



Capitol Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility

Name: Kaiser Sunnyside Medical Center
Federal Tax ID#: Kaiser Foundation Hospitals ID# 94-1105628
Address: 10180 SE Sunnyside Rd.
City: Clackamas **State:** OR **Zip Code:** 97015

Individual completing form

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

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

Address: [REDACTED]
City: Portland **State:** OR **Zip Code:** 97232

Capital Project Qualitative Information

1. Provide a brief description of the project.

Sunnyside Medical Center's Emergency Department is proposing adding one CT scanning machine to existing facilities in order to support forecasted capacity needs over the next five (5) years and reduce the need for temporary mobile trailer-based CT scanning machines.

2. Proposed start date: March 2023

3. Date of approval by board: October 13, 2022

4. Expected completion date: September 2023

5. What is the expected project cost? \$2.74M

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 current CT scanning equipment is not expected to meet the capacity requirements forecasted over the next 5 years. KSMC has leveraged mobile trailer-based CT scanning equipment in the past; this alternative presents a lower total cost which supports KP's goals related to affordability. KP's East Service Area (which KSMC serves) has the greatest accessibility issues of any of KPNW's service areas, with an average time-to-appointment three times longer than our internal goals. Creating additional capacity in KSMC to perform CT scans will improve member experience and overall health by reducing wait times to receive scanning and identification of any needed care as a result.

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

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

We have evaluated the demand for this capability in KP's East Service Area and determined that wait times for our members and patients need to be reduced to provide better access to care.

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

The service currently exists in the community that this facility serves, but not at a level sufficient to meet the community's capacity demands.

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://healthy.kaiserpermanente.org/oregon-washington/pages/notices-updates>

- 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 Regional Communications, the Controller's team, and reported to the Hospital Administrator, Chief Operations Officer and Chief Financial Officer of KPNW.

*Signature:	David M. Peterson
Date:	November 11, 2022

**Entry of name connotes signature*

Please **email** the completed form to: HDD.admin@dhsosha.state.or.us

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