



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.

Purchase da Vinci Xi Robot which is stated to provide more maneuverability during robotic surgery. This model is preferred by our surgeons over the predecessor Si model and allows surgeons to perform additional minimally invasive procedures.

2. Proposed start date: December, 2017

3. Date of approval by board: November 7, 2017

4. Expected completion date: December, 2017

5. What is the expected project cost? \$1,690,957

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.

The use of the da Vinci Xi Robot in surgical procedures vs. laparoscopic or open procedures provides a possible reduction the patients' hospital length of stay, operative time and improved clinical outcomes without increased cost to the patient.

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 impact.

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

There are currently no other comparable robotic surgical options available in this community or in the immediate surrounding areas eliminating significant travel times for patients if robotic surgery is preferred.

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

These services are only provided at Bay Area Hospital.

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) – November 1, 2017–notice of Board Meeting (November 7th)

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:	Sherry Horne
Date:	1/23/2018

**Entry of name connotes signature*

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

503-945-6710