



Oregon Health Authority

Capitol Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility

Name: Kaiser Sunnyside Medical Center
Federal Tax ID#: Kaiser Foundation Hospitals ID# 94-1105628
Address: 10180 SE Sunnyside Rd.
City: Clackamas **State:** OR **Zip Code:** 97015

Individual completing form

Name: David M. Peterson
Title: Regional Controller
Email: David.M.Peterson@kp.org
Phone: 503 813 4081
Fax #: 503 813 2507

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.

Sunnyside Medical Center's Cardiovascular Lab is replacing and upgrading imaging equipment that has exceeded the prior equipment's end of usage life as well as completing some minor upgrades to the existing building systems and finishes.

2. Proposed start date: September 2021

3. Date of approval by board: May 6, 2021

4. Expected completion date: April 2022

5. What is the expected project cost? \$4.89M

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 current imaging equipment has exceeded the end of its useful life and needs to be replaced to avoid delays to care delivery and to decrease maintenance and downtime expenses.

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 to the community have been identified

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

Sunnyside Medical Center's Cardiovascular Lab equipment has exceeded its useful life. This equipment must be replaced to ensure the quality and timeliness of care our membership expects.

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

The service currently exists in the community that this facility serves but needs to be replaced to ensure continuity is maintained.

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/pages/notices-updates>

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 Regional Communications, the Controller's team, and reported to the Chief Operations Officer and Chief Financial Officer of KPNW.



*Signature:	David M. Peterson
Date:	5/25/2021

**Entry of name connotes signature*

Please **email** the completed form to: HDD.admin@dhsosha.state.or.us

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