



# Capitol Project Reporting Form (CPR-1)

## Reporting Entity Identification and Contact

### Facility

**Name:** Oregon Health & Science University  
**Federal Tax ID#:** 93-1176109  
**Address:** 3181 SW Sam Jackson Park Rd.  
**City:** Portland **State:** OR **Zip Code:** 97239

### Individual completing form

**Name:** [REDACTED]  
**Title:** [REDACTED]  
**Email:** [REDACTED]  
**Phone:** [REDACTED]  
**Fax #:** [REDACTED]

*If address is different than facility listed above, please provide:*

**Address:** 1515 SW 5th Ave, Suite 800  
**City:** Portland **State:** OR **Zip Code:** 97201

## Capital Project Qualitative Information

**1. Provide a brief description of the project.**

Replacement of the end-of life Fluoroscopy X-Ray System used for STEMIs-elevation myocardial infarction procedures, as well as general procedure based cardiac care in a cardiac catheterization laboratory. This will provide and maintain our services to patients while improving patient safety.

**2. Board of Directors approval date:** 03/14/2019

**3. Proposed start date:** 03/15/2019

**4. Expected completion date:** 09/24/2019

**5. What is the expected project cost?** \$2,733,000

**6. Describe the expected benefits to the community that your facility serves. Include both direct financial benefits such as charity care as well as qualitative benefits such as access to care and quality improvements. Attach additional pages if needed.**

The new fixed fluoroscopy x-ray (replacement) will enhance both quality and safety for all patients regardless of financial situation. This technology brings with it improved imaging quality, dose management making procedures safer and more efficient

**7. In what ways may this project negatively impact the community that your facility serves? Include direct cost such as bonds as well as indirect impacts such as service interruptions. Attach additional pages if needed.**

No negative impacts are anticipated, and this project will not be funded with bond proceeds.

**8. How has your facility evaluated the need for this project within the community that you serve?**

In order to continue serving the patient population in our community with the best available technology, we needed to replace end-of-life equipment that has been installed for years at OHSU. We have current volume supports replacement of this equipment.

**9. Are the medical services created by this project already available in the community that your facility serves?**

This project is not creating new medical services, as it a replacement of end-of-life equipment.

**Public Notice and Comment**

**1. Provide a link to the webpage where public notice of the capital project was posted. If your facility does not maintain a webpage provide the name of the newspaper where the public notice was made and date of publication. Attach additional pages if needed.**

<https://www.ohsu.edu/about/capital-reporting>

**2. Describe your facility’s method of collecting and reviewing public comments on the capital project. Attach additional pages if needed.**

OHSU is governed by a Board of Directors who considers community comments in their decisions.

**Signature and Date**

<b>*Signature:</b>	Mike Olson, CPA
<b>Date:</b>	10/29/2019

*\*Entry of name connotes signature*

Please **email** the completed form to: [OHPR.DataSubs@state.or.us](mailto:OHPR.DataSubs@state.or.us)

Oregon Health Policy and Research  
500 Summer St. NE E-65  
Salem, OR 97301  
503-373-1779