



Oregon Health Authority

Capitol Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility

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

Individual completing form

Name: David M. Peterson
Title: Executive Director, Group Controller – Northwest and Washington Markets
Email: David.M.Peterson@kp.org
Phone: 503 310 1982 (mobile)
Fax #: 503 813 2507

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

Address: 500 NE Multnomah Street
City: Portland **State:** OR **Zip Code:** 97232

Capital Project Qualitative Information

1. Provide a brief description of the project.

Sunnyside Medical Center Hospital Replacement.

2. Proposed start date: 02/2026

3. Date of approval by board: 03/25/2025

4. Expected completion date: 03/2029

5. What is the expected project cost? \$1,656.67 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 KSMC Project involves expanding the current facility by constructing an adjacent patient tower on the same Sunnyside Road campus. The new tower will feature 100% private rooms, will accommodate modern procedures such as robotic surgery, and will include unused space that KSMC can later adapt for services, including a surge in the need for inpatient beds. Technological innovations in the tower’s utility systems will further the organization’s goal of eliminating carbon emissions from KFH-affiliated facilities. The construction of a new tower will enable KSMC to maintain its current bed capacity in the existing facility while construction is ongoing. The new tower will not operate as a separate or satellite hospital. Once the new tower opens, the original tower will be delicensed and operations in the new tower and the A-Wing will be integrated, e.g., imaging services in either area will be part of a single imaging department.

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?

KSMC plays an essential role for KPNW, patients and the community. Several alternatives to this project were explored. The recommendation is to replace the medical center on the east side of the SMC campus which is the most cost effective and creates the greatest opportunity for the community.

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

The KSMC Project does not involve new or specialized services. KSMC will continue to offer the same basic services and the same services that are not considered basic health services, including the same number of NICU beds.

Public Notice and Comment

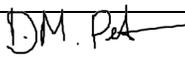
1. Provide a link to the webpage where public notice of the capital project was posted. If your facility does not maintain a webpage provide the name of the newspaper where the public notice was made and date of publication. Attach additional pages if needed.

[Capital Campaign Project | Kaiser Permanente](#)

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 summary of this project 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 Chief Operations Officer and Chief Financial Officer of KPNW.

Signature and Date

*Signature:	Signed by: 
Date:	D3E27E42BB1F4A9... 4/23/2025 2:51 PM PDT

**Entry of name connotes signature*

Please email the completed form to: HDD.Admin@dhsoha.state.or.us

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Health Analytics
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