

Capitol Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility

Name: Providence Milwaukie Hospital (PMH)

Federal Tax ID#: xxxxxxxx

Address: 10150 Southeast 32nd Avenue

City: Milwaukie

State: OR

Zip Code: 97222

Individual completing form

Name: Mike Merrigan

Title: Director of Finance

Email: [OR POP Capital Project Comments](#)

Phone: 503-215-6622

Fax #: _____

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

Address: 4400 NE Halsey, Building 1, Suite 160

City: Portland

State: OR

Zip Code: 97213

Capital Project Qualitative Information

1. Provide a brief description of the project.

Providence Milwaukie Hospital is seeking the replacement of its single slice CT Scanner with a 64-slice CT Scanner. The single slice Scanner is 12 years old and beyond its useful life. It is used as a backup to the hospital's 16-slice CT Scanner, which creates service problems when the newer Scanner is being maintained or repaired. Because of its age and technology, the single slice CT Scanner is limited to performing only CTs of the head without contrast. This equipment will bring the treatment provided at Providence Milwaukie Hospital up to the standard of care in the community, consistent with the hospital's vision of providing the best possible diagnostic imaging to all patients. The new equipment will provide new scan capabilities for head and neck angiography as well as pulmonary embolus studies.

2. Proposed start date: February 2011

3. Expected completion date: July 2011

4. What is the expected project cost? \$1.3 million

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.

This technology will reduce the diagnostic imaging radiation dose by 40% as well as allow Providence Milwaukie Hospital to meet the stroke turnaround time of one hour. In addition, this equipment will eliminate excessive Emergency Department diverts due to lack of advanced CT Scanner capabilities or when the 16-slice CT Scanner is out of service. This advanced technology is needed at Providence Milwaukie Hospital in order to serve the needs of east metro patients, particularly those accessing the hospital via its Emergency Services Department.

As with all Providence Milwaukie Hospital services, patients qualifying under our charity care policies will be entitled to free or reduced cost medical care in connection with services related to this new equipment.

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.

None anticipated.

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

Yes, see comment #5.

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

Yes, these imaging services are available in the broader Portland Metro area.

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.

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

Once a capital project has received approval by the Business Development Council (BDC) or the appropriate governing body, a CPR-1 will be completed by the Project Owner/Sponsor or designee. Once complete, the CPR-1 will be submitted to the Office for Oregon Health Policy Research no later than 30 days after financing for a project that has been approved for ambulatory surgical centers or within 30 days after the project has been approved by the hospital's board of directors/governing body or other appropriate authority for hospitals. In addition, the project description and community benefit will be posted prominently on the Providence Health & Services – Oregon Region Internet home page for a period of thirty days. During this thirty day period, Regional Financial Services will collect all public comments, consolidate them, and present for review at BDC.

Signature:	
Name (printed or typed):	Mike Merrigan
Date:	February 21, 2011

Please email, fax, or mail the completed form to:

Research and Data Unit
Oregon Health Policy and Research
1225 Ferry Street SE, 1st Floor
Salem, OR 97301
503-373-1779

Email: OHPR.DataSubs@state.or.us