

Capital Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility

Name: Providence St Vincent Medical Center (PSVMC)
Federal Tax ID#: XXXXXXXX
Address: 9155 SW Barnes Road
City: Portland State: OR Zip Code: 97225

Individual completing form

Name: Mike Merrigan
Title: Director of Finance
Email: OR POP Capital Project Comments
Phone: 503-215-6622
Fax #:
If address is different than facility listed above, please provide:
Address: 4400 NE Halsey, Building 1, Suite 160
City: Portland State: OR Zip Code: 97213

Capital Project Qualitative Information

1. Provide a brief description of the project.

PSVMC is seeking a "workhorse" replacement for a fully depreciated, linear accelerator. This will bring the treatment at PSVMC up to the standard of care in the community that supports Providence Cancer Center's vision of providing the best possible treatment options to patients with cancer. The new equipment is Image Guided Radiation Therapy (IGRT) which will enable us to provide much more precise imaging of tumor volumes, tighter tumor margins, dose escalation, and fewer short and long-term patient side effects, which will decrease overall follow up healthcare costs. Patients and physicians understand that this technology helps reduce the time of treatment and allow more precise delivery of radiation therapy to the patient.

2. Proposed start date: July 2010

3. Expected completion date: April 2011

4. What is the expected project cost? \$2.8 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.

This technology will reduce the diagnostic imaging procedures needed and the number of patient visits. This technology will be widely employed to an estimated 25% of the patients served by the PSVMC Radiation Oncology department. In addition, this technology is needed at PSVMC to in order to serve the needs of Westside patients. As with all PSVMC services, patients qualifying under our charity care policies will be entitled to free or reduced cost medical care in connection with services related to this new equipment.

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.

None anticipated.

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

Yes, see comment #5.

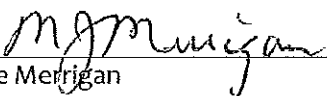
8. Are the medical services created by this project already available in the community that your facility serves?

Yes, these imaging services are available in the broader Portland Metro area.

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

Once a capital project has received approval by the Business Development Council (BDC) or appropriate governing body, a CPR-1 will be completed by the Project Owner/Sponsor or designee. Once complete, the CPR-1 will be submitted to the Office for Oregon Health Policy Research no later than 30 days after financing for a project that has been approved for ambulatory surgical centers or within 30 days after the project has been approved by the hospital's board of directors/governing body or other appropriate authority for hospitals. In addition, the project description and community benefit will be posted prominently on the Providence Health & Services – Oregon Region Internet home page for a period of thirty days. During this thirty day period, Regional Financial Services will collect all public comments, consolidate them, and present for review at BDC or appropriate governing body.

Signature:	
Name (printed or typed):	Mike Merrigan
Date:	12/10/2010

Please email, fax, or mail the completed form to:

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