



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:** 97309

Individual completing form

Name: Natalie Fraccica
Title: Capital Financial Analyst
Email: fraccica@ohsu.edu
Phone: 503-494-8722
Fax #: 503-494-4243

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

Address: 1400 SW 5th Ave, Suite 650
City: Portland **State:** OR **Zip Code:** 97201

Capital Project Qualitative Information

1. Provide a brief description of the project.

Replacement of end-of life Radiographic/Fluoroscopic System in Angiography to provide better patient service. Update the room to optimize workflow/functionality, and upgrade the electrical infrastructure. This is the second of two projects replacing end-of-life Radiographic/Fluoroscopic Systems in Angiography--the first project was completed in 2016.

2. Board of Directors approval date: 6/30/2016

3. Proposed start date: 9/1/2016

4. Expected completion date: 12/31/2016

5. What is the expected project cost? \$1,900,000

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.

This is a replacement of a Single Plane Angiography System that provides diagnostic fluoroscopy imaging, which enables physicians to visualize and treat various types of pathology. This is a less invasive form of treatment, which is often performed surgically. Less anesthesia is used and discharge is often the same day, resulting in increased patient satisfaction and decreased costs.

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 are anticipated, and this project will not be funded with bond proceeds.

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

This is the replacement of end-of-life equipment. Current volume supports replacement of this equipment.

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

This project is not creating new medical services, as it a replacement of end-of-life equipment.

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.

<http://www.ohsu.edu/xd/about/services/capital-reporting.cfm>

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

*Signature:	Jon Loomis
Date:	7/29/2016

**Entry of name connotes signature*

Please **email** the completed form to: OHPR.DataSubs@state.or.us

Salem, OR 97301
503-373-1779