



Capitol Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility

Name: Bay Area Hospital
Federal Tax ID#: 93-0593249
Address: 1775 Thompson Road
City: Coos Bay **State:** OR **Zip Code:** 97420

Individual completing form

Name: Sherry Horne
Title: Controller
Email: sherry.horne@bayareahospital.org
Phone: 541-269-8567
Fax #: 541-269-8599

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.**
 Expansion and remodel of the Acute Psychiatric Unit within the Bay Area Hospital
2. **Board of Directors approval date:** June 7th, 2016
3. **Proposed start date:** Summer 2017
4. **Expected completion date:** Fall 2018
5. **What is the expected project cost?** \$2,044,054
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.**
 Greater capacity, ease of care and safety for the patients and greater efficiency and safety while providing care for the hospital staff. Keeps facilities appealing, efficient, and safe.
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.**
 During the expansion construction, the Acute Psychiatric Unit will shut down for approx. 90 days and patients treated on another area of the hospital facility temporarily restricted psychiatric capacity.
8. **How has your facility evaluated the need for this project within the community that you serve?**
 Extensive review and analysis with internal staff, outside visits to peers, consultations with subject matter experts and feedback from residents of the area.
9. **Are the medical services created by this project already available in the community that your facility serves?**

This renovation does not add new services but rather increases the capacity of existing services and increases the level of safety for patients and staff.

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.**

The World News Paper (www.theworldlink.com) – May 17rd, 2016– notice of Board Meeting (for June 7th, 2016)

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

Open board meetings and comments received via e-mail or calls to executives or board members

Signature and Date

*Signature:	Sherry Horne
Date:	6/16/17

**Entry of name connotes signature*

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

Research and Data Unit
Oregon Health Authority
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