



Oregon Health Authority

Capitol Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility

Name: Mercy Medical Center Inc
Federal Tax ID#: 93-0386868
Address: 2700 NW Stewart Parkway
City: Roseburg **State:** OR **Zip Code:** 97471

Individual completing form

Name: [REDACTED]
Title: [REDACTED]
Email: [REDACTED]
Phone: [REDACTED]
Fax #: [REDACTED]

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. Starting in FY 23, the hospital is anticipating engaging in planning, design and new construction relating to the master facility site, resulting in the expansion and modernization of her operating room suites and their concomitant support and ancillary service functions. The projected square footage impact of this aspect of work is estimated to be 14,664.

The ground floor structure supporting the OR infill, will consist of an 8 bed observation unit that measures in at 5,000 square feet.

Additionally, a newly constructed ten bed fast track unit, with a second trauma room and an outside ambulance canopy will be built off the existing Emergency Department and will involve approximately 8000 square feet of impact, 1,000 + of which will involve renovation to existing space.

And finally, 2,753 square feet of office and clinical facilities will be renovated at the Oregon Surgery Center to allow for the build-out and consolidation of a four bed endoscopic unit, along with its needed pre /post /prep supporting services.

- 2. Proposed start date:** 09/15/2022
- 3. Date of approval by board:** 4/2021
- 4. Expected completion date:** 9/15/25
- 5. What is the expected project cost?** 60 Million
- 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 projected points of beneficial impact to the community include, (1) improved access to necessary and critical medical services, (2) streamlining of operating model to enhance the overall timeliness, quality and convenience of

the care delivered, (3) an achieved reduction in the risks that are associated with delays in care, that are predicated on out-of-area appointment scheduling, traveling and receipt, and (4) a propagation of a wider complement of specialty services that can be extended to qualifying underserved, fragile, and economically indigent population groups at a sizeable charity discount.

- 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, or are anticipated to occur.

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

The need for expansion was identified through an internal capacity audit, a strategic analysis in partnership with an outside consultancy firm that forensically investigates community needs, service gaps and growth opportunities, and was found to be in concert with board, medical staff and senior executive input, as well physician needs assessment benchmarks.

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

No. We are a sole community provider, situated in a rural tract district, geographically isolated from the aforementioned service opportunities. No immediate access to these significant and imperative avenues of care exist within our location.

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.chimericyhealth.com/growing.html>

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

*Signature:	David Price, PhD., MBA
Date:	4/29/2021

**Entry of name connotes signature*

Please **email** the completed form to: OHA.HealthAnalyticsDataSubs@state.or.us

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