1	\$1,312.00	\$1,312.00
High Back	---	Owner	2024-07-17	Floor - Mobile	1	\$1,312.00	
CHR-C7ED8	---	05-Furniture	New	No	2	\$775.00	
Chair, Interiors	---	Owner	105	No	1	\$1,550.00	\$1,550.00
Guest, w/Arms	---	Owner	2024-07-17	Floor	2	\$1,550.00	
CLK-52ECF	---	01-Fixed Equipment	New	No	1	\$210.00	
Clock	---	Owner	14	Yes	1	\$210.00	\$210.00
Analog, Wall	---	Owner	2024-07-17	Wall	1	\$210.00	
CMP-1CE4A	---	06-IT Computers	New	No	1	\$879.00	
Computer	---	Owner	75	Yes	1	\$879.00	\$879.00
Desktop	---	Owner	2024-07-17	Counter/Cart/Table/Pole	1	\$879.00	
DSK-9DF9A	---	05-Furniture	New	No	1	\$1,483.00	
Desk	---	Owner	120	No	1	\$1,483.00	\$1,483.00
Office, L-Shaped	---	Owner	2024-07-17	Floor	1	\$1,483.00	
HOK-FF027	---	01-Fixed Equipment	New	No	1	\$20.00	
Hook	---	Owner	60	Yes	1	\$20.00	\$20.00
Coat/Robe, Wall Mount	---	Contractor	2024-07-17	Wall	1	\$20.00	
MNT-3BB7F	---	06-IT Computers	New	No	2	\$369.00	
Monitor, Computer	---	Owner	60	No	1	\$738.00	\$738.00
LCD, 26 - 32 inch	---	Owner	2024-07-17	Counter/Cart/Table/Pole	2	\$738.00	
PRN-5697E	---	06-IT Computers	New	No	1	\$1,000.00	
Printer	---	Owner	30	Yes	1	\$1,000.00	\$1,000.00
Laser, Multifunction	---	Owner	2024-07-17	Counter/Cart/Table/Pole	1	\$1,000.00	
TEL-41E14	---	06-IT Computers	New	No	1	\$985.00	
Telephone	---	Owner	60	Yes	1	\$985.00	\$985.00
Desktop, Digital, Multi-Line	---	Vendor	2024-07-17	Counter/Cart/Table/Pole	1	\$985.00	
WST-C1488	---	03-Movable Non-Electrical	New	No	1	\$86.00	
Waste Can	---	Owner	30	No	1	\$86.00	\$86.00
Open Top	---	Owner	2024-07-17	Floor	1	\$86.00	

Project: Maleng Single Patient Room
Room by Room



Building: Maleng
Level: 4th Floor
Architectural Department: MedSurg
Room: Office, General

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
CHO-012E5	---	05-Furniture	New	No	1	\$1,312.00	
Chair, Office	---	Owner	105	No	1	\$1,312.00	\$1,312.00
High Back	---	Owner	2024-07-17	Floor - Mobile	1	\$1,312.00	
CHR-C7ED8	---	05-Furniture	New	No	2	\$775.00	
Chair, Interiors	---	Owner	105	No	1	\$1,550.00	\$1,550.00
Guest, w/Arms	---	Owner	2024-07-17	Floor	2	\$1,550.00	
CLK-52ECF	---	01-Fixed Equipment	New	No	1	\$210.00	
Clock	---	Owner	14	Yes	1	\$210.00	\$210.00
Analog, Wall	---	Owner	2024-07-17	Wall	1	\$210.00	
CMP-1CE4A	---	06-IT Computers	New	No	1	\$879.00	
Computer	---	Owner	75	Yes	1	\$879.00	\$879.00
Desktop	---	Owner	2024-07-17	Counter/Cart/Table/Pole	1	\$879.00	
DSK-9DF9A	---	05-Furniture	New	No	1	\$1,483.00	
Desk	---	Owner	120	No	1	\$1,483.00	\$1,483.00
Office, L-Shaped	---	Owner	2024-07-17	Floor	1	\$1,483.00	
HOK-FF027	---	01-Fixed Equipment	New	No	1	\$20.00	
Hook	---	Owner	60	Yes	1	\$20.00	\$20.00
Coat/Robe, Wall Mount	---	Contractor	2024-07-17	Wall	1	\$20.00	
MNT-3BB7F	---	06-IT Computers	New	No	2	\$369.00	
Monitor, Computer	---	Owner	60	No	1	\$738.00	\$738.00
LCD, 26 - 32 inch	---	Owner	2024-07-17	Counter/Cart/Table/Pole	2	\$738.00	
PRN-5697E	---	06-IT Computers	New	No	1	\$1,000.00	
Printer	---	Owner	30	Yes	1	\$1,000.00	\$1,000.00
Laser, Multifunction	---	Owner	2024-07-17	Counter/Cart/Table/Pole	1	\$1,000.00	
TEL-41E14	---	06-IT Computers	New	No	1	\$985.00	
Telephone	---	Owner	60	Yes	1	\$985.00	\$985.00
Desktop, Digital, Multi-Line	---	Vendor	2024-07-17	Counter/Cart/Table/Pole	1	\$985.00	
WST-C1488	---	03-Movable Non-Electrical	New	No	1	\$86.00	
Waste Can	---	Owner	30	No	1	\$86.00	\$86.00
Open Top	---	Owner	2024-07-17	Floor	1	\$86.00	

Project: Maleng Single Patient Room
Room by Room



Building: Maleng
Level: 4th Floor
Architectural Department: MedSurg
Room: Patient Room, Bariatric

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
ART-63939	---	05-Furniture	New	No	1	\$199.00	
Artwork	---	Owner	45	Yes	2	\$199.00	\$398.00
Framed	---	Owner	2024-07-17	Wall	2	\$199.00	
BED-98CD6	---	02-Movable Electrical	New	No	1	\$44,876.00	
Bed	---	Owner	120	Yes	2	\$44,876.00	\$89,752.00
Electric, Bariatric	---	Owner	2024-07-17	Floor - Mobile	2	\$44,876.00	
BRD-90E5A	---	01-Fixed Equipment	New	No	1	\$899.00	
Board	---	Owner	60	Yes	2	\$899.00	\$1,798.00
Patient Information	---	Contractor	2024-07-17	Wall	2	\$899.00	
BRK-6E0CE	---	01-Fixed Equipment	New	No	1	\$191.00	
Bracket	---	Owner	60	Yes	2	\$191.00	\$382.00
Television, Wall, Flat Panel	---	Contractor	2024-07-17	Wall	2	\$191.00	
CBP-5A387	---	05-Furniture	New	No	1	\$1,150.00	
Cabinet, Patient Room	---	Owner	120	No	2	\$1,150.00	\$2,300.00
Bedside	---	Owner	2024-07-17	Floor - Mobile	2	\$1,150.00	
CHA-287EB	---	03-Movable Non-Electrical	New	No	1	\$367.00	
Chair, Clinical	---	Owner	75	No	2	\$367.00	\$734.00
Commode, Bariatric	---	Owner	2024-07-17	Floor	2	\$367.00	
CLK-C24D1	---	01-Fixed Equipment	New	No	1	\$450.00	
Clock	---	Owner	105	Yes	2	\$450.00	\$900.00
Digital, Synchronized, Wireless	---	Contractor	2024-07-17	Wall	2	\$450.00	
CMU-1833F	---	02-Movable Electrical	New	No	1	\$2,250.00	
Compression Unit	---	Owner	60	No	2	\$2,250.00	\$4,500.00
Extremity Pump, Intermittent	---	Owner	2024-07-17	Counter/Cart/Table/Pole	2	\$2,250.00	
DIS-DF524	---	01-Fixed Equipment	New	No	1	\$131.00	
Disposal, Sharps	---	Owner	45	Yes	2	\$131.00	\$262.00
Wall Mount	---	Contractor	2024-07-17	Wall	2	\$131.00	
DSP-38E68	---	01-Fixed Equipment	New	No	1	\$40.37	
Dispenser	---	Owner	75	Yes	2	\$40.37	\$80.74
Paper Towel, Surface Mount	---	Contractor	2024-07-17	Wall	2	\$40.37	
DSP-D719B	---	01-Fixed Equipment	New	No	1	\$14.00	
Dispenser	---	Owner	45	Yes	2	\$14.00	\$28.00
Hand Sanitizer, Wall Mount	---	Contractor	2024-07-17	Wall	2	\$14.00	
DSP-EB20B	---	01-Fixed Equipment	New	No	1	\$54.34	
Dispenser	---	Owner	75	Yes	2	\$54.34	\$108.68
Soap, Wall Mount	---	Contractor	2024-07-17	Wall	2	\$54.34	
FLW-7945F	---	03-Movable Non-Electrical	New	No	1	\$99.00	
Flowmeter	---	Owner	60	No	2	\$99.00	\$198.00
Air	---	Owner	2024-07-17	Wall	2	\$99.00	
FLW-AC845	---	03-Movable Non-Electrical	New	No	1	\$110.00	
Flowmeter	---	Owner	60	No	2	\$110.00	\$220.00
Oxygen	---	Owner	2024-07-17	Wall	2	\$110.00	
GLV-09D76	---	01-Fixed Equipment	New	No	1	\$75.71	
Dispenser, Glove	---	Owner	45	Yes	2	\$75.71	\$151.42
Triple Box	---	Contractor	2024-07-17	Wall	2	\$75.71	

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
HAM-821BC	---	03-Movable Non-Electrical	New	No	1	\$361.00	
Hamper	---	Owner	45	No	2	\$361.00	\$722.00
Linen	---	Owner	2024-07-17	Floor - Mobile	2	\$361.00	
HDW-67121	---	01-Fixed Equipment	New	No	1	\$2,937.00	
Headwall	---	Owner	180	Yes	2	\$2,937.00	\$5,874.00
Rail System, 1 Patient	---	Contractor	2024-07-17	Wall	2	\$2,937.00	
INF-75B9E	---	02-Movable Electrical	New	No	1	\$4,500.00	
Pump, Infusion	---	Owner	90	No	2	\$4,500.00	\$9,000.00
Single	---	Owner	2024-07-17	Counter/Cart/Table/Pole	2	\$4,500.00	
IVS-09748	---	03-Movable Non-Electrical	New	No	1	\$496.00	
Stand, IV	---	Owner	45	No	2	\$496.00	\$992.00
Stainless Steel	---	Owner	2024-07-17	Floor - Mobile	2	\$496.00	
LFT-73484	---	01-Fixed Equipment	New	No	1	\$16,596.00	
Lift, Patient	---	Owner	150	Yes	2	\$16,596.00	\$33,192.00
Ceiling, 1-Bed, Bariatric	---	Contractor	2024-07-17	Ceiling	2	\$16,596.00	
LOB-0BC99	---	01-Fixed Equipment	New	No	1	\$0.00	
Light, Overbed	---	Owner	180	Yes	2	\$0.00	\$0.00
Wall Mounted	---	Contractor	2024-07-17	Wall	2	\$0.00	
LOC-B5BDF	---	01-Fixed Equipment	New	No	1	\$0.00	
Locator, Bed	---	Owner	180	Yes	2	\$0.00	\$0.00
Wall	---	Contractor	2024-07-17	Wall	2	\$0.00	
NRS-878A6	---	01-Fixed Equipment	New	No	1	\$0.00	
Nurse Call	---	Contractor	165	Yes	2	\$0.00	\$0.00
Interface, Bed	---	Contractor	2024-07-17	N/A	2	\$0.00	
REG-31927	---	03-Movable Non-Electrical	New	No	1	\$597.00	
Regulator	---	Owner	45	No	2	\$597.00	\$1,194.00
Suction, Intermittent/Continuous	---	Owner	2024-07-17	Wall	2	\$597.00	
SPH-41A39	---	03-Movable Non-Electrical	New	No	1	\$470.00	
Sphygmomanometer	---	Owner	30	No	2	\$470.00	\$940.00
Aneroid, Mobile	---	Owner	2024-07-17	Floor - Mobile	2	\$470.00	
STL-98B01	---	03-Movable Non-Electrical	New	No	1	\$84.00	
Stool	---	Owner	45	No	2	\$84.00	\$168.00
Step, Bariatric	---	Owner	2024-07-17	Floor	2	\$84.00	
TEL-67920	---	06-IT Computers	New	No	1	\$46.00	
Telephone	---	Owner	60	Yes	2	\$46.00	\$92.00
Wall	---	Vendor	2024-07-17	Wall	2	\$46.00	
THM-501F0	---	01-Fixed Equipment	New	No	1	\$520.00	
Thermometer	---	Owner	30	Yes	2	\$520.00	\$1,040.00
Digital, Wall Mount	---	Contractor	2024-07-17	Wall	2	\$520.00	
TOB-29AC1	---	03-Movable Non-Electrical	New	No	1	\$1,002.10	
Table, Overbed	---	Owner	45	No	2	\$1,002.10	\$2,004.20
General	---	Owner	2024-07-17	Floor - Mobile	2	\$1,002.10	
TVS-CB63F	---	02-Movable Electrical	New	No	1	\$960.00	
Television	---	Owner	60	Yes	2	\$960.00	\$1,920.00
19-20 inch, Flat Panel	---	Owner	2024-07-17	Counter/Cart/Table/Pole	2	\$960.00	
WST-2803F	---	03-Movable Non-Electrical	New	No	1	\$197.00	
Waste Can	---	Owner	30	No	2	\$197.00	\$394.00
Step-On	---	Owner	2024-07-17	Floor	2	\$197.00	
WST-34AB3	---	03-Movable Non-Electrical	New	No	1	\$118.44	
Waste Can	---	Owner	30	No	2	\$118.44	\$236.88
Bio-Hazardous	---	Owner	2024-07-17	Floor	2	\$118.44	

Project: Maleng Single Patient Room
Room by Room



Building: Maleng
Level: 4th Floor
Architectural Department: MedSurg
Room: Patient Room, Private

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
ART-63939	---	05-Furniture	New	No	1	\$199.00	
Artwork	---	Owner	45	Yes	18	\$199.00	\$3,582.00
Framed	---	Owner	2024-07-17	Wall	18	\$199.00	
BED-3CC66	---	02-Movable Electrical	New	No	1	\$9,719.00	
Bed	---	Owner	120	Yes	18	\$9,719.00	\$174,942.00
Electric	---	Owner	2024-07-17	Floor - Mobile	18	\$9,719.00	
BRD-90E5A	---	01-Fixed Equipment	New	No	1	\$899.00	
Board	---	Owner	60	Yes	18	\$899.00	\$16,182.00
Patient Information	---	Contractor	2024-07-17	Wall	18	\$899.00	
BRK-6E0CE	---	01-Fixed Equipment	New	No	1	\$191.00	
Bracket	---	Owner	60	Yes	18	\$191.00	\$3,438.00
Television, Wall, Flat Panel	---	Contractor	2024-07-17	Wall	18	\$191.00	
CBP-5A387	---	05-Furniture	New	No	1	\$1,150.00	
Cabinet, Patient Room	---	Owner	120	No	18	\$1,150.00	\$20,700.00
Bedside	---	Owner	2024-07-17	Floor - Mobile	18	\$1,150.00	
CHR-FEED5	---	05-Furniture	New	No	1	\$3,769.00	
Chair, Interiors	---	Owner	105	No	18	\$3,769.00	\$67,842.00
Sleeper/Convertible	---	Owner	2024-07-17	Floor	18	\$3,769.00	
CLK-C24D1	---	01-Fixed Equipment	New	No	1	\$450.00	
Clock	---	Owner	105	Yes	18	\$450.00	\$8,100.00
Digital, Synchronized, Wireless	---	Contractor	2024-07-17	Wall	18	\$450.00	
CWK-54FAF	---	01-Fixed Equipment	New	No	1	\$0.00	
Casework	---	Owner	120	Yes	18	\$0.00	\$0.00
Modular, Allowance	---	Contractor	2024-07-17	N/A	18	\$0.00	
DIS-DF524	---	01-Fixed Equipment	New	No	1	\$131.00	
Disposal, Sharps	---	Owner	45	Yes	18	\$131.00	\$2,358.00
Wall Mount	---	Contractor	2024-07-17	Wall	18	\$131.00	
DSP-38E68	---	01-Fixed Equipment	New	No	1	\$40.37	
Dispenser	---	Owner	75	Yes	18	\$40.37	\$726.66
Paper Towel, Surface Mount	---	Contractor	2024-07-17	Wall	18	\$40.37	
DSP-D719B	---	01-Fixed Equipment	New	No	1	\$14.00	
Dispenser	---	Owner	45	Yes	18	\$14.00	\$252.00
Hand Sanitizer, Wall Mount	---	Contractor	2024-07-17	Wall	18	\$14.00	
DSP-EB20B	---	01-Fixed Equipment	New	No	1	\$54.34	
Dispenser	---	Owner	75	Yes	18	\$54.34	\$978.12
Soap, Wall Mount	---	Contractor	2024-07-17	Wall	18	\$54.34	
FLW-7945F	---	03-Movable Non-Electrical	New	No	1	\$99.00	
Flowmeter	---	Owner	60	No	18	\$99.00	\$1,782.00
Air	---	Owner	2024-07-17	Wall	18	\$99.00	
FLW-AC845	---	03-Movable Non-Electrical	New	No	1	\$110.00	
Flowmeter	---	Owner	60	No	18	\$110.00	\$1,980.00
Oxygen	---	Owner	2024-07-17	Wall	18	\$110.00	
GLV-09D76	---	01-Fixed Equipment	New	No	1	\$75.71	
Dispenser, Glove	---	Owner	45	Yes	18	\$75.71	\$1,362.78
Triple Box	---	Contractor	2024-07-17	Wall	18	\$75.71	

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
HAM-821BC	---	03-Movable Non-Electrical	New	No	1	\$361.00	
Hamper	---	Owner	45	No	18	\$361.00	\$6,498.00
Linen	---	Owner	2024-07-17	Floor - Mobile	18	\$361.00	
HDW-67121	---	01-Fixed Equipment	New	No	1	\$2,937.00	
Headwall	---	Owner	180	Yes	18	\$2,937.00	\$52,866.00
Rail System, 1 Patient	---	Contractor	2024-07-17	Wall	18	\$2,937.00	
INF-75B9E	---	02-Movable Electrical	New	No	1	\$4,500.00	
Pump, Infusion	---	Owner	90	No	18	\$4,500.00	\$81,000.00
Single	---	Owner	2024-07-17	Counter/Cart/Table/Pole	18	\$4,500.00	
IVS-09748	---	03-Movable Non-Electrical	New	No	1	\$496.00	
Stand, IV	---	Owner	45	No	18	\$496.00	\$8,928.00
Stainless Steel	---	Owner	2024-07-17	Floor - Mobile	18	\$496.00	
LOB-EF834	---	01-Fixed Equipment	New	No	1	\$1,411.00	
Light, Overbed	---	Owner	180	Yes	18	\$1,411.00	\$25,398.00
Ceiling Mount	---	Contractor	2024-07-17	Ceiling	18	\$1,411.00	
LOC-B5BDF	---	01-Fixed Equipment	New	No	1	\$0.00	
Locator, Bed	---	Owner	180	Yes	18	\$0.00	\$0.00
Wall	---	Contractor	2024-07-17	Wall	18	\$0.00	
NRS-878A6	---	01-Fixed Equipment	New	No	1	\$0.00	
Nurse Call	---	Contractor	165	Yes	18	\$0.00	\$0.00
Interface, Bed	---	Contractor	2024-07-17	N/A	18	\$0.00	
OPH-69816	---	01-Fixed Equipment	New	No	1	\$1,185.00	
Oto/Ophthalmoscope Set	---	Owner	45	Yes	18	\$1,185.00	\$21,330.00
Wall Mount	---	Contractor	2024-07-17	Wall	18	\$1,185.00	
REG-31927	---	03-Movable Non-Electrical	New	No	1	\$597.00	
Regulator	---	Owner	45	No	18	\$597.00	\$10,746.00
Suction, Intermittent/Continuous	---	Owner	2024-07-17	Wall	18	\$597.00	
SPH-B179B	---	01-Fixed Equipment	New	No	1	\$266.00	
Sphygmomanometer	---	Owner	30	Yes	18	\$266.00	\$4,788.00
Aneroid, Wall Mount	---	Contractor	2024-07-17	Wall	18	\$266.00	
TEL-67920	---	06-IT Computers	New	No	1	\$46.00	
Telephone	---	Owner	60	Yes	18	\$46.00	\$828.00
Wall	---	Vendor	2024-07-17	Wall	18	\$46.00	
TOB-29AC1	---	03-Movable Non-Electrical	New	No	1	\$1,002.10	
Table, Overbed	---	Owner	45	No	18	\$1,002.10	\$18,037.80
General	---	Owner	2024-07-17	Floor - Mobile	18	\$1,002.10	
TVS-162B2	---	02-Movable Electrical	New	No	1	\$449.00	
Television	---	Owner	60	Yes	18	\$449.00	\$8,082.00
36-43 in., Flat Panel	---	Owner	2024-07-17	Special	18	\$449.00	
WST-2803F	---	03-Movable Non-Electrical	New	No	1	\$197.00	
Waste Can	---	Owner	30	No	18	\$197.00	\$3,546.00
Step-On	---	Owner	2024-07-17	Floor	18	\$197.00	
WST-34AB3	---	03-Movable Non-Electrical	New	No	1	\$118.44	
Waste Can	---	Owner	30	No	18	\$118.44	\$2,131.92
Bio-Hazardous	---	Owner	2024-07-17	Floor	18	\$118.44	

Project: Maleng Single Patient Room
Room by Room



Building: Maleng
Level: 4th Floor
Architectural Department: MedSurg
Room: Toilet, Patient

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
BAR-9A835	---	01-Fixed Equipment	New	No	1	\$49.00	
Bar	---	Owner	60	Yes	20	\$49.00	\$980.00
Grab, Toilet/Shower	---	Contractor	2024-07-17	Wall	20	\$49.00	
CWK-11CEC	---	01-Fixed Equipment	New	No	1	\$5,035.00	
Casework	---	Owner	120	Yes	20	\$5,035.00	\$100,700.00
Cabinet, Base w/Sink	---	Contractor	2024-07-17	Floor	20	\$5,035.00	
DOZ-C530F	---	01-Fixed Equipment	New	No	1	\$71.00	
Deodorizer	---	Owner	45	Yes	20	\$71.00	\$1,420.00
Air, Wall Mount	---	Owner	2024-07-17	Wall	20	\$71.00	
DRY-37429	---	01-Fixed Equipment	New	No	1	\$1,599.00	
Dryer	---	Owner	60	Yes	20	\$1,599.00	\$31,980.00
Hand, Wall Mount	---	Contractor	2024-07-17	Wall	20	\$1,599.00	
DSP-13961	---	01-Fixed Equipment	New	No	1	\$18.46	
Dispenser	---	Owner	75	Yes	20	\$18.46	\$369.20
Toilet Paper, Surface Mount	---	Contractor	2024-07-17	Wall	20	\$18.46	
DSP-38E68	---	01-Fixed Equipment	New	No	1	\$40.37	
Dispenser	---	Owner	75	Yes	20	\$40.37	\$807.40
Paper Towel, Surface Mount	---	Contractor	2024-07-17	Wall	20	\$40.37	
DSP-EB20B	---	01-Fixed Equipment	New	No	1	\$54.34	
Dispenser	---	Owner	75	Yes	20	\$54.34	\$1,086.80
Soap, Wall Mount	---	Contractor	2024-07-17	Wall	20	\$54.34	
NRS-777A7	---	01-Fixed Equipment	New	No	1	\$0.00	
Nurse Call	---	Contractor	165	Yes	20	\$0.00	\$0.00
Toilet Station	---	Contractor	2024-07-17	N/A	20	\$0.00	
WST-E66F3	---	03-Movable Non-Electrical	New	No	1	\$229.00	
Waste Can	---	Owner	30	No	20	\$229.00	\$4,580.00
Swing Top	---	Owner	2024-07-17	Floor	20	\$229.00	

Project: Maleng Single Patient Room
Room by Room



Building: Maleng
Level: 4th Floor
Architectural Department: MedSurg
Room: Toilet, Public

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
BAR-9A835	---	01-Fixed Equipment	New	No	1	\$49.00	
Bar	---	Owner	60	Yes	1	\$49.00	\$49.00
Grab, Toilet/Shower	---	Contractor	2024-07-17	Wall	1	\$49.00	
CWK-11CEC	---	01-Fixed Equipment	New	No	1	\$5,035.00	
Casework	---	Owner	120	Yes	1	\$5,035.00	\$5,035.00
Cabinet, Base w/Sink	---	Contractor	2024-07-17	Floor	1	\$5,035.00	
DOZ-C530F	---	01-Fixed Equipment	New	No	1	\$71.00	
Deodorizer	---	Owner	45	Yes	1	\$71.00	\$71.00
Air, Wall Mount	---	Owner	2024-07-17	Wall	1	\$71.00	
DPL-22DDE	---	01-Fixed Equipment	New	No	1	\$40.00	
Disposal	---	Owner	75	Yes	1	\$40.00	\$40.00
Sanitary Napkin, Surface Mount	---	Contractor	2024-07-17	Wall	1	\$40.00	
DRY-37429	---	01-Fixed Equipment	New	No	1	\$1,599.00	
Dryer	---	Owner	60	Yes	1	\$1,599.00	\$1,599.00
Hand, Wall Mount	---	Contractor	2024-07-17	Wall	1	\$1,599.00	
DSP-13525	---	01-Fixed Equipment	New	No	1	\$1,594.00	
Dispenser	---	Owner	75	Yes	1	\$1,594.00	\$1,594.00
Paper Towel, with Trash Receptacle	---	Contractor	2024-07-17	Wall	1	\$1,594.00	
DSP-13961	---	01-Fixed Equipment	New	No	3	\$18.46	
Dispenser	---	Owner	75	Yes	1	\$55.38	\$55.38
Toilet Paper, Surface Mount	---	Contractor	2024-07-17	Wall	3	\$55.38	
DSP-2848E	---	01-Fixed Equipment	New	No	1	\$686.00	
Dispenser	---	Owner	75	Yes	1	\$686.00	\$686.00
Sanitary Napkin	---	Contractor	2024-07-17	Wall	1	\$686.00	
DSP-4572C	---	01-Fixed Equipment	New	No	1	\$26.22	
Dispenser	---	Owner	75	Yes	1	\$26.22	\$26.22
Toilet Seat Cover	---	Contractor	2024-07-17	Wall	1	\$26.22	
DSP-EB20B	---	01-Fixed Equipment	New	No	1	\$54.34	
Dispenser	---	Owner	75	Yes	1	\$54.34	\$54.34
Soap, Wall Mount	---	Contractor	2024-07-17	Wall	1	\$54.34	
MIR-6A60F	---	01-Fixed Equipment	New	No	1	\$62.45	
Mirror	---	Contractor	60	Yes	1	\$62.45	\$62.45
Vanity	---	Contractor	2024-07-17	Wall	1	\$62.45	
NRS-91E2C	---	01-Fixed Equipment	New	No	1	\$0.00	
Nurse Call	---	Contractor	165	Yes	1	\$0.00	\$0.00
Pull, Emergency	---	Contractor	2024-07-17	N/A	1	\$0.00	
TNF-F8ABA	---	01-Fixed Equipment	New	No	1	\$411.00	
Table, Changing	---	Owner	60	Yes	1	\$411.00	\$411.00
Infant, Wall Mount	---	Contractor	2024-07-17	Wall	1	\$411.00	

Project: Maleng Single Patient Room
Room by Room



Building: Maleng
Level: 4th Floor
Architectural Department: MedSurg
Room: Toilet, Staff

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
CWK-11CEC	---	01-Fixed Equipment	New	No	1	\$5,035.00	
Casework	---	Owner	120	Yes	2	\$5,035.00	\$10,070.00
Cabinet, Base w/Sink	---	Contractor	2024-07-17	Floor	2	\$5,035.00	
DOZ-C530F	---	01-Fixed Equipment	New	No	1	\$71.00	
Deodorizer	---	Owner	45	Yes	2	\$71.00	\$142.00
Air, Wall Mount	---	Owner	2024-07-17	Wall	2	\$71.00	
DPL-22DDE	---	01-Fixed Equipment	New	No	1	\$40.00	
Disposal	---	Owner	75	Yes	2	\$40.00	\$80.00
Sanitary Napkin, Surface Mount	---	Contractor	2024-07-17	Wall	2	\$40.00	
DRY-37429	---	01-Fixed Equipment	New	No	1	\$1,599.00	
Dryer	---	Owner	60	Yes	2	\$1,599.00	\$3,198.00
Hand, Wall Mount	---	Contractor	2024-07-17	Wall	2	\$1,599.00	
DSP-13525	---	01-Fixed Equipment	New	No	1	\$1,594.00	
Dispenser	---	Owner	75	Yes	2	\$1,594.00	\$3,188.00
Paper Towel, with Trash Receptacle	---	Contractor	2024-07-17	Wall	2	\$1,594.00	
DSP-13961	---	01-Fixed Equipment	New	No	1	\$18.46	
Dispenser	---	Owner	75	Yes	2	\$18.46	\$36.92
Toilet Paper, Surface Mount	---	Contractor	2024-07-17	Wall	2	\$18.46	
DSP-EB20B	---	01-Fixed Equipment	New	No	1	\$54.34	
Dispenser	---	Owner	75	Yes	2	\$54.34	\$108.68
Soap, Wall Mount	---	Contractor	2024-07-17	Wall	2	\$54.34	
MIR-6A60F	---	01-Fixed Equipment	New	No	1	\$62.45	
Mirror	---	Contractor	60	Yes	2	\$62.45	\$124.90
Vanity	---	Contractor	2024-07-17	Wall	2	\$62.45	

Project: Maleng Single Patient Room
Room by Room



Building: Maleng
Level: 4th Floor
Architectural Department: MedSurg
Room: Utility, Soiled

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
CTK-B3C6E	---	03-Movable Non-Electrical	New	No	2	\$674.00	
Cart / Truck	---	Owner	90	No	2	\$1,348.00	\$2,696.00
Soiled Utility	---	Owner	2024-07-17	Floor - Mobile	4	\$1,348.00	
DSP-38E68	---	01-Fixed Equipment	New	No	1	\$40.37	
Dispenser	---	Owner	75	Yes	2	\$40.37	\$80.74
Paper Towel, Surface Mount	---	Contractor	2024-07-17	Wall	2	\$40.37	
DSP-D719B	---	01-Fixed Equipment	New	No	1	\$14.00	
Dispenser	---	Owner	45	Yes	2	\$14.00	\$28.00
Hand Sanitizer, Wall Mount	---	Contractor	2024-07-17	Wall	2	\$14.00	
DSP-EB20B	---	01-Fixed Equipment	New	No	1	\$54.34	
Dispenser	---	Owner	75	Yes	2	\$54.34	\$108.68
Soap, Wall Mount	---	Contractor	2024-07-17	Wall	2	\$54.34	
GLV-09D76	---	01-Fixed Equipment	New	No	1	\$75.71	
Dispenser, Glove	---	Owner	45	Yes	2	\$75.71	\$151.42
Triple Box	---	Contractor	2024-07-17	Wall	2	\$75.71	
HAM-821BC	---	03-Movable Non-Electrical	New	No	1	\$361.00	
Hamper	---	Owner	45	No	2	\$361.00	\$722.00
Linen	---	Owner	2024-07-17	Floor - Mobile	2	\$361.00	
SHL-638C5	---	03-Movable Non-Electrical	New	No	1	\$834.00	
Shelving	---	Owner	90	No	2	\$834.00	\$1,668.00
Wire, Chrome, 60 inch	---	Owner	2024-07-17	Floor	2	\$834.00	
SNK-EBE38	---	01-Fixed Equipment	New	No	1	\$4,428.00	
Sink	---	Owner	60	Yes	2	\$4,428.00	\$8,856.00
Utility, 1-Compartment	---	Contractor	2024-07-17	Floor	2	\$4,428.00	
WST-23374	---	03-Movable Non-Electrical	New	No	1	\$59.50	
Waste Can	---	Owner	30	No	2	\$59.50	\$119.00
32-40 Gallon	---	Owner	2024-07-17	Floor	2	\$59.50	
WST-60254	---	03-Movable Non-Electrical	New	No	1	\$243.88	
Waste Can	---	Owner	30	No	2	\$243.88	\$487.76
Bio-Hazardous, Roll-Out	---	Owner	2024-07-17	Floor - Mobile	2	\$243.88	

Project: Maleng Single Patient Room
Room by Room



Building: Maleng
Level: 7th Floor
Architectural Department: Critical Care (ICU/CCU)
Room: Breakroom / Lounge Staff

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
BRK-6E0CE	---	01-Fixed Equipment	New	No	1	\$191.00	
Bracket	---	Owner	60	Yes	1	\$191.00	\$191.00
Television, Wall, Flat Panel	---	Contractor	2024-07-17	Wall	1	\$191.00	
CHR-BAE5	---	05-Furniture	New	No	2	\$740.00	
Chair, Interiors	---	Owner	105	No	1	\$1,480.00	\$1,480.00
Guest, w/o Arms	---	Owner	2024-07-17	Floor	2	\$1,480.00	
CHR-C1700	---	05-Furniture	New	No	4	\$318.00	
Chair, Interiors	---	Owner	105	No	1	\$1,272.00	\$1,272.00
Stacking w/o Arms	---	Owner	2024-07-17	Floor	4	\$1,272.00	
CLK-52ECF	---	01-Fixed Equipment	New	No	1	\$210.00	
Clock	---	Owner	14	Yes	1	\$210.00	\$210.00
Analog, Wall	---	Owner	2024-07-17	Wall	1	\$210.00	
COF-FF0FF	---	01-Fixed Equipment	New	No	1	\$827.16	
Coffee Maker	---	Owner	45	Yes	1	\$827.16	\$827.16
Automatic, 3-6 Warmer	---	Contractor	2024-07-17	Counter/Cart/Table/Pole	1	\$827.16	
DSH-8E208	---	01-Fixed Equipment	New	No	1	\$399.00	
Dishwasher	---	Owner	30	Yes	1	\$399.00	\$399.00
Domestic, Undercounter	---	Contractor	2024-07-17	Floor	1	\$399.00	
DSP-38E68	---	01-Fixed Equipment	New	No	1	\$40.37	
Dispenser	---	Owner	75	Yes	1	\$40.37	\$40.37
Paper Towel, Surface Mount	---	Contractor	2024-07-17	Wall	1	\$40.37	
DSP-D719B	---	01-Fixed Equipment	New	No	1	\$14.00	
Dispenser	---	Owner	45	Yes	1	\$14.00	\$14.00
Hand Sanitizer, Wall Mount	---	Contractor	2024-07-17	Wall	1	\$14.00	
DSP-EB20B	---	01-Fixed Equipment	New	No	1	\$54.34	
Dispenser	---	Owner	75	Yes	1	\$54.34	\$54.34
Soap, Wall Mount	---	Contractor	2024-07-17	Wall	1	\$54.34	
LCK-5F33E	---	01-Fixed Equipment	New	No	1	\$340.00	
Locker	---	Owner	90	Yes	1	\$340.00	\$340.00
Purse	---	Contractor	2024-07-17	Floor	1	\$340.00	
OVN-4237B	---	02-Movable Electrical	New	No	1	\$149.00	
Oven	---	Owner	30	Yes	1	\$149.00	\$149.00
Domestic, Microwave, Countertop	---	Owner	2024-07-17	Counter/Cart/Table/Pole	1	\$149.00	
REF-000F8	---	02-Movable Electrical	New	No	1	\$578.00	
Refrigerator	---	Owner	30	Yes	1	\$578.00	\$578.00
Domestic with Freezer	---	Owner	2024-07-17	Floor	1	\$578.00	
SOR-8BBEC	---	03-Movable Non-Electrical	New	No	1	\$3,029.00	
Sorter	---	Owner	45	No	1	\$3,029.00	\$3,029.00
Mail, Freestanding	---	Owner	2024-07-17	Floor	1	\$3,029.00	
TBI-B712B	---	05-Furniture	New	No	1	\$1,680.00	
Table, Interiors	---	Owner	45	No	1	\$1,680.00	\$1,680.00
Dining	---	Owner	2024-07-17	Floor	1	\$1,680.00	
TEL-67920	---	06-IT Computers	New	No	1	\$46.00	
Telephone	---	Owner	60	Yes	1	\$46.00	\$46.00
Wall	---	Vendor	2024-07-17	Wall	1	\$46.00	

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
TVS-CB63F	---	02-Movable Electrical	New	No	1	\$960.00	
Television	---	Owner	60	Yes	1	\$960.00	\$960.00
19-20 inch, Flat Panel	---	Owner	2024-07-17	Counter/Cart/Table/Pole	1	\$960.00	
WST-2803F	---	03-Movable Non-Electrical	New	No	1	\$197.00	
Waste Can	---	Owner	30	No	1	\$197.00	\$197.00
Step-On	---	Owner	2024-07-17	Floor	1	\$197.00	
WST-EAB34	---	03-Movable Non-Electrical	New	No	1	\$15.00	
Waste Can	---	Owner	30	No	1	\$15.00	\$15.00
Recycle	---	Owner	2024-07-17	Floor	1	\$15.00	

Project: Maleng Single Patient Room
Room by Room



Building: Maleng
Level: 7th Floor
Architectural Department: Critical Care (ICU/CCU)
Room: Housekeeping Closet

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
BUK-18BC4	---	03-Movable Non-Electrical	New	No	1	\$473.45	
Bucket	---	Owner	30	No	1	\$473.45	\$473.45
Mopping	---	Owner	2024-07-17	Floor - Mobile	1	\$473.45	
DSP-153AE	---	01-Fixed Equipment	New	No	1	\$616.00	
Dispenser	---	Owner	45	Yes	1	\$616.00	\$616.00
Cleaning Solution	---	Contractor	2024-07-17	Wall	1	\$616.00	
DSP-38E68	---	01-Fixed Equipment	New	No	1	\$40.37	
Dispenser	---	Owner	75	Yes	1	\$40.37	\$40.37
Paper Towel, Surface Mount	---	Contractor	2024-07-17	Wall	1	\$40.37	
DSP-D719B	---	01-Fixed Equipment	New	No	1	\$14.00	
Dispenser	---	Owner	45	Yes	1	\$14.00	\$14.00
Hand Sanitizer, Wall Mount	---	Contractor	2024-07-17	Wall	1	\$14.00	
DSP-EB20B	---	01-Fixed Equipment	New	No	1	\$54.34	
Dispenser	---	Owner	75	Yes	1	\$54.34	\$54.34
Soap, Wall Mount	---	Contractor	2024-07-17	Wall	1	\$54.34	
FLR-17D86	---	03-Movable Non-Electrical	New	No	1	\$5,243.00	
Floor Machine	---	Owner	60	Yes	1	\$5,243.00	\$5,243.00
Burnisher, Propane	---	Owner	2024-07-17	Floor - Mobile	1	\$5,243.00	
GLV-09D76	---	01-Fixed Equipment	New	No	1	\$75.71	
Dispenser, Glove	---	Owner	45	Yes	1	\$75.71	\$75.71
Triple Box	---	Contractor	2024-07-17	Wall	1	\$75.71	
HSK-4F29C	---	03-Movable Non-Electrical	New	No	1	\$1,924.00	
Cart, Housekeeping	---	Owner	90	No	1	\$1,924.00	\$1,924.00
Stainless	---	Owner	2024-07-17	Floor - Mobile	1	\$1,924.00	
RCK-2C0CB	---	01-Fixed Equipment	New	No	1	\$62.00	
Rack	---	Owner	30	Yes	1	\$62.00	\$62.00
Mops / Brooms	---	Contractor	2024-07-17	Wall	1	\$62.00	
VAC-28A91	---	02-Movable Electrical	New	No	1	\$354.00	
Vacuum	---	Owner	45	Yes	1	\$354.00	\$354.00
Upright	---	Owner	2024-07-17	Floor - Mobile	1	\$354.00	
WST-23374	---	03-Movable Non-Electrical	New	No	1	\$59.50	
Waste Can	---	Owner	30	No	1	\$59.50	\$59.50
32-40 Gallon	---	Owner	2024-07-17	Floor	1	\$59.50	

Project: Maleng Single Patient Room
Room by Room



Building: Maleng
Level: 7th Floor
Architectural Department: Critical Care (ICU/CCU)
Room: Medication Room w/Dispenser

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
BIN-8699F	---	03-Movable Non-Electrical	New	No	1	\$377.00	
Bin	---	Owner	30	No	1	\$377.00	\$377.00
Shredding, Secure	---	Vendor	2024-07-17	Floor	1	\$377.00	
BRD-2C53B	---	01-Fixed Equipment	New	No	1	\$136.00	
Board	---	Owner	75	Yes	1	\$136.00	\$136.00
Bulletin/Marker Combo	---	Owner	2024-07-17	Wall	1	\$136.00	
CLK-3D2F9	---	01-Fixed Equipment	New	No	1	\$170.00	
Clock	---	Owner	75	Yes	1	\$170.00	\$170.00
Analog, Synchronized, Wireless	---	Contractor	2024-07-17	Wall	1	\$170.00	
DIS-6BB53	---	01-Fixed Equipment	New	No	1	\$92.00	
Disposal, Sharps	---	Owner	45	Yes	1	\$92.00	\$92.00
Wall Mount, Pharmacy	---	Contractor	2024-07-17	Wall	1	\$92.00	
DIS-DF524	---	01-Fixed Equipment	New	No	1	\$131.00	
Disposal, Sharps	---	Owner	45	Yes	1	\$131.00	\$131.00
Wall Mount	---	Contractor	2024-07-17	Wall	1	\$131.00	
DSP-38E68	---	01-Fixed Equipment	New	No	1	\$40.37	
Dispenser	---	Owner	75	Yes	1	\$40.37	\$40.37
Paper Towel, Surface Mount	---	Contractor	2024-07-17	Wall	1	\$40.37	
DSP-D719B	---	01-Fixed Equipment	New	No	1	\$14.00	
Dispenser	---	Owner	45	Yes	1	\$14.00	\$14.00
Hand Sanitizer, Wall Mount	---	Contractor	2024-07-17	Wall	1	\$14.00	
DSP-EB20B	---	01-Fixed Equipment	New	No	1	\$54.34	
Dispenser	---	Owner	75	Yes	1	\$54.34	\$54.34
Soap, Wall Mount	---	Contractor	2024-07-17	Wall	1	\$54.34	
GLV-09D76	---	01-Fixed Equipment	New	No	1	\$75.71	
Dispenser, Glove	---	Owner	45	Yes	1	\$75.71	\$75.71
Triple Box	---	Contractor	2024-07-17	Wall	1	\$75.71	
MED-51129	---	02-Movable Electrical	New	No	1	\$35,082.00	
Dispenser, Medication	---	Owner	120	Yes	1	\$35,082.00	\$35,082.00
Host (Main)	---	Vendor	2024-07-17	Floor	1	\$35,082.00	
MED-62F2E	---	03-Movable Non-Electrical	New	No	2	\$28,206.00	
Dispenser, Medication	---	Owner	120	Yes	1	\$56,412.00	\$56,412.00
Auxiliary	---	Vendor	2024-07-17	Floor	2	\$56,412.00	
MED-64624	---	02-Movable Electrical	New	No	1	\$5,892.00	
Dispenser, Medication	---	Owner	120	Yes	1	\$5,892.00	\$5,892.00
Lock Module	---	Owner	2024-07-17	Special	1	\$5,892.00	
MNR-38732	---	02-Movable Electrical	New	No	1	\$1,833.00	
Monitor	---	Owner	30	No	1	\$1,833.00	\$1,833.00
Blood Glucose, Point-of-Care	---	Owner	2024-07-17	Counter/Cart/Table/Pole	1	\$1,833.00	
MNR-7F657	---	02-Movable Electrical	New	No	1	\$492.00	
Monitor	---	Owner	30	No	1	\$492.00	\$492.00
Temperature & Humidity	---	Owner	2024-07-17	Counter/Cart/Table/Pole	1	\$492.00	
REF-7AD12	---	02-Movable Electrical	New	No	1	\$1,805.00	
Refrigerator	---	Owner	90	Yes	1	\$1,805.00	\$1,805.00
Commercial, Undercounter	---	Owner	2024-07-17	Floor	1	\$1,805.00	

Atta3 ID	Manufacturer	Item Architectural Code	Status	Item Critical Path	Item Quantity	Unit Price	
Category	Model	Item Furnish Responsibility	Lead Time	Item Architecturally Significant	Room Quantity	Subtotal	
Subcategory	Vendor	Item Install Responsibility	Need By	Mounting	Extended Item Quantity	Total	Extended Total
SHL-142ED	---	03-Movable Non-Electrical	New	No	1	\$1,370.00	
Shelving	---	Owner	90	No	1	\$1,370.00	\$1,370.00
Wire, Stainless Steel, 36 inch	---	Owner	2024-07-17	Floor	1	\$1,370.00	
WST-2803F	---	03-Movable Non-Electrical	New	No	1	\$197.00	
Waste Can	---	Owner	30	No	1	\$197.00	\$197.00
Step-On	---	Owner	2024-07-17	Floor	1	\$197.00	

Project: Maleng Single Patient Room
Room by Room



Building: Maleng
Level: 7th Floor
Architectural Department: Critical Care (ICU/CCU)
Room: Nourishment Station/Room

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
CLK-52ECF	---	01-Fixed Equipment	New	No	1	\$210.00	
Clock	---	Owner	14	Yes	1	\$210.00	\$210.00
Analog, Wall	---	Owner	2024-07-17	Wall	1	\$210.00	
COF-FF0FF	---	01-Fixed Equipment	New	No	1	\$827.16	
Coffee Maker	---	Owner	45	Yes	1	\$827.16	\$827.16
Automatic, 3-6 Warmer	---	Contractor	2024-07-17	Counter/Cart/Table/Pole	1	\$827.16	
CWK-4C8D0	---	01-Fixed Equipment	New	No	1	\$3,239.00	
Casework	---	Owner	120	Yes	1	\$3,239.00	\$3,239.00
Cabinet, Base/Wall Combo	---	Contractor	2024-07-17	Special	1	\$3,239.00	
DSP-270C6	---	01-Fixed Equipment	New	No	1	\$126.00	
Dispenser	---	Owner	45	Yes	1	\$126.00	\$126.00
Cup, Wall Mount	---	Contractor	2024-07-17	Wall	1	\$126.00	
DSP-38E68	---	01-Fixed Equipment	New	No	1	\$40.37	
Dispenser	---	Owner	75	Yes	1	\$40.37	\$40.37
Paper Towel, Surface Mount	---	Contractor	2024-07-17	Wall	1	\$40.37	
DSP-D719B	---	01-Fixed Equipment	New	No	1	\$14.00	
Dispenser	---	Owner	45	Yes	1	\$14.00	\$14.00
Hand Sanitizer, Wall Mount	---	Contractor	2024-07-17	Wall	1	\$14.00	
DSP-EB20B	---	01-Fixed Equipment	New	No	1	\$54.34	
Dispenser	---	Owner	75	Yes	1	\$54.34	\$54.34
Soap, Wall Mount	---	Contractor	2024-07-17	Wall	1	\$54.34	
ICE-3ABC8	---	01-Fixed Equipment	New	No	1	\$14,290.00	
Ice Machine	---	Owner	60	Yes	1	\$14,290.00	\$14,290.00
Dispenser, Nugget, Freestanding	---	Contractor	2024-07-17	Floor	1	\$14,290.00	
OVN-4237B	---	02-Movable Electrical	New	No	1	\$149.00	
Oven	---	Owner	30	Yes	1	\$149.00	\$149.00
Domestic, Microwave, Countertop	---	Owner	2024-07-17	Counter/Cart/Table/Pole	1	\$149.00	
REF-000F8	---	02-Movable Electrical	New	No	1	\$578.00	
Refrigerator	---	Owner	30	Yes	1	\$578.00	\$578.00
Domestic with Freezer	---	Owner	2024-07-17	Floor	1	\$578.00	
WST-2803F	---	03-Movable Non-Electrical	New	No	1	\$197.00	
Waste Can	---	Owner	30	No	1	\$197.00	\$197.00
Step-On	---	Owner	2024-07-17	Floor	1	\$197.00	

Project: Maleng Single Patient Room
Room by Room



Building: Maleng
Level: 7th Floor
Architectural Department: Critical Care (ICU/CCU)
Room: Office, General

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
CHO-012E5	---	05-Furniture	New	No	1	\$1,312.00	
Chair, Office	---	Owner	105	No	1	\$1,312.00	\$1,312.00
High Back	---	Owner	2024-07-17	Floor - Mobile	1	\$1,312.00	
CHR-C7ED8	---	05-Furniture	New	No	2	\$775.00	
Chair, Interiors	---	Owner	105	No	1	\$1,550.00	\$1,550.00
Guest, w/Arms	---	Owner	2024-07-17	Floor	2	\$1,550.00	
CLK-52ECF	---	01-Fixed Equipment	New	No	1	\$210.00	
Clock	---	Owner	14	Yes	1	\$210.00	\$210.00
Analog, Wall	---	Owner	2024-07-17	Wall	1	\$210.00	
CMP-1CE4A	---	06-IT Computers	New	No	1	\$879.00	
Computer	---	Owner	75	Yes	1	\$879.00	\$879.00
Desktop	---	Owner	2024-07-17	Counter/Cart/Table/Pole	1	\$879.00	
DSK-9DF9A	---	05-Furniture	New	No	1	\$1,483.00	
Desk	---	Owner	120	No	1	\$1,483.00	\$1,483.00
Office, L-Shaped	---	Owner	2024-07-17	Floor	1	\$1,483.00	
HOK-FF027	---	01-Fixed Equipment	New	No	1	\$20.00	
Hook	---	Owner	60	Yes	1	\$20.00	\$20.00
Coat/Robe, Wall Mount	---	Contractor	2024-07-17	Wall	1	\$20.00	
MNT-3BB7F	---	06-IT Computers	New	No	2	\$369.00	
Monitor, Computer	---	Owner	60	No	1	\$738.00	\$738.00
LCD, 26 - 32 inch	---	Owner	2024-07-17	Counter/Cart/Table/Pole	2	\$738.00	
PRN-5697E	---	06-IT Computers	New	No	1	\$1,000.00	
Printer	---	Owner	30	Yes	1	\$1,000.00	\$1,000.00
Laser, Multifunction	---	Owner	2024-07-17	Counter/Cart/Table/Pole	1	\$1,000.00	
TEL-41E14	---	06-IT Computers	New	No	1	\$985.00	
Telephone	---	Owner	60	Yes	1	\$985.00	\$985.00
Desktop, Digital, Multi-Line	---	Vendor	2024-07-17	Counter/Cart/Table/Pole	1	\$985.00	
WST-C1488	---	03-Movable Non-Electrical	New	No	1	\$86.00	
Waste Can	---	Owner	30	No	1	\$86.00	\$86.00
Open Top	---	Owner	2024-07-17	Floor	1	\$86.00	

Project: Maleng Single Patient Room
Room by Room



Building: Maleng
Level: 7th Floor
Architectural Department: Critical Care (ICU/CCU)
Room: Patient Room, Private - ICU / CCU

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
ART-63939	---	05-Furniture	New	No	1	\$199.00	
Artwork	---	Owner	45	Yes	18	\$199.00	\$3,582.00
Framed	---	Owner	2024-07-17	Wall	18	\$199.00	
BED-3569B	---	02-Movable Electrical	New	No	1	\$27,811.00	
Bed	---	Owner	120	Yes	18	\$27,811.00	\$500,598.00
Electric, Critical Care	---	Owner	2024-07-17	Floor - Mobile	18	\$27,811.00	
BOM-0D762	---	01-Fixed Equipment	New	No	1	\$17,221.00	
Boom	---	Owner	150	Yes	18	\$17,221.00	\$309,978.00
Equipment, Single Arm, ICU	---	Vendor	2024-07-17	Ceiling	18	\$17,221.00	
BRD-90E5A	---	01-Fixed Equipment	New	No	1	\$899.00	
Board	---	Owner	60	Yes	18	\$899.00	\$16,182.00
Patient Information	---	Contractor	2024-07-17	Wall	18	\$899.00	
BRK-1B42B	---	01-Fixed Equipment	New	No	1	\$860.00	
Bracket	---	Owner	60	Yes	18	\$860.00	\$15,480.00
Monitor & Keyboard, Wall	---	Contractor	2024-07-17	Wall	18	\$860.00	
BRK-6E0CE	---	01-Fixed Equipment	New	No	1	\$191.00	
Bracket	---	Owner	60	Yes	18	\$191.00	\$3,438.00
Television, Wall, Flat Panel	---	Contractor	2024-07-17	Wall	18	\$191.00	
BRK-C04C8	---	01-Fixed Equipment	New	No	1	\$708.00	
Bracket	---	Owner	60	Yes	18	\$708.00	\$12,744.00
Computer, Laptop, Wall	---	Contractor	2024-07-17	Wall	18	\$708.00	
CBP-5A387	---	05-Furniture	New	No	1	\$1,150.00	
Cabinet, Patient Room	---	Owner	120	No	18	\$1,150.00	\$20,700.00
Bedside	---	Owner	2024-07-17	Floor - Mobile	18	\$1,150.00	
CHR-FEED5	---	05-Furniture	New	No	1	\$3,769.00	
Chair, Interiors	---	Owner	105	No	18	\$3,769.00	\$67,842.00
Sleeper/Convertible	---	Owner	2024-07-17	Floor	18	\$3,769.00	
CLK-C24D1	---	01-Fixed Equipment	New	No	1	\$450.00	
Clock	---	Owner	105	Yes	18	\$450.00	\$8,100.00
Digital, Synchronized, Wireless	---	Contractor	2024-07-17	Wall	18	\$450.00	
CMP-D9520	---	06-IT Computers	New	No	1	\$989.00	
Computer	---	Owner	75	Yes	18	\$989.00	\$17,802.00
Laptop	---	Owner	2024-07-17	Counter/Cart/Table/Pole	18	\$989.00	
DIA-35CC7	---	01-Fixed Equipment	New	No	1	\$730.00	
Dialysis Unit	---	Owner	60	Yes	18	\$730.00	\$13,140.00
Supply/Waste Box	---	Contractor	2024-07-17	Wall	18	\$730.00	
DIS-DF524	---	01-Fixed Equipment	New	No	1	\$131.00	
Disposal, Sharps	---	Owner	45	Yes	18	\$131.00	\$2,358.00
Wall Mount	---	Contractor	2024-07-17	Wall	18	\$131.00	
DSP-2609D	---	01-Fixed Equipment	New	No	1	\$120.00	
Dispenser	---	Owner	60	Yes	18	\$120.00	\$2,160.00
Emesis Bag, Wall Mount	---	Contractor	2024-07-17	Wall	18	\$120.00	
DSP-38E68	---	01-Fixed Equipment	New	No	1	\$40.37	
Dispenser	---	Owner	75	Yes	18	\$40.37	\$726.66
Paper Towel, Surface Mount	---	Contractor	2024-07-17	Wall	18	\$40.37	

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
DSP-BF2BD	---	03-Movable Non-Electrical	New	No	1	\$151.00	
Dispenser	---	Owner	60	No	18	\$151.00	\$2,718.00
Otoscope, Specula	---	Owner	2024-07-17	Counter/Cart/Table/Pole	18	\$151.00	
DSP-D719B	---	01-Fixed Equipment	New	No	1	\$14.00	
Dispenser	---	Owner	45	Yes	18	\$14.00	\$252.00
Hand Sanitizer, Wall Mount	---	Contractor	2024-07-17	Wall	18	\$14.00	
DSP-EB20B	---	01-Fixed Equipment	New	No	1	\$54.34	
Dispenser	---	Owner	75	Yes	18	\$54.34	\$978.12
Soap, Wall Mount	---	Contractor	2024-07-17	Wall	18	\$54.34	
FLW-7945F	---	03-Movable Non-Electrical	New	No	2	\$99.00	
Flowmeter	---	Owner	60	No	18	\$198.00	\$3,564.00
Air	---	Owner	2024-07-17	Wall	36	\$198.00	
FLW-AC845	---	03-Movable Non-Electrical	New	No	2	\$110.00	
Flowmeter	---	Owner	60	No	18	\$220.00	\$3,960.00
Oxygen	---	Owner	2024-07-17	Wall	36	\$220.00	
GLV-09D76	---	01-Fixed Equipment	New	No	1	\$75.71	
Dispenser, Glove	---	Owner	45	Yes	18	\$75.71	\$1,362.78
Triple Box	---	Contractor	2024-07-17	Wall	18	\$75.71	
HAM-821BC	---	03-Movable Non-Electrical	New	No	1	\$361.00	
Hamper	---	Owner	45	No	18	\$361.00	\$6,498.00
Linen	---	Owner	2024-07-17	Floor - Mobile	18	\$361.00	
HDW-67121	---	01-Fixed Equipment	New	No	1	\$2,937.00	
Headwall	---	Owner	180	Yes	18	\$2,937.00	\$52,866.00
Rail System, 1 Patient	---	Contractor	2024-07-17	Wall	18	\$2,937.00	
INF-CF2C6	---	02-Movable Electrical	New	No	1	\$5,995.00	
Pump, Infusion	---	Owner	90	No	18	\$5,995.00	\$107,910.00
Dual	---	Owner	2024-07-17	Counter/Cart/Table/Pole	18	\$5,995.00	
IVS-7DC3A	---	02-Movable Electrical	New	No	1	\$3,073.00	
Stand, IV	---	Owner	45	No	18	\$3,073.00	\$55,314.00
Pump Transport System	---	Owner	2024-07-17	Floor - Mobile	18	\$3,073.00	
LOB-EF834	---	01-Fixed Equipment	New	No	1	\$1,411.00	
Light, Overbed	---	Owner	180	Yes	18	\$1,411.00	\$25,398.00
Ceiling Mount	---	Contractor	2024-07-17	Ceiling	18	\$1,411.00	
MON-C5791	---	02-Movable Electrical	New	No	1	\$26,480.00	
Monitor, Physiologic	---	Owner	120	Yes	18	\$26,480.00	\$476,640.00
Bedside, Critical Care	---	Vendor	2024-07-17	Special	18	\$26,480.00	
MTS-967B4	---	03-Movable Non-Electrical	New	No	1	\$4,317.00	
Mattress	---	Owner	105	No	18	\$4,317.00	\$77,706.00
Pressure Reduction, Bed	---	Owner	2024-07-17	Counter/Cart/Table/Pole	18	\$4,317.00	
NRS-878A6	---	01-Fixed Equipment	New	No	1	\$0.00	
Nurse Call	---	Contractor	165	Yes	18	\$0.00	\$0.00
Interface, Bed	---	Contractor	2024-07-17	N/A	18	\$0.00	
OPH-69816	---	01-Fixed Equipment	New	No	1	\$1,185.00	
Oto/Ophthalmoscope Set	---	Owner	45	Yes	18	\$1,185.00	\$21,330.00
Wall Mount	---	Contractor	2024-07-17	Wall	18	\$1,185.00	
PRC-59928	---	03-Movable Non-Electrical	New	No	1	\$1,500.00	
Cart, Procedure	---	Owner	90	No	18	\$1,500.00	\$27,000.00
Critical Care	---	Owner	2024-07-17	Floor - Mobile	18	\$1,500.00	
RAL-FD467	---	01-Fixed Equipment	New	No	1	\$133.00	
Rail System	---	Owner	45	Yes	18	\$133.00	\$2,394.00
Bedside Accessory	---	Contractor	2024-07-17	Wall	18	\$133.00	
RCK-DB167	---	03-Movable Non-Electrical	New	No	1	\$211.00	
Rack	---	Owner	60	No	18	\$211.00	\$3,798.00
Cord Management	---	Owner	2024-07-17	Special	18	\$211.00	

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
REG-31927	---	03-Movable Non-Electrical	New	No	3	\$597.00	
Regulator	---	Owner	45	No	18	\$1,791.00	\$32,238.00
Suction, Intermittent/Continuous	---	Owner	2024-07-17	Wall	54	\$1,791.00	
TEL-67920	---	06-IT Computers	New	No	1	\$46.00	
Telephone	---	Owner	60	Yes	18	\$46.00	\$828.00
Wall	---	Vendor	2024-07-17	Wall	18	\$46.00	
TOB-29AC1	---	03-Movable Non-Electrical	New	No	1	\$1,002.10	
Table, Overbed	---	Owner	45	No	18	\$1,002.10	\$18,037.80
General	---	Owner	2024-07-17	Floor - Mobile	18	\$1,002.10	
TVS-88D6F	---	02-Movable Electrical	New	No	1	\$1,099.00	
Television	---	Owner	60	Yes	18	\$1,099.00	\$19,782.00
46-49 in., Flat Panel	---	Owner	2024-07-17	Special	18	\$1,099.00	
WST-2803F	---	03-Movable Non-Electrical	New	No	1	\$197.00	
Waste Can	---	Owner	30	No	18	\$197.00	\$3,546.00
Step-On	---	Owner	2024-07-17	Floor	18	\$197.00	
WST-34AB3	---	03-Movable Non-Electrical	New	No	1	\$118.44	
Waste Can	---	Owner	30	No	18	\$118.44	\$2,131.92
Bio-Hazardous	---	Owner	2024-07-17	Floor	18	\$118.44	

Project: Maleng Single Patient Room
Room by Room



Building: Maleng
Level: 7th Floor
Architectural Department: Critical Care (ICU/CCU)
Room: Patient Room, Private, Bariatric - ICU / CCU

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
ART-63939	---	05-Furniture	New	No	1	\$199.00	
Artwork	---	Owner	45	Yes	2	\$199.00	\$398.00
Framed	---	Owner	2024-07-17	Wall	2	\$199.00	
BED-98CD6	---	02-Movable Electrical	New	No	1	\$44,876.00	
Bed	---	Owner	120	Yes	2	\$44,876.00	\$89,752.00
Electric, Bariatric	---	Owner	2024-07-17	Floor - Mobile	2	\$44,876.00	
BOM-0D762	---	01-Fixed Equipment	New	No	1	\$17,221.00	
Boom	---	Owner	150	Yes	2	\$17,221.00	\$34,442.00
Equipment, Single Arm, ICU	---	Vendor	2024-07-17	Ceiling	2	\$17,221.00	
BRD-90E5A	---	01-Fixed Equipment	New	No	1	\$899.00	
Board	---	Owner	60	Yes	2	\$899.00	\$1,798.00
Patient Information	---	Contractor	2024-07-17	Wall	2	\$899.00	
BRK-1B42B	---	01-Fixed Equipment	New	No	1	\$860.00	
Bracket	---	Owner	60	Yes	2	\$860.00	\$1,720.00
Monitor & Keyboard, Wall	---	Contractor	2024-07-17	Wall	2	\$860.00	
BRK-6E0CE	---	01-Fixed Equipment	New	No	1	\$191.00	
Bracket	---	Owner	60	Yes	2	\$191.00	\$382.00
Television, Wall, Flat Panel	---	Contractor	2024-07-17	Wall	2	\$191.00	
BRK-C04C8	---	01-Fixed Equipment	New	No	1	\$708.00	
Bracket	---	Owner	60	Yes	2	\$708.00	\$1,416.00
Computer, Laptop, Wall	---	Contractor	2024-07-17	Wall	2	\$708.00	
CBP-5A387	---	05-Furniture	New	No	1	\$1,150.00	
Cabinet, Patient Room	---	Owner	120	No	2	\$1,150.00	\$2,300.00
Bedside	---	Owner	2024-07-17	Floor - Mobile	2	\$1,150.00	
CHR-FEED5	---	05-Furniture	New	No	1	\$3,769.00	
Chair, Interiors	---	Owner	105	No	2	\$3,769.00	\$7,538.00
Sleeper/Convertible	---	Owner	2024-07-17	Floor	2	\$3,769.00	
CLK-C24D1	---	01-Fixed Equipment	New	No	1	\$450.00	
Clock	---	Owner	105	Yes	2	\$450.00	\$900.00
Digital, Synchronized, Wireless	---	Contractor	2024-07-17	Wall	2	\$450.00	
CMP-D9520	---	06-IT Computers	New	No	1	\$989.00	
Computer	---	Owner	75	Yes	2	\$989.00	\$1,978.00
Laptop	---	Owner	2024-07-17	Counter/Cart/Table/Pole	2	\$989.00	
DIA-35CC7	---	01-Fixed Equipment	New	No	1	\$730.00	
Dialysis Unit	---	Owner	60	Yes	2	\$730.00	\$1,460.00
Supply/Waste Box	---	Contractor	2024-07-17	Wall	2	\$730.00	
DIS-DF524	---	01-Fixed Equipment	New	No	1	\$131.00	
Disposal, Sharps	---	Owner	45	Yes	2	\$131.00	\$262.00
Wall Mount	---	Contractor	2024-07-17	Wall	2	\$131.00	
DOP-3BE2C	---	02-Movable Electrical	New	No	1	\$940.00	
Doppler	---	Owner	60	No	2	\$940.00	\$1,880.00
Ultrasonic, Blood Flow	---	Owner	2024-07-17	Counter/Cart/Table/Pole	2	\$940.00	
DSP-2609D	---	01-Fixed Equipment	New	No	1	\$120.00	
Dispenser	---	Owner	60	Yes	2	\$120.00	\$240.00
Emesis Bag, Wall Mount	---	Contractor	2024-07-17	Wall	2	\$120.00	

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
DSP-D719B	---	01-Fixed Equipment	New	No	1	\$14.00	
Dispenser	---	Owner	45	Yes	2	\$14.00	\$28.00
Hand Sanitizer, Wall Mount	---	Contractor	2024-07-17	Wall	2	\$14.00	
FLW-7945F	---	03-Movable Non-Electrical	New	No	2	\$99.00	
Flowmeter	---	Owner	60	No	2	\$198.00	\$396.00
Air	---	Owner	2024-07-17	Wall	4	\$198.00	
FLW-AC845	---	03-Movable Non-Electrical	New	No	2	\$110.00	
Flowmeter	---	Owner	60	No	2	\$220.00	\$440.00
Oxygen	---	Owner	2024-07-17	Wall	4	\$220.00	
GLV-09D76	---	01-Fixed Equipment	New	No	1	\$75.71	
Dispenser, Glove	---	Owner	45	Yes	2	\$75.71	\$151.42
Triple Box	---	Contractor	2024-07-17	Wall	2	\$75.71	
HAM-821BC	---	03-Movable Non-Electrical	New	No	1	\$361.00	
Hamper	---	Owner	45	No	2	\$361.00	\$722.00
Linen	---	Owner	2024-07-17	Floor - Mobile	2	\$361.00	
HDW-67121	---	01-Fixed Equipment	New	No	1	\$2,937.00	
Headwall	---	Owner	180	Yes	2	\$2,937.00	\$5,874.00
Rail System, 1 Patient	---	Contractor	2024-07-17	Wall	2	\$2,937.00	
INF-4152A	---	02-Movable Electrical	New	No	1	\$8,300.00	
Pump, Infusion	---	Owner	90	No	2	\$8,300.00	\$16,600.00
Quad	---	Owner	2024-07-17	Counter/Cart/Table/Pole	2	\$8,300.00	
INF-D73F8	---	02-Movable Electrical	New	No	1	\$4,495.00	
Pump, Infusion	---	Owner	90	No	2	\$4,495.00	\$8,990.00
Syringe	---	Owner	2024-07-17	Counter/Cart/Table/Pole	2	\$4,495.00	
IVS-7DC3A	---	02-Movable Electrical	New	No	1	\$3,073.00	
Stand, IV	---	Owner	45	No	2	\$3,073.00	\$6,146.00
Pump Transport System	---	Owner	2024-07-17	Floor - Mobile	2	\$3,073.00	
LFT-73484	---	01-Fixed Equipment	New	No	1	\$16,596.00	
Lift, Patient	---	Owner	150	Yes	2	\$16,596.00	\$33,192.00
Ceiling, 1-Bed, Bariatric	---	Contractor	2024-07-17	Ceiling	2	\$16,596.00	
LOB-EF834	---	01-Fixed Equipment	New	No	1	\$1,411.00	
Light, Overbed	---	Owner	180	Yes	2	\$1,411.00	\$2,822.00
Ceiling Mount	---	Contractor	2024-07-17	Ceiling	2	\$1,411.00	
LOC-B5BDF	---	01-Fixed Equipment	New	No	1	\$0.00	
Locator, Bed	---	Owner	180	Yes	2	\$0.00	\$0.00
Wall	---	Contractor	2024-07-17	Wall	2	\$0.00	
MON-C5791	---	02-Movable Electrical	New	No	1	\$26,480.00	
Monitor, Physiologic	---	Owner	120	Yes	2	\$26,480.00	\$52,960.00
Bedside, Critical Care	---	Vendor	2024-07-17	Special	2	\$26,480.00	
MTS-967B4	---	03-Movable Non-Electrical	New	No	1	\$4,317.00	
Mattress	---	Owner	105	No	2	\$4,317.00	\$8,634.00
Pressure Reduction, Bed	---	Owner	2024-07-17	Counter/Cart/Table/Pole	2	\$4,317.00	
NRS-878A6	---	01-Fixed Equipment	New	No	1	\$0.00	
Nurse Call	---	Contractor	165	Yes	2	\$0.00	\$0.00
Interface, Bed	---	Contractor	2024-07-17	N/A	2	\$0.00	
RAL-FD467	---	01-Fixed Equipment	New	No	1	\$133.00	
Rail System	---	Owner	45	Yes	2	\$133.00	\$266.00
Bedside Accessory	---	Contractor	2024-07-17	Wall	2	\$133.00	
RCK-DB167	---	03-Movable Non-Electrical	New	No	1	\$211.00	
Rack	---	Owner	60	No	2	\$211.00	\$422.00
Cord Management	---	Owner	2024-07-17	Special	2	\$211.00	
REG-31927	---	03-Movable Non-Electrical	New	No	3	\$597.00	
Regulator	---	Owner	45	No	2	\$1,791.00	\$3,582.00
Suction, Intermittent/Continuous	---	Owner	2024-07-17	Wall	6	\$1,791.00	

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
SPH-41A39	---	03-Movable Non-Electrical	New	No	1	\$470.00	
Sphygmomanometer	---	Owner	30	No	2	\$470.00	\$940.00
Aneroid, Mobile	---	Owner	2024-07-17	Floor - Mobile	2	\$470.00	
STL-98B01	---	03-Movable Non-Electrical	New	No	1	\$84.00	
Stool	---	Owner	45	No	2	\$84.00	\$168.00
Step, Bariatric	---	Owner	2024-07-17	Floor	2	\$84.00	
STR-7625B	---	03-Movable Non-Electrical	New	No	1	\$10,898.00	
Stretcher	---	Owner	90	No	2	\$10,898.00	\$21,796.00
Bariatric, Chair	---	Owner	2024-07-17	Floor - Mobile	2	\$10,898.00	
TEL-67920	---	06-IT Computers	New	No	1	\$46.00	
Telephone	---	Owner	60	Yes	2	\$46.00	\$92.00
Wall	---	Vendor	2024-07-17	Wall	2	\$46.00	
THM-501F0	---	01-Fixed Equipment	New	No	1	\$520.00	
Thermometer	---	Owner	30	Yes	2	\$520.00	\$1,040.00
Digital, Wall Mount	---	Contractor	2024-07-17	Wall	2	\$520.00	
TOB-29AC1	---	03-Movable Non-Electrical	New	No	1	\$1,002.10	
Table, Overbed	---	Owner	45	No	2	\$1,002.10	\$2,004.20
General	---	Owner	2024-07-17	Floor - Mobile	2	\$1,002.10	
TVS-88D6F	---	02-Movable Electrical	New	No	1	\$1,099.00	
Television	---	Owner	60	Yes	2	\$1,099.00	\$2,198.00
46-49 in., Flat Panel	---	Owner	2024-07-17	Special	2	\$1,099.00	
UTC-8C3DE	---	03-Movable Non-Electrical	New	No	1	\$347.00	
Cart, Utility	---	Owner	90	No	2	\$347.00	\$694.00
Stainless	---	Owner	2024-07-17	Floor - Mobile	2	\$347.00	
WST-2803F	---	03-Movable Non-Electrical	New	No	1	\$197.00	
Waste Can	---	Owner	30	No	2	\$197.00	\$394.00
Step-On	---	Owner	2024-07-17	Floor	2	\$197.00	
WST-34AB3	---	03-Movable Non-Electrical	New	No	1	\$118.44	
Waste Can	---	Owner	30	No	2	\$118.44	\$236.88
Bio-Hazardous	---	Owner	2024-07-17	Floor	2	\$118.44	

Project: Maleng Single Patient Room
Room by Room



Building: Maleng
Level: 7th Floor
Architectural Department: Critical Care (ICU/CCU)
Room: Storage, Equipment - ICU

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
BRK-E3295	---	01-Fixed Equipment	New	No	1	\$240.00	
Bracket	---	Owner	60	Yes	1	\$240.00	\$240.00
Patient Evacuation Device	---	Contractor	2024-07-17	Wall	1	\$240.00	
CLK-52ECF	---	01-Fixed Equipment	New	No	1	\$210.00	
Clock	---	Owner	14	Yes	1	\$210.00	\$210.00
Analog, Wall	---	Owner	2024-07-17	Wall	1	\$210.00	
DIA-66CDD	---	02-Movable Electrical	New	No	1	\$0.00	
Dialysis Unit	---	Owner	90	No	1	\$0.00	\$0.00
Peritoneal	---	Owner	2024-07-17	Counter/Cart/Table/Pole	1	\$0.00	
DSF-E2AFC	---	02-Movable Electrical	New	No	1	\$131,250.00	
Disinfecter	---	Owner	60	No	1	\$131,250.00	\$131,250.00
Room, Ultraviolet, Mobile	---	Owner	2024-07-17	Floor - Mobile	1	\$131,250.00	
EVD-52F41	---	03-Movable Non-Electrical	New	No	1	\$1,395.00	
Evacuation Device	---	Owner	30	Yes	1	\$1,395.00	\$1,395.00
Adult	---	Owner	2024-07-17	Floor - Mobile	1	\$1,395.00	
HYP-D35DF	---	02-Movable Electrical	New	No	1	\$6,099.00	
Hypo-Hyperthermia Unit	---	Owner	75	Yes	1	\$6,099.00	\$6,099.00
General	---	Owner	2024-07-17	Floor - Mobile	1	\$6,099.00	
IMS-03A9E	---	02-Movable Electrical	New	No	1	\$29,900.00	
Imaging System	---	Owner	180	No	1	\$29,900.00	\$29,900.00
Vascular	---	Owner	2024-07-17	Floor - Mobile	1	\$29,900.00	
INF-75B9E	---	02-Movable Electrical	New	No	1	\$4,500.00	
Pump, Infusion	---	Owner	90	No	1	\$4,500.00	\$4,500.00
Single	---	Owner	2024-07-17	Counter/Cart/Table/Pole	1	\$4,500.00	
IVS-09748	---	03-Movable Non-Electrical	New	No	1	\$496.00	
Stand, IV	---	Owner	45	No	1	\$496.00	\$496.00
Stainless Steel	---	Owner	2024-07-17	Floor - Mobile	1	\$496.00	
LCR-39DEE	---	02-Movable Electrical	New	No	1	\$5,700.00	
Locator	---	Owner	60	No	1	\$5,700.00	\$5,700.00
Vein	---	Owner	2024-07-17	Floor - Mobile	1	\$5,700.00	
LFT-329EC	---	02-Movable Electrical	New	No	1	\$9,366.00	
Lift, Patient	---	Owner	60	No	1	\$9,366.00	\$9,366.00
Battery Powered	---	Owner	2024-07-17	Floor - Mobile	1	\$9,366.00	
LIG-3D203	---	02-Movable Electrical	New	No	1	\$458.00	
Light, Exam/Procedure	---	Owner	75	No	1	\$458.00	\$458.00
Single, Mobile, Gooseneck Arm	---	Owner	2024-07-17	Floor - Mobile	1	\$458.00	
MON-2F9DB	---	02-Movable Electrical	New	No	1	\$36,095.00	
Monitor, Physiologic	---	Owner	120	Yes	1	\$36,095.00	\$36,095.00
Perfusion (CBF)	---	Owner	2024-07-17	Counter/Cart/Table/Pole	1	\$36,095.00	
PCE-B6356	---	02-Movable Electrical	New	No	4	\$5,900.00	
Pacemaker	---	Owner	30	No	1	\$23,600.00	\$23,600.00
External	---	Owner	2024-07-17	Counter/Cart/Table/Pole	4	\$23,600.00	
PMP-82496	---	02-Movable Electrical	New	No	1	\$1,104.00	
Pump	---	Owner	45	No	1	\$1,104.00	\$1,104.00
Enteral	---	Owner	2024-07-17	Counter/Cart/Table/Pole	1	\$1,104.00	

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
SCL-0D534	---	03-Movable Non-Electrical	New	No	1	\$3,695.00	
Scale, Clinical	---	Owner	45	No	1	\$3,695.00	\$3,695.00
Adult, Sling	---	Owner	2024-07-17	Floor - Mobile	1	\$3,695.00	
SHL-BA516	---	03-Movable Non-Electrical	New	No	1	\$622.00	
Shelving	---	Owner	90	No	1	\$622.00	\$622.00
Wire, Chrome, 48 inch	---	Owner	2024-07-17	Floor	1	\$622.00	
STR-F27A9	---	03-Movable Non-Electrical	New	No	1	\$2,400.00	
Stretcher	---	Owner	90	No	1	\$2,400.00	\$2,400.00
Transport	---	Owner	2024-07-17	Floor - Mobile	1	\$2,400.00	
UTC-8C3DE	---	03-Movable Non-Electrical	New	No	1	\$347.00	
Cart, Utility	---	Owner	90	No	1	\$347.00	\$347.00
Stainless	---	Owner	2024-07-17	Floor - Mobile	1	\$347.00	
WCR-A4C79	---	03-Movable Non-Electrical	New	No	2	\$950.00	
Wheelchair	---	Owner	45	No	1	\$1,900.00	\$1,900.00
Adult, Bariatric	---	Owner	2024-07-17	Floor - Mobile	2	\$1,900.00	

Project: Maleng Single Patient Room
Room by Room



Building: Maleng
Level: 7th Floor
Architectural Department: Critical Care (ICU/CCU)
Room: Supply, Clean - ICU

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
DSP-D719B	---	01-Fixed Equipment	New	No	1	\$14.00	
Dispenser	---	Owner	45	Yes	2	\$14.00	\$28.00
Hand Sanitizer, Wall Mount	---	Contractor	2024-07-17	Wall	2	\$14.00	
GLV-09D76	---	01-Fixed Equipment	New	No	1	\$75.71	
Dispenser, Glove	---	Owner	45	Yes	2	\$75.71	\$151.42
Triple Box	---	Contractor	2024-07-17	Wall	2	\$75.71	
NRS-8BF64	---	01-Fixed Equipment	New	No	1	\$0.00	
Nurse Call	---	Contractor	165	Yes	2	\$0.00	\$0.00
Staff Station	---	Contractor	2024-07-17	N/A	2	\$0.00	
SCL-F60D8	---	02-Movable Electrical	New	No	1	\$617.00	
Scale, Clinical	---	Owner	45	No	2	\$617.00	\$1,234.00
Adult, Digital, Floor	---	Owner	2024-07-17	Floor	2	\$617.00	
SHL-1A51B	---	01-Fixed Equipment	New	No	3	\$41.37	
Shelving	---	Owner	90	Yes	2	\$124.11	\$248.22
Bins, Wall	---	Contractor	2024-07-17	Wall	6	\$124.11	
SHL-638C5	---	03-Movable Non-Electrical	New	No	1	\$834.00	
Shelving	---	Owner	90	No	2	\$834.00	\$1,668.00
Wire, Chrome, 60 inch	---	Owner	2024-07-17	Floor	2	\$834.00	
TEL-67920	---	06-IT Computers	New	No	1	\$46.00	
Telephone	---	Owner	60	Yes	2	\$46.00	\$92.00
Wall	---	Vendor	2024-07-17	Wall	2	\$46.00	
UTC-7C96E	---	03-Movable Non-Electrical	New	No	1	\$677.00	
Cart, Utility	---	Owner	90	No	2	\$677.00	\$1,354.00
Wire, Basket	---	Owner	2024-07-17	Floor - Mobile	2	\$677.00	
WST-2803F	---	03-Movable Non-Electrical	New	No	1	\$197.00	
Waste Can	---	Owner	30	No	2	\$197.00	\$394.00
Step-On	---	Owner	2024-07-17	Floor	2	\$197.00	

Project: Maleng Single Patient Room
Room by Room



Building: Maleng
Level: 7th Floor
Architectural Department: Critical Care (ICU/CCU)
Room: Toilet, Patient - ICU / CCU

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
BAR-9A835	---	01-Fixed Equipment	New	No	1	\$49.00	
Bar	---	Owner	60	Yes	20	\$49.00	\$980.00
Grab, Toilet/Shower	---	Contractor	2024-07-17	Wall	20	\$49.00	
CWK-11CEC	---	01-Fixed Equipment	New	No	1	\$5,035.00	
Casework	---	Owner	120	Yes	20	\$5,035.00	\$100,700.00
Cabinet, Base w/Sink	---	Contractor	2024-07-17	Floor	20	\$5,035.00	
DOZ-C530F	---	01-Fixed Equipment	New	No	1	\$71.00	
Deodorizer	---	Owner	45	Yes	20	\$71.00	\$1,420.00
Air, Wall Mount	---	Owner	2024-07-17	Wall	20	\$71.00	
DSP-13961	---	01-Fixed Equipment	New	No	1	\$18.46	
Dispenser	---	Owner	75	Yes	20	\$18.46	\$369.20
Toilet Paper, Surface Mount	---	Contractor	2024-07-17	Wall	20	\$18.46	
DSP-38E68	---	01-Fixed Equipment	New	No	1	\$40.37	
Dispenser	---	Owner	75	Yes	20	\$40.37	\$807.40
Paper Towel, Surface Mount	---	Contractor	2024-07-17	Wall	20	\$40.37	
DSP-EB20B	---	01-Fixed Equipment	New	No	1	\$54.34	
Dispenser	---	Owner	75	Yes	20	\$54.34	\$1,086.80
Soap, Wall Mount	---	Contractor	2024-07-17	Wall	20	\$54.34	
MIR-6A60F	---	01-Fixed Equipment	New	No	1	\$62.45	
Mirror	---	Contractor	60	Yes	20	\$62.45	\$1,249.00
Vanity	---	Contractor	2024-07-17	Wall	20	\$62.45	
NRS-777A7	---	01-Fixed Equipment	New	No	1	\$0.00	
Nurse Call	---	Contractor	165	Yes	20	\$0.00	\$0.00
Toilet Station	---	Contractor	2024-07-17	N/A	20	\$0.00	
WST-E66F3	---	03-Movable Non-Electrical	New	No	1	\$229.00	
Waste Can	---	Owner	30	No	20	\$229.00	\$4,580.00
Swing Top	---	Owner	2024-07-17	Floor	20	\$229.00	

Project: Maleng Single Patient Room
Room by Room



Building: Maleng
Level: 7th Floor
Architectural Department: Critical Care (ICU/CCU)
Room: Toilet, Public

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
BAR-9A835	---	01-Fixed Equipment	New	No	1	\$49.00	
Bar	---	Owner	60	Yes	1	\$49.00	\$49.00
Grab, Toilet/Shower	---	Contractor	2024-07-17	Wall	1	\$49.00	
CWK-11CEC	---	01-Fixed Equipment	New	No	1	\$5,035.00	
Casework	---	Owner	120	Yes	1	\$5,035.00	\$5,035.00
Cabinet, Base w/Sink	---	Contractor	2024-07-17	Floor	1	\$5,035.00	
DOZ-C530F	---	01-Fixed Equipment	New	No	1	\$71.00	
Deodorizer	---	Owner	45	Yes	1	\$71.00	\$71.00
Air, Wall Mount	---	Owner	2024-07-17	Wall	1	\$71.00	
DPL-22DDE	---	01-Fixed Equipment	New	No	1	\$40.00	
Disposal	---	Owner	75	Yes	1	\$40.00	\$40.00
Sanitary Napkin, Surface Mount	---	Contractor	2024-07-17	Wall	1	\$40.00	
DRY-37429	---	01-Fixed Equipment	New	No	1	\$1,599.00	
Dryer	---	Owner	60	Yes	1	\$1,599.00	\$1,599.00
Hand, Wall Mount	---	Contractor	2024-07-17	Wall	1	\$1,599.00	
DSP-13525	---	01-Fixed Equipment	New	No	1	\$1,594.00	
Dispenser	---	Owner	75	Yes	1	\$1,594.00	\$1,594.00
Paper Towel, with Trash Receptacle	---	Contractor	2024-07-17	Wall	1	\$1,594.00	
DSP-13961	---	01-Fixed Equipment	New	No	3	\$18.46	
Dispenser	---	Owner	75	Yes	1	\$55.38	\$55.38
Toilet Paper, Surface Mount	---	Contractor	2024-07-17	Wall	3	\$55.38	
DSP-2848E	---	01-Fixed Equipment	New	No	1	\$686.00	
Dispenser	---	Owner	75	Yes	1	\$686.00	\$686.00
Sanitary Napkin	---	Contractor	2024-07-17	Wall	1	\$686.00	
DSP-4572C	---	01-Fixed Equipment	New	No	1	\$26.22	
Dispenser	---	Owner	75	Yes	1	\$26.22	\$26.22
Toilet Seat Cover	---	Contractor	2024-07-17	Wall	1	\$26.22	
DSP-EB20B	---	01-Fixed Equipment	New	No	1	\$54.34	
Dispenser	---	Owner	75	Yes	1	\$54.34	\$54.34
Soap, Wall Mount	---	Contractor	2024-07-17	Wall	1	\$54.34	
MIR-6A60F	---	01-Fixed Equipment	New	No	1	\$62.45	
Mirror	---	Contractor	60	Yes	1	\$62.45	\$62.45
Vanity	---	Contractor	2024-07-17	Wall	1	\$62.45	
NRS-91E2C	---	01-Fixed Equipment	New	No	1	\$0.00	
Nurse Call	---	Contractor	165	Yes	1	\$0.00	\$0.00
Pull, Emergency	---	Contractor	2024-07-17	N/A	1	\$0.00	
TNF-F8ABA	---	01-Fixed Equipment	New	No	1	\$411.00	
Table, Changing	---	Owner	60	Yes	1	\$411.00	\$411.00
Infant, Wall Mount	---	Contractor	2024-07-17	Wall	1	\$411.00	

Project: Maleng Single Patient Room
Room by Room



Building: Maleng
Level: 7th Floor
Architectural Department: Critical Care (ICU/CCU)
Room: Toilet, Staff

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
CWK-11CEC	---	01-Fixed Equipment	New	No	1	\$5,035.00	
Casework	---	Owner	120	Yes	2	\$5,035.00	\$10,070.00
Cabinet, Base w/Sink	---	Contractor	2024-07-17	Floor	2	\$5,035.00	
DOZ-C530F	---	01-Fixed Equipment	New	No	1	\$71.00	
Deodorizer	---	Owner	45	Yes	2	\$71.00	\$142.00
Air, Wall Mount	---	Owner	2024-07-17	Wall	2	\$71.00	
DPL-22DDE	---	01-Fixed Equipment	New	No	1	\$40.00	
Disposal	---	Owner	75	Yes	2	\$40.00	\$80.00
Sanitary Napkin, Surface Mount	---	Contractor	2024-07-17	Wall	2	\$40.00	
DRY-37429	---	01-Fixed Equipment	New	No	1	\$1,599.00	
Dryer	---	Owner	60	Yes	2	\$1,599.00	\$3,198.00
Hand, Wall Mount	---	Contractor	2024-07-17	Wall	2	\$1,599.00	
DSP-13525	---	01-Fixed Equipment	New	No	1	\$1,594.00	
Dispenser	---	Owner	75	Yes	2	\$1,594.00	\$3,188.00
Paper Towel, with Trash Receptacle	---	Contractor	2024-07-17	Wall	2	\$1,594.00	
DSP-13961	---	01-Fixed Equipment	New	No	1	\$18.46	
Dispenser	---	Owner	75	Yes	2	\$18.46	\$36.92
Toilet Paper, Surface Mount	---	Contractor	2024-07-17	Wall	2	\$18.46	
DSP-EB20B	---	01-Fixed Equipment	New	No	1	\$54.34	
Dispenser	---	Owner	75	Yes	2	\$54.34	\$108.68
Soap, Wall Mount	---	Contractor	2024-07-17	Wall	2	\$54.34	
MIR-6A60F	---	01-Fixed Equipment	New	No	1	\$62.45	
Mirror	---	Contractor	60	Yes	2	\$62.45	\$124.90
Vanity	---	Contractor	2024-07-17	Wall	2	\$62.45	

Project: Maleng Single Patient Room
Room by Room



Building: Maleng
Level: 7th Floor
Architectural Department: Critical Care (ICU/CCU)
Room: Utility, Soiled

Atta3 ID Category Subcategory	Manufacturer Model Vendor	Item Architectural Code Item Furnish Responsibility Item Install Responsibility	Status Lead Time Need By	Item Critical Path Item Architecturally Significant Mounting	Item Quantity Room Quantity Extended Item Quantity	Unit Price Subtotal Total	Extended Total
CTK-B3C6E	---	03-Movable Non-Electrical	New	No	2	\$674.00	
Cart / Truck	---	Owner	90	No	2	\$1,348.00	\$2,696.00
Soiled Utility	---	Owner	2024-07-17	Floor - Mobile	4	\$1,348.00	
DSP-38E68	---	01-Fixed Equipment	New	No	1	\$40.37	
Dispenser	---	Owner	75	Yes	2	\$40.37	\$80.74
Paper Towel, Surface Mount	---	Contractor	2024-07-17	Wall	2	\$40.37	
DSP-D719B	---	01-Fixed Equipment	New	No	1	\$14.00	
Dispenser	---	Owner	45	Yes	2	\$14.00	\$28.00
Hand Sanitizer, Wall Mount	---	Contractor	2024-07-17	Wall	2	\$14.00	
DSP-EB20B	---	01-Fixed Equipment	New	No	1	\$54.34	
Dispenser	---	Owner	75	Yes	2	\$54.34	\$108.68
Soap, Wall Mount	---	Contractor	2024-07-17	Wall	2	\$54.34	
GLV-09D76	---	01-Fixed Equipment	New	No	1	\$75.71	
Dispenser, Glove	---	Owner	45	Yes	2	\$75.71	\$151.42
Triple Box	---	Contractor	2024-07-17	Wall	2	\$75.71	
HAM-821BC	---	03-Movable Non-Electrical	New	No	1	\$361.00	
Hamper	---	Owner	45	No	2	\$361.00	\$722.00
Linen	---	Owner	2024-07-17	Floor - Mobile	2	\$361.00	
SHL-638C5	---	03-Movable Non-Electrical	New	No	1	\$834.00	
Shelving	---	Owner	90	No	2	\$834.00	\$1,668.00
Wire, Chrome, 60 inch	---	Owner	2024-07-17	Floor	2	\$834.00	
SNK-EBE38	---	01-Fixed Equipment	New	No	1	\$4,428.00	
Sink	---	Owner	60	Yes	2	\$4,428.00	\$8,856.00
Utility, 1-Compartment	---	Contractor	2024-07-17	Floor	2	\$4,428.00	
WST-23374	---	03-Movable Non-Electrical	New	No	1	\$59.50	
Waste Can	---	Owner	30	No	2	\$59.50	\$119.00
32-40 Gallon	---	Owner	2024-07-17	Floor	2	\$59.50	
WST-60254	---	03-Movable Non-Electrical	New	No	1	\$243.88	
Waste Can	---	Owner	30	No	2	\$243.88	\$487.76
Bio-Hazardous, Roll-Out	---	Owner	2024-07-17	Floor - Mobile	2	\$243.88	

Exhibit 11
Financing Letter

March 24, 2022

Eric Hernandez
Certificate of Need Program
Department of Health
P.O. Box 47852
Olympia, WA 98504-7852
Via email: FSLCON@DOH.WA.GOV; eric.hernandez@doh.wa.gov

Dear Mr. Hernandez:

On behalf of Harborview Medical Center, I am writing to confirm our commitment to use existing reserves to fund the estimated \$93,750,000 total project cost associated with the addition of acute beds to the hospital.

Included with the application are audited FY 2021 financial statements demonstrating that unrestricted current assets (cash and cash equivalents) well beyond those required for this project are available.

Please do not hesitate to contact me if you have any questions or require additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Sommer Kleweno-Walley", written over a horizontal line.

Sommer Kleweno-Walley, MHA, MA
Chief Executive Officer
Harborview Medical Center

Appendix 1
Management Services Agreement

HOSPITAL SERVICES AGREEMENT

Between

**King County by and through its Executive and its Board of
Trustees for Harborview Medical Center**

and

The Regents of the University of Washington

1.	DEFINITIONS.....	3
1.1	Admissions Policy	3
1.2	Agreement.....	3
1.3	Applicable Law	3
1.4	Board.....	3
1.5	Board Bylaws.....	3
1.6	Board President.....	3
1.7	Capital Improvement Plan or CIP	3
1.8	Capital Planning Oversight Committee	3
1.9	Centers of Emphasis	3
1.10	Centers of Excellence	3
1.11	Clinical Services	4
1.12	Contract Year	4
1.13	Core Clinical Services.....	4
1.14	County.....	4
1.15	County Council	4
1.16	County Executive.....	4
1.17	County Representative	4
1.18	Effective Date	4
1.19	Executive Director	4
1.20	Exhibits	4
1.21	Faculty.....	4
1.22	The Joint Commission	4
1.23	KCC	4

1.24	Management Services	5
1.25	Medical Center.....	5
1.26	Medical Center Expenses.....	5
1.27	Medical Center Policies	5
1.28	Medical Director	5
1.29	Medical Executive Board.....	5
1.30	Medical Record.....	5
1.31	Medical Staff.....	5
1.32	Medical Staff Bylaws.....	5
1.33	Mission Population	5
1.34	Mission Statement or Mission	5
1.35	Non-Core Clinical Services	6
1.36	Party or Parties	6
1.37	Prior Agreement.....	6
1.38	RCW	6
1.39	Regents.....	6
1.40	Research.....	6
1.41	Residents	6
1.42	School of Medicine or SoM	6
1.43	Special Representative	6
1.44	The Standard	6
1.45	Trainee	7
1.46	Training Program or Teaching.....	7
1.47	University.....	7

1.48	University Employees	7
1.49	University Personnel	7
1.50	University Representative	7
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HOSPITAL SERVICES AGREEMENT

THIS HOSPITAL SERVICES AGREEMENT (this “Agreement”) is between KING COUNTY by and through its Executive and its BOARD OF TRUSTEES of the HARBORVIEW MEDICAL CENTER (the “Board”) and THE REGENTS OF THE UNIVERSITY OF WASHINGTON.

RECITALS

WHEREAS, King County, Washington is a home rule charter county established under the laws of the State of Washington;

WHEREAS, King County owns Harborview Medical Center (“Medical Center”);

WHEREAS, the Board has supervision and oversight duties as defined in RCW chapter 36.62 and KCC chapter 2.42;

WHEREAS, the Board, as representative authority of King County, is responsible for overseeing the provision of healthcare services to ensure access to high quality healthcare for all County residents, including the Mission Population;

WHEREAS, the Regents were established as the governing board of the University of Washington (“University”) pursuant to RCW chapter 28B.20 and delegated certain authority for the operation of the University to the President of the University and the President’s designees, including the UW Medicine CEO and UW Medicine CHSO/VPMA;

WHEREAS, the University, through its School of Medicine, educates medical students, trains physicians, conducts medical research and otherwise engages in efforts to improve health and provide clinical care for sick and injured individuals;

WHEREAS, the management and operation of the Medical Center is important to the University because the Medical Center is a major teaching hospital with other substantial facilities on a well-located campus;

WHEREAS, the University, through UW Medicine, currently provides management and clinical services to the Medical Center, as memorialized in the Prior Agreement, which the Parties now desire to replace with this Agreement;

WHEREAS, the mission of UW Medicine is to improve the health of the public by advancing medical knowledge, providing outstanding primary and specialty care to the people of the region, and preparing tomorrow’s physicians, scientists and other health professionals;

WHEREAS, King County's mission is both to provide clinical healthcare services to the Mission Population and to improve the health and well-being of the entire community;

WHEREAS, the Mission of the Medical Center is set forth in Exhibit 2;

WHEREAS, access to preventive, primary, secondary, tertiary and quaternary care services and other essential services is fundamental to the ability to effectively improve the health of the Mission Population;

WHEREAS, the Medical Center is an asset of King County and King County has the authority to raise capital to build and maintain the Medical Center;

WHEREAS, the Parties believe the Medical Center's personnel are its greatest asset;

WHEREAS, the Board supports UW Medicine's goal for the Medical Center to be one of its employment locations of choice to which it can recruit and retain a competent, professional workforce focused on serving patients, their families and the community;

WHEREAS, the Parties seek to ensure that the Medical Center remains financially viable and continues to be accredited as a high quality major teaching hospital; and

WHEREAS, the Parties are committed to creating a collaborative environment in which there is effective communication and transparency between the Parties with respect to financial and operational activities and accountability of the Parties for fulfillment of their obligations under this Agreement.

NOW, THEREFORE, for and in consideration of the mutual benefits hereunder and other good and valuable consideration, the Parties agree as follows:

1. DEFINITIONS

Defined terms are capitalized and have the meaning given to them by the text below:

- 1.1 **Admissions Policy.** The policy attached to this Agreement as Exhibit 6.
- 1.2 **Agreement.** Pursuant to RCW 36.62.290 this Hospital Services Agreement provides for (i) Management Services under the direction of the Executive Director, (ii) the rendering of Clinical Services and (iii) the conduct of Teaching and Research activities.
- 1.3 **Applicable Law.** Those federal, state, county, and municipal laws, ordinances, regulations and orders of any governmental body or instrumentality applicable to the Parties.
- 1.4 **Board.** The Board of Trustees, Harborview Medical Center.
- 1.5 **Board Bylaws.** The bylaws of the Board.
- 1.6 **Board President.** President of the Board.
- 1.7 **Capital Improvement Plan or CIP.** The County Council approved six-year long range capital improvement plan for the Medical Center.
- 1.8 **Capital Planning Oversight Committee.** A committee comprised of an equal number of members appointed by each of the County, Board and UW Medicine charged with reviewing and advising the Board regarding the University's annual CIP budget for the Medical Center. Decisions of the Capital Planning Oversight Committee (CPOC) must be by unanimous vote of all members.
- 1.9 **Centers of Emphasis.** Centers of Emphasis are specialized clinical programs selected by the Board and UW Medicine for dedicated resources to meet a particular medical service need for patients. Centers of Emphasis also may be Centers of Excellence.
- 1.10 **Centers of Excellence.** Centers of Excellence are specialized clinical programs that external parties, such as private and government payers, deem excellent because the programs meet the payer's specific standards for delivery of care, cost effectiveness and improved health outcomes.

- 1.11 Clinical Services.** Core Clinical Services and Non-Core Clinical Services.
- 1.12 Contract Year.** The entire year, or portion of any year, in which this Agreement is in effect.
- 1.13 Core Clinical Services.** Those Clinical Services referred to in Section 3.2.1 (Core Clinical Services) and listed in Exhibit 3.
- 1.14 County.** King County, a home rule charter county under the laws of the State of Washington, and when used in this Agreement, inclusive of the Board except where explicitly noted.
- 1.15 County Council.** Metropolitan King County Council.
- 1.16 County Executive.** Metropolitan King County Executive.
- 1.17 County Representative.** The individual designated by the County in accordance with Section 6.6 (Representatives) to provide general oversight of University activities under this Agreement.
- 1.18 Effective Date.** The Effective Date of this Agreement shall be the last date signed by an authorized Party representative.
- 1.19 Executive Director.** The Executive Director functions as the chief administrative officer for the Medical Center, to whom the Board delegates the powers and duties set forth in this Agreement.
- 1.20 Exhibits.** The following exhibits are incorporated into this Agreement by reference:
- Exhibit 1: Medical Center Facilities
 - Exhibit 2: Mission Statement
 - Exhibit 3: Core Clinical Services
 - Exhibit 4: Medical Center Identity
 - Exhibit 5: Line Items for Budget
 - Exhibit 6: Medical Center Admissions Policy
- 1.21 Faculty.** University Personnel holding academic appointments at the University of Washington.
- 1.22 The Joint Commission.** The Joint Commission or any successor body or other body that is a nationally recognized accrediting body for hospital or healthcare facilities used to accredit the Medical Center.
- 1.23 KCC.** King County Code.

- 1.24 **Management Services.** All Management Services necessary and appropriate for the efficient operation of the Medical Center.
- 1.25 **Medical Center.** Harborview Medical Center, which encompasses those facilities and properties set forth in Exhibit 1 and as described therein.
- 1.26 **Medical Center Expenses.** All necessary Medical Center operating expenses incurred in the performance of the Management and Clinical Services or in the course of fulfilling the University's other obligations under this Agreement, as set forth in Section 7.2.1 (Necessary Medical Center Expenses).
- 1.27 **Medical Center Policies.** The policies, procedures and rules governing the operation of the Medical Center, as approved by the Board.
- 1.28 **Medical Director.** The chief medical officer of the Medical Center.
- 1.29 **Medical Executive Board.** The Medical Executive Board established pursuant to the Medical Center's Medical Staff Bylaws to serve as the Board's executive committee of the Medical Staff.
- 1.30 **Medical Record.** Collectively and individually, any record (paper or electronic) compiled by physicians and other healthcare professionals and maintained and retained by the Medical Center, in accordance with Applicable Law, which includes, but is not limited to, a patient's medical history, present illnesses, findings on examination, details of treatment, any part of notes on progress, and description of services rendered.
- 1.31 **Medical Staff.** The Medical Staff of the Medical Center as approved by the Board.
- 1.32 **Medical Staff Bylaws.** The Bylaws of the Medical Staff of the Medical Center.
- 1.33 **Mission Population.** The populations described in the County Code, as may be amended, and in the Mission Statement, as set forth in Exhibit 2.
- 1.34 **Mission Statement or Mission.** The mission statement of the Medical Center, as set forth in Exhibit 2, or as hereafter amended by the County Council.

- 1.35 Non-Core Clinical Services.** Clinical Services that are not Core Clinical Services.
- 1.36 Party or Parties.** The County or Regents, or both.
- 1.37 Prior Agreement.** Management and Operations Contract, dated December 19, 1995.
- 1.38 RCW.** Revised Code of Washington.
- 1.39 Regents.** The Board of Regents of the University of Washington.
- 1.40 Research.** The systematic investigation or study including research, development, testing and evaluation, designed to develop or contribute to knowledge relating to physical or mental health.
- 1.41 Residents.** Physicians and dentists who are employed by the University, enrolled in University residency and/or fellowship Training Programs and assigned to the Medical Center by the University for at least part of their training.
- 1.42 School of Medicine or SoM.** The University of Washington School of Medicine.
- 1.43 Special Representative.** An additional individual occasionally designated by the County in accordance with Section 6.6 (Representatives).
- 1.44 The Standard.** “The Standard” means after the Effective Date, a change in Applicable Law that imposes an obligation on the County to pay for Clinical Services provided to Mission Population individuals. When The Standard applies, and the County receives funding from the state or federal government to fulfill this new mandate of providing such Clinical Services, the County shall reimburse UW Medicine for professional and/or hospital Clinical Services at the then-current Medicaid rate or the amount the County receives from the state or federal government, whichever is greater. When The Standard applies and the County does not receive such funding from the state or federal government, the County shall reimburse UW Medicine at then-current Medicaid rates. The Medicaid rate payable by the County under The Standard shall exclude adjustments or payments made by the State Medicaid program for indirect medical education, disproportionate share hospital payments and other supplemental payments.

- 1.45 Trainee.** An individual participating in a Training or Teaching Program at Medical Center. Such individuals include students in the School of Medicine and other University health science schools, as well as individuals participating in training or teaching programs pursuant to an agreement between the University and another entity's training or teaching program.
- 1.46 Training Program or Teaching Program.** Accredited residency or other medical education programs, or independent health profession or technician training programs sponsored by the University, which includes training and teaching occurring at the Medical Center.
- 1.47 University.** University of Washington, a State of Washington institution of higher education.
- 1.48 University Employees.** University Employees are those individuals assigned by the University to perform services at the Medical Center who are employed and compensated by the University.
- 1.49 University Personnel.** University Employees and any other persons provided by the University to perform services under this Agreement.
- 1.50 University Representative.** The individual designated by the University in accordance with Section 6.6 (Representatives) to provide general oversight of University activities under this Agreement.
- 1.51 UW Medicine.** UW Medicine is comprised of University and non-University entities that collectively support the UW Medicine mission to improve the health of the public by advancing medical knowledge, providing outstanding primary and specialty care to the people of the region, and preparing tomorrow's physicians, scientists and other health professionals. These entities include the Medical Center, UW Medical Center, Northwest Hospital & Medical Center, Valley Medical Center, UW Neighborhood Clinics, UW Physicians, SoM, Airlift Northwest and also includes the University's membership in Children's University Medical Group and the Seattle Cancer Care Alliance. The term "UW Medicine" refers to the functions and leadership of UW Medicine as exercised by the University and is not intended to bind any of the entities that are legally separate from the University to the terms of this Agreement. The University may perform certain of the University's obligations under this Agreement through UW Medicine. Whenever

the term “UW Medicine” is used in this Agreement, it shall mean the “University.”

- 1.52 UW Medicine CEO.** The Chief Executive Officer of UW Medicine, Executive Vice-President for Medical Affairs and Dean of the School of Medicine, University of Washington.
- 1.53 UW Medicine CHSO/VPMA.** The Chief Health System Officer of UW Medicine, Vice-President for Medical Affairs, University of Washington.
- 1.54 UW Medicine Coordinated Quality Improvement Plan.** The quality improvement plan adopted by the University and UW Medicine for the purposes of: (a) improving the quality of care of patients and preventing medical malpractice; (b) assessing the competence of, and maintenance of relevant information concerning, individual physicians affiliated with the University through UW Medicine or otherwise; (c) resolving patient grievances; (d) developing information concerning negative outcomes and incidents, liability claims, settlements and awards, costs of insurance, and patient injury prevention; (e) delivering educational programs concerning quality improvement and patient safety, etc.; and (f) maintaining and improving policies to ensure these purposes are served.
- 1.55 UW Physicians.** The Association of University Physicians, a Washington nonprofit corporation, tax-exempt under IRS Code § 501(c) (3), and an entity associated with UW Medicine.

2. TERM

The term of this Agreement (the “Term”) shall commence as of the Effective Date and shall continue until December 31, 2025; provided, however, that the Term shall automatically renew for each of 2 successive 10 year terms, unless either Party objects in writing to an automatic renewal no later than twelve (12) months before the expiration of the pending Term. Furthermore, the Term may be terminated prior to the initial or any renewal period expiration date pursuant to the occurrence of certain termination events identified in Section 10.1 (Mutual Termination), Section 10.2 (Events of Termination), Section 10.3 (Non-Renewal), or Sections 10.4 and 10.5 (Reopening and Effect of Reopening).

3. RESPONSIBILITIES OF UNIVERSITY

3.1 Management Responsibilities.

3.1.1 Medical Center. UW Medicine shall have the authority and responsibility to manage the business and clinical affairs of the Medical Center and provide the Board with all Management Services necessary and appropriate for the efficient operation of the Medical Center, (the “Management Services”). UW Medicine shall at all times manage the Medical Center in a manner that is intended to achieve the Medical Center mission as identified in the Medical Center Mission Statement (Exhibit 2), as currently stated or as subsequently changed by the County in accordance with Section 5.2 (County Authority).

3.1.2 Personnel. To protect the County’s interest in quality and continuity of patient care, the University agrees to the following provisions:

3.1.2.1 The University, through the Executive Director, shall assign University Personnel as needed to head various operating units of the Medical Center. The University shall provide all personnel needed for the appropriate provision of the Management Services, Clinical Services, Teaching and Research activities encompassed by this Agreement. The University’s responsibilities shall include developing and maintaining Medical Center organizational structures and policies that are consistent with, Medical Center policies and procedures for Clinical Services, University policies and procedures, Applicable Law and applicable collective bargaining agreements.

3.1.2.2 The University shall seek to maintain positive employee and labor relations with University Employees and their duly certified exclusive bargaining representatives. The University’s responsibilities shall include, as applicable: maintaining collaborative working relationships with bargaining representatives in a manner that supports mutual respect, a joint commitment to problem-solving, and innovative and creative solutions to challenges. The University will negotiate its collective bargaining agreements in a productive and respectful manner and in good faith with the objective of seeking to reach timely agreements, prior to the expiration of such

collective bargaining agreements. The University shall comply with its collective bargaining agreements, and shall not directly or indirectly, interfere with, restrain, coerce, or discriminate against University Employees working at the Medical Center in the free exercise of their right to organize and designate representatives of their choosing for the purpose of collective bargaining, or in the free exercise of any other right under chapter 41.56 RCW.

3.1.2.3 The University shall maintain a process of continual improvement for employee and labor relations between the University and University Employees and their certified bargaining representatives. Such continual improvement efforts shall describe measurable metrics that align with the UW Medicine commitment to being an employer of choice for employees who are focused on serving patients, their families and the community. The University shall make periodic reports to the Board, not less than twice per year, including an annual report, on its process to develop and implement such metrics. The reporting will include evidence-based, industry standard employee engagement data, University Employee workplace satisfaction, worker safety, employee training and development programs as provided in Section 3.1.2.5, labor relations complaints and grievances, unfair labor practice complaints, the status of labor negotiations from the Executive Director - and progress with the Medical Center's Employer of Choice goals.

3.1.2.4 The University shall comply with all Applicable Law related to employment or University Employees, labor relations and collective bargaining, and shall prepare and file any reports, returns or other documents required by or appropriate with respect to any Applicable Law and any benefit, retirement or similar plan. The University shall obtain from all University Employees all verification and other documentation or employment eligibility status required by Applicable Law. The University shall retain such

documentation for all University Employees for the period prescribed by Applicable Law.

3.1.2.5 The University shall continue to maintain a continuing employee training and development program for University Employees as appropriate to meet its obligations under this Agreement. The training and development programs offered to University Employees working at Harborview Medical Center will be comparable to the training and development programs offered to the same category of University employees at UW Medical Center.

3.1.2.6 The University shall be responsible or shall cause a UW Medicine entity to be responsible for the salaries, fringe benefits, insurance benefits, payroll taxes and other amounts, benefits or expenses provided to or on behalf of the University Employees.

3.1.2.7 All employees of the County at the Medical Center who transferred to employment of the University on January 1, 1970, will retain all of their previously acquired rights and benefits including compensation, accrued and unused vacation and sick leave, and retirement benefits. If this Agreement or any subsequent renewal or amendment thereof shall operate to terminate such employees of the Medical Center as members of the classified staff of the University, said employees shall be covered into the career service of the County subject to the provisions of Section 560 of the County charter and subject to all the rules of the personnel system of the County, including rules concerning compulsory retirement, but excluding rules concerning initial appointment.

3.1.2.8 The Parties agree that the County is not a party to any collective bargaining agreement for University Employees. Nothing in this Section 3.1, or in this Agreement, shall establish a term or condition enforceable under or transferable to any collective bargaining agreement between the University and University Employees or any other UW Medicine entity and its respective employees. The

University's obligations pertaining to University Employees under this Agreement shall be limited to the Medical Center and Medical Center resources.

3.1.3 Licenses, Permits, Registrations and Certificates. UW Medicine shall obtain and maintain without restriction during the term of this Agreement all appropriate licenses, permits, registrations and certificates under Applicable Law for the provision of the services under this Agreement, including authorization for participation in Medicare and Medicaid. UW Medicine shall require University Personnel, including all its independent contractors, who are to perform services under this Agreement, to possess and maintain in effect during the term of their services under this Agreement, all licenses, permits, registrations and certificates required by Applicable Law which are required for their performance hereunder. Copies of all such licenses, permits, registrations and certifications shall be made available to the Board upon request. UW Medicine shall operate the Medical Center and perform its obligations under this Agreement in accordance with the requirements of all licensing and permitting bodies. UW Medicine will serve as liaison with governmental agencies and their agents on certification issues. UW Medicine will establish procedures for the proper completion of all Medical Records and the proper implementation of all other documentation necessary to obtain payments from third-party payers.

3.1.4 The Joint Commission. UW Medicine shall operate the Medical Center in accordance with the standards of The Joint Commission and shall ensure that the Medical Center maintains such accreditation. UW Medicine shall be responsible for the preparation for any survey conducted by The Joint Commission that may occur during the term of the Agreement. UW Medicine shall notify and seek input from the Board with respect to all identified deficiencies, shall respond to the Board and adequately address all such deficiencies.

3.1.5 Facility Maintenance. The University shall be responsible for maintaining all Medical Center buildings and physical plant (inclusive of building systems and infrastructure), consistent with best practices for the operation of a hospital and with the principles of environmental sustainability. The University shall provide sufficient staff or contracted

resources to carry out this responsibility on a timely, as-needed basis. The University shall manage and maintain the buildings and physical plant efficiently and effectively, using University expertise, resources and processes. In accordance with Section 5.4, the County shall reimburse the University for the County's Share of operating and maintaining those portions of the Medical Center occupied by the County or its tenants, other than the University.

3.1.6 Security. UW Medicine shall maintain and supervise the security at the Medical Center to provide a safe environment for patients, employees, contractors and members of the public, comparable to other healthcare facilities of this size and scope. In accordance with Section 5.4, the County shall reimburse the University for the County's Share of security in those portions of the Medical Center occupied by the County or its tenants, other than the University.

3.1.7 Selection, Maintenance and Utilization of Medical Equipment. UW Medicine shall advise the Board with respect to the selection of additional and replacement depreciable medical equipment for the Medical Center and shall be responsible for the inspection, evaluation and purchase of such medical equipment. UW Medicine shall obtain the approval of the Board prior to ordering any such medical equipment valued at over two hundred fifty thousand dollars (\$250,000).

3.1.8 Procurement of Goods and Services. UW Medicine shall develop and maintain procedures for the procurement of all Medical Center goods (including medical equipment) and services and shall be responsible for procuring such in accordance with Applicable Law. To the extent that procurement does not occur through group purchasing contracts or UW Medicine shared services and does not fall within the applicable direct buy limit, solicitation of bids will be made, and consideration will be given to procuring locally produced goods and services, as well as those procured from women and minority-owned businesses.

3.1.9 Capital Planning and Property. The University shall be responsible for the management, design, planning, development and contract oversight of Board-approved Medical Center capital projects funded either by Medical Center revenues and/or with University support, which are

budgeted, over the life of the project, for an amount not exceeding five-million dollars (\$5,000,000), which amount shall increase automatically each year in an amount consistent with the Consumer Price Index for that year. Such projects shall be procured and delivered in accordance with University procurement and delivery policies, procedures and statutes, and KCC 2.42.080. The University shall be authorized to execute all documents necessary to complete such projects. All other capital projects shall be subject to, planned and administered consistent with the KCC, as it now reads or is hereafter amended. The Parties will work together to propose amendments to the KCC as necessary and desirable to facilitate efficient capital activities. The CPOC, through unanimous consensus of its members, shall provide oversight of bond-financed capital projects.

3.1.10 Associations. UW Medicine's responsibilities shall include developing and maintaining the Medical Center as an institutional member of national, regional, state and local associations in the fields of healthcare administration and management.

3.1.11 Medical Center's County Identity. The Medical Center will be integrated into the broader UW Medicine system without losing the Medical Center's identity as a County-owned facility. UW Medicine will retain the names "Harborview" and "King County" as part of signage, logos, public relations, advertising, marketing and other forms of internal and external communications and any such materials shall identify that Harborview facilities are owned by King County, managed by the University and operated and staffed by UW Physicians and University Employees.

Upon execution of this Agreement, and in accordance with the specifications set forth in Exhibit 4, the University will include King County's logo on all UW Medicine webpages related to the Medical Center. Any changes to the signage on Medical Center buildings will be made in accordance with the specifications set forth in Exhibit 4. UW Medicine shall obtain the Board's approval before including King County's logo on the UW Medicine webpages or signage on Medical Center buildings.

UW Medicine shall report to the Board on its Medical Center identity proposals and obtain the Board's approval

before implementation. Once implemented, the Board's approval shall be required only for material changes to the Medical Center identity program.

3.2 Clinical Responsibilities.

3.2.1 Core Clinical Services. The Clinical Services listed in Exhibit 3 are provided at the Medical Center effective September 1, 2015. Unless approved by the Board, UW Medicine shall maintain the Core Clinical Services at the Medical Center, in accordance with the priorities established in the Mission Statement. Board approval is required prior to any decision by UW Medicine to close, add or move any Core Clinical Services. If a Core Clinical Service is moved, the status of that service as a Core Clinical Service is unchanged, except upon approval of the Board.

3.2.2 Collaboration Regarding Non-Core Clinical Services. UW Medicine and the Board shall collaborate with respect to the appropriate provision of Non-Core Clinical Services in the Medical Center. The Parties shall meet and review the allocation of Non-Core Clinical Services to the Medical Center within UW Medicine if requested by either Party, or at a minimum, at least annually. Board consultation is required prior to any decision by UW Medicine to close or add major Non-Core Clinical Services.

3.2.3 Care to all Patients. Consistent with the Mission Statement and Applicable Law, UW Medicine shall undertake to provide safe, high quality Clinical Services as required to effectively and efficiently meet the medical needs of patients, including those County patients who may experience limited access to other providers due to social, geographic, cultural, medical or other special needs. UW Medicine shall provide the same quality of care to all patients, regardless of financial sponsorship or ability to pay. Subject to Board approval, UW Medicine may adopt admission-related policies and procedures for the Medical Center so long as such policies and procedures are consistent with the Admissions Policy.

3.2.4 Patient Care Policies. UW Medicine shall adopt and maintain standards of patient care consistent with evidence-based medicine, using clinical pathways and practice guidelines in support of providing the highest quality of care.

- 3.2.5 Medical Director.** UW Medicine will appoint a Medical Director who will serve as the chief medical officer of the Medical Center and will also represent the University on all matters involving Clinical Services, Teaching and Research. This appointment shall be subject to Board approval.

The Medical Director is accountable to the UW Medicine CEO for all Teaching and Research matters, to the Executive Director and UW Medicine CHSO/VPMA for all matters involving Management Services, and to the Board, the Executive Director, the UW Medicine Chief Medical Officer and Vice President for Medical Affairs and the UW Medicine CHSO/VPMA for all matters involving the provision of Clinical Services. UW Medicine shall ensure that the Medical Director supervises and directs the delivery of Clinical Service, including Clinical Services involving Residents and students of the School of Medicine and other Trainees, in accordance with this Agreement. The Medical Director shall be both University Personnel and a member of the Medical Staff at the Medical Center.

- 3.2.6 Chiefs of Service.** The Chiefs of each Service, which are hospital administrative positions, shall be appointed by the Board upon recommendation of the Medical Executive Board in accordance with the Medical Staff Bylaws and the Board Bylaws.

- 3.2.7 Quality Assurance and Patient Safety.** UW Medicine shall develop and maintain such Medical Center operating policies, procedures and quality assurance mechanisms as are needed for optimal patient care. UW Medicine shall ensure that University Personnel participate in quality assurance and improvement, utilization review, risk management and other quality assurance and patient safety activities as specified by Medical Center policies and procedures, the Medical Staff Bylaws, applicable accreditation standards, Applicable Law, and the UW Medicine Coordinated Quality Improvement Plan.

- 3.2.8 Performance and Productivity Measures.** UW Medicine shall develop and maintain clinical performance and productivity measures sufficient to demonstrate the effectiveness and efficiency of its programs of care at the Medical Center, comply with all applicable government quality and reporting requirements including but not limited

to the Department of Health and Human Services Centers for Medicare & Medicaid Services. UW Medicine shall produce all required reports regarding performance and quality measures, in a manner that is complete, accurate and timely. UW Medicine shall maintain all accreditation, quality and performance measures of Medical Center at a level materially consistent with the level of such measures, metrics and standards as published by such programs, agencies and payers.

3.2.9 Qualifications. Appointment of University Personnel to the Medical Staff shall be in accordance with the terms and conditions of the Board Bylaws and Medical Staff Bylaws and shall be subject to Board approval. No University Personnel who hold a license to practice their profession subject to a restriction that would materially limit his or her performance of assigned duties hereunder may provide services under this Agreement, except upon the written approval of the Executive Director and Medical Director and in accordance with the Medical Staff Bylaws.

3.2.10 Credentialing. As a condition to the provision of Clinical Services to patients and in the conduct of the Training Programs, UW Medicine shall ensure that: (i) members of the Medical Staff shall maintain membership in good standing on the Medical Staff in accordance with Medical Staff Bylaws at any time that they provide Clinical Services or supervision to Residents; and (ii) all Residents who are enrolled in a Training Program shall maintain membership in good standing as Residents in their Training Programs and meet the conditions of conduct and standards of patient care as outlined in the Medical Staff Bylaws at any time that they perform Clinical Services hereunder. This provision shall not be interpreted to mean that Residents are members of the Medical Staff.

3.2.11 Compliance with Medical Staff Bylaws. All Medical Staff Bylaws, and all amendments thereto, shall be recommended by the Medical Staff for approval or rejection by the Board. University Personnel shall be responsible to comply with applicable Medical Staff Bylaws and policies and shall provide care consistent with policies approved by the Board, the Mission Statement and the Medical Staff Bylaws.

3.2.12 Change in Status. If the Medical Staff membership, clinical privileges and/or Faculty status of any University Personnel are suspended or terminated, UW Medicine shall take such steps as necessary to restrict the individual's activities consistent with those limitations until such membership, clinical privileges, or Faculty status is reinstated.

3.3 Training Programs.

3.3.1 Training Programs. The University shall establish the educational goals and objectives of the Training Programs. As applicable, the University shall supervise the Training Programs in a manner consistent with the standards and requirements set forth by the Accreditation Council on Graduate Medical Education and any other applicable accreditation bodies for program accreditation and with Medical Center Policies.

3.3.2 Supervision. The University shall have authority and responsibility for the clinical supervision and administration of Training Programs. University Personnel on the Medical Staff shall teach Residents and Trainees rotating through the Medical Center. University Personnel on the Medical Staff also shall supervise the activities of Residents and Trainees, consistent with Medical Staff Bylaws, Medical Center and UW Medicine policies and Applicable Law.

3.3.3 Accreditation. As applicable, the University shall maintain accreditation of all Training Programs that are conducted, in whole or in part, at Medical Center and shall notify the Board of any matters to its knowledge that may jeopardize such accreditation or if any accreditation is restricted or cited by the accreditation agency.

3.4 Fundraising. The University shall maintain a charitable fundraising and development function for the Medical Center that includes the donation of private funds to support the Medical Center's Mission and the Centers of Emphasis and Centers of Excellence located at the Medical Center. The University will support the development objectives of the Board and Medical Center administrative leadership by providing the appropriate development staff and resources to raise targeted funds from individuals, corporations and organizations in the community and to organize events designed to enhance philanthropic support and

community engagement for the Medical Center consistent with UW Medicine strategies for fundraising.

- 3.5 Medical Center Facilities.** The University shall be responsible to manage the Medical Center facilities and is authorized to execute contracts for onsite facility services, facilities maintenance and repair without additional County approval, so long as such expenditures are within the budget approved by the Board.

3.5.1 Leasing. In all Medical Center buildings owned or leased by the County, the University may act as the County's leasing agent and property manager for retail spaces and retail opportunities (including but not limited to kiosks, concession stands and ATM machines), and such other purposes which support or enhance the Medical Center; provided however, all such leases must be executed by the County Executive or the County Executive's designee. The Parties agree to work together to streamline processes for the purpose of increasing efficiency and reducing delays in the negotiation and approval process.

- 3.6 University Reimbursement.** The University shall reimburse the County, through payment to the Board, if it occupies space at the Medical Center for purposes which are not directly related to the operation of the Medical Center. Such reimbursement shall be calculated at a rate agreed to by the Parties in separate written agreements.

3.6.1 University Relocation; No additional Expenses. If the County requires UW Medicine to move any service or activity provided by UW Medicine under this Agreement to another location for the purpose of permitting repair or construction of existing Medical Center facilities, UW Medicine shall not be required to pay any amounts, including but not limited to rent, as a result of occupying the new location. The County shall bear the costs of relocation and occupancy in its project budget and shall pay directly or reimburse UW Medicine for all such costs.

4. RESPONSIBILITIES OF BOARD

- 4.1 Board Communications.** The Board shall communicate to UW Medicine any changes in the Mission Statement or the Admissions Policy made by the County.

- 4.2 External Relations.** The Board shall represent and act for the Medical Center in relationships with the general community in matters pertaining to the governance of Medical Center. In matters related to the day-to-day operation of Medical Center, including but not limited to relationships with government and commercial payers, outside agencies, University Employees and their bargaining units, UW Medicine shall represent the Medical Center.
- 4.3 Board of Trustees Bylaws.** The Board shall maintain Bylaws which include a committee structure which satisfies the standards of The Joint Commission.
- 4.4 Support for Medical Center Board.** The Board may utilize Medical Center operating funds to hire, pay, or contract for staff resources to assist the Board in fulfilling its supervision and oversight duties. Prior to such expenditures from Medical Center operating funds, and after consultation with UW Medicine, the Board shall determine whether additional resources are necessary and, if so, establish expectations for the amount of such expenditure. Board staff shall be entitled to access University records related to the Medical Center in the same manner as the Board is entitled to access such records.
- 4.5 Auxiliary Organizations.** The Board shall approve the establishment of auxiliary organizations and the bylaws delineating each such organization's purpose and function.
- 4.6 Approvals.** The Board shall: (i) maintain general supervision over the use of Medical Center resources and control all designated, restricted and general operating funds; (ii) approve and monitor the annual capital and operating budgets; (iii) review and approve the CIP and project plans prepared by UW Medicine prior to their submission to the County for its approval in accordance with KCC 2.42.080; (iv) oversee the provision by UW Medicine of Management Services as necessary and appropriate for the efficient operation of the Medical Center; (v) recommend to the County and UW Medicine physical facilities development plans, and short and long-term strategic and financial planning for the Medical Center; (vi) supervise UW Medicine's maintenance and operation of the Medical Center and equipment, within the limits of approved budgets and appropriations authorized; and (vii) approve all remodeling and construction projects within the provisions of Ordinance 10563, as subsequently amended.
- 4.7 Senior Management.** The Board shall approve or reject UW Medicine's recommended candidates for Medical Director and

Chiefs of Service. Appointment of the Executive Director is governed by Section 6.7.1 (Appointment).

5. RESPONSIBILITIES OF COUNTY

- 5.1 Facilities.** During the term of this Agreement, the County shall make the Medical Center available to the University for the operation of the Medical Center. Except as more specifically addressed in this Agreement, the County will retain title to all real and personal properties acquired for the County with Medical Center capital or operating funds prior to or during the term of this Agreement.
- 5.2 County Authority.** The County may change the Mission Statement and Admissions Policy. Prior to making such a change, the County shall consult with the Board and UW Medicine, and other interested groups, as appropriate, to receive and review their advice. The County shall review and approve the Medical Center's CIP and the annual capital improvement program budget.
- 5.3 Gifts of Real Property.** The County shall approve the acceptance of any gift, devise, bequest or otherwise of real property designated for the Medical Center's use in accordance with Applicable Law.
- 5.4 County's Share.** "County's Share" shall mean the County's contributions to the University's costs to operate and maintain the specific Medical Center buildings in which the County or its tenants, other than the University, occupy space. The County's contribution will be for services including but not limited to janitorial services, general repair services (but not major maintenance or capital improvements), utilities (unless separately metered and invoiced to the County directly), and security (unless otherwise provided by the County such as the Involuntary Treatment Court). The formula for calculating the County's Share shall be addressed in a separate Memorandum of Understanding negotiated by the Parties and made an exhibit to this Agreement. For any space occupied by the County, or its tenants, other than the University, on the Effective Date of this Agreement, the County's contributions to the University's costs to operate and maintain such space shall not increase without the approval of the County Representative or decrease without the approval of the University Representative; provided however, that if the County or its tenants vacate such space and the County or its tenants subsequently occupies the space, the County shall pay the County's Share beginning on the first day of occupancy by the County or its tenants.

6. JOINT RESPONSIBILITIES

- 6.1 Compliance and Cooperation.** The Parties shall work cooperatively to accomplish the purposes of this Agreement. The Parties shall work together to fulfill the County's public health mission and goals and the Mission Statement, including excellence in clinical care, accessibility of care, and the efficient utilization of resources while also to the extent feasible furthering UW Medicine's mission and program needs.
- 6.2 System Reform Opportunities: Long Range Planning Committee.** The Parties shall coordinate in the pursuit of opportunities to respond to the evolving healthcare industry, improve population health and have the Medical Center become the provider of choice for County and state residents, including supporting the Medical Center's status as a major teaching hospital, the continuation and expansion of Research at the Medical Center. To facilitate long-range planning for success in achieving the goals of the County, the Board and UW Medicine, the Parties will establish a committee appointed with representatives from the County, the Board and UW Medicine to focus on long-range planning. The committee will meet as necessary and desirable to facilitate strong coordination and the identification and monitoring of goals established among the Parties. The committee will respect the governance structures, accountabilities and collective bargaining commitments of each Party.
- 6.3 Centers of Emphasis and Centers of Excellence.** UW Medicine and the Board shall cooperate in the development and promotion of Centers of Emphasis and Centers of Excellence at the Medical Center. The opening, closing, or material change in the status of any Center of Emphasis or Excellence shall require Board approval.
- 6.4 Commitment to Coordination.**
- 6.4.1** The Parties share a common goal of more effectively serving the Mission Population including: providing high quality care, consolidating duplicate programs, leveraging available federal and state funding sources, and leveraging UW Medicine expertise in providing access to a full continuum of care.
- 6.4.2 Support for Mission Population.** By December 31 of each year and subject to Section 6.4.3 below, the Board shall allocate from Medical Center revenues or reserves five million dollars (\$5,000,000) to a fund to support

Mission Population programs and services that are currently being provided by the County. The \$5 million annual allocation is subject to adjustment as set forth in Section 6.4.3.

- 6.4.3. Program Efficiencies.** The Parties will immediately work together to identify ways to provide services to the Mission Population more efficiently. A committee comprised of representatives from the County, the Board, and UW Medicine will endeavor to identify, and, where feasible and appropriate, implement (1) efficiencies leading to a reduction in costs incurred by the County, including any variable overhead expense, and (2) new funding and revenue sources that would not otherwise reasonably be received by the County. Contributions eligible for reducing the allocation may be cash or in-kind.

The Parties and the committee will work in good faith to make these program efficiencies substantial and permanent. The allocation described in Section 6.4.2 will be reduced by an amount agreed to by the Parties based upon reductions in costs incurred by the County or new funding sources that would not otherwise be received by the County. The Board shall disburse the allocation in Section 6.4.2 reduced by any agreed-upon reductions to the County by December 31st of each year.

- 6.4.4. Extraordinary Circumstances.** Under extraordinary circumstances, the Board may submit a request to the County Executive and the County Council to suspend some or all of an annual allocation. This request shall include a summary of the actions taken by the Board to address the extraordinary circumstances. Provided however, before the Board may suspend any allocation, the County Council, by motion, must approve the request, reject the request, or change the amount requested by the Board to be suspended. The Board and UW Medicine agree that the Medical Center budget will be revised in accordance with the passed motion.

- 6.5 Gifts of Personal Property.** In accordance with Applicable Law, the Board may accept and expend tangible personal property, including money, by gift, devise, bequest or otherwise for the Medical Center's use. Any such gift, devise, bequest or otherwise will be managed by the University for the benefit of the Medical

Center. The University also directly may accept and expend tangible personal property, including money, by gift, devise, bequest or otherwise for the Medical Center's use, consistent with University development policies and procedures.

6.6 Representatives.

6.6.1 University Representative. The University designates UW Medicine CEO to serve as University Representative with respect to administration of this Agreement. The University may change its Representative, but must notify the Board in writing. The University will strive to provide advance notification of a change in its University Representative. If not provided in advance, such notice will be provided immediately upon designation of the change.

6.6.1 County Representative. The County designates the Board President, or his or her designee, as the County Representative with respect to administration of this Agreement. Occasionally, the County may also designate an additional representative who is not a current Board member to serve as a special representative with respect to administration of the Agreement ("Special Representative"). The County may change its Representatives, but must notify the University in writing. The County will strive to provide advance notification of a change in its County Representative. If not provided in advance, such notice will be provided immediately upon designation of the change.

6.7 Executive Director.

6.7.1 Appointment. UW Medicine shall recommend the appointment of an Executive Director from among the candidates identified by the search committee established pursuant to Section 6.7.2 (Search Committee). The Board shall approve or reject UW Medicine's recommendation. If the Board rejects UW Medicine's recommendation, then UW Medicine shall submit another recommendation to the Board from among the candidates identified by the search committee, until an Executive Director is approved by the Board.

6.7.2 Search Committee. The following procedures will be used to select and appoint the Executive Director. A search committee, consisting of equal representation of the Board and UW Medicine, which may utilize the services of a

search consultant, shall develop a job description and qualifications statement, establish criteria for measurement of applications, screen all applicants, conduct investigations and interview candidates. The search committee shall identify a slate of acceptable candidates from which UW Medicine shall recommend candidate(s) to the Board for approval.

6.7.3 Accountability. The Executive Director will represent the Board and the University in matters of daily Medical Center management. The Executive Director is accountable, and shall jointly report, to the Board and the UW Medicine CHSO/VPMA or successor in function. The Executive Director shall be accountable for effective employee relations, engagement, and retention, in accordance with Applicable Law and University policy. The Executive Director will be responsible for managing Medical Center operations in accordance with the Mission Statement, the governance decisions of the Board, long-range plans, operating and capital budgets, and also with applicable policies of the Board and the University and UW Medicine.

6.7.4 Informational Reports of the Executive Director. The Executive Director shall provide the Board with such reports and information as the Board determines necessary to assist with its supervisory and oversight functions. In conjunction with the Board, the Executive Director shall also make a report to the County Council at least once per year.

6.7.5 Performance Evaluation. The performance of the Executive Director shall be reviewed at least annually by the Board and the UW Medicine CHSO/VPMA.

6.7.6 Removal. Following consultation between the Board and the UW Medicine CHSO/VPMA, UW Medicine shall immediately remove the Executive Director at any time that the Board or UW Medicine determines that the Executive Director's performance is less than satisfactory.

6.8 Funding of County's Obligations for the Pat Steel Building and the Ninth and Jefferson Building. The Parties agree that the Board annually shall include in the Medical Center operating budget, and shall pay to the County, sufficient funds to cover the monthly rent or outstanding debt ("Debt Payments") associated with the County's development and ownership of property interests in the Pat Steel Building, and the Ninth and Jefferson Building.

This Section 6.8 (Funding of County's Obligations for the Pat Steel Building and the Ninth and Jefferson Building) terminates and supersedes the Ninth and Jefferson Building Funding Agreement dated December 4, 2006, and the 2012 Facilities Management Division Facility Use Agreement relating to the Pat Steel Building. Debt Payments for each respective building will terminate at the earlier of the date when the outstanding debt has been satisfied or upon agreement of the Parties.

7. BUDGET AND PAYMENT TO THE UNIVERSITY

7.1 Medical Center Operating Budget. UW Medicine will prepare and submit an annual operating budget to the Board for adoption, modification or rejection; will provide monthly budget status reports; and will make recommendations for changes in either policy or programs when necessary to sustain effective operations and financial viability. The Medical Center operating budget shall be approved by the Board. UW Medicine shall be responsible for complying with the Board-approved operating budget. UW Medicine shall also be responsible for developing and maintaining the necessary systems and procedures for operating budget controls to adhere to the Board-approved operating budget. To facilitate UW Medicine's management consistent with the approved budget, the County shall strive to provide advance written notice of any County expense allocated to the operating fund, and if advance notice is not feasible, the County shall provide prompt written notice after the fact.

7.2 Payments to the University for Services. Expenses for all services performed or provided by the University and any other obligations incurred or expenditures made by it under this Agreement shall be paid from Medical Center revenues, provided, however, that those payments have been included in the approved budget for the Medical Center, as provided in Exhibit 5.

7.2.1 Necessary Medical Center Expenses. Consistent with the annual budget adopted pursuant to this Agreement, the University shall be paid out of the Medical Center revenues for all necessary Medical Center operating expenses incurred in the performance of this Agreement or in the course of fulfilling its other obligations under this Agreement (collectively, the "Medical Center Expenses"). The Medical Center Expenses shall include: (i) payroll (wages, salaries and benefits) and expenses relating to all University Employee and expenses related to University

Personnel except as provided in Section 7.2.2 (Physician Expenses); (ii) the cost of utilities, maintenance and supplies (both medical and nonmedical) for the Medical Center; (iii) equipment (both medical and non-medical, including computer hardware); and (iv) other direct variable and fixed expenses incurred of a type identified as operating expenses in the approved budget.

7.2.2 Physician Expenses. To the extent that physician and other healthcare professional revenues for clinical care provided to Medical Center patients do not cover the cost of University Personnel to provide programmatic and Clinical Services at the Medical Center, the Medical Center may provide payments to support the clinical and programmatic efforts of Faculty. UW Medicine shall include in the budget the Medical Center's contribution to the cost of Faculty programmatic and Clinical Services when it develops the annual budget and separately identify that amount as part of the annual budget submitted to the Board for its approval, providing the Board with sufficient detail to understand how the budget allocation for Faculty expense is calculated.

7.2.3 Shared Services. UW Medicine shall separately identify the cost of services or facilities that are shared among various entities of UW Medicine, including but not limited to IT services, risk management services, financial services, contact center services, UW Neighborhood Clinic services and central administration services for payment out of Medical Center revenues. UW Medicine will provide the Board will sufficient detail to understand how the Medical Center's allocated cost for each shared service or facility was calculated. Upon Board approval, the budgeted expense for shared facilities and services may be paid in monthly installments amortized over a reasonable period of time.

7.2.4 Other Payments to University. The University may be paid from Medical Center revenues for other services not included in this Section 7.2 (Payment to the University for Services).

7.3 Extra-Budget Expenses. Using best efforts, UW Medicine will strive to present a budget that includes all foreseeable expenses. To the extent that an expense is not included in the approved budget, UW Medicine shall obtain prior Board approval before making any payments for any such extra-budget expense.

7.4 Capital Planning and Budgeting.

7.4.1 Control. The County retains ultimate control over capital improvement projects at the Medical Center.

7.4.2 CPOC. The CPOC's duties shall include:

7.4.2.1 As part of the annual budget process for the Medical Center, reviewing and advising the Board regarding the University's annual proposed CIP budget;

7.4.2.2 After the budget is approved, reviewing and recommending any changes to the CIP budget for consideration by the Board and the County, provided that in circumstances in which patient safety or compliance with healthcare regulations require expedited action or when an amendment does not exceed the Medical Center's approved budget, the Board may authorize revisions, which shall be reported to the County Council;

7.4.2.3 Monitoring the overall progress of the CIP;

7.4.2.4 Ensuring all capital reporting requirements are met; and

7.4.2.5 Performing any other review or recommendation duties assigned to it by the Board.

7.4.3 Membership. The CPOC shall be comprised of two members appointed by UW Medicine, two members appointed by the Board and two members appointed by the County.

7.4.4 Actions taken by the CPOC. Any recommendation made by the CPOC must be by unanimous agreement.

7.4.5 Schedule. In an attempt to adopt a CIP budget consistent with the University's fiscal year, the Parties shall make a good faith effort to abide by the following schedule for the annual adoption of the CIP budget. The CPOC should make its recommendations to the Board by February 28 of each year. The Board should approve the CIP budget by April 15 of that same year. The County Council should adopt the CIP budget by June 30 of that same year, provided that in circumstances in which patient safety or compliance with

healthcare regulations require expedited action, the Board may authorize the University to implement such actions, which shall be reported to the County Council.

7.5 Accounts and Funds Flow.

7.5.1 Medical Center General Operating Fund. Through the term of this Agreement all financial transactions concerning the operation of the Medical Center will be handled from funds maintained by the County Finance and Business Operations Division. All Medical Center funds shall be under the control of the Board. A Medical Center General Operating Fund will be maintained for the purpose of recording all transactions not deposited into designated funds at the direction of the Board.

7.5.2 Medical Center Building Repair and Replacement Fund. A designated fund, the Building Repair and Replacement Fund, will be maintained to account for the regular segregation of capital funds, including interest earned within the fund in accordance with Applicable Law. Deposits of capital funds shall be made at least annually to the Building Repair and Replacement Fund. From the Medical Center Building Repair and Replacement Fund will be drawn payments for acquisition of equipment, building renovation and improvements upon Board approval. As part of the long range and annual capital planning process of the Medical Center, foreseeable replacements and improvements will be included in the annual CIP budget submitted by UW Medicine to the Board.

7.5.3 Commitment to Efficient Systems. The Parties agree that achieving financial system efficiencies is one mechanism for reducing expenses, thereby enhancing the shared goal of the Medical Center, the County and UW Medicine to serve the Mission Population effectively. In support of the goal of efficient operations that reduce operational expenses, the Parties agree that to the extent permitted by Applicable Law and policy of all Parties, the Medical Center may issue its own warrants and utilize UW Medicine financial and accounting systems whenever appropriate. In addition, the Parties agree that UW Medicine and the Board will participate in discussions with the County regarding the County's investment policy that may enable Medical Center cash reserves to achieve the highest return consistent with

County policies, optimal investment strategies and Applicable Law.

- 7.6 No Added Financial Obligation or Benefit.** Except as otherwise provided in this Agreement, the University is to incur no added financial obligation or financial benefit by reason of the execution or performance of this Agreement and the operation of the Medical Center pursuant to this Agreement. It is an express condition of this Agreement that the University be reimbursed by the Medical Center, to the extent current and Board-designated assets and restricted funds are available, for all services performed or provided by the University and any other obligations incurred or expenditures made by the University under this Agreement, except for expenditures made by the University from direct legislative appropriations to the University for the Medical Center.

8. REVENUE AND BILLING

- 8.1 Third Party Revenue.** UW Medicine shall maintain the Medical Center's participation in the Medicare and Medicaid programs (although UW Medicine shall not be required to maintain the Medical Center's participation in all Medicare and Medicaid products offered through commercial payers). Consistent with UW Medicine strategies and processes, UW Medicine shall maintain the Medical Center in contracts with significant government and commercial payers in the market. Consistent with the priorities of the Mission Statement, UW Medicine shall seek to establish and maintain Centers of Excellence or similar programs that enable the Medical Center to participate in favorable reimbursement programs.
- 8.2 Schedule of Charges.** UW Medicine shall develop and maintain policies and procedures for patient charges, billing, collections and the reduction of patient charges consistent with Applicable Law related to government healthcare programs and contracted payer requirements. UW Medicine shall provide an annual report to the Board on collection activities, including the reduction of patient charges and application of the Medical Center's charity care policy.
- 8.3 Billing and Collection for Professional Services Provided at the Medical Center.** With the Board's approval, University Personnel may charge professional fees for their services to patients at the Medical Center consistent with the applicable policies of the Medical Center and UW Medicine, including the Medical Center's charity care policies and the Mission Statement. University

Personnel providing professional services under this Agreement will not bill the County and the County will not be required to pay for professional services rendered at the Medical Center to County jail inmates. With regard to other patients, professional fees shall not be billed to the County and the County will not be required to pay unless (i) such services are eligible for payment by the County under a separate agreement entered into between the County and the UW Medicine entity providing the professional services or (ii) reimbursement is subject to The Standard.

8.4 Billing and Collection for Professional Services Provided to Jail Inmates at the UW Medical Center. The Parties agree that for King County jail inmates who receive professional services at the UW Medical Center, the County shall pay Medicaid rates. Prior to seeking reimbursement from the County, the UW Medicine entity providing the professional service shall follow Applicable Law and contractual obligations with third party payers to obtain any available reimbursement.

8.5 Billing and Collection for Hospital Services Provided at the Medical Center. UW Medicine shall be responsible for all Medical Center billing and collection activities for hospital services provided under this Agreement consistent with Applicable Law and UW Medicine policies and procedures for patient charges, billing, collections, and the reduction of patient charges. UW Medicine will not bill and the County will not be required to pay for hospital services provided to any jail inmate at the Medical Center. The County will also not be required to pay for hospital services to any other patient of the Medical Center, unless (i) such services are eligible for payment by the County under a separate agreement entered into between the County and Medical Center or (ii) reimbursement is subject to The Standard.

8.6 Billing and Collection for Hospital Services Provided to Jail Inmates at the UW Medical Center. The Parties agree that for King County jail inmates who receive hospital services at the UW Medical Center, the County shall pay Medicaid rates. Prior to seeking reimbursement from the County, the UW Medicine entity providing the hospital service shall follow Applicable Law and contractual obligations with third party payers to obtain any available reimbursement.

8.7 Collaboration to Secure Third Party Payment for Medical Center and Professional Services Where Available. To the extent there is no designated or identified source of funding for Clinical

Services delivered to Medical Center patients, including the Mission Population, the County will cooperate in efforts to enroll patients in payer programs for which they are or might be eligible, including, for example, Medicare and Medicaid programs; provided, however, with the County's cooperation, UW Medicine shall be responsible for seeking enrollment for County jail inmates who receive clinical care at a UW Medicine entity.

- 8.8 Payment.** When services are eligible for payment by the County under this Section 8, the County shall pay the billing UW Medicine entity within ninety (90) days of the receipt of a claim for payment; provided however, that if a written agreement between the County and the UW Medicine entity providing the care contains different payment obligations, the terms of the more specific written agreement will govern.

9. RESEARCH

- 9.1 General.** In accordance with RCW 36.62.290, the University is encouraged to develop, maintain and implement Research that takes place at the Medical Center to improve patient care, improve medical knowledge and/or develop new biomedical drugs, devices or treatments leading to the control of disease and prevention of injury. Research shall be consistent with, but not limited by, the Mission Statement, and the University may use "King County" and "Harborview" to identify Research publicly. The University shall reimburse Medical Center for the use of Medical Center resources for Research, and the County shall bear no costs related to Research except as provided in written agreements.

- 9.2 Research Compliance.** The University will ensure compliance of the Research with Applicable Law and other rules applicable to Research and Research billing including, but not limited to, laws and regulations governing human subjects research, research integrity, conflicts of interest, Medical Center policies and University IRB rules, regulations and policies and grantor requirements. The University shall ensure that Clinical Services are not compromised by Research.

- 9.3 Institutional Review Board Participation.** The County and Board may nominate a qualified individual for appointment to one of the University Institutional Review Boards.

10. TERMINATION

10.1 Mutual Termination. This Agreement may be terminated, in whole or in part, at any time upon the mutual written agreement of the Parties and upon approval of the County Council.

10.2 Events of Termination.

10.2.1 Notwithstanding Section 13, if the University: (i) materially breaches this Agreement, (ii) is unable to resolve with the County an Event of Reopening under Section 10.4; (iii) fails to maintain insurance as required by this Agreement; (iv) fails to maintain any material license, permit, accreditation, or certification required by the Medical Center to operate; (v) is excluded, debarred or suspended from participation (or otherwise becomes ineligible for participation) in any government program including Medicare or Medicaid or causes the Medical Center's participation in Medicare or Medicaid to be similarly in jeopardy or otherwise adversely affected; (vi) becomes subject to a corporate integrity agreement, corporate compliance agreement, deferred prosecution agreement or other governmental compliance action in connection with the performance of this Agreement ("governmental actions") that materially impairs the ability of the University to meet its obligations under this Agreement or causes the Medical Center to be a party to such governmental actions that result in material obligations on the Medical Center, unless the Board determines such obligations do not justify termination; or (vii) is convicted of a felony related to healthcare fraud or government funded healthcare program abuse or causes the Medical Center to be so convicted, the County may terminate this Agreement in accordance with the provisions of Section 10.2.3

10.2.2 Notwithstanding Section 13, if the County: (i) materially breaches this Agreement, (ii) is unable to resolve with the University an Event of Reopening under Section 10.4; or (iii) fails to maintain insurance as required by this Agreement, the University may terminate this Agreement in accordance with the provisions of Section 10.2.3.

10.2.3 The terminating Party will provide the other Party with a written notice of its intent to terminate this Agreement. The notice of intent to terminate shall identify which of the Section 10.2.1 or 10.2.2 grounds is the basis for the

termination and shall require the other Party to correct or remediate, within a specified time period, not to be less than one hundred and twenty (120) days, the deficiencies noted. If the other Party has not corrected the deficiencies within the specified time period, then the terminating Party may terminate this Agreement upon no less than one hundred and eighty (180) days written notice.

10.3 Non-Renewal. Either Party shall have the right to terminate this Agreement effective at its normal expiration date, by delivering written notice to the other Party not less than twelve (12) months prior to the end of a term.

10.4 Reopening. Either party may request review of this Agreement upon the occurrence of any of the events listed herein below (“Event of Reopening”) by providing written notice to the other Party:

- (i) Insolvency of either Party;
- (ii) The University proposes to materially restructure, move, close or have a change of control of UW Medicine that materially impairs the ability of the University to meet its obligations under this Agreement;
- (iii) Any material change to Applicable Law which materially and adversely impacts the operations of the Medical Center or this Agreement;
- (iv) King County Code changes necessary to effectuate provisions under this Agreement are not adopted; or
- (v) The County appoints to the Board an individual who is employed in a managerial capacity by or serves on the Board of Directors of a hospital or health system that is a UW Medicine competitor.

10.5 Effect of Reopening. Within fourteen days of a notice of reopening being sent, the Parties shall, in good faith, commence their review and, if agreed, renegotiation of the Agreement or specific sections of the Agreement. If, after 90 days, the Parties are not able to reach agreement on how to resolve the Event of Reopening, either Party may terminate the Agreement in accordance with Section 10.2.

10.6 Winding-up Procedures. The following provisions shall apply to the expiration or actual termination of services provided under this Agreement (for purposes of this Section 10 (Termination)), irrespective of whether such occurs upon the expiration of a stated

Term or pursuant to any of the termination provisions of Section 10 (Termination).

- 10.7 Cooperation.** The Parties agree to cooperate fully with each other to achieve an orderly transfer of the management of the Medical Center, so that the County can effectively and safely operate the Medical Center in a manner that provides continuity of patient care and compliance with all Applicable Law, licensing, accreditation, and contractual requirements. To the extent permitted by contract or law, all rights under contracts, permits licenses, certificates of need and other intangible assets as are necessary to allow the continued operation of the Medical Center shall be conveyed to and vested in the County.
- 10.8 Transition Plan** During the period between the date of receipt of any written notice to terminate this Agreement and the actual effectiveness of the termination, UW Medicine and the Board shall cooperate to develop a plan, including the steps to be taken to disburse real and personal property where ownership may be disputed and to unwind integrated and/or shared services activities, to effectuate the transfer of the operation of the Medical Center to the County or its designated successor manager of the Medical Center. During the Transition Period, the Board will continue to have the oversight functions and the University the material rights as set forth in this Agreement and UW Medicine will continue to provide Management Services and Clinical Services until the end of the Transition Period. If, for any reason, there are delays in implementing the Transition Plan, so as to confer total control of the Medical Center without interruption of patient care, the Parties may extend, on a temporary basis, the Term of this Agreement, with the Board to continue its oversight of the Medical Center in order to ensure continuity of care and patient safety.
- 10.9 Patient Care Responsibilities.** In the event of expiration, non-renewal or termination, UW Medicine shall cooperate fully with County (consistent with Applicable Law and recognized professional services) to vacate buildings if needed and provide continuity of care to UW Medicine's patients at Medical Center by safely transferring patients to other sites where University Personnel are authorized to practice. UW Medicine shall not abandon any patient in need of continued care who was under UW Medicine's care as of termination or expiration. As part of the Parties' obligation to cooperate under this Section 10.9 (Patient Care Responsibilities), the County, including its successor service providers, and University agree to abide by the patient's choice to

either remain in the care of the Medical Center or remain in the care of UW Medicine at other sites where University Personnel are authorized to practice.

10.10 Patient and Business Records. As of the effective date of termination or expiration, the County shall retain ownership to all the records of the Medical Center and the University shall turn over to the County all records that are in the University's possession or control that relate to any services provided by the University under this Agreement, including but not limited to patient and operations and management records. Upon request, the University shall have prompt access to all such records; however any expense associated with such access shall be borne by the University.

10.11 Survival. The following provisions of this Agreement shall survive its termination and expiration: Sections 10 (Termination), 11.5 (Records and Audits), 12 (Insurance and Indemnification) and 14.10.3 (HIPAA Compliance).

10.12 Service Contracts and Property. As of the effective date of termination, UW Medicine shall assign, transfer or convey to the County, or such other person or persons designated by the County, all service contracts (to the extent assignable) requested by the County and the real and personal property determined to be owned by the County pursuant to the process described in Section 10.8 (Transition Plan). In addition, UW Medicine shall assign to the County all leases that are for the benefit or use of the Medical Center.

10.13 Preservation of Other Remedies. Failure of non-breaching Party to elect termination under the provisions of this Section 10 (Termination) shall not constitute a waiver of other remedies, provided that the remedies otherwise sought are available hereunder.

11. REPORTING AND ACCOUNTABILITY

11.1 General Operations. UW Medicine shall collect and maintain accurate information (as provided herein and as required by Applicable Law and applicable accreditation and certification standards) on the nature, scope and content of its operations subject to this Agreement including its financial statements and shall provide such information as reasonably requested by County.

11.2 Governance. Governance and oversight of both the Medical Center and UW Medicine shall be closely coordinated. UW Medicine shall

report to the Board with respect to its provision of the Management Services and Clinical Services and all other matters arising under or with respect to this Agreement. The President and Vice President of the Board shall serve as ex officio members of the UW Medicine Board with full voice and vote.

11.3 Meetings.

11.3.1 The Board and UW Medicine agree that communication between them is of the utmost importance and, therefore, agree that their Representatives will actively participate and provide appropriate staffing for all scheduled meetings of the full Board and all standing and ad hoc committees of the Board. At least annually, the Board and UW Medicine shall meet to review relationships, ongoing activities and the Management Services and Clinical Services provided under this Agreement.

11.3.2 At least annually, the UW Medicine CHSO/VPMA (or successor in function) and the Board President will be invited to meet with the County Council and County Executive to report on the status and performance of the Medical Center at a meeting of an appropriate committee of the County Council.

11.4 Notice of Certain Events.

11.4.1 Legal or Administrative Actions. UW Medicine shall promptly notify the Board President of any (i) Medical Staff corrective actions, (ii) material regulatory or administrative reviews, including site visits that are outside of the usual course of business, (iii) findings or investigations, (iv) allegations of fraud or financial abuse, or (v) allegations of patient abuse or significant or potential patient harm. Additionally, UW Medicine shall make available to the Board any reports from such site visits, including any actual or potential enforcement proceedings or actions, letters citing deficiencies or suggesting or imposing corrective action.

11.4.2 Sanctions. UW Medicine shall promptly notify the Board if it receives notice of any actual or threatened sanction by any licensing, permitting or registration entity, peer review organization, governmental agency or an agent of a governmental agency, quality improvement entity or any entity charged with reviewing or certifying healthcare

delivery facilities or educational operations in the Medical Center.

11.5 Records and Audits.

11.5.1 Access to Records. The Board shall have reasonable and timely access to all Medical Center records, including business and financial records, patient records, Medical Staff records and meeting minutes and quality assurance data, consistent with Applicable Law.

11.5.2 Financial and Other Records. The University shall prepare and maintain financial and operational records in appropriate detail that identify its allocated expenses to the Medical Center budget for Management and Clinical Services under this Agreement. The University shall maintain records as necessary to substantiate such charges to County under this Agreement.

11.5.3 Retention of Records. All records required to be created or maintained under this Agreement shall be retained by the University for a minimum of six (6) years following the end of County's fiscal year in which service was rendered; provided that, if County notifies the University of an ongoing audit, the University shall retain all such records until County notifies the University that retention is no longer required. During such periods of record retention, and throughout the term of this Agreement, the University shall, unless precluded by Applicable Law, make such records available, upon reasonable notice of not less than ten (10) business days, at the University during normal business hours to County. Any inspection of records by the County shall be conducted in a manner that is least disruptive to the operation of the Medical Center and the University.

11.5.4 Federal Access to Records. The University agrees to provide access to records pursuant to the provisions of Section 1861(v) (1) (I) of the Social Security Act (42 USCA 1395x) with all the provisions contained in the referenced statute and regulations. The University as a contractor with the Medical Center agrees as follows: Until the expiration of four years after the furnishing of services pursuant to this Agreement, the University shall make available, upon written request to the Secretary of Health and Human Services, or upon request to the Comptroller General of the United States, or any of their duly authorized

representatives, the contract, and books, documents and records of the University that are necessary to certify the nature and extent of costs incurred by the Medical Center under this Agreement. If the University carries out any of the duties of this Agreement, with a value or cost of \$10,000 or more over a 12-month period, with a related organization, then the University agrees to incorporate in the subcontract a clause to the effect that until the expiration of four years after the furnishing of such services pursuant to such subcontract, the related organization shall make available, upon written request to the Secretary of Health and Human Services, or upon request to the Comptroller of the United States, or any of their duly authorized representatives, the subcontract, and books, documents and records of such organization that are necessary to certify the nature and extent of incurred by the Medical Center under this Agreement.

11.5.5 Audit Reports. In the event that any Federal or State auditor conducts an audit of the University and such audit has a material effect on the operation of Medical Center, the University shall make available the relevant portions of any final audit report prepared by such auditor to the County within fifteen (15) business days of receipt by the University.

11.5.6 Audits. Additionally, upon reasonable prior notice of not less than ten (10) business days, the County may audit any books and records related to the performance of this Agreement, regardless of location. The County may conduct such audit through a third party. All audits shall be conducted during normal business hours. Any audits of books and records by the County shall be conducted in a manner that is least disruptive to the operations of the Medical Center and the University.

12. INSURANCE AND INDEMNIFICATION

12.1 Insurance.

12.1.1 On-going Operations. The University shall procure and maintain, at a minimum, the following insurance coverages for itself and any other persons provided by University to perform Management Services and Clinical Services under this Agreement. The term "other persons" shall include Residents and members of the Medical Staff.

12.1.1.1 Commercial property insurance covering all facility buildings and improvements for their full replacement value, except as provided below with respect to earthquake and flood coverage. Coverage shall be at least as broad as the ISO special causes of loss form. Such insurance shall include both the County and the University as named insureds and loss payees.

12.1.1.2 The University shall additionally procure earth movement and flood coverage on facility buildings and improvements with limits no less than \$25,000,000 per occurrence and in the aggregate. If at any time, these limits cannot be obtained at a commercially reasonable rate, the respective Risk Managers shall agree to a coverage change that is comparable to other facilities in the Puget Sound region

12.1.1.3 Public employee fidelity bonding to protect the cash and other assets of the Medical Center;

12.1.1.4 Commercial General Liability insurance or self-insurance in an amount comparable to other facilities of this size and scope.

12.1.2 Insurance-Construction Activities. The University shall require, at a minimum, the following insurance from its construction contractors and consultants.

12.1.2.1 All design and engineering professionals shall be required to provide Professional Liability insurance coverage at limits comparable to projects of similar size and scope.

12.1.2.2 Property insurance on the work (Builders Risk insurance, including Earthquake and Flood) on a completed values form, naming contractors of all tiers, the County and the University as insureds.

12.1.2.3 All construction consultants and contractors shall be required to provide Commercial General Liability, Business Automobile Liability, Workers Compensation, and Employers Liability coverage. The University shall obtain or require

other insurance as necessary for projects of similar size and scope.

12.1.2.4 The County and the University, their boards, their officers, agents and employees, and the Board shall be named as additional insured on all liability policies except Professional Liability and Workers Compensation.

12.1.2.5 All capital projects undertaken by or the University shall provide continuing evidence of products-completed operations coverage for a period no less than six (6) years.

12.2 Indemnification.

12.2.1 The University shall defend, indemnify and hold the Board and the County, its elected and appointed officials, employees and agents harmless from, and against any damage, cost (including the payment of attorney fees and costs), claim or liability arising out of negligent acts or omissions of the University, its employees or agents, arising out of the activities or operations of the Medical Center by the University, including the University's management of capital projects for the Medical Center, or arising out of the premises except to the extent that such damage, cost, claim or liability results from the negligent acts or omissions of the Board, the County or their officials, agents or employees.

12.2.2 In the event it is determined that RCW 4.24.115 applies to this Agreement, the University agrees to defend, indemnify and hold the County harmless to the maximum extent permitted thereunder, and specifically for the University's negligence.

Each Party, by mutual negotiation, hereby waives, with respect to the other Party only, any immunity that otherwise would be available against such claims under the Industrial Insurance Act provision of Title 51 RCW.

The University shall defend, indemnify, and hold harmless the County for Claims (defined below) asserted against County by University Personnel. For purposes of this Section 12.2.2, "Claims" shall be defined as any and all claims, debts, liabilities, demands, obligations, damages, attorneys' fees, costs, actions, and causes of action, of

whatever kind or nature that relates in any way to the employment or alleged employment of University Personnel including, without limitation, any and all statutory, civil or administrative claims, including, but not limited to any claim asserting that County is a joint employer under federal or state law, for breach of any covenant or contract, express or implied, any tort claim, any claim under the laws of the state of Washington, Title VII of the Civil Rights Act of 1964, as amended (42 U.S.C. §2000e et seq., the Equal Pay Act, the Fair Labor Standards Act, the Employee Retirement Income Security Act, the Americans with Disabilities Act, as amended (42 U.S.C. §12111 et seq.), 42 U.S.C. §1981, the Family and Medical Leave Act, the Age Discrimination in Employment Act, any and all claims of any kind under any state, federal or local law, and any and all claims relating to the payment of wages, benefits or other amounts due or allegedly due to a claimant from County on any theory of liability whatsoever.

- 12.3 Risk Management.** In consideration of the CIP contemplated under this Agreement, the King County Risk Manager reserves the right to review and request adjustments to the insurance requirements under Section 12.1.2 (Insurance-Construction Activities), pursuant to the specifications of individual capital improvement projects.

Any adjustments made by the King County Risk Manager shall be in accordance with reasonable prudent risk management practices, shall be made with sufficient time for the Parties to confer but in no case after a bid request has been issued, and shall be consistent with those insurance coverages routinely requested and obtained by the King County Risk Manager from similar operations. Such adjustments shall be made in collaboration with the University Risk Manager. Adjustment, if any, in insurance premiums shall be the responsibility of the University.

13. DISPUTE RESOLUTION

- 13.1 Internal Resolution Process.** In the event of a dispute relating to the terms of this Agreement, the Parties shall convene a six-member Dispute Resolution Committee consisting of three members appointed by the CEO of UW Medicine, and three members appointed by the County in consultation with the Board. Any Party may require that a dispute be submitted to the Dispute Resolution Committee by providing notice the other Parties. Unless otherwise

agreed to by the Parties, the Dispute Resolution Committee shall meet within ten business days of the date the notice is sent to the other Party requesting review of a dispute. Unless a different delivery date is unanimously agreed to by the Dispute Resolution Committee members, within thirty days of the Dispute Resolution Committee's first meeting, it shall deliver its written recommendations to the Parties regarding potential resolution options. Over a period not to exceed ninety (90) days from the date of receiving the Dispute Resolution Committee's recommendations, the Parties shall engage in good faith efforts to resolve the dispute, taking into consideration the recommendations of the Dispute Resolution Committee.

- 13.2 Mediation.** In the event the Parties are unable to resolve a dispute relating to the terms of this Agreement through the Dispute Resolution Committee process set forth in Section 13.1 (Internal Resolution Process), either of the Parties may, within 90 days after receiving the Dispute Resolution Committee's written recommendations, submit such dispute to mediation before a mutually agreed upon mediator and follow the procedures directed by the mediator. Conducting the foregoing mediation shall be a condition precedent to the initiation of litigation by either of the Parties. The fees and expense of the mediation shall be borne equally by the Parties.
- 13.3 Litigation.** If the Parties are unable to resolve a dispute through the processes set forth in Sections 13.1 (Internal Resolution Process), and 13.2 (Mediation), then any Party may initiate litigation to resolve a dispute relating to the terms of this Agreement. Jurisdiction and venue shall vest exclusively in the King County Superior Court in Seattle, Washington.

14. MISCELLANEOUS

- 14.1 Integration.** This Agreement merges and supersedes all prior negotiations, representations and agreements between the Parties related to the subject matter hereof, contains all the terms and conditions agreed upon by the Parties, and constitutes the entire agreement between the Parties. No other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind the Parties hereto.
- 14.2 Amendments.** This Agreement may be amended at any time by the Parties, provided such amendment is reduced to writing, signed by the Parties and approved by the County Council by ordinance. Notwithstanding the previous sentence, after consultation with the

Board and UW Medicine, the County Council may modify the Mission Statement or the Admissions Policy and any such modifications shall apply to services provided under this Agreement. Any modified Mission Statement or Admissions Policy shall supersede and replace any earlier version of the Mission Statement or Admissions Policy whether or not the modified Mission Statement or Admissions Policy is included in an amended Exhibit.

- 14.3 Governing Law and Venue.** This Agreement shall be governed and construed in accordance with the laws of the State of Washington, without regard to conflict of law rules, as well as all applicable federal laws and regulations. The Parties agree that venue shall vest solely in the Washington State Superior Court for King County.
- 14.4 Notices.** Unless otherwise specified in this Agreement, any notice, document, or other communication given or made hereunder shall be in writing and shall be deemed given upon (i) hand delivery or (ii) deposit of the same in the United States registered or certified mail, first-class postage and fee prepaid, and correctly addressed to the Party for whom it is intended at the following addresses:

If to the County:

*Board President
Harborview Medical Center
325 Ninth Ave.
Seattle, WA 98104-2499*

*King County Council
King County Courthouse
516 Third Avenue, Room 1200
Seattle, WA 98104*

*King County Executive
401 5th Avenue, Suite 800
Seattle, WA 98104*

With A Copy To:

*Chief of the Civil Division of
the King County Prosecuting
Attorney's Office
W. 400 King County Courthouse*

If to the University:

*UW Medicine CEO
1959 NE Pacific St
Box 356350
Seattle, WA 98195*

With A Copy To:

*Division Chief, UW Division
of AGO
4333 Brooklyn Ave NE
18th Floor*

516 3rd Avenue
Seattle, WA 98104-2388

Box 359475
Seattle, WA 98195

14.5 Nondiscrimination.

14.5.1 Nondiscrimination in Employment. During performance of this Agreement, the University agrees that it will not discriminate against any employee or applicant for employment because of the employee or applicant's sex, race, color, marital status, national origin, religious affiliation, disability, sexual orientation, gender identity or expression or age except by minimum age and retirement provisions, unless based upon a bona fide occupational qualification.

14.5.2 Equal Employment Opportunity Efforts. The University will undertake, and require all contractors and consultants to undertake equal employment opportunity efforts, to ensure that applicants and employees are treated, without regard to their sex, race, color, marital status, national origin, religious affiliation, disability, sexual orientation, gender identity or expression or age. Equal employment opportunity efforts shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeships.

14.5.3 Equal Benefits to Employees with Domestic Partners. The University shall not discriminate in the provision of employee benefits between employees with spouses and employees with domestic partners during the performance of this Agreement. Failure to comply with this provision shall be considered a material breach of this Agreement, and may subject the University to administrative sanctions and remedies for such a breach.

14.5.4 Nondiscrimination in Administration and Service. During performance of this Agreement, the University agrees that it will not discriminate against any person in its administration of this Agreement or in the delivery of services because of the person's sex, race, color, marital status, national origin, religious affiliation, disability, use of service animal, sexual orientation, gender identity or expression or age.

14.5.5 Compliance with Laws and Regulations. The University and all its contractors and consultants shall comply fully with all Applicable Law that prohibits discrimination. These laws include, but are not limited to, Chapter 49.60 RCW, Titles VI and VII of the Civil Rights Act of 1964, the American with Disabilities Act, and the Restoration Act of 1987. The University and all its contractors and consultants shall further comply fully with any equal opportunity requirements set forth in any Applicable Law.

14.6 Conflict of Interest. The Parties shall maintain standards of conduct addressing real or apparent conflicts of interest involving its directors, officers, employees, and agents that comply with any Applicable Law.

14.7 Delegation and Assignment. Neither the University nor the County shall delegate its duties or assign its rights hereunder, either in whole or in part, without prior written consent of the other Party. Any delegation, either in whole or in part, or assignment that does not have such consent shall be null and void. For purposes of this Section 14.7 (Delegation and Assignment), written consent from the County may be provided by the Board.

14.8 Successors. This Agreement shall be binding on and inure to the benefit of the Parties hereto and their respective successors and permitted assigns.

14.9 Subcontracting of Services. No performance of this Agreement shall be subcontracted by the University for amounts that exceed one percent (1%) of the annual Medical Center operating expense without the prior approval of the Board, provided that performance by any entity of UW Medicine will not be considered to be a subcontract subject to this Section 14.9 (Subcontracting of Services).

14.9.1 Approved Subcontracting. Notwithstanding any Board consent to any subcontracting, the University shall remain responsible for any and all performance required of it under this Agreement, including the obligation to properly supervise, coordinate, and perform all work required hereunder. No subcontract shall bind or purport to bind County.

14.9.2 Bound by Agreement. In the event that Board consents to any subcontracting under this Section 14.9 (Subcontracting of Services), the subcontractor, on behalf

of itself, its successors and administrators, shall assume and be bound by, and shall be deemed to have assumed and agreed to be bound by, each and all of the applicable provisions of this Agreement and any amendments that are relevant to its subcontracted performance.

14.9.3 Consent. In the event that the Board consents to any subcontracting, such consent shall apply to each particular subcontract only and shall not be, nor construed to be, a waiver of this Section 14.9 (Subcontracting of Services) or a blanket consent to any further subcontracting.

14.9.4 Liability. The University shall be solely liable and responsible for any and all payments and other compensation to all subcontractors and their officers, employees, and agents. The County shall have no liability or responsibility whatsoever for any payment or other compensation to any subcontractors or their officers, employees and agents.

14.9.5 Copies. The University shall deliver to the Board a fully executed copy of each subcontract entered into by the University pursuant to this Section 14.9 (Subcontracting of Services), on or immediately after the effective date of the subcontract but in no event later than the date any work is performed under the subcontract.

14.10 Compliance with Applicable Law.

14.10.1 General. The Parties shall comply with all Applicable Law. In the event of any notice of a violation of Applicable Law, or an investigation into an alleged violation, each Party shall promptly notify the other Party in writing of such notice. The Parties shall take all measures reasonably necessary and under their respective powers to promptly remedy any violations(s) of any Applicable Law.

14.10.2 Compliance with Healthcare Law. This Agreement is intended to comply with the federal physician self-referral law, codified at 42 U.S.C. § 1395nn, the federal illegal remuneration law, codified at 42 U.S.C. § 1320a-7b(b), the federal anti-inducement law, codified at 42 U.S.C. § 1320a-7a(b), and all regulations promulgated thereunder.

14.10.3 HIPAA Compliance. In performance related hereto, the Parties agree to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. § 1320d and any current and future regulations promulgated thereunder, including, without limitation, any applicable federal privacy, security, and electronic transactions regulations contained in 45 C.F.R. Parts 160, 162, and 164 and any applicable privacy, security and security breach notification provisions applicable to a business associate under Subtitle D of the Health Information Technology for Economic and Clinical Health Act, which is Title XIII of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5), and any regulations promulgated thereunder, including, but not limited to, 45 C.F.R. Part 164, Subpart D. The Parties agree to make their internal practices, books, and records relating to the use and disclosure of Protected Health Information (as defined in 45 C.F.R. § 160.103) available to the Secretary of the Department of Health and Human Services to the extent required for determining compliance with the Health Insurance Portability and Accountability Act of 1996 and any current and future regulations promulgated thereunder. In addition, the Parties agree to comply with any Applicable Laws that govern or pertain to the confidentiality, privacy, security of, and electronic and transaction code sets pertaining to, information related to patients.

14.11 Authority to Enter into Contract. The Parties represent and warrant that they have full corporate and legal authority to enter into and perform this Agreement in accordance with its terms and that the person executing this Agreement on behalf of each Party is an authorized agent who has actual authority to bind that Party to each and every term, condition, and obligation set forth in this Agreement and that all requirements of each Party have been fulfilled to provide such actual authority.

14.12 Relationship of Parties. University and County shall remain separate and independent entities. None of the provisions of this Agreement are intended to create, nor shall be deemed or construed to create, any relationship between or among Parties other than that of independent contractors. Except as otherwise provided, neither of the Parties nor any of their employees shall be construed to be the agent, partner, co-venturer, employee, or representative of the other Party. University Personnel shall not be

deemed County employees and County elected officials, employees, agents and contractors shall not be deemed University employees, agents or contractors.

- 14.13 Restrictions on Lobbying.** If any Federal monies are to be used to pay for Clinical Services, University shall comply with all certifications and disclosure requirements prescribed by Section 319, Public Law 101-121 (31 U.S.C. § 1352) and any implementing regulations, and shall ensure that each of its subcontractors under this Agreement also fully complies with all such applicable certifications and disclosure requirements. The University also shall comply with the requirements of RCW chapter 42.17A regarding lobbying restrictions.
- 14.14 Government Relations.** The Parties agree to consult as appropriate with respect to government relations and any other issues of mutual concern relating to this Agreement.
- 14.15 Incorporation of Exhibits.** All Exhibits and recitals referred to in this Agreement are an integral part of this Agreement and are incorporated in full into this Agreement by this reference.
- 14.16 Severability.** If any provision of this Agreement is held to be illegal, invalid, or unenforceable under present or future laws effective during the term hereof, such provision shall be fully severable. This Agreement shall be construed and enforced as if such illegal, invalid, or unenforceable provision had never been a part of the Agreement; there shall be substituted for the invalid provisions a provision as nearly similar in effect on both Parties as would nevertheless be lawful; and the remaining provisions hereof that reasonably can be given effect apart from the invalid or unenforceable provisions shall remain in full force and effect, unaffected by such severance, provided that the severed provision(s) are not material to the overall purpose and operation of this Agreement.
- 14.17 Investigations.** The Parties shall cooperate regarding outside investigations of the other Party as reasonably requested and as related to this Agreement.
- 14.18 Third Party Beneficiaries.** None of the provisions of this Agreement are or shall be construed as for the benefit of or enforceable by any person not a Party to this Agreement.
- 14.19 Waiver.** Waiver of any default shall not be deemed to be a waiver of any subsequent default. Waiver or breach of any a provision of

this Agreement shall not be deemed to be waiver of any other or subsequent breach and shall not be construed to be a modification of the terms of this Agreement. All of the rights or remedies permitted or available to a Party under this Agreement, or at law or in equity, shall be cumulative and not alternative, and the exercise of any right or remedy shall not constitute a waiver or election of remedies with respect to any other permitted or available right or remedy.

14.20 Force Majeure. Neither Parties shall be liable or be deemed in default of this Agreement for any delay or failure to perform any obligation hereunder for any reason beyond its control, including but not limited to, acts of God, war, terrorism, civil commotion, fire, flood or casualty, labor difficulties, shortages of or inability to obtain labor, materials or equipment, governmental regulations or restrictions, or unusually severe weather; provided that the Parties shall perform to the extent, if any, that remains reasonably practicable. In any such case, the Parties agree to negotiate in good faith with the goal of preserving this Agreement and the respective rights and obligations of the Parties under this Agreement, to the extent reasonably practicable. The University recognizes that the Medical Center provides essential services and that these services are of particular importance at the time of a natural disaster or other similar event, or at the time of a riot, insurrection or civil unrest. Notwithstanding anything in this Agreement to the contrary, UW Medicine shall use best efforts, consistent with legitimate concern for University Personnel as well as for patients, to continue providing Clinical Services at the Medical Center during any natural disaster or other similar event, riot, insurrection or civil unrest. An unreasonable failure to comply with this Section 14.20 (Force Majeure), which remains uncured after demand, shall be considered a material breach of this Agreement pursuant to Section 10.2 (Events of Termination).

14.21 Time is of the Essence. The Parties recognize that time is of the essence in the performance of the provisions of this Agreement.

14.22 Interpretive Rules. The words “hereof,” “herein” and “hereunder” and words of similar import when used in this Agreement refer to this Agreement as a whole and not to any particular provision of this Agreement, and all Section references are to this Agreement unless otherwise specified. The words “include,” “includes” and “including” will be deemed to be followed by the phrase “without limitation.” The word “days” means calendar days unless otherwise specified herein. The title to this Agreement, table of contents and headings contained in this Agreement are for reference purposes

only and shall not affect in any way the meaning or interpretation of this Agreement. No provision of this Agreement shall be construed to require any Party or their respective officers, directors, subsidiaries or affiliates to take any action which would violate or conflict with any Applicable Law. The word “or” shall not be exclusive. The meanings given to terms defined herein will be equally applicable to both the singular and plural forms of such terms. Whenever the context may require, any pronoun includes the corresponding masculine, feminine and neuter forms. Except as otherwise expressly provided herein, all references to “dollars” or “\$” will be deemed references to the lawful money of the United States of America.

14.23 Section References. Throughout this Agreement, each section reference includes any subsection.

[Signatures on the Following Page]

IN WITNESS WHEREOF, the Parties have caused this instrument to be executed in duplicate in their names and on their behalf and have caused their seals to be affixed hereto by their duly authorized officers as of the day and year first above written.

**BOARD OF TRUSTEES,
HARBORVIEW MEDICAL CENTER**

By: _____

Name: Clayton Lewis

Title: President, Board of Trustees

KING COUNTY WASHINGTON

Approved as to Form:

By: _____

Name: Dow Constantine

Title: County Executive

Deputy Prosecuting Attorney

Approved by Ordinance Number: _____

**THE REGENTS OF THE UNIVERSITY
OF WASHINGTON**

Approved as to Form:

By: _____

Name:

Title:

Assistant Attorney General

Exhibit 1

Medical Center Facilities

Building Use as of August, 2015

*** The Research and Training Building and Harborview Hall are part of the Medical Center Campus, but not are included in the term "Medical Center" as used in this Agreement. The Parties' respective rights, interests and obligations as to the Research and Training Building are governed by the 1994 Use Agreement the between the University and the County. Effective as of the execution date of this Agreement, Harborview Hall is vacant and the County is responsible for the insurance, maintenance and security of that building.*

BUILDING	OWNER	USE	BUILDING GROSS SQUARE FOOTAGE	SQUARE FOOTAGE USED BY KING COUNTY
Maleng	King County	Hospital (all floors)	261,673 BGSF	
Superblock: <i>Center Tower East Hospital West Hospital West Clinic East Clinic</i>	King County	Hospital purposes, except for County and retail functions noted below: East Clinic: KC TB Clinic KC Metro ADA Assessment s West Clinic KC Lab WSECU ATM	1,063,921 BGSF	TB Clinic – 4095 DGSF Metro Assessments – 2838 DGSF KC Lab 5285 DGSF CDMHP 120 DGSF
Pat Steel Building	King County	Hospital clinic functions, administrative and faculty offices, except	286,426 BGSF	

		for the following retail spaces: At the Peak Café WSECU ATM		
NJB Building	King County owns foundation NJB Properties Owns the building	UW/HMC clinical, research and faculty offices, except for County and Retail functions noted below. KC Medical Examiner KC Involuntary Treatment Court/ PA offices/Public Defenders KC STD WSECU ATM Stockbox Subway Diva Espresso US Bank Gym	707,175 BGSF	Medical Examiner 34,047 RSF calculated via BOMA method KC Involuntary Treatment Court/ PA offices/Public Defenders 7991 RSF calculated via the BOMA method KC STD 13282 RSF calculated via the BOMA method
View Park Garage	King County	Hospital related parking	253,968 BGSF (includes helistop)	
Boren Garage	King County	Hospital staff parking	133,683 BGSF	
Pioneer Square Building	King County	Outpatient clinic and mental health services	22,074 BGSF	

Engineering Building	King County	This is a portable building that currently houses the HMC Planning and Engineering staff	5,886 BGSF	
Walter Scott Brown Building	King County	Houses the HMC Security staff	8,093 BGSF	
Child Care Center	King County	Bright Horizons provides child care services for HMC related staff through the UW Worklife program	5,706 BGSF	
Firehouse	King County	Engineering staff	8,136 BGSF	
Research & Training Building**	Building owned by UW/land lease with KC	Wet lab research & conference / training rooms	181,930 BGSF	
Harborview Hall**	King County	Unoccupied	91,450 BGSF	

Legend / Glossary:

BGSF – Building Gross Square Feet – Total building square footage from exterior building envelope (includes pent houses, mechanical space, and space below grade)

BOMA – Building Owners and Managers Association standard methodology for measurement

DGSF – Departmental Gross Square Feet – Square footage including total room square footage and internal corridors specific to a department

RSF – Rentable Square Feet – Includes proportion of building and floor common areas

Exhibit 2

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.

Exhibit 3

Core Clinical Services

- Level I Adult and Pediatric Trauma**, Adult and Pediatric Burn**
- Surgical Services
- Acute Inpatient Psychiatric Service
- Acute Rehabilitation Inpatient Service
- Infectious Disease Response Capability
- Comprehensive Emergency Department Services
- Primary Care Clinic Services
- Specialty Care Clinic Services
- Ambulatory Surgery
- Diagnostic and Therapeutic Services to include Angio-Cath, EEG, EKG, Vascular, and GI
- Comprehensive Imaging (Radiology, CT, MRI, Ultrasound)
- Occupational Therapy, Physical Therapy, and Speech Therapy
- Respiratory Therapy
- Nuclear Medicine
- Psychiatric and Behavioral Health Services
- Sexual Assault and Traumatic Stress Service

**Facilities, devices and services required to meet Level I Adult and Pediatric requirements specified by the Washington Administrative Code.

Glossary of Core Clinical Services*


- Level I Adult and Pediatric Trauma, Adult and Pediatric Burn – provides facilities, devices and services required to meet Level I Adult and Pediatric requirements specified by the Washington Administrative Code, Chapter 246-976
- Surgical Services - Surgical Services is comprised of departments and units that provide care to surgery patients. The group includes the Pre-Anesthesia Clinic, Ambulatory Surgery Unit (ASU), the Operating Room (OR), the Post Anesthesia Care Unit (PACU) and Central Processing Unit (CPU).
- Acute Inpatient Psychiatric Service - The inpatient service is designed to care for patients with any acute psychiatric disorder including first episodes of a psychiatric disorder, co-existing substance abuse, co-existing medical or surgical disorders, and affective disorders.
- Acute Rehabilitation Inpatient Service - Inpatient rehabilitation therapy is provided for stroke, traumatic brain injury, spinal cord injury, and disease, multiple trauma, and burns.
- Infectious Disease Response Capability – community resources to provide care, educate, and coordinate a needed response to large scale outbreaks of infectious diseases
- Comprehensive Emergency Department Services – includes trauma and a wide variety of services available to diagnose and treat conditions such as heart attacks, asthma, and mental illness
- Primary Care Clinic Services - involve a wide scope of healthcare, including all ages of patients, patients of all socioeconomic and geographic origins, patients seeking to maintain optimal health, and patients with all manner of acute and chronic physical, mental and social health issues, including multiple chronic diseases
- Specialty Care Clinic Services – clinic healthcare services provided by medical specialists and other health professionals who generally do not have first contact with patients, for example, cardiologists, urologists and dermatologists.
- Ambulatory Surgery - Outpatient surgery also known as same-day surgery is surgery that does not require an overnight hospital stay.
- Diagnostic and Therapeutic Services – services provided to inpatients and outpatients including such technologies such as angiography, electrocardiography, vascular testing, gastrointestinal testing and others
- Comprehensive Imaging – provides diagnostic services to inpatients and outpatients using technologies such as radiology, CT Scanning, Magnetic Resonance Imaging, and Ultrasound

- Occupational Therapy, Physical Therapy, and Speech Therapy – therapeutic treatments provided to inpatient and outpatients to aid in the rehabilitative treatment process
- Respiratory Therapy – services provided to evaluate, monitor, and treat breathing disorders and cardiovascular problems, such as asthma and emphysema.
- Nuclear Medicine –Medical specialty involving the application of radioactive substances in the diagnosis and treatment of disease
- Psychiatric and Behavioral Health Services – includes broad ranges of services including psychiatric emergency services, outpatient psychiatry services, medical-surgical consultation for patients with psychiatric conditions, sexual assault services, and addiction services
- Sexual Assault and Traumatic Stress Service – services provided to persons impacted by sexual assault and other traumatic events. Provides education and consultation for health, mental health, and legal professionals; conducts research and evaluation; promotes prevention and works with communities to promote social change.

*Effective September 1, 2015. The descriptions are subject to change by UW Medicine, upon approval of the Board.

Exhibit 4

Medical Center Identity

1. **Signage.** For all signage on Medical Center buildings, the new logo will contain the following elements:
 - a) The top and largest part of the logo will include “Harborview Medical Center.”
 - b) Below “Harborview Medical Center,” the following elements will be smaller and assigned equal visual weight:
 -  **King County**
 - UW Medicine
2. **Webpages.** For all UW Medicine webpages related to the Medical Center, the description of the building of Harborview will include language to refer the ownership by King County and the following King County logo will be added to building descriptions:

-  **King County**

Exhibit 5
Line Items for Budget

Total Patient Revenue

Total Deductions

Net Patient Revenue

State Appropriation

Other Revenue

Total Net Revenue

Expenses

Non-Physician Salaries, Wages & Benefits

Payments to University for Physician

Expenses

Payments to University for IT Expenses

Payments to University for Risk

Management

Payments to University for Financial

Services

Payments to University for Contact Center

Payments to University for Neighborhood

Clinics

Payments to University for Central

Administration

Payments to University for Other Expenses

Supplies

Depreciation

Total Expenses

Income from Operations

Operating Margin

Non-operating Income (Expense)

NET INCOME

Total Margin

Exhibit 6

Medical Center Admissions Policy

Within the resources available to the Medical Center, admission of patients to it shall not be dependent upon their ability to pay.

Appendix 2
Audited Financials



HARBORVIEW MEDICAL CENTER
(A Component Unit of King County)
(Operated by the University of Washington)

Basic Financial Statements

June 30, 2021 and 2020

(With Independent Auditors' Report Thereon)

HARBORVIEW MEDICAL CENTER
(A Component Unit of King County)
(Operated by the University of Washington)

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Basic Financial Statements:	
Statements of Net Position	18
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Statements of Cash Flows	20
Notes to Basic Financial Statements	21



KPMG LLP
Suite 2900
1918 Eighth Avenue
Seattle, WA 98101

Independent Auditors' Report

The Board of Trustees
Harborview Medical Center:

We have audited the accompanying financial statements of the business-type activities of Harborview Medical Center, a component unit of King County, as of and for the years ended June 30, 2021 and 2020, and the related notes to the financial statements, which collectively comprise the Harborview Medical Center's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities of Harborview Medical Center as of June 30, 2021 and 2020, and the changes in its financial position and its cash flows thereof for the years then ended, in accordance with U.S. generally accepted accounting principles.



Other Matters

Required Supplementary Information

U.S. generally accepted accounting principles require that the management's discussion and analysis on pages 3–17 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

KPMG LLP

Seattle, Washington
October 8, 2021

HARBORVIEW MEDICAL CENTER
(A Component Unit of King County)
(Operated by the University of Washington)
Management's Discussion and Analysis
June 30, 2021 and 2020
(Dollar amounts in thousands)
(Unaudited)

The following discussion and analysis provides an overview of the financial position and activities of Harborview Medical Center (Harborview) for the years ended June 30, 2021 and 2020. This discussion has been prepared by management and is designed to focus on current activities, resulting changes, and current known facts. It should be read in conjunction with the basic financial statements and accompanying notes that follow this section.

Harborview is owned by King County, governed by a county-appointed board of trustees, and managed through a Hospital Services Agreement effective February 25, 2016 between the University of Washington (the University) and King County. Harborview is part of UW Medicine, which also includes University of Washington Medical Center (UW Medical Center), UW Medicine/Northwest dba Northwest Hospital & Medical Center (Northwest Hospital), which was a separate legal entity through December 31, 2019, Valley Medical Center (VMC), UW Neighborhood Clinics (UWNC), UW Physicians (UWP), UW School of Medicine (the School), Airlift Northwest (Airlift), and UW Medicine Shared Services. Effective January 1, 2020, Northwest Hospital was integrated into UW Medical Center as its second campus, and its assets and liabilities were transferred to UW Medical Center.

Using the Financial Statements

The financial report consists of two parts: management discussion and analysis and the basic financial statements. Harborview's basic financial statements consist of three statements: statements of net position; statements of revenues, expenses, and changes in net position; and statements of cash flows. These financial statements and related notes provide information about the activities of Harborview, including resources held by Harborview but restricted for specific purposes by contributors, grantors, or enabling legislation.

The statements of net position include all of Harborview's assets and liabilities using the accrual basis of accounting as well as an indication about which assets can be used for general purposes and which are designated for a specific purpose. The statements of net position also include information to evaluate the capital structure of Harborview and assess the liquidity and financial flexibility of Harborview.

The statements of revenues, expenses, and changes in net position report all of the revenues and expenses during the time period indicated. Net position, the difference between the sum of assets and the sum of liabilities, is one way to measure the financial health of Harborview and whether the organization has been able to recover all its costs through net patient service revenues and other revenue sources.

The statements of cash flows report the cash provided by Harborview's operating activities as well as other cash sources, such as investment income and cash payments for capital additions and improvements and funding to affiliates. These statements provide meaningful information on where Harborview's cash was generated and what it was used for.

Results of Operations

The novel coronavirus (COVID-19) was identified in China in December 2019 and the first case in Washington State was discovered in January 2020. COVID-19 has spread globally creating a pandemic, which has

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significantly impacted the economic conditions at a local, national, and international level. On February 29, 2020, the governor of the state of Washington declared a state of emergency to ensure the swift deployment of resources necessary to address coronavirus in Washington and the forecasted potential surge of COVID-19 patients. On March 13, 2020, President Trump declared a national state of emergency with respect to the COVID-19 outbreak, ordering all states to establish emergency operations and authorizing the use of federal funds. Both the national state of emergency and Washington state of emergency continued through fiscal year 2021. COVID-19 cases fluctuated throughout the fiscal year and Harborview experienced multiple COVID-19 surges.

In response to the many COVID-19 surges, Harborview cancelled or postponed certain inpatient non-emergent and elective procedures in order to preserve inpatient capacity. The cancellation of certain procedures had an impact on volumes and revenues in the fiscal year. At the same time, Harborview continues to experience increased costs related to the COVID-19 response, including elevated costs of medical supplies and an increase in labor expense. In fiscal year 2021, Harborview and UW Medicine launched COVID-19 mass vaccination sites and mobile vaccination operations to ensure that our employees, patients, and vulnerable community had access to vaccines. UW Medicine and Harborview's pandemic response continues to evolve. Harborview has received donations to provide testing and vaccinations to the vulnerable community and homeless population.

Harborview reported an operating loss of \$10,419 and an increase in net position of \$6,293 for the year ended June 30, 2021 compared to operating income of \$5,646 and an increase in net position of \$27,197 for the year ended June 30, 2020. The increase in net position in fiscal year 2021 is primarily attributed to nonoperating revenues that are associated with the recognition of provider relief funds, other funding associated with COVID-19, and investment income received.

For the year ended June 30, 2020, Harborview reported operating income of \$5,646 and an increase in net position of \$27,197 compared to operating income of \$41,969 and an increase in net position of \$30,948 for the year ended June 30, 2019. Despite having decreased volumes attributed to COVID-19, Harborview experienced greater contract pharmacy revenues and lower nonlabor expenses due to the decreased volumes. The increase in net position in fiscal year 2020 was primarily attributed to an increase in nonoperating

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revenues, which were associated with COVID-19 federal stimulus funding and investment income received in fiscal year 2020.

	2021	2020	2019
Operating revenues	\$ 1,129,251	1,048,870	1,069,545
Operating expenses	1,139,670	1,043,224	1,027,576
(Loss) income from operations	(10,419)	5,646	41,969
Investment income, net	5,432	6,744	6,755
Federal stimulus funding	17,471	31,016	—
Other, net	(6,501)	(16,359)	(21,385)
Nonoperating revenues (expenses)	16,402	21,401	(14,630)
Income before other changes in net position	5,983	27,047	27,339
Other changes in net position	310	150	3,609
Increase in net position	6,293	27,197	30,948
Net position, beginning of year	730,817	703,620	672,672
Net position, end of year	\$ 737,110	730,817	703,620

The following table presents Harborview's key performance indicators for June 30, 2021, 2020, and 2019:

	2021	2020	2019
Licensed beds	413	413	413
Admissions	15,112	15,329	16,073
Patient days	151,432	140,502	147,649
Average length of stay	10.0	9.2	9.2
Occupancy	101 %	93 %	98 %
Case mix index (CMI)	2.62	2.43	2.42
Surgery cases	17,833	16,228	16,248
Emergency room visits	47,369	53,550	55,545
Primary care clinic visits	80,596	76,591	81,767
Specialty care clinic visits	178,531	152,261	176,639
Trauma cases	6,573	5,891	6,418
Full-time equivalents (FTEs)	4,544	4,471	4,454

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Management's Discussion and Analysis

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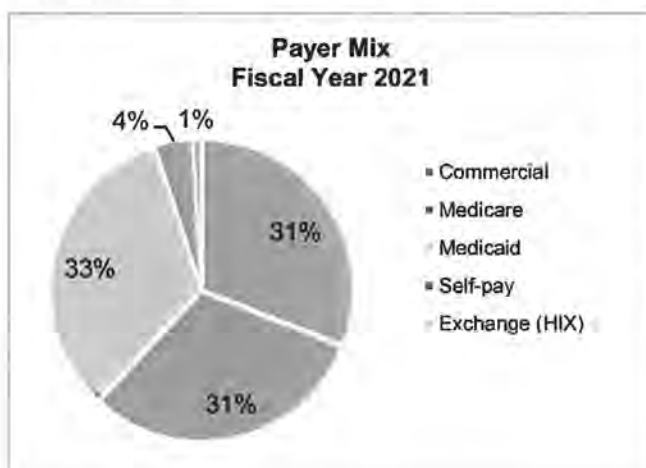
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In fiscal year 2021, Harborview experienced a decline in admissions due to an increased length of stay resulting from patient discharge barriers. In addition, Harborview experienced high case mix acuity and additional surges in COVID-19 cases. In fiscal year 2020, Harborview experienced a decline in admissions due to the mandatory cancellation and postponement of procedures and surgeries from mid-March to mid-May as a result of COVID-19.

Operating Revenues

Operating revenues consist primarily of net patient service revenues and other revenue. Net patient service revenues are recorded based on standard charges less contractual adjustments, financial assistance, and a provision for uncollectible accounts. Harborview has agreements with federal and state agencies and commercial payers that provide for payments at amounts that differ from gross charges. Harborview provides care at no charge to patients who qualify under Harborview's financial assistance policy. In addition, Harborview estimates the amount of accounts receivable due from patients that will become uncollectible, which is also reported as a reduction of net patient service revenues. The difference between gross charges and the estimated net realizable amounts from payers and patients is recorded as an adjustment to charges. The resulting net patient service revenue is shown in the statements of revenues, expenses, and changes in net position.

Net patient service revenues comprise both inpatient and outpatient revenue. Outpatient revenue consists of hospital-based, clinic professional fees, and retail pharmacy revenues. Other revenue is comprised of hospital-related revenues such as grants, contract pharmacy revenue, as well as parking and cafeteria revenues.



Harborview's payer mix is a key factor in the overall financial operating results. The chart to the left illustrates payer mix for fiscal year 2021 gross patient service revenue. For the years ended June 30, 2021 and 2020, Medicaid revenue represented 33% and 32%, respectively; Commercial revenue represented 31% for both years; Medicare revenue represented 31% and 32%, respectively; Self-pay revenue represented 4% for both years; and Exchange revenue represented 1% for both years.

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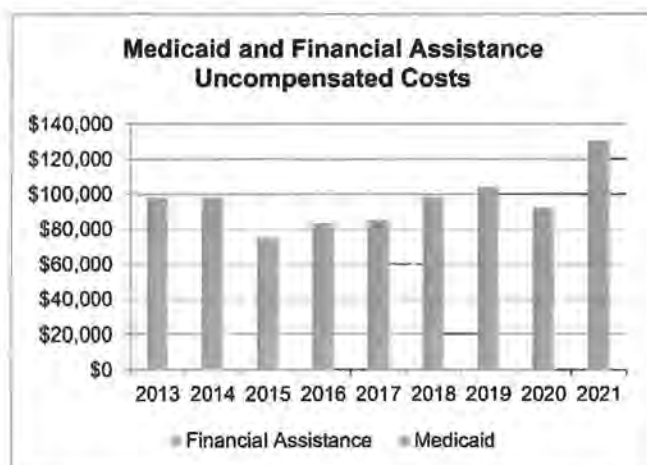
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Uncompensated care costs, as illustrated in the chart below, represent costs in excess of reimbursement for Medicaid and financial assistance patients. This chart does not include all uncompensated costs, such as providing care to Medicare patients. Over the past several years, the cost of providing care to Medicaid patients has increased.



Reimbursement from governmental payers is below commercial rates. Reimbursement rules are complex and subject to both interpretation and retrospective settlements. Harborview has significant government revenues subject to settlements as a result of Medicaid and Medicare revenues.

For the years ended June 30, 2021, 2020, and 2019, Harborview's total operating revenues were \$1,129,251, \$1,048,870, and \$1,069,545, which was comprised of \$1,020,792, \$933,035, and \$962,042, in net patient service revenues and \$108,459, \$115,835, and \$107,503, in other revenue, respectively. The increase in operating revenues for fiscal year 2021 of \$80,381 is driven by net patient

service revenue as a result of higher acuity and case mix index and an increase in volumes. The decrease in operating revenues for fiscal year 2020 was primarily attributed to the decrease in net patient service revenue related to the mandatory cancellation of non-emergent and elective procedures because of the initial COVID-19 surge. Harborview experienced an increase in contract pharmacy revenue which is recorded within other revenue on the statements of revenues, expenses, and changes in net position, which partially offset the reduction in net patient service revenue.

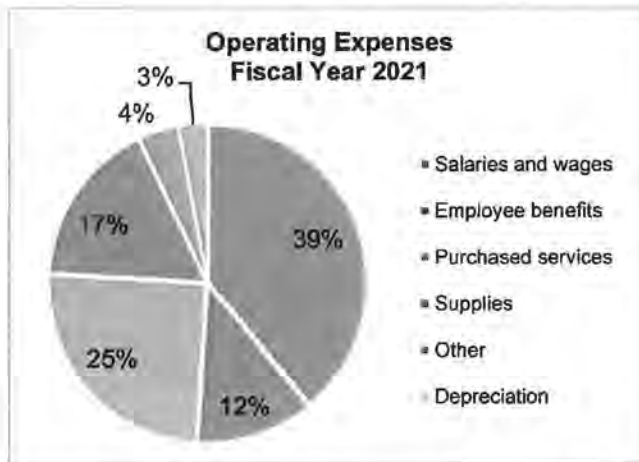
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(Unaudited)



Operating Expenses

Operating expenses were \$1,139,670 for fiscal year 2021 compared to \$1,043,224 for fiscal year 2020 and \$1,027,576 for fiscal year 2019. The composition of fiscal year 2021 operating expenses is illustrated in the chart to the left.

Salaries and wages increased \$39,395 from \$409,213 in fiscal year 2020 to \$448,608 in fiscal year 2021. The increase in salaries and wages in the current year is primarily attributed to an increase in FTEs and higher contract labor hourly rates. Contract labor hourly rates increased as a result of demand nationwide associated with COVID-19.

Salaries and wages increased \$19,125 from \$390,088 in fiscal year 2019 to \$409,213 in fiscal year 2020. The increase in salaries and wages in fiscal year 2020 was primarily attributed to employee merit increases and a slight increase in FTEs. Despite the decrease in volumes, there was a need to retain historical staffing levels in response to the COVID-19 pandemic.

Employee benefits increased \$749 from \$141,706 in fiscal year 2020 to \$142,455 in fiscal year 2021 and increased \$4,154 from \$137,552 in fiscal year 2019 to \$141,706 in fiscal year 2020. Between fiscal year 2020 and fiscal year 2021, the University benefit load rate for classified and professional employees decreased as a result of reduced healthcare expenses and employer pension contributions, which offset the increase in employee benefits expense driven by an increase in FTEs.

Between fiscal year 2019 and fiscal year 2020, the benefit load rate for classified employees increased 0.7% from 40.5% to 41.2% because of increased healthcare expenses. The University benefit load rate for professional employees decreased 2.0% from 34.1% to 32.1% as a result of employer pension contributions.

Purchased services, which consist of UW Medicine shared services, clinical department funding to the School, resident, and other purchased service expenses increased \$24,756 from \$255,060 in fiscal year 2020 to \$279,816 in fiscal year 2021 and decreased \$1,751 from \$256,811 in fiscal year 2019 to \$255,060 in fiscal year 2020. The increase in purchased services in fiscal year 2021 is driven by increased costs associated with Destination: One, the implementation of a single electronic health record system which allows us to improve the experience for our patients as well as to achieve clinical quality, safety and workflow efficiencies through standardization. This was fully implemented in March 2021. Additionally, there was an increase in clinical department funding to the School as a result of an increase in volumes during the year.

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The decrease in purchased services in fiscal year 2020 was driven by a decrease in clinical department funding to the School offset by increased costs associated with Destination: One, the Epic clinical transformation program.

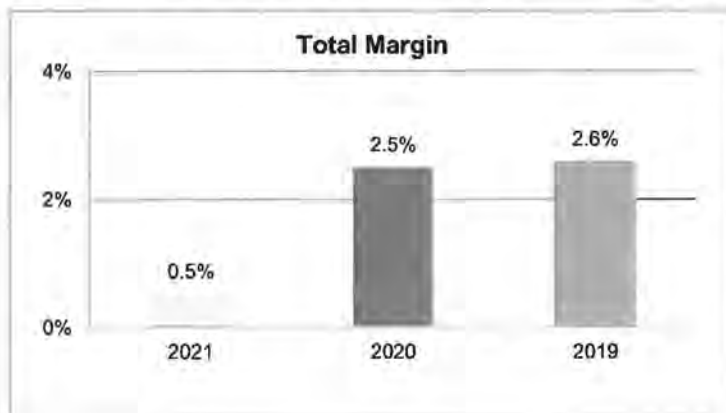
Supplies expense includes medical, surgical, pharmaceutical, and nonmedical supplies. In total, these expenses increased \$23,990 from \$169,137 in fiscal year 2020 to \$193,127 in fiscal year 2021 and decreased \$1,096 from \$170,233 in fiscal year 2019 to \$169,137 in fiscal year 2020. The increase in supplies expense between fiscal years 2021 and 2020 was driven by higher pharmaceutical and prosthesis expenses as a result of an increase in volumes in fiscal year 2021.

The decrease in supplies expense between fiscal years 2020 and 2019 was due to lower nonmedical supplies. Medical supplies were consistent with the prior year as higher pharmaceutical expenses offset lower prosthesis and blood expense as a result of a decrease in procedures due to COVID-19.

Nonoperating Revenues (Expenses)

Nonoperating revenues (expenses) consist primarily of investment income, donations, intergovernmental transfer expense, strategic funding to UW Medicine entities, mission support paid to King County, state appropriations, and COVID-19 federal stimulus funding. In fiscal year 2021, net nonoperating revenues decreased \$4,999 from \$21,401 for the year ended June 30, 2020 to \$16,402 at June 30, 2021. The decrease is due to the difference in the amount of COVID-19 federal stimulus funding recognized between the two fiscal years. In fiscal year 2021, Harborview recognized \$17,471 compared to \$31,016 in the prior year. Additionally, at June 30, 2021, the investment pool performance was 0.75% compared to 1.38% in fiscal year 2020.

Net nonoperating revenues increased \$36,031 from \$14,630 of net nonoperating expenses for the year ended June 30, 2019 to \$21,401 in net nonoperating revenues at June 30, 2020. In 2020, the increase was driven by the recognition of federal stimulus funding of \$31,016 related to COVID-19. At June 30, 2020, the investment pool performance was 1.38% compared to 2.31% in fiscal year 2019.



Total Margin

Total margin or excess margin is a ratio that defines the percentage of total revenue (operating plus nonoperating) that has been realized in the form of net income before capital contributions, additions to permanent endowments, and other and is a common measure of total hospital profitability. Total margin for the fiscal years 2021, 2020, and 2019 is illustrated in the chart to the left.

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Financial Analysis

Statements of Net Position

The table below is a presentation of certain condensed financial information derived from Harborview's statements of net position as of the fiscal years ended June 30, 2021, 2020, and 2019:

	<u>2021</u>	<u>2020</u>	<u>2019</u>
Current assets	\$ 581,936	575,892	464,606
Noncurrent assets:			
Capital assets, net	268,894	286,279	284,981
Internally designated assets	95,343	76,921	81,493
Other assets	40,718	33,726	24,304
Total assets	<u>986,891</u>	<u>972,818</u>	<u>855,384</u>
Current liabilities	192,019	223,291	141,269
Noncurrent liabilities	57,762	18,710	10,495
Total liabilities	<u>249,781</u>	<u>242,001</u>	<u>151,764</u>
Net position	<u>737,110</u>	<u>730,817</u>	<u>703,620</u>
Total liabilities and net position	<u>\$ 986,891</u>	<u>972,818</u>	<u>855,384</u>

Total assets are \$986,891 at June 30, 2021 compared to \$972,818 at June 30, 2020, an increase of \$14,073. Significant events within total assets during fiscal year 2021 include an increase in patients accounts receivable which was offset by a decrease in cash and cash equivalents as a result of an increase in accounts receivable, higher operating expenses, and the recoupment of a portion of the Medicare advanced payments.

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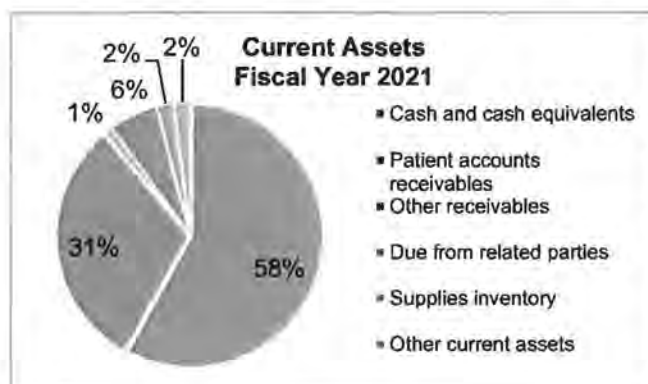
(Dollar amounts in thousands)

(Unaudited)

Total assets were \$972,818 at June 30, 2020 compared to \$855,384 at June 30, 2019, an increase of \$117,434. Significant events within total assets during fiscal year 2020 include an increase in cash and cash equivalents as a result of Medicare advanced payments and federal stimulus funding received associated with COVID-19, which offset a decrease in patient accounts receivable attributed to lower volumes.

Current Assets

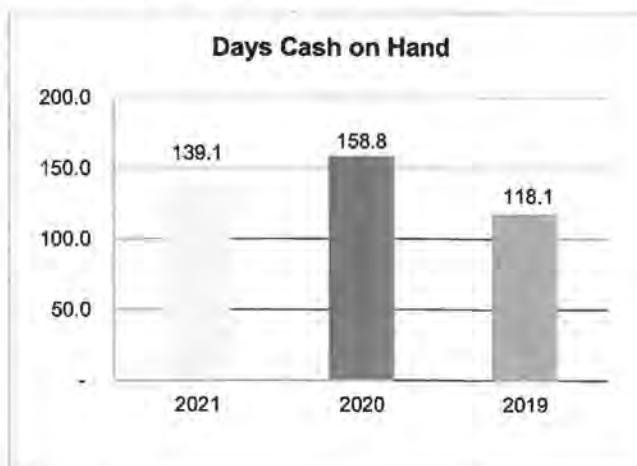
Current assets consist of cash and cash equivalents, patient accounts receivable, and other current assets that are expected to be converted to cash within a year. Total current assets were \$581,936, \$575,892, and \$464,606 at fiscal years 2021, 2020, and 2019, respectively. Fiscal year 2021 composition of current assets is illustrated in the chart below.



Cash and cash equivalents represent amounts invested in the King County Investment Pool (KCIP) on behalf of Harborview. All amounts invested in the KCIP are available upon demand and, as such, are considered cash equivalents. Harborview's investment in the KCIP is presented within cash and cash equivalents, internally designated assets, and certain donor restricted assets in the statements of net position. Cash and cash equivalents decreased \$34,597 from \$369,672 at June 30, 2020 to \$335,075 at June 30, 2021 and increased \$117,865 from \$251,807 at June 30, 2019 to \$369,672 at June 30, 2020.

Days cash on hand is utilized to evaluate an organization's continuing ability to meet its short-term operating needs. Days cash on hand, including board and management designated assets as of June 30, 2021, 2020, and 2019, is illustrated in the graph to the right.

Harborview's total days cash on hand decreased 19.7 days from 158.8 days at June 30, 2020 to 139.1 days at June 30, 2021. The decrease of 19.7 days between fiscal year 2021 and fiscal year 2020 is due to the increase in patient accounts receivable, increased operating expenses and the recoupment of a portion of the Medicare advanced payments. At June 30, 2021, Medicare has recouped \$6,354 of Harborview's Medicare advanced payments.

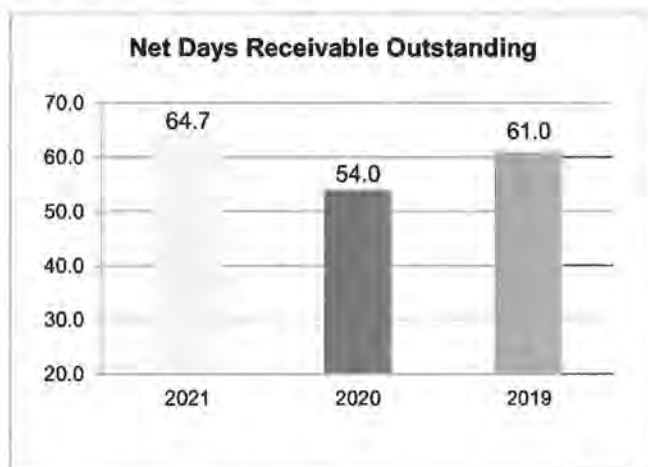


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Excluding the payable balance of Medicare advanced payments at June 30, 2021, days cash on hand would have been 118.9 days.

Harborview's total days cash on hand increased 40.7 days from 118.1 days at June 30, 2019 to 158.8 days at June 30, 2020. In 2020, the increase was driven by federal stimulus funding and Medicare advanced payments received during the fiscal year. Excluding Medicare advanced payments, which will be recouped by Medicare, days cash on hand would have been 134.3 days at June 30, 2020.

Patient accounts receivable were \$180,935 as of June 30, 2021 compared to \$137,765 as of June 30, 2020 and \$160,371 as of June 30, 2019. Patient accounts receivable increased \$43,170 in fiscal year 2021 and decreased \$22,606 in fiscal year 2020. In fiscal year 2021, fewer non-emergent and elective procedures were cancelled due to COVID-19 as in the prior year, resulting in higher volumes, revenue, and accounts receivable. UW Medicine implemented Destination: One in late March 2021, which required overall process changes. These changes led to a temporary delay in billing and collections at the end of fiscal year 2021. In fiscal year 2020, patient accounts receivable was affected by the cancellation of non-emergent and elective procedures due to COVID-19.



Days receivable outstanding indicates an organization's ability to convert net patient service revenue to cash. Days receivable outstanding as of June 30, 2021, 2020, and 2019 is provided in the graph to the left.

Harborview's net days receivable outstanding increased 10.7 days from 54.0 days at June 30, 2020 to 64.7 days at June 30, 2021 and decreased 7.0 days from 61.0 days at June 30, 2019 to 54.0 days at June 30, 2020. The increase in net days receivable in the current year is driven by billing and collection delays due to Destination: One and lower patient accounts receivable in fiscal year 2020 driven by the mandatory cancellation of non-emergent and elective procedures. The

decrease in net days receivable in fiscal year 2020 was driven by the timing of commercial payer cash collections which caused patients accounts receivable and net days patient accounts receivable to be higher at June 30, 2019.

As of June 30, 2021 and 2020, 37% and 37% of the gross patient accounts receivable balances are due from commercial payers, 56% and 56% are due from governmental payers (Medicare and Medicaid), 5% and 5% are due from self-pay patients, and 2% and 2% from the Washington Health Benefit Exchange, respectively.

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Due from related parties consists of amounts due for services provided by Harborview to UW Medicine entities, including the School. Due from related parties increased \$4,031 from \$32,041 at June 30, 2020 to \$36,072 at June 30, 2021 and increased \$12,721 from \$19,320 at June 30, 2019 to \$32,041 at June 30, 2020. The increases in fiscal years 2021 and 2020 relate to the timing of payments between Harborview and other UW Medicine entities.

Noncurrent Assets

Capital assets, net of accumulated depreciation decreased \$17,385 during fiscal year 2021 from \$286,279 at June 30, 2020 to \$268,894 at June 30, 2021 and increased \$1,298 during fiscal year 2020 from \$284,981 at June 30, 2019 to \$286,279 at June 30, 2020. The decrease in fiscal year 2021 is attributed to continued depreciation of depreciable assets offset by moderate capital spending. The increase in 2020 was primarily attributed to an increase in capital spending for equipment and construction projects offset by depreciation expense.

Additional discussion regarding capital asset activity, including capital commitments, during the fiscal years can be found in the notes to the financial statements.

Internally designated assets include board designated and management designated assets, as well as funds held by the University. These assets include cash and investments, in addition to property held for future use and are used by Harborview to fund strategic initiatives, capital improvements, and to purchase equipment.

At June 30, 2021, total internally designated assets were \$95,343 compared to \$76,921 at June 30, 2020, an increase of \$18,422 between years. The increase in internally designated assets between fiscal year 2020 and fiscal year 2021 relates to an increase in funds which are designated for the Maleng bed capacity project at Harborview.

At June 30, 2020, total internally designated assets were \$76,921 compared to \$81,493 at June 30, 2019, a decrease of \$4,572 between years. The decrease in internally designated assets between fiscal year 2019 and fiscal year 2020 relates to a decrease in funds held by the University designated for construction projects at Harborview.

Other assets consist of long-term prepaid expenses and donor restricted assets. The long-term prepaid expense reflected in other assets entitles Harborview access to the enterprise-wide information technology (IT) software and services. Other assets increased \$6,992 during fiscal year 2021 from \$33,726 at June 30, 2020 to \$40,718 at June 30, 2021 and increased \$9,422 during fiscal year 2020 from \$24,304 at June 30, 2019 to \$33,726 at June 30, 2020. The increase in fiscal year 2021 is driven by an increase in donor restricted assets related to donations received in the year as well as the timing of IT capital projects. In fiscal year 2020, Harborview entered into a new lease agreement on a building that is currently being constructed and paid \$8,200 in prepaid rent as part of the agreement, resulting in an increase in other assets.

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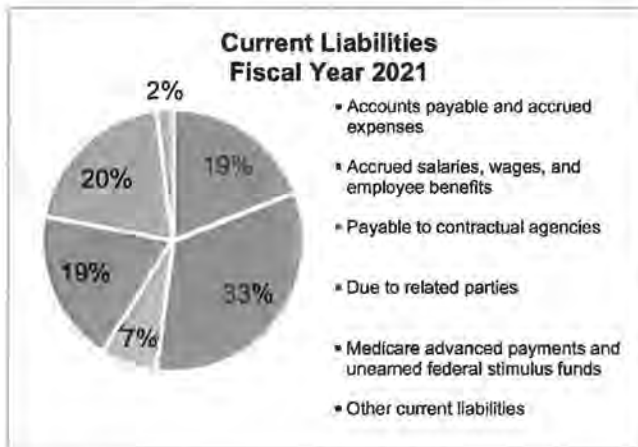
June 30, 2021 and 2020

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(Unaudited)

Current Liabilities

Current liabilities consist of accounts payable and other accrued liabilities that are expected to be paid within a year. Total current liabilities were \$192,019, \$223,291, and \$141,269 at June 30, 2021, 2020, and 2019, respectively. Fiscal year 2021 composition of current liabilities is illustrated in the chart below.



Accounts payable and accrued expenses

increased \$279 from \$36,655 at June 30, 2020 to \$36,934 at June 30, 2021 and increased \$1,329 from \$35,326 at June 30, 2019 to \$36,655 at June 30, 2020. Changes in accounts payable and accrued expenses are primarily driven by timing of payments to vendors.

Accrued salaries, wages, and employee benefits

increased \$8,046 from \$54,692 at June 30, 2020 to \$62,738 at June 30, 2021 and increased \$1,310 from \$53,382 at June 30, 2019 to \$54,692 at June 30, 2020. Changes in accrued salaries, wages, and employee benefits are primarily driven by the number of employees, employee merit and fringe benefit rate fluctuations, and paid leave

accruals.

Payable to contractual agencies consists of estimated reserves for Medicare cost reports and Medicaid CPE settlements. Payable to contractual agencies decreased \$9,946 from \$23,760 at June 30, 2020 to \$13,814 at June 30, 2021 and increased \$1,674 from \$22,086 at June 30, 2019 to \$23,760 at June 30, 2020. The decrease in fiscal year 2021 is due to the timing of payments. The increase in fiscal year 2020 was driven by development in open Medicare cost reports and Medicaid CPE estimates.

Due to related parties consists of amounts owed for services provided to Harborview from UW Medicine shared services, including ITS, the School, and funding to King County. The current portion of amounts due to related parties increased \$14,665 from \$21,132 at June 30, 2020 to \$35,797 at June 30, 2021 and decreased \$8,657 from \$29,789 at June 30, 2019 to \$21,132 at June 30, 2020. The increase in fiscal year 2021 and decrease in fiscal year 2020 in due to related parties are primarily driven by timing of payments to related parties.

Harborview has a long-term due to related parties balance of \$25,469 at June 30, 2021 compared to \$8,900 at June 30, 2020, an increase of \$16,569. Long-term due to related parties increased from \$0 at June 30, 2019 to \$8,900 at June 30, 2020. The increase in both fiscal years relate to Harborview's long-term arrangement to pay UW Medicine IT Services for its portion of Destination: One costs, which was funded in large part through the University's internal lending program. This program was fully implemented in March 2021.

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Medicare advanced payments represent advanced payments received from Medicare under Centers for Medicare and Medicaid Services (CMS) Medicare Advanced Payment Program. As of June 30, 2021 and 2020, the current portion of \$38,305 and \$68,000, respectively, is presented within Medicare advanced payments and unearned stimulus funds in the accompanying statements of net position. The long-term portion of \$23,341 and \$0 is recorded in other noncurrent liabilities at June 30, 2021 and 2020 in the statements of net position.

The advanced Medicare funds will be recouped by Medicare by offsetting paid claims until the full amount is recouped. Medicare began recouping Medicare advanced payments in April 2021 from Harborview and has recouped \$6,354 as of June 30, 2021. Harborview expects the advances to be fully repaid by fiscal year 2023.

Unearned federal stimulus funds consist of federal stimulus funds received from the CARES Act Provider Relief Fund. Unearned federal stimulus funds decreased \$16,741 from \$16,741 at June 30, 2020 to \$0 at June 30, 2021. In fiscal year 2021, Harborview recognized \$16,741 that was deferred at June 30, 2020. Unearned federal stimulus funds increased \$16,741 from \$0 at June 30, 2019 to \$16,741 at June 30, 2020. The increase in fiscal year 2020 was driven by deferred recognition of Provider Relief Funds that were received in fiscal year 2020. These amounts are recorded within Medicare advanced payments and unearned stimulus funds in the accompanying statements of net position.

Factors Affecting the Future

Economic Uncertainty Facing the Healthcare Industry

The COVID-19 pandemic continues to evolve and the future impact on Harborview's operations and financial position will be driven by many factors, most of which are beyond Harborview's control and difficult to predict. The spread of COVID-19 and the ensuing response of federal, state, and local authorities beginning in March 2020 resulted in a material reduction in our patient volumes. Restrictive measures, including travel bans, social distancing, quarantines, and shelter-in-place orders, reduced the number of procedures performed at our facilities, as well as the volume of emergency room visits. We responded to the pandemic throughout the entire fiscal year and experienced gradual and continued improvement in patient volumes as stay-at-home restrictions eased and our facilities were permitted to resume elective surgeries and other procedures; however, the COVID-19 pandemic continues to impact our business, as well as our patients, communities, and employees. Broad economic factors resulting from the pandemic, including increased unemployment rates and reduced consumer spending, continue to impact our patient volumes, case mix acuity, service mix, and revenue mix. The pandemic has also continued to have an adverse effect on our operating expenses to varying degrees. We have been required to utilize higher-cost temporary labor and pay premiums above standard compensation for essential workers. In addition, we have experienced significant price increases in medical supplies, particularly for personal protective equipment (PPE), and have encountered supply chain disruptions, including shortages and delays. Because of these factors and other uncertainties, management cannot estimate the length or severity of the impact of the pandemic on Harborview's business.

However, we believe that our ultimate success in increasing profitability depends in part on our success in executing our strategies. In general, these strategies are intended to improve financial performance through the reduction of costs and in streamlining how we provide clinical care as well as mitigating the negative

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reimbursement trends experienced within the market. With a continued focus on patient volumes shifting from inpatient to outpatient settings due to technological advancements, and demand for care that is more convenient, affordable, and accessible as well as industry-wide migration to value-based payment models as governmental and commercial payers shift risk to providers, Harborview's focus is on managing costs and care efficiently.

Financial Stability Plan/Project FIT

Project FIT is a multiyear effort to improve our financial performance while achieving our mission to improve the health of the public. UW Medicine was making strong progress toward Project FIT goals overall through February 2020, however, the COVID-19 pandemic drove a need for UW Medicine leadership to reprioritize strategic priorities and look for areas where capital investment could be delayed or reduced with minimal impact to our immediate return on investment. For fiscal year 2022, Project FIT will continue to develop and execute key initiatives, including increasing revenues through the growth of clinical services, reducing costs through key strategic initiatives related to labor, productivity, supply pricing, and utilization as well as investing in our infrastructure will continue to be a priority.

UW Finance Transformation

In December 2019, the UW Finance Transformation (UWFT) program received approval from the Board of Regents to proceed with a broad redesign of finance-related policies and processes, enabled by the implementation of new enterprise resource planning (ERP) technology. The University and UW Medicine have determined that Workday Financials® will provide the best available platform to support the business objectives for this transformation by providing a seamless, integrated solution for human resources and payroll, which was previously implemented, procurement, and finance. UW Medicine and the University expect three primary areas of program benefit: functional benefits in the form of new and improved system capabilities, cost avoidance of maintaining and upgrading existing systems, and efficiencies in new business processes and organization. Total program costs are approximately \$340,000, which includes all operating and capital costs for implementation and one year of stabilization. UW Medicine, including Harborview, will be charged for a portion of the project. The amount and allocation methodology will be finalized upon completion of the project. UWFT is expected to be implemented on July 1, 2023.

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Capital Improvement Bond Measure

With the support of the Board of Trustees, Harborview collaborated with King County to define the next phase of Harborview's campus plan. The focus of this facility master plan includes a new medical tower with single patient rooms, modernization to support clinical delivery of care, expansion of Behavioral Health programming, and continuation of seismic facility upgrades. The King County Executive transmitted legislation to the King County Council that placed a capital improvement bond measure before King County voters on the November 2020 General Election ballot. The measure received voter approval for \$1,740,000 in general obligation bonds over 20 years for health and safety improvements at Harborview. Currently, Harborview and UW Medicine management and King County are in the planning phase of this project.

Employee Costs

The University has financial responsibility for pension and other postretirement benefits associated with the PERS defined-benefit plans, University of Washington Supplemental Retirement Plan defined-benefit plan, and other postemployment benefits (OPEB) administered by Washington State Health Care Authority (HCA) (as described in note 10), which include those University employees deployed at Harborview. Pension and other postretirement liabilities and the respective deferred outflow and inflow of resources are determined by actuarial reports. Management evaluated the requirements of relevant accounting pronouncements and determined that they are not applicable to Harborview, as Harborview is not part of the University's financial reporting entity, Harborview does not directly fund the employer contribution to the Department of Retirement System, and Harborview has no legal responsibility for benefit payments of the plan directly to employees. All funding obligations to the University are on a pay-as-you-go basis. As the liability continues to grow, Harborview's cash funding obligation will also increase. Although Harborview fully funds its share of pension and other postretirement expense through the University benefit load rate, Harborview does not record a pension or other postretirement liability on its financial statements. The portion of the University's pension liabilities at June 30, 2021 and June 30, 2020 that relates to University employees deployed at Harborview was approximately \$119,456 and \$147,022, respectively. In addition, Harborview's annual pension funding was \$40,410 and \$39,951 in fiscal years 2021 and 2020, respectively, which is recorded as employee benefits expense in the statements of revenues, expenses, and changes in net position. The portion of the University's OPEB liability at June 30, 2021 and 2020 that relates to University employees deployed at Harborview was \$228,487 and \$224,289, respectively, and the OPEB expense was \$3,649 and \$9,137, respectively. In addition, Harborview's annual OPEB funding was \$4,019 and \$3,867 in fiscal years 2021 and 2020, respectively, which is recorded as employee benefits expense in the statements of revenue, expenses, and changes in net position.

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Statements of Net Position

June 30, 2021 and 2020

(Dollar amounts in thousands)

Assets	2021	2020
Current assets:		
Cash and cash equivalents	\$ 335,075	369,672
Patient accounts receivable, less allowance for uncollectible accounts of \$46,301 in 2021 and \$31,701 in 2020	180,935	137,765
Other receivables	9,167	15,164
Due from related parties	36,072	32,041
Supplies inventory	10,891	9,761
Other current assets	9,796	11,489
Total current assets	581,936	575,892
Noncurrent assets:		
Capital assets, net of accumulated depreciation	268,894	286,279
Internally designated assets	95,343	76,921
Donor restricted assets	15,857	10,858
Other assets	24,861	22,868
Total noncurrent assets	404,955	396,926
Total assets	\$ 986,891	972,818
Liabilities and Net Position		
Current liabilities:		
Accounts payable and accrued expenses	\$ 36,934	36,655
Accrued salaries, wages, and employee benefits	62,738	54,692
Due to related parties	35,797	21,132
Payable to contractual agencies	13,814	23,760
Medicare advanced payments and unearned federal stimulus funds	38,305	84,741
Other current liabilities	4,431	2,311
Total current liabilities	192,019	223,291
Noncurrent liabilities:		
Other noncurrent liabilities	32,293	9,810
Due to related parties – long-term	25,469	8,900
Total liabilities	249,781	242,001
Net position:		
Net investment in capital assets	268,894	286,279
Expendable, restricted	10,946	6,309
Nonexpendable, restricted	3,395	3,085
Unrestricted	453,875	435,144
Total net position	737,110	730,817
Total liabilities and net position	\$ 986,891	972,818

See accompanying notes to basic financial statements.

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Statements of Revenues, Expenses, and Changes in Net Position

Years ended June 30, 2021 and 2020

(Dollar amounts in thousands)

	<u>2021</u>	<u>2020</u>
Operating revenues:		
Net patient service revenues (net of provision for uncollectible accounts of \$29,965 in 2021 and \$28,127 in 2020)	\$ 1,020,792	933,035
Other revenue	108,459	115,835
Total operating revenues	<u>1,129,251</u>	<u>1,048,870</u>
Operating expenses:		
Salaries and wages	448,608	409,213
Employee benefits	142,455	141,706
Purchased services	279,816	255,060
Supplies	193,127	169,137
Other	44,907	38,814
Depreciation	30,757	29,294
Total operating expenses	<u>1,139,670</u>	<u>1,043,224</u>
(Loss) income from operations	<u>(10,419)</u>	<u>5,646</u>
Nonoperating revenues (expenses):		
Investment income, net	5,432	6,744
Funding to affiliates	(16,164)	(14,155)
Funding to King County	(5,000)	(5,000)
Federal stimulus funding	17,471	31,016
Other, net	14,663	2,796
Nonoperating revenues (expenses)	<u>16,402</u>	<u>21,401</u>
Income before capital contributions, additions to permanent endowments, and other	<u>5,983</u>	<u>27,047</u>
Capital contributions, additions to permanent endowments, and other:		
Additions to permanent endowments	310	215
Capital contributions and other transfers	<u>—</u>	<u>(65)</u>
Total capital contributions, additions to permanent endowments, and other	<u>310</u>	<u>150</u>
Increase in net position	6,293	27,197
Net position – beginning of year	<u>730,817</u>	<u>703,620</u>
Net position – end of year	<u>\$ 737,110</u>	<u>730,817</u>

See accompanying notes to basic financial statements.

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Statements of Cash Flows

Years ended June 30, 2021 and 2020

(Dollar amounts in thousands)

	2021	2020
Cash flows from operating activities:		
Cash received for patient service revenues	\$ 959,436	1,025,308
Cash received for other services	112,196	112,253
Cash paid to employees	(583,017)	(549,609)
Cash paid to suppliers and others	(506,088)	(480,823)
Net cash provided by operating activities	(17,473)	107,129
Cash flows from noncapital financing activities:		
Funding to affiliates	(13,978)	(13,898)
Funding to King County	(5,000)	(5,000)
Cash received for permanent endowments	310	215
Cash received for Federal stimulus funding	730	47,757
Other	16,547	2,760
Due to related parties	17,520	—
Net cash (used in) provided by noncapital financing activities	16,129	31,834
Cash flows from capital and related financing activities:		
Cash paid for capital expenditures	(15,175)	(32,944)
Cash paid for capital contributions and other	(300)	(250)
Net cash used in capital and related financing activities	(15,475)	(33,194)
Cash flows from investing activities:		
Internally designated and donor restricted assets	(22,124)	4,876
Investment income received	4,346	7,220
Net cash (used in) provided by investing activities	(17,778)	12,096
(Decrease) increase in cash and cash equivalents	(34,597)	117,865
Cash and cash equivalents, beginning of year	369,672	251,807
Cash and cash equivalents, end of year	\$ 335,075	369,672
Reconciliation of income from operations to net cash provided by operating activities:		
(Loss) income from operations	\$ (10,419)	5,646
Adjustments to reconcile income from operations to net cash provided by operating activities:		
Depreciation	30,757	29,294
Provision for uncollectible accounts	29,965	28,127
Net increase in current and other assets	(71,062)	(31,749)
Net (decrease) increase in current liabilities	(19,197)	67,596
Increase in other noncurrent liabilities	22,483	8,215
Net cash provided by operating activities	\$ (17,473)	107,129
Supplemental disclosure of cash flow information:		
Change in capital assets included in accounts payable	\$ (1,353)	(2,322)
Loss on disposal of capital assets	(450)	(242)

See accompanying notes to basic financial statements.

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Notes to Basic Financial Statements

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(1) Organization and Operations

Harborview Medical Center (Harborview) is a 413-licensed-bed hospital operating in Seattle, Washington with extensive ambulatory services and is a component unit of King County, Washington (King County). Harborview is managed and operated by UW Medicine under a Hospital Services Agreement between King County and the Board of Regents of the University of Washington (the University) in accordance with policies established by the Harborview Board of Trustees (the Trustees). Harborview is a Level 1 adult and pediatric trauma medical center that serves a four state region.

The first management contract for the University to operate and manage Harborview was effective on July 1, 1967 and was revised and extended several times. In January 2016, the King County Council approved a new Hospital Services Agreement (the Agreement) effective February 25, 2016. The Agreement has a ten-year term and may be renewed by the parties for two successive ten-year terms.

The Agreement recognizes the shared goal of UW Medicine and King County to provide the Harborview mission population with access to primary, secondary, tertiary, and quaternary services as well as UW Medicine's mission to improve the health of the public through its clinical, research, and teaching activities.

Under the Hospital Services Agreement, King County retains title to all real and personal properties acquired with Harborview capital and operating funds and these are accordingly recorded on Harborview's books. Facility revenues for the operation of Harborview are deposited in a King County account that is separate from general King County accounts. The Trustees are accountable to the public and King County government for all financial aspects of Harborview's operation and approve and monitor Harborview's annual operating budget. The Trustees are responsible for adopting operational standards of patient care as developed and recommended by UW Medicine. All such standards must comply with the requirements of applicable agencies, such as The Joint Commission.

A significant provision under the Agreement requires that for each year of the Agreement, the Trustees will allocate and disburse to King County \$5,000 from Harborview revenue or reserves to support Mission Population programs and services that are currently being provided by King County. The annual allocation and disbursement may be reduced by an amount agreed to by the parties based on reductions in costs incurred by King County or new funding sources that would not otherwise be received by King County. During fiscal years 2020 and 2021, the annual allocation was not reduced. For both of the years ended June 30, 2021 and 2020, Harborview recorded nonoperating expense of \$5,000 related to King County mission support in the statements of revenues, expenses, and changes in net position and a payable to King County, which is recorded within due to related parties in the statements of net position. Since 2016, Harborview has paid total allocations of \$25,000 to King County.

UW staffs, manages, and provides all medical, dental, and other professional services to Harborview patients through University employees and University School of Medicine faculty. UW Medicine conducts research and teaching activities at Harborview, consistent with University policies. The University retains authority over all personnel and employment matters involving University employees who work at Harborview. UW Medicine continues to be responsible for management of the facilities and development of the six-year Capital Improvement Plan for review and approval by the Trustees and King County. UW

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Medicine manages Harborview so as to retain its institutional identity in a manner which, to the extent of the funds available to Harborview, will achieve the aims of the Trustees to meet their community obligations and provide services to address the community's needs, as identified in Harborview's mission statement.

A special account is maintained with the University to receive reimbursement payments from Harborview's operating account and to pay for the costs of all services and expenditures provided by the University.

Harborview is part of UW Medicine which also includes UW Medical Center, UW Medicine/Northwest dba Northwest Hospital & Medical Center (Northwest Hospital), which operated as a separate legal entity until December 31, 2019, Valley Medical Center (VMC), UW Neighborhood Clinics (UWNC), UW Physicians (UWP), UW School of Medicine (the School), Airlift Northwest (Airlift), and UW Medicine Shared Services. Effective January 1, 2020, Northwest Hospital was integrated into UW Medical Center as its second campus, and its assets and liabilities were transferred to UW Medical Center.

COVID-19

The novel coronavirus (COVID-19) was first identified in China in December 2019 and the first case in Washington State was discovered in January 2020. COVID-19 has spread globally creating a pandemic which has significantly impacted the economic conditions at a local, national, and international level. On February 29, 2020, the governor of the state of Washington declared a state of emergency to ensure the swift deployment of resources necessary to address coronavirus in Washington and the forecasted potential surge of COVID-19 patients. On March 13, 2020, President Trump declared a national state of emergency with respect to the COVID-19 outbreak, ordering all states to establish emergency operations and authorizing the use of federal funds. Both the national state of emergency and Washington state of emergency have continued through fiscal year 2021. COVID-19 cases fluctuated throughout the fiscal year and Harborview experienced multiple COVID-19 surges.

(2) Summary of Significant Accounting Policies

(a) Accounting Standards

The accompanying basic financial statements are prepared in accordance with accounting principles generally accepted in the United States of America for state and local governments as prescribed by the Governmental Accounting Standards Board (GASB). Harborview uses proprietary fund accounting.

(b) Basis of Accounting

Harborview's financial statements have been prepared using the accrual basis of accounting with the economic resources measurement focus. Under this method of accounting, revenues are recognized when earned and expenses are recorded when liabilities are incurred without regard to receipt or disbursement of cash.

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(c) Use of Estimates

The preparation of financial statements, in conformity with U.S. generally accepted accounting principles, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Estimates in Harborview's financial statements include patient accounts receivable allowances and payable to contractual agencies.

(d) Cash and Cash Equivalents

Cash and cash equivalents primarily consist of investments held in an external investment pool managed for Harborview by King County.

The King County Investment Pool is not registered with the Securities and Exchange Commission (SEC) as an investment company. Oversight is provided by the King County Executive Finance Committee (EFC). All investments are subject to written policies and procedures adopted by the EFC. The EFC reviews pool performance monthly. The King County Investment Pool was invested as follows at June 30:

	<u>2021</u>	<u>2020</u>
Cash and cash equivalents	8.5 %	7.5 %
U.S. Treasury and agencies securities	66.5	67.2
Washington State Local Government Investment Pool	20.8	18.2
Corporate and other fixed income securities	<u>4.2</u>	<u>7.1</u>
Total	<u>100.0 %</u>	<u>100.0 %</u>

Concentrations of credit risk consist of pooled investments held on behalf of Harborview at King County.

The King County Investment Pool allocates participants' shares using an amortized cost basis. Monthly income is distributed to participants based on their relative participation during the period. Income is calculated based on (1) realized investment gains and losses, (2) interest income based on stated rates (both paid and accrued), and (3) the amortization of discounts and premiums on a straight-line basis. Income is reduced by the contractually agreed upon investment fee.

Harborview has unrestricted access to deposit and withdraw from the King County Investment Pool at its discretion and without limitation, and as such, these investments are considered cash equivalents. Harborview has cash equivalents of \$335,075 and \$369,672 as of June 30, 2021 and 2020, respectively.

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(e) Internally Designated and Donor Restricted Assets

Internally designated assets include board designated and management designated assets set aside for future capital and program purposes over which the Trustees and management retain control. Donor restricted assets consist of assets that Harborview is legally or contractually obligated to expend in accordance with restrictions placed by donors. Internally designated and donor restricted assets are held in the King County Investment Pool, managed for Harborview by King County, and are carried at amortized cost. Endowments are managed for Harborview by the University and are carried at fair value.

Disclosure requirements related to investment risk, credit risk, interest rate risk, foreign currency risk, and deposit risk are applicable to the primary government, which, as it relates to Harborview, is King County.

(f) Supplies Inventory

Inventories consist primarily of surgical, medical, and pharmaceutical supplies in organized stores at various locations across Harborview. Inventories are recorded at the lower of cost (first-in, first-out) or market.

(g) Capital Assets

Capital assets, defined as purchases with a per item cost of \$5 or greater and a useful life of at least two years, are stated at cost at acquisition or, if acquired by gift, at fair market value measured at the date of the gift. Additions, replacements, major repairs, and renovations are capitalized. Maintenance and repairs are expensed. The cost of the capital assets sold or retired and the related accumulated depreciation are removed from the accounts, and any resulting gain or loss is recorded.

The provision for depreciation is determined by the straight-line method, which allocates the cost of tangible property ratably over its estimated useful life. The estimated useful lives used by Harborview are as follows:

Land improvements	25 years
Buildings, renovations, and furnishings	5–50 years
Fixed equipment	5–25 years
Movable equipment	3–20 years
Leasehold improvements	The shorter of the lease term or useful life of the asset

(h) UW Medicine IT Services

UW Medicine IT Services (ITS) (a department within UW Medicine Shared Services) records enterprise-wide IT capital assets that are purchased for use by UW Medicine entities. Harborview provides advance funding to UW Medicine ITS, which entitles Harborview access to the enterprise-wide IT software and services. At June 30, 2021 and 2020, \$7,600 and \$9,600, respectively,

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is recorded in other current assets and \$16,661 and \$14,668 is recorded in other assets, respectively, based on expected usage.

Harborview entered into a long-term arrangement to pay ITS for Harborview's portion of UW Medicine's clinical transformation program, called Destination: One, which is being funded by the University's Internal Lending Program (ILP). Harborview will pay ITS for its share of the project costs, which are allocated to Harborview based on full-time equivalents (FTEs) and total operating revenues. In fiscal years 2021 and 2020, Harborview was allocated \$18,754 and \$9,052, which is included within purchased services expense in the statements of revenues, expenses, and changes in net position. At June 30, 2021 and 2020, \$25,469 and \$8,900, respectively, is recorded within due to related parties – long term in the statements of net position for Destination: One. At June 30, 2021 and 2020, \$951 and \$0, respectively, is recorded in due to related parties in the statements of net position for Destination: One. Harborview will make its first payment to ITS on August 1, 2021 with the remaining amounts paid over twelve years. The amounts for these transactions are included within note 12(d).

(i) Compensated Absences

University employed staff at Harborview earn annual leave at rates based on length of service and sick leave at the rate of one day per month. Annual leave balances, which are limited to 240 hours, can be converted to monetary compensation upon employment termination. Sick leave balances, which are unlimited, can be converted to monetary compensation annually at 25% of the employees' normal compensation rate for any balance that exceeds 480 hours or for any balance upon retirement or death. Harborview recognizes annual and sick leave liabilities when earned.

Annual leave accrued at June 30, 2021 and 2020 is \$28,443 and \$26,584, respectively. Sick leave accrued as of June 30, 2021 and 2020 is \$8,249 and \$7,160, respectively. Compensated absences are reported within the accrued salaries, wages, and employee benefits in the statements of net position.

(j) Payable to Contractual Agencies

Harborview is reimbursed for Medicare inpatient, outpatient, psychiatric, and rehabilitation services and for capital and medical education costs during the year either prospectively or at an interim rate. The difference between interim payments and the reimbursement computed based on the Medicare filed cost report results in an estimated receivable from or payable to Medicare at the end of each year. The Medicare program's administrative procedures preclude final determination of amounts receivable from or payable to Harborview until after the cost reports have been audited or otherwise reviewed and settled by Medicare.

Public hospitals located in the state of Washington designated by the Washington State Legislature (the State) are reimbursed at the "full cost" of Medicaid inpatient covered services under the public hospital Certified Public Expenditures (CPE) payment method. See note 3(a) for discussion regarding this program.

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The estimated settlement amounts for Medicare cost reports and CPE payments that are not considered final are included in payable to contractual agencies in the accompanying statements of net position.

(k) Classification of Revenues and Expenses

Harborview's statements of revenues, expenses, and changes in net position distinguish between operating and nonoperating revenue and expenses. Operating revenue, such as net patient service revenues, result from exchange transactions associated with providing healthcare services, Harborview's primary business. Exchange transactions are those in which each party to the transaction receives and gives up essentially equal values.

Operating expenses are all expenses, other than financing costs, incurred by Harborview to provide healthcare services to patients.

Nonoperating revenues and expenses are recorded for nonexchange transactions. This activity includes investment income, net, funding to King County, funding to affiliates of UW Medicine, state appropriations, other federal and state funding, and federal stimulus funding.

(l) Net Patient Service Revenues

Harborview has agreements with third-party payers that provide for payments to Harborview at amounts that differ from its established charges. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenues are reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers.

Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. A summary of the payment arrangements with major third-party payers is as follows:

(i) Medicare

Acute inpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge based on Medicare severity diagnosis-related groupings (MS-DRGs), as well as reimbursements related to capital costs. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Payments for Medicare outpatient services are provided based on a prospective payment system known as ambulatory payment classifications (APC). APC payments are prospectively established and may be greater than or less than the provider's actual charges for its services. The Medicare program utilizes the prospective payment system known as case mix group (CMG) for rehabilitation services reimbursement. As with MS-DRGs, CMG payments are prospectively established and may be greater than or less than Harborview's actual charges for its services. Psychiatric services are also

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paid prospectively using a federal per diem payment rate adjusted for comorbidity and various adjustment factors.

(ii) Medicaid

Inpatient services rendered to Medicaid program beneficiaries are provided at prospectively determined rates per discharge. Outpatient services rendered are provided based on the APC prospective payment system. See note 3(a) for discussion surrounding the Medicaid certified public expenditures program.

(iii) Commercial

Harborview also has entered into payment agreements with certain commercial insurance carriers and preferred provider organizations. The basis for payment to Harborview under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

(iv) Exchange (HIX)

Washington State Health Exchange (HIX) entered into agreements with certain commercial insurance plans to provide patients access to healthcare services. The basis for payment to Harborview under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

(m) Financial Assistance

Harborview provides care without charge to patients who meet certain criteria under its financial assistance policy. Harborview maintains records to identify and monitor the level of financial assistance it provides. These records include charges foregone for services and supplies furnished under its financial assistance policy to the uninsured and the underinsured. Because Harborview does not pursue collection of amounts determined to qualify as financial assistance, these are not reported as net patient service revenue. The charges associated with financial assistance provided by Harborview are approximately \$88,174 and \$86,832, respectively, for the years ended June 30, 2021 and 2020.

Harborview estimates the cost of financial assistance using its Medicaid cost to charge ratio of 39.5% and 37.6% for the fiscal years ended June 30, 2021 and 2020, respectively. Applying Harborview's Medicaid cost to charge ratio of 39.5% to total financial assistance of \$88,174 results in an estimated cost of financial assistance of \$34,829 for the fiscal year ended June 30, 2021. Applying Harborview's Medicaid cost to charge ratio of 37.6% to total financial assistance of \$86,832 results in an estimated cost of financial assistance of \$32,649 for the fiscal year ended June 30, 2020.

(n) Net Position

Harborview's net position is classified in various components. Net investment in capital assets consists of capital assets, net of accumulated depreciation reduced by outstanding borrowings used to finance the purchase or construction of those assets. Expendable restricted net position consists of resources

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that Harborview is legally or contractually obligated to expend in accordance with time or purpose restrictions placed by donors and/or external parties. Nonexpendable restricted net position, primarily endowments, represents gifts to Harborview's permanent endowment funds, in which the donor or other external party has imposed a restriction that the corpus is not available for expenditure. Unrestricted net position is all other funds available to Harborview for any purpose associated with its operations and mission.

(o) Federal Income Taxes

Harborview, as a component of the state of Washington, is not subject to federal income taxes under Section 115 of the Internal Revenue Code.

(p) Recently Adopted and New Accounting Pronouncements

In January 2017, the GASB issued Statement No. 84, *Fiduciary Activities*, which was effective for the fiscal year ending June 30, 2021, as amended by the issuance of Statement No. 95. This statement establishes criteria for identifying and reporting fiduciary activities of all state and local governments. Governments with activities meeting the criteria are required to present a statement of fiduciary net position and a statement of changes in fiduciary net position. Custodial assets held for three months or less are exempt from the reporting requirements. Harborview adopted this statement in fiscal year 2021 and determined it did not have a material impact to the financial statements.

In June 2017, the GASB issued Statement No. 87, *Leases*, which will be effective for the fiscal year ending June 30, 2022, as amended by the issuance of Statement No. 95. This statement changes the current classification of lease arrangements as either operating or capital leases, and establishes a single model for lease accounting based on the foundational principle that leases represent a financing transaction associated with the right to use an underlying asset. This statement applies to contracts that convey the right to use a nonfinancial asset in an exchange or exchange-like transaction for a term exceeding 12 months. Lessees will be required to recognize a lease liability and an intangible right-to-use lease asset, and lessors will be required to recognize a lease receivable and a deferred inflow of resources. At July 1, 2021, upon adoption of the statement, Harborview expects to recognize lease liabilities and right-to-use lease assets of approximately \$177,000 and \$161,000, respectively, in the statements of net position. In addition, Harborview expects to recognize lease receivables and deferred inflows of resources of approximately \$40,000 and \$39,000, respectively, in the statements of net position.

In January 2020, the GASB issued Statement No. 92, *Omnibus 2020*, which was effective for the fiscal year ending June 30, 2021. This statement addresses a variety of topics including specific provisions related to leases, certain intraentity transfers between a primary government and a component unit's postretirement benefit plan, reporting of postemployment plan assets accumulated outside of a qualified trust, certain requirements related to fiduciary activities' postemployment benefit arrangements, measurement of asset retirement obligations resulting from a government acquisition, public entity risk pools, fair value measurements, and derivative instrument terminology. Harborview

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adopted this statement in fiscal year 2021 and determined it did not have a material impact to the financial statements.

In May 2020, the GASB issued Statement No. 96, *Subscription-Based Information Technology Arrangements*, which will be effective for the fiscal year ending June 30, 2023. This statement provides guidance on the accounting and financial reporting for subscription-based information technology arrangements (SBITAs). This statement defines an SBITA, establishes that an SBITA results in a right-to-use subscription asset (an intangible asset) and a corresponding subscription liability, provides the capitalization criteria for outlays other than subscription payments (including implementation costs of an SBITA), and requires note disclosures regarding an SBITA. Harborview is currently analyzing the impact of this statement.

(q) Reclassifications

Certain reclassifications have been made to prior year amounts to confirm to the current year presentation.

(3) Net Patient Service Revenues

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. In 2021 and 2020, net patient service revenues increased \$6,743 and \$14,077, respectively, relating to prior years' net Medicare and Medicaid settlements and revised estimates, including Disproportionate Share Hospital (DSH) reimbursement and the CPE program.

The following are the components of net patient service revenues for the years ended June 30:

	<u>2021</u>	<u>2020</u>
Gross patient service charges	\$ 2,822,623	2,481,689
Less adjustments to gross patient service charges:		
Financial assistance	(88,174)	(86,832)
Contractual discounts	(1,683,692)	(1,433,695)
Provision for uncollectible accounts	(29,965)	(28,127)
Total adjustments to gross patient service charges	<u>(1,801,831)</u>	<u>(1,548,654)</u>
Net patient service revenues	\$ <u>1,020,792</u>	<u>933,035</u>

Harborview grants credit without collateral to its patients, most of whom are Washington State residents and who are insured under third-party payer agreements. Patient accounts receivable is valued utilizing historical collection rates across the various payers. The mix of gross patient service revenues and gross

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accounts receivable from significant third-party payers for the years ended June 30, 2021 and 2020 is as follows:

	<u>Gross patient service revenues</u>	<u>Gross accounts receivable</u>
2021:		
Medicare	31 %	27 %
Medicaid	33	29
Commercial and other	31	37
Self-pay	4	5
Exchange (HIX)	1	2
Total	<u>100 %</u>	<u>100 %</u>
	<u>Gross patient service revenues</u>	<u>Gross accounts receivable</u>
2020:		
Medicare	32 %	27 %
Medicaid	32	29
Commercial and other	31	37
Self-pay	4	5
Exchange (HIX)	1	2
Total	<u>100 %</u>	<u>100 %</u>

(a) Medicaid Certified Public Expenditure Reimbursement

Public hospitals located in the state of Washington designated by the Washington State Legislature are reimbursed at the "full cost" of Medicaid inpatient covered services under the public hospital CPE payment method.

"Full cost" payments are determined using the respective hospital's Medicaid ratio of cost to charges to determine the cost for covered medically necessary services. The costs will be certified as actual expenditures by the hospital and the State claims a federal match on the amount of the related certified public expenditures. Per the Centers for Medicare and Medicaid Services (CMS) approved Medicaid State Plan, participating hospitals receive only the federal match portion of the allowable costs. Harborview recognized \$47,142 and \$41,132 in claims payments under this program for the years ended June 30, 2021 and 2020, respectively.

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In addition, Harborview receives the federal match portion of DSH payments, which are the lesser of qualifying Medicaid and financial assistance uncompensated care cost or the hospital's specific limit. Harborview recognized \$46,644 and \$55,729 in DSH funding under this program for the years ended June 30, 2021 and 2020, respectively.

Since the inception of the program, the Washington State Legislature has provided, through an annual budget proviso, a "hold harmless" provision for hospitals participating in the CPE program. Through this proviso, hospitals participating in the CPE program will receive no less in combined state and federal payments than they would have received under the previous payment methodology. In addition, the hold harmless provision ensures that participating hospitals receive DSH payments as specified in the legislation.

In the event of a shortfall between CPE program payments and the amount determined under the hold harmless provision, the difference is paid to the hospitals as a grant from state-only funds. Harborview did not recognize any amounts for state grants for the years ended June 30, 2021 and 2020. Claims payments, DSH payments, and state grant funds are included in net patient service revenues in the statements of revenues, expenses, and changes in net position.

CPE payments are subject to retrospective determination of actual costs once Harborview's Medicare cost report is audited. CPE program payments are not considered final until retrospective cost reconciliation is complete after Harborview receives its Medicare Notice of Program Reimbursements for the corresponding cost reporting year.

Interim state grant payments are retrospectively reconciled to "hold harmless" after actual claims are repriced using the applicable DRG payment methodology. This process takes place approximately 12 months after the end of the fiscal year and results in either a payable to, or receivable from, the state Medicaid program. Harborview has estimated the expected final settlement amounts based on the difference between CPE payments received and the estimated hold harmless amount. As of June 30, 2021 and 2020, respectively, Harborview has an estimated payable of \$3,915 and \$15,370 for the CPE program, which is included in payable to contractual agencies in the statements of net position.

(b) Professional Services Supplemental Payment and Provider Access Payment Program

The professional services supplemental payment (PSSP) and provider access payment (PAP) program are programs managed by the Washington State Health Care Authority (HCA) benefiting certain public hospitals.

Under the program, Harborview, UWP, and Children's University Medical Group (CUMG) receive supplemental Medicaid payments for the physician and other professional services for which they bill. These supplemental payments equal the difference between the standard Medicaid reimbursement and the upper payment limit allowable by federal law. UW Medical Center and Harborview provide the nonfederal share of the supplemental payments that are used to obtain the matching federal funds.

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Harborview recorded \$15,468 and \$12,117 for the years ended June 30, 2021 and 2020 in intergovernmental transfers (IGT) to HCA related to professional claims paid in those fiscal years, which is recorded as funding to affiliates in the statements of revenues, expenses, and changes in net position. There is no requirement that UWP and CUMG PSSP and PAP payments be returned to Harborview as a condition for making the IGT's.

Harborview recognized \$3,132 and \$3,473 in supplemental payments for the years ended June 30, 2021 and 2020, respectively. These payments are included in net patient service revenues in the statements of revenues, expenses, and changes in net position.

PSSP and PAP funds are combined with other revenue used by the School for the central support of faculty costs. As a result, the School requires less funding from Harborview and UW Medical Center. Harborview's clinical department funding to the School is recorded in purchased services expense in the statements of revenues, expenses, and changes in net position and was reduced by \$38,171 and \$34,497 in fiscal years 2021 and 2020, respectively, due to the PSSP and PAP funds received by the School.

(c) Hospital Safety Net Program

The Hospital Safety Net Assessment Act (HSNA) uses Washington State funds obtained through an assessment levied on Prospective Payment System (PPS) hospitals and federal matching funds to increase Medicaid payments to hospitals. Under this program, PPS program hospitals are assessed a fee on all non-Medicare patient days.

Under the HSNA program, PPS hospitals receive supplemental Medicaid payments, Critical Access Hospitals receive disproportionate share payments, and CPE hospitals receive state grants. The program has an expiration date of June 30, 2023.

Harborview is exempt from the assessment as the hospital is operated by an agency of the state government and also participates in the CPE program.

Harborview recognized grant funding related to the HSNA program of \$10,260 for both the years ended June 30, 2021 and 2020, which is recorded in other revenue in the statements of revenues, expenses, and changes in net position.

(d) Other Federal and State Funding

As a regional trauma center, Harborview was eligible for additional state funding in both 2021 and 2020 through the Trauma Enhancement program. Participating hospitals receive a pro rata share of the pool appropriated for this program based on their portion of total inpatient and outpatient Medicaid claims submitted. Harborview recognized \$10,257 and \$8,757 for the years ended June 30, 2021 and 2020, respectively. In addition to the funding received through the Trauma Enhancement program, Harborview recognized state sponsored trauma funding in the amount of \$1,345 and \$1,507 for the years ended June 30, 2021 and 2020, respectively. Funds from both programs are included in net patient service revenues in the statements of revenues, expenses, and changes in net position.

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(4) Medicare Advanced Payments and Federal Stimulus Funding

In response to financial pressures brought on by the COVID-19 pandemic, Harborview pursued additional sources of liquidity and financial recovery through various federal programs. Harborview requested and received approval for six months of advance Medicare payments under the CMS Medicare Advanced Payment Program (MAPP). Harborview received \$68,000 in April 2020. The advance Medicare funds are recovered by Medicare by offsetting paid claims until the full amount is recouped.

On September 30, 2020, a federal law was signed to extend the deadline for repayment under the Medicare Advanced Payment Program, which would give hospital providers one year from the date of the original advance before Medicare can begin to recover the advances and twenty-nine months from the date of the original advance to fully repay the advanced payments without interest.

Medicare began recouping Harborview's Medicare advanced payments in April 2021 and has recouped \$6,354 as of June 30, 2021. Harborview expects the advances to be fully repaid by fiscal year 2023. As of June 30, 2021 and 2020, the current portion of \$38,305 and \$68,000, respectively, is recorded within Medicare advanced payments and unearned stimulus funds in the accompanying statements of net position. The long-term portion of \$23,341 and \$0 is recorded in other noncurrent liabilities as of June 30, 2021 and 2020, respectively, in the statements of net position.

The federal government passed the Coronavirus Aid, Relief and Economic Security (CARES Act) Provider Relief Fund in March 2020. The Provider Relief Fund is distributing \$175,000,000 to hospitals and healthcare providers to assist with the COVID-19 response. The Provider Relief Fund payments are to assist with expenses and lost revenues associated with lower volumes, cancelled procedures and services associated with COVID-19. Provider relief funds consisted of both general and targeted distributions. Harborview received both types of distributions totaling \$730 and \$47,757 during the years ended June 30, 2021 and 2020, respectively. During the years ended June 30, 2021 and 2020, Harborview recognized Provider Relief Funds of \$17,471 and \$31,016, respectively, which is recorded within federal stimulus funding in the statements of revenues, expenses, and changes in net position.

(5) State Appropriation

An appropriation is made by the State to the University on a biennial basis, specifically designated by the State for training future healthcare professionals and to upgrade the skills of current practitioners. Harborview is designated as a division of the major program "hospitals" included within the total appropriation. Harborview recognized \$8,948 and \$9,193 for the years ended June 30, 2021 and 2020, respectively.

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(6) Capital Assets

The activity in Harborview's capital asset and related accumulated depreciation accounts for the years ended June 30, 2021 and 2020 is set forth below:

	Balance June 30, 2020	Additions	Transfers	Retirements	Balance June 30, 2021
Capital assets, not being depreciated:					
Land	\$ 2,432	—	—	—	2,432
Construction in process	12,796	9,704	(16,708)	—	5,792
Total capital assets, not being depreciated	15,228	9,704	(16,708)	—	8,224
Capital assets, being depreciated:					
Land improvements	7,387	—	(9)	—	7,378
Buildings, renovations, and furnishings	427,604	—	21,058	(82)	448,580
Fixed equipment	134,550	—	(6,209)	—	128,341
Movable equipment	187,098	4,118	364	(1,524)	190,056
Leasehold improvements	12,354	—	1,504	(4)	13,854
Total capital assets, being depreciated	768,993	4,118	16,708	(1,610)	788,209
Total capital assets at historical cost	784,221	13,822	—	(1,610)	796,433
Less accumulated depreciation for:					
Land improvements	(4,376)	(301)	—	—	(4,677)
Buildings, renovations, and furnishings	(228,203)	(14,758)	—	48	(242,913)
Fixed equipment	(115,163)	(2,796)	—	—	(117,959)
Movable equipment	(143,197)	(12,040)	—	1,110	(154,127)
Leasehold improvements	(7,003)	(862)	—	2	(7,863)
Total accumulated depreciation	(497,942)	(30,757)	—	1,160	(527,539)
Total capital assets, net	\$ 286,279	(16,935)	—	(450)	268,894

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	Balance June 30, 2019	Additions	Transfers	Retirements	Balance June 30, 2020
Capital assets, not being depreciated:					
Land	\$ 2,432	—	—	—	2,432
Construction in process	23,578	18,183	(28,965)	—	12,796
Total capital assets, not being depreciated	26,010	18,183	(28,965)	—	15,228
Capital assets, being depreciated:					
Land improvements	7,378	—	9	—	7,387
Buildings, renovations, and furnishings	410,072	—	17,532	—	427,604
Fixed equipment	124,595	—	9,955	—	134,550
Movable equipment	184,933	12,651	—	(10,486)	187,098
Leasehold improvements	10,885	—	1,469	—	12,354
Total capital assets, being depreciated	737,863	12,651	28,965	(10,486)	768,993
Total capital assets at historical cost	763,873	30,834	—	(10,486)	784,221
Less accumulated depreciation for:					
Land improvements	(4,071)	(305)	—	—	(4,376)
Buildings, renovations, and furnishings	(214,078)	(14,125)	—	—	(228,203)
Fixed equipment	(113,577)	(1,586)	—	—	(115,163)
Movable equipment	(140,927)	(12,514)	—	10,244	(143,197)
Leasehold improvements	(6,239)	(764)	—	—	(7,003)
Total accumulated depreciation	(478,892)	(29,294)	—	10,244	(497,942)
Total capital assets, net	\$ 284,981	1,540	—	(242)	286,279

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(7) Internally Designated and Donor Restricted Assets

Internally designated and donor restricted assets consist of the following, as of June 30:

	June 30, 2021	June 30, 2020
Internally designated and donor restricted assets:		
Board designated assets:		
Pooled investments	\$ 33,700	31,027
Receivables and other	181	195
Property held for future use	2,718	2,718
Total board designated assets	36,599	33,940
Management designated assets:		
Pooled investments	53,871	39,268
Funds held by the University:		
Pooled investments	4,873	3,713
Total internally designated assets	95,343	76,921
Donor restricted assets:		
Pooled investments	15,857	10,858
Total donor restricted assets	15,857	10,858
Total internally designated and donor restricted assets	\$ 111,200	87,779

(a) Board Designated Assets

Certain assets listed above have been designated by the Trustees for specific purposes. These assets comprise cash, cash equivalents, and other. The assets by designated purpose are as follows as of June 30:

	2021	2020
Commuter service fund	\$ 21,725	19,164
Self-insurance fund	1,284	1,272
Walter Scott Brown property	2,718	2,718
Equipment fund	5,133	5,011
Building repair and replacement fund	5,739	5,775
Total	\$ 36,599	33,940

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(8) Other Current and Noncurrent Liabilities

Unearned rent, unearned revenue, long-term Medicare advanced payments, and other is reflected within other current liabilities and other noncurrent liabilities in the statements of net position. Changes in other current and noncurrent liabilities during the fiscal years ended June 30, 2021 and 2020 are summarized below:

	Beginning balance	Increases	Decreases	Ending balance	Due within one year
Fiscal year ended:					
June 30, 2021	\$ 12,121	25,289	(686)	36,724	4,431
June 30, 2020	11,181	1,624	(684)	12,121	2,311

(9) Risk Management

Harborview is exposed to risk of loss related to professional, automobile and general liability, property loss, and injuries to employees. Harborview participates in risk and professional liability programs managed by the University to mitigate risk of loss related to these exposures.

The University's professional liability program currently includes self-insured and commercial reinsurance coverage components of which statutory self-insurance coverage is first dollar. Harborview's annual contribution to the professional liability program is determined by UW Medicine Finance using information from an annual actuarial study conducted by the University administration. In addition to the University, the participants in the professional liability program include Harborview, UWP, CUMG, UWNC, School of Dentistry, the School, Airlift, and UW Medical Center. In addition to the self-insurance fund contributions, the participants share in the expenses of the Clinical Risk Management Office. No claim liability is recorded on Harborview's balance sheet for professional liability exposures.

Harborview's contribution to the professional liability program was \$10,264 and \$4,793 in 2021 and 2020, respectively, and is recorded in other expense in the statements of revenues, expenses, and changes in net position.

(10) Benefit Costs

Harborview personnel are employees of the University. Benefit costs are pooled centrally for all University employees. Annually, the University reviews total employee benefit costs and prepares standard benefit load rates by employment classification. These benefit costs cover employee healthcare costs, workers' compensation, unemployment, employment taxes, other postretirement benefit plans, and retirement plans. Departments, divisions, agencies, component units, and affiliated parties of the University that have University employees qualifying for employee benefit coverage are charged a cost allocation using the

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determined benefit load rate and salary dollars by employment classification. All funding of obligations are on a pay-as-you-go basis.

Retirement and Other Postretirement Benefit Plans

All employees of the University participate in the following State and University sponsored retirement and other postretirement benefit plans:

(a) Washington Public Employees Retirement System (PERS)

PERS is a cost sharing, multiple-employer, defined-benefit pension plan administered by the state of Washington Department of Retirement Systems (DRS). There are three separate plans covered under PERS. PERS Plan 1 provides retirement and disability benefits and minimum benefit increases beginning at age 66 to eligible nonacademic plan members hired prior to October 1, 1977. PERS Plans 2 and 3 provide retirement and disability benefits and a cost-of-living allowance to eligible nonacademic plan members hired on or after October 1, 1977. In addition, PERS Plan 3 has a defined-contribution component, which is fully funded by employee contributions.

The authority to establish and amend benefit provisions resides with the legislature. The DRS issues a publicly available financial report that includes financial statements and required supplementary information for PERS. DRS publishes an annual report for retirement plans, which is available at: <https://www.drs.wa.gov/administration/annual-report/>.

The Washington State Office of the State Actuary, using funding methods prescribed by statute, determines actuarially required contribution rates for PERS. Funding obligations are measured at the University level and the University allocates expense to departments, divisions, agencies, and component units through the benefit load.

Based on the University's benefit load apportionment, Harborview incurred and paid \$39,797 and \$38,852 in fiscal years 2021 and 2020, respectively, related to annual PERS funding, which is recorded in employee benefits expense in the statements of revenues, expenses, and changes in net position. Because Harborview is not part of the University's financial reporting entity and does not directly fund the employer contribution to the DRS, Harborview does not record a PERS net pension liability in the statements of net position.

(b) University of Washington Retirement Plan (UWRP)

UWRP (the 403(b) plan) is a defined-contribution plan administered by the University. All faculty and professional staff are eligible to participate in the plan. Contributions to UWRP are invested by participants in annuity contracts or mutual fund accounts offered by one or more fund sponsors. Employees have at all times a 100% vested interest in their accumulations. Benefits from fund sponsors are available upon separation or retirement at the member's option. RCW 28B.10.400 et. Seq. assigns the authority to the University's Board of Regents to establish and amend benefit provisions.

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Funding is determined by employee age and ranges from 5% to 10% of employee salary. Funding obligations are calculated at the University level and the University allocates expense to department, divisions, agencies, and component units through the benefit load.

Based on the University's benefit load apportionment, Harborview incurred and paid \$5,580 and \$5,375 in fiscal years 2021 and 2020, respectively, related to annual UWRP funding, which is recorded in employee benefits expense in the statements of revenues, expenses, and changes in net position.

(c) University of Washington Supplemental Retirement Plan (UWSRP)

UWSRP, a single-employer 401(a) defined-benefit retirement plan administered by the University, operates in tandem with the 403(b) plan that provides for a supplemental payment component, which guarantees a minimum retirement benefit based on a one-time calculation at each eligible participant's retirement date. The University makes direct payment to qualifying retirees when the retirement benefits provided by UWRP do not meet the benefit goals.

The University receives an independent actuarial valuation to determine funding needs for the supplemental payment component of UWRP. The funding obligation is determined at the University level and the University allocates expense to departments, divisions, agencies, and component units through the benefit load. This plan was closed to new participants effective March 1, 2011.

Based on the University's benefit load apportionment, Harborview incurred and paid \$613 and \$1,099 in fiscal years 2021 and 2020, respectively, related to annual UWSRP funding, which is recorded in employee benefits expense in the statements of revenues, expenses, and changes in net position. Because Harborview is not part of the University's financial reporting entity and Harborview has no legal responsibility for benefit payments of the plan directly to the employees, Harborview does not record a UWSRP pension liability in the statements of net position.

(d) Other Postemployment Benefits (OPEB)

OPEB are benefits provided to retired employees (and their spouses) beyond those provided by their pension plans. These programs for employees of the state of Washington are administered by the Washington State Health Care Authority (HCA). Per RCW 41.05.065, the Public Employees' Benefits Board (PEBB), created within the HCA, is authorized to design benefits and determine terms and conditions of employee and retired employee participation and coverage. Benefits provided by this single-employer defined-benefit OPEB plan include medical, prescription drug, life, dental, vision, disability, and long-term care insurance. Retirees have access to all of these benefits; however, medical, prescription drug, and vision insurance comprise the bulk of the monetary assistance, or subsidies, provided by PEBB OPEB. The Office of the State Actuary determines total OPEB obligations at the state level using individual state employee data, including age, retirement eligibility, and length of service.

Based on the University's benefit load apportionment, Harborview incurred and paid \$4,019 and \$3,867 in fiscal years 2021 and 2020, respectively, related to annual OPEB funding, which is recorded in employee benefits expense in the statements of revenues, expenses, and changes in net position.

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Because Harborview is not part of the University's financial reporting entity and Harborview does not directly fund the employer contribution to HCA, Harborview does not record an OPEB liability in the statements of net position.

(11) Related Parties

Harborview has engaged in a number of transactions with related parties. When economic benefits are either provided or received by Harborview, these transactions are recorded as operating revenue or expenses, respectively, by Harborview. Harborview records cash transfers between Harborview and related parties that are nonexchange transactions as nonoperating expenses within the statements of revenues, expenses, and changes in net position.

(a) University of Washington

University divisions provide various levels of support to Harborview. The following is a summary of services purchased:

(i) The School

Harborview purchases a variety of clinical, administrative, and teaching services from the School, which includes laboratory services, residency programs, direct faculty salaries, and clinical department funding. Harborview provides rental space for research programs of the School for which Harborview receives rental income. The amounts for these services are shown below (see (d)).

(ii) UW Medicine Shared Services

UW Medicine Shared Services comprises a number of functions within the University, established for the purpose of providing scalable administrative and IT support services for UW Medicine. These functions include UW Medicine ITS, Revenue Cycle, UW Medicine Finance and Accounting, UW Medicine Supply Chain, UW Medicine Contracting, as well as a number of other functions. Harborview provides rental space to UW Medicine Shared Services for which Harborview receives rental income. The amounts for these transactions are shown below (see (d)).

(iii) UW Medicine Central Costs

UW Medicine provides services to Harborview, such as executive leadership oversight, advancement, compliance, telemedicine, community relations staffing, medical staff oversight, marketing, and other administrative services. The amounts for these services are shown below (see (d)).

(iv) Other University Divisions and Departments

In addition to the divisions and transactions identified above, Harborview purchases IT services, general and professional liability insurance, printing, and other administrative and operational services from other divisions of the University. The amounts for these transactions are shown below (see (d)). Additionally, Harborview pays the University for salaries and wages of University

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employees deployed at Harborview. These transactions are not shown below in (d). At June 30, 2021 and 2020, \$26,046 and \$20,949 is included in accrued salaries, wages, and employee benefits in the statements of net position for salaries, wages, and employee benefits owed to the University.

(b) UW Neighborhood Clinics

Under an annual agreement between the involved UW Medicine entities, Harborview provided funding of approximately 26.6% of the UWNC's annual operating loss for fiscal years 2021 and 2020 and 20.0% of capital funding needs. Funding for operations from Harborview to UWNC was \$13,344 and \$13,834 for fiscal years 2021 and 2020, respectively, and is recorded as purchased services expense in the statements of revenues, expenses, and changes in net position. Capital funding from Harborview to UWNC was \$300 and \$250 for fiscal years 2021 and 2020, respectively, and is recorded as funding to affiliates in the statements of revenues, expenses, and changes in net position.

(c) King County

King County holds all investment funds on behalf of Harborview. Harborview has agreed to provide space and services on behalf of King County for certain grants and contracts, for which Harborview receives rental income and grant revenue from the County. The amounts for these transactions are shown below (see (d)). Additional detail describing Harborview's position within King County is provided in note 1. See further discussion about building rentals with the County in notes 12 (f) and (g).

(d) Summary of Related Party Transactions

Harborview's related party revenue and expense amounts are included in net patient service revenue, salaries and wages expense, employee benefits expense, purchased services expense, and other expense in the accompanying statements of revenues, expenses, and changes in net position. The

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following table summarizes the related party revenue and expense transactions for the years ended June 30, 2021 and 2020:

Revenue (expense) transactions	2021	2020
Services and supplies purchased from the University and its departments and affiliates:		
The School	\$ (117,765)	(105,863)
UW Medicine Shared Services	(134,379)	(121,092)
UW Medicine Central Costs	(11,802)	(11,996)
UW Medical Center	(3,412)	(3,670)
Other University divisions and departments	(17,136)	(12,591)
Services provided to the University and its departments and affiliates:		
The School	13,093	13,815
UW Medicine Shared Services	2,446	2,450
UW Medical Center	3,367	3,368
Other UW Medicine entities	795	677
Services provided to King County	13,152	13,557

Harborview had amounts due from (due to) related parties for various transactions, which are included in the due from related parties and, due to related parties in the accompanying statements of net position. The amounts as of June 30, 2021 and 2020 are as follows:

Due from related parties	2021	2020
The University and its departments and affiliates:		
The School	\$ 19,683	20,321
UWP	2,539	1,684
UW Medical Center	314	1,198
UW Medicine Shared Services	1,345	—
Airlift	3,391	3,495
Other University divisions and departments	1,998	644
UW Neighborhood Clinics	824	265
King County	5,924	4,350
Valley Medical Center	54	84

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Due to related parties	2021	2020
The University and its departments and affiliates:		
The School	\$ (9,482)	(4,452)
UW Medicine Shared Services	(39,274)	(18,361)
UW Medical Center	(1,145)	(333)
Other University divisions and departments	(6,365)	(1,886)
King County	(5,000)	(5,000)

(12) Commitments and Contingencies

(a) Operating Leases

Harborview leases certain medical office space and equipment under operating lease arrangements. Total rental expense for the years ended June 30, 2021 and 2020 for all operating leases was \$15,594 and \$15,674, respectively, which is recorded in other expense in the statements of revenues, expenses, and changes in net position.

The following schedule shows future minimum lease payments required under operating leases that have initial or remaining noncancelable lease terms in excess of one year by fiscal year as of June 30, 2021

2022	\$ 15,588
2023	180
2024	76
	<u>\$ 15,844</u>

(b) Purchase Commitments

Harborview has current commitments at June 30, 2021 of \$43,026 related to various construction projects and equipment purchases. Harborview intends to use its unrestricted funds for these commitments.

(c) Regulatory Environment

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not limited to, matters such as licensure, accreditation, governmental healthcare program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Government agencies are actively conducting investigations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in expulsion from government healthcare programs, together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Through the UW Medicine compliance

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program, Harborview strives to maintain an effective and safe program for reporting and addressing potential regulatory concerns. Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions known or unasserted at this time.

(d) Litigation

Harborview is aware of certain asserted and unasserted legal claims and regulatory matters arising in the normal course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on Harborview's financial statements.

(e) Collective Bargaining Agreements

Approximately 78.7% of the University employees deployed at Harborview are covered by collective bargaining agreements as of June 30, 2021. Nurses are represented by the Service Employees International Union (SEIU), and other healthcare and support workers are represented by the SEIU and Washington Federation of State Employees. All collective bargaining agreements expire on June 30, 2021. Upon expiration of a collective bargaining agreement, both parties are obligated to continue to bargain in good faith until an agreement is reached or one year after the expiration date stated in the agreement.

(f) Patricia Bracelin Steel Building

In December 2012, King County exercised its option to purchase the Patricia Bracelin Steel building (PSB), which is located on Harborview's campus. To fund the purchase of the building, King County issued Limited Tax General Obligation (LTGO) debt which matures in December 2031. The Agreement requires the Trustees to budget funds annually to cover the monthly rent and outstanding debt associated with PSB. As the financial obligations of the LTGO debt remain the responsibility of King County, Harborview accounts for these rental payments to King County for PSB as rental expense. Rental expense was approximately \$2,844 for both of the years ended June 30, 2021 and 2020, respectively. If Harborview continues to occupy this space, future annual lease expense will not differ significantly from the amount recognized in 2021.

(g) Ninth and Jefferson Building

In 2006, the Trustees passed a resolution in support of constructing the Ninth & Jefferson Building (NJB) under the 63-20 financing model. The building owner and lessor is Ninth & Jefferson Building Properties; however, the land upon which the building is constructed is owned by King County and leased to Ninth & Jefferson Building Properties under a ground lease. King County has entered into a lease with Ninth & Jefferson Building Properties for the building with a 30-year term. The lease qualifies for capital lease treatment, and as such, the building asset and related lease obligation are recorded by King County based on the terms of the agreement.

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The Agreement requires the Trustees to budget funds annually to cover the monthly rent and outstanding debt associated with NJB. As the financial obligations of the lease and outstanding debt remain the responsibility of King County, Harborview accounts for these rental payments to King County for NJB as rental expense. Rental expense was approximately \$11,122 for both the years ended June 30, 2021 and 2020. If Harborview continues to occupy this space, future annual lease expense will not differ significantly from the amount recognized in 2021.