



Capitol Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility

Name: Curry Health District
Federal Tax ID#: 93-0937095
Address: 94220 4th Street
City: Gold Beach **State:** OR **Zip Code:** 97444

Individual completing form

Name: Virginia Razo
Title: CEO
Email: virginia.razo@curryhealth.org
Phone: 541.247.3108
Fax #: 541.247.3159

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

Address:
City: **State:** **Zip Code:**

Capital Project Qualitative Information

1. Provide a brief description of the project.

To procure via capital lease and install a fixed wide-bore Siemens MRI at Curry Medical Center in Brookings.

2. Board of Directors approval date: June 24, 2015 via Resolution 15-08

3. Proposed start date: 7/2015

4. Expected completion date: 1/2016

5. What is the expected project cost? \$1.9 million including equipment and facility build-out

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.

An in house MRI program in Brookings, the community with the largest population in our service area, was recommended as a long term investment for the following reasons: a) quality of MRI's from the mobile units are perceived as inadequate causing retakes, additional costs for patients and lost revenue; an in-house MRI would enhance patient service, allowing for service to be offered 5 vs 1-2/days per week.

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.

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

Financial analysis of mobile MRI service 1-2 days/week vs availability of MRI services 5 days/week, with newer equipment providing better images resulting in higher quality patient care.

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

Only through limited mobile MRI services offered by Curry Health District.

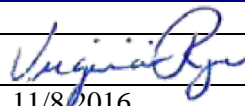
Public Notice and Comment

- 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.**

<http://www.curryhealthnetwork.com/getpage.php?name=news&sub=About+Us>

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

Multiple public board meetings with opportunity for citizen input.

| | |
|--------------------|---|
| *Signature: |  |
| Date: | 11/8/2016 |

**Entry of name connotes signature*

Please **email** the completed form to: OHPR.DataSubs@state.or.us

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