



# Capitol Project Reporting Form (CPR-1)

## Reporting Entity Identification and Contact

### Facility

**Name:** Oregon Health & Science University  
**Federal Tax ID#:** 93-1176109  
**Address:** 3181 SW Sam Jackson Park Rd.  
**City:** Portland **State:** OR **Zip Code:** 97239

### Individual completing form

**Name:** [Redacted]  
**Title:** [Redacted]  
**Email:** [Redacted]  
**Phone:** [Redacted]  
**Fax #:** N/A

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

**Address:** 1515 SW 5th Ave, Suite 800  
**City:** Portland **State:** OR **Zip Code:** 97201

## Capital Project Qualitative Information

**1. Provide a brief description of the project.**

OHSU Hospital Expansion Project (OHEP) will increase hospital bed and operating room capacity to provide the highest level of care for all Oregonians. This project will address our critical need to increase bed capacity, and operating rooms, with an inpatient expansion into new and existing hospital facilities and new inpatient floors built on the former School of Dentistry site.

**2. Board of Directors approval date:** 10/29/2021

**3. Proposed start date:** 10/29/2021

**4. Expected completion date:** 8/25/2026

**5. What is the expected project cost?** \$650,000,000

**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.**

Increase hospital capacity to ensure Oregonians have access to the tertiary and quaternary care only available in this region at OHSU. This project will ensure that the best healthcare is available for all Oregonians, and provides advanced high acuity care regionally, nationally and internationally.

**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.**

Construction will impact lower campus drive, likely to increase traffic on Terwiliger. Bonds will be issued to partially fund

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

OHSU is experiencing capacity limitations requiring our ability to serve Oregonians, and the bed summit of 2019 predicting the need to increase capacity by 187 beds at the end of the decade.

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

Yes. This project will provide new innovative cancer treatments and complex surgery becoming more widely available as a result of this expansion.

**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.ohsu.edu/about/capital-reporting>

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

OHSU is governed by a Board of Directors who considers community comments in their decisions.

**Signature and Date**

<b>*Signature:</b>	Tammy Fortin
<b>Date:</b>	11/30/2021

*\*Entry of name connotes signature*

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

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