



Oregon Health Authority

Capitol Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility

Name: Providence Milwaukie Hospital
Federal Tax ID#: 93-0924302
Address: 10150 SE 32nd Avenue
City: Milwaukie **State:** Oregon **Zip Code:** 97222

Individual completing form

Name: Mary Savage
Title: Oregon Region Director Diagnostic Imaging
Email: mary.savage@providence.org
Phone: (503) 215-6347
Fax #: (503) 215-5825

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.

Providence Milwaukie Hospital is replacing the MRI equipment with a new MRI system.

2. Proposed start date: 8/1/18

3. Date of approval by board: 7/10/18

4. Expected completion date: 12/31/18

5. What is the expected project cost? \$2,467,091

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 MRI machine at Providence Milwaukie Hospital is 14 years old and needs to be replaced. Technology advancements in the MRI industry are extensive and the hospital needs new equipment to be able to provide patients with the best care. The new machines will be faster and quieter for patients. These new machines will also have wider bores which will allow for care of bariatric patients.

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.

The new MRI equipment will not have a negative impact on the community.

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

Providence Milwaukie has a reputation of the highest quality patient care and the new machine will be the best care for the patients served.

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

All acute care hospitals in the community have MRI 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.**

<http://oregon.providence.org/our-services/c/capital-project-reporting/>

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

Interested parties can submit comments to the email address, <mailto:orpopcapitalprojectcomments@providence.org>, listed in the above webpage. The mailbox is managed by PHS’s Oregon Region Financial Planning team. Any concerns will be passed along to the stakeholder of the project to address.

Signature and Date

*Signature:	Mary Savage
Date:	8/2/2018

**Entry of name connotes signature*

Please **email** the completed form to: OHA.HealthAnalyticsDataSubs@state.or.us

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