



# 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.**  
 Renovation of the Emergency Department within the Bay Area Hospital
2. **Board of Directors approval date:** June 6<sup>th</sup>, 2017
3. **Proposed start date:** Summer 2017
4. **Expected completion date:** Fall 2018
5. **What is the expected project cost?** \$3,766,571
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 and ease of care for the community and greater efficiency and ease of providing care for the hospital staff. Keeps facilities appealing, efficient and professional.
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 renovation construction, Emergency Department capacity will be moderately and temporarily restricted
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 focused on updating facility, and increasing capacity and efficiency of existing facility and services

**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](http://www.theworldlink.com)) – May 23<sup>rd</sup>, 2017– notice of Board Meeting (for June 6<sup>th</sup>)

- 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

<b>*Signature:</b>	Sherry Horne
<b>Date:</b>	6/16/17

*\*Entry of name connotes signature*

Please **email** the completed form to: [OHA.HealthAnalyticsDataSubs@state.or.us](mailto:OHA.HealthAnalyticsDataSubs@state.or.us)

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