



## Capitol Project Reporting Form (CPR-1)

### Reporting Entity Identification and Contact

#### Facility

**Name:** St. Charles Health System - All Hospitals and Clinics  
**Federal Tax ID#:** 93-0602940  
**Address:** 2500 NE Neff Road  
**City:** Bend **State:** OR **Zip Code:** 97701

#### Individual completing form

**Name:** Nachele Varcoe  
**Title:** Staff Accountant  
**Email:** navarcoe@stcharleshealthsystem.org  
**Phone:** 541-706-4763  
**Fax #:** 541-706-6347

*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.**

Implementation of EPIC as the St. Charles Health System Electronic Health Record System

**2. Board of Directors approval date: 4/26/2016**

**3. Proposed start date: 9/15/2016**

**4. Expected completion date: 8/1/2018**

**5. What is the expected project cost? 60,000,000.00**

**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 implementation of EPIC at all St. Charles Health System facilities will improve quality and coordination of patient care throughout Oregon and is a long-term investment in the health of our community. St. Charles Health System provides Charity Care to all patients based on our Charity Care policies. In 2015 St. Charles provided \$12.6 million dollars of charity care to our community.

**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 is anticipated. No bond funds will be used.

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

The St. Charles Information Technology team along with a consulting firm completed a comprehensive assessment of the organizations current electronic health record system and it's needs for the future. Focus groups were held with

caregivers and physicians throughout the Health System. In addition research was done comparing functional capabilities of various electronic health record systems, market rankings and on-site demonstrations.

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

This project does not add any medical services that are not already available from the Health System.

**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://www.stcharleshealthcare.org/sitecore/content/Home/About%20Us/News/2016%20Press%20Releases/Epic%20Selection>

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

A copy of the CPR-1 form will be posted on our website with an email address for comments to be provided. Comments received will be reviewed and summarized then reported to the CFO and CEO of St. Charles Health System.

**Signature and Date**

<b>*Signature:</b>	Nachele Varcoe
<b>Date:</b>	5/23/2016

*\*Entry of name connotes signature*

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

Research and Data Unit  
Oregon Health Policy and Research  
500 Summer St. NE E-65  
Salem, OR 97301  
503-373-1779