

# Capital Project Reporting Form (CPR-1)

Oregon Health Policy and Research

## Reporting Entity Identification and Contact

### Facility:

**Name:** Kaiser Permanente – Interstate Radiation Oncology Center

**Federal Tax ID#:** Kaiser Foundation Health Plan of the NW - 93-0798038  
Kaiser Hospitals - 94-1105628 (select as appropriate)

**Address:** 3600 North Interstate Avenue

**City, State, Zip:** Portland, OR 97227

### Individual completing and submitting form:

**Name:** Megan Shank  
**Title:** Director, Strategic Planning & Business Development  
**Email:** Megan.H.Shank@kp.org  
**Phone:** 503-813-3084  
**Fax #:** 503-813-4408

*If address of individual completing the form is different than facility listed above, please provide:*

**Address:** 500 NE Multnomah Street  
**City, State, Zip:** Portland, OR 97232-2099

## Capital Project Information

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

This project proposes to equip the currently empty fourth vault at the Interstate Radiation Oncology Center with a new linear accelerator that will serve additional Radiation Therapy volume, as well as providing new capability for Stereotactic Radiosurgery and Sterotactic Body Radiotherapy.

2. **Proposed start date:** June, 2013

3. **Expected completion** August, 2013

**date:**

4. **What is the expected project cost?**

\$4,655,000

5. **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.**

Once completed this project is expected to provide cost savings by shifting from a higher outside cost that what Kaiser Permanente can provide internally for the Stereotactic procedures as well as additional capacity to meet projected volume demands and avoid treatment delays.

6. **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.

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

Yes. The capacity is required to meet the needs of Kaiser Permanente's members.

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

This service is available in the community, however, the additional internal capacity is now required to meet the volume of anticipated treatments for Kaiser Permanente own members.

- 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/poc?uri=center:how-to-get-care&article=22F68C-8752-11E2-98BF-88C6E8407E3C>

- 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 Strategic Planning and reported to the Chief Operations Officer and Chief Financial Officer of Kaiser Permanente Northwest.