



Capitol Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility

Name: Westside Medical Center

Federal Tax ID#: Kaiser Foundation Health Plan of the NW - 93-0798038

Kaiser Hospitals - 94-1105628

Address: 2875 NW Stucki Ave.

City: Hillsboro **State:** Oregon **Zip Code:** 97124

Individual completing form

Name: Stacey Lorimer

Title: System Coordinator

Email: stacey.lorimer@kp.org

Phone: 5038133888

Fax #:

If address is different than facility listed above, please provide:

Address: 500 NE Multnomah Street

City: Portland **State:** OR **Zip Code:** 97232

Capital Project Qualitative Information

1. Provide a brief description of the project.

Creation of Interventional Radiology Suite at Westside Medical Center to actively and intentionally encourage the growth of these minimally invasive services based on clinical outcomes, reduced recovery times, and patient satisfaction scores and provide services closer to our members that live in the Hillsboro area. Westside does not currently have interventional radiology service capability. It is the standard of care and will likely deliver lower complication rates for specific populations of patients. For this reason, all hospitals close in size to Westside in the Portland market have this service.

2. Board of Directors approval date: 4/2018

3. Proposed start date: 5/2018

4. Expected completion date: 4/2019

5. What is the expected project cost? 7,250,000 of which \$3,175,000 is for the imaging equipment.

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.

Addresses regional interventional radiology capacity deficits

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.

No negative impacts identified.

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

Yes. Kaiser Permanente expects this investment to improve quality, service and access.

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

This service exists in the community. However, this will allow Kaiser to perform certain cases at lower cost which helps keep our premium at a competitive rate

Public Notice and Comment

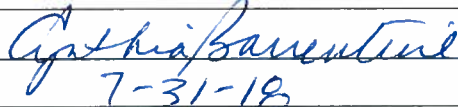
1. Provide a link to the webpage where public notice of the capital project was posted. If your facility does not maintain a webpage provide the name of the newspaper where the public notice was made and date of publication. Attach additional pages if needed.

https://healthy.kaiserpermanente.org/health/care/consumer/center!/ut/p/a1/hY7BCoJAGISfxqP8f4qa3jRQdDGNInUvseqiku2KLElvXxkdo4GBGfgGBiiUQAW7Dx1TgxRsfHdqX8LkmAXBxsfMyiyMUytyE3tv4M6BBGg3ynpFq16pydNQw2WaGikUF6p5mc8aAv0kwW4cyl4uupJ6x5XesJn_3QrZ8qGFsshzz0sTkpPKqUIogK7_0IwP678otxHjLTmRs0tMROML_JCPMF1p_TBxeAIO6k2U/d15/d5/L0IDUmlTUSEhL3dHa0FKRnNBLzRKVXBDQSEhL2VuX1VT/

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 Communications and Capital Planning and reported to the Chief Operations Officer and Chief Financial Officer of Kaiser Permanente Northwest



*Signature:	
Date:	7-31-18

*Entry of name connotes signature

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

Research and Data Unit
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