



Capitol Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility

Name: Legacy Good Samaritan Hospital and Medical Center
Federal Tax ID#: 93-0386793
Address: 1015 NW 22nd St.
City: Portland **State:** OR **Zip Code:** 97210

Individual completing form

Name: Karen Shah
Title: Director, 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 Good Samaritan Hospital and Medical Center is replacing an existing 4-slice CT scanner with a 128-slice CT scanner. The 4-slice scanner is experiencing an average of 10 hours of downtime per week requiring parts and repairs. This scanner is over 10 years old and is limited in the types of exams it can perform due to advances in technology. Physicians are asking for the upgrade in technology as well as an increase in image quality and reliability.

2. Proposed start date: April 2011

3. Expected completion date: August 2011

4. What is the expected project cost? \$1.8 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.

Replacement of the existing 4-slice CT scanner with a 128-slice scanner will enable Legacy Good Samaritan Hospital & Medical Center to optimize support of its Bariatric program. The new scanner has a weight limit of 660 pounds, a 78 centimeter bore, and a 100 kw generator. The larger CT bore diameter and wireless controls on the 128-slice scanner will provide easier access for all interventional CT procedures. Radiation levels are also minimized by enhanced filtering available on the 128-slice CT scanner.

Legacy Good Samaritan Hospital and Medical Center provides free or reduced cost care to all patients who qualify under our charity care policies and services provided by this equipment would be included. Legacy Health as a whole provided over \$69.0 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 Executive Council. Legacy Good Samaritan Hospital and Medical Center serves a large number of elderly patients and people who reside in Portland's central city area.

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

This project does not create new medical services, it replaces and updates aging medical equipment of a type used by all inpatient hospitals.

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 to be provided. Comments received will be reviewed and summarized by Financial Planning and reported to the Chief Administrative Officer of Legacy Good Samaritan Hospital and Medical Center and the Chief Financial Officer of Legacy Health.

*Signature:	Karen Shah, Director, Financial Planning
Date:	April 5, 2011

**Entry of name connotes signature*

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