



## Capitol Project Reporting Form (CPR-1)

### Reporting Entity Identification and Contact

#### Facility

**Name:** Legacy Meridian Park Hospital  
**Federal Tax ID#:** 93-0618975  
**Address:** 19300 SW 65<sup>th</sup> Ave.  
**City:** Tualatin **State:** OR **Zip Code:** 97092

#### Individual completing form

**Name:** Karen Shah  
**Title:** Director of Financial Planning  
**Email:** klshah@lhs.org  
**Phone:** 503-415-5538  
**Fax #:** 503-415-5091

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

**Address:** 1919 NW Lovejoy St.  
**City:** Portland **State:** OR **Zip Code:** 97209

### Capital Project Qualitative Information

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

Legacy Meridian Park Hospital is replacing equipment and upgrading their Cath/Angio/Intervention Room #2. This is the second of two phases, replacing both of the Meridian Park Cath/Angio Labs in FY11 and FY12 which were originally installed in 1998. The planned equipment for Room #2 is a multi-functional, angiographic imaging system for diagnostic and interventional procedures in a sterile environment. These are primarily procedures involving the use of guide wires, catheters and contrast to evaluate vein, artery and heart structures and to make repairs such as the placement of cardiac or vascular stents.

#### 2. Proposed start date: June 2011

#### 3. Expected completion date: October 2011

#### 4. What is the expected project cost? \$2.3 million

#### 5. 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 ability to perform a full spectrum of cardiology and angiography procedures will allow Legacy Meridian Park Hospital to provide these services to its community. Cath lab volumes in FY11 increased 11% from the prior year.

Legacy Meridian Park Hospital provides free or reduced cost care to all patients who qualify under Legacy's charity care policies, and services provided by this equipment would be included. Legacy Health as a whole provided over \$69 million in charity care in fiscal year 2010.

#### 6. 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. No bond proceeds will be used for this project**

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

This project was reviewed and evaluated by Legacy's Board Finance Committee.

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

This project will upgrade aging technology and enable Meridian Park Hospital to expand it's ability to offer a full spectrum of cardiology and angiography procedures to patients in the community.

**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.**

www.legacyhealth.org/capitalreporting

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

We will post a copy of this CPR-1 form on our website (see link above) with an email address for comments with be provided. Comments received will be reviewed and summarized by Financial Planning and reported to the Chief Administrative Officer of Legacy Meridian Park Medical Center and the Chief Financial Officer of Legacy Health.

**Signature and Date**

<b>*Signature:</b>	
<b>Date:</b>	

*\*Entry of name connotes signature*

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

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