

# Capital Project Reporting Form (CPR-1)

## Oregon Health Policy and Research

### Reporting Entity Identification and Contact

#### Facility:

Name:	Kaiser Permanente Northwest
Federal Tax ID#:	Kaiser Foundation Health Plan of the Northwest — 93-0798038 Kaiser Hospitals — 94-1105628 (select as appropriate)
Address:	500 NE Multnomah Street
City, State, Zip:	Portland, OR 97232-2023

#### Individual completing and submitting form:

Name: Megan Shank  
Title: Director, Strategic Planning & Business Development  
Email: Megan.H.Shank@kp.org  
Phone: 503-813-3084  
Fax #: 503-813-4408

*If address of individual completing the form is different than facility listed above, please provide:*

Address: 500 NE Multnomah Street  
City, State, Zip: Portland, OR 97232-2099

### Capital Project Information

#### 1. Provide a brief description of the project.

This investment is to remodel space at the Interstate Medical Office South location of Kaiser Permanente. The remodel will include creating two procedural sedation rooms, one additional operating room, and construction of a third sedation room to be equipped when need arises in the future, as well as the associated pre-op and recovery space. This project will expand our current surgical capacity, allow us to reduce patient wait times, and meet the increasing demand for services resulting from membership growth.

2. **Proposed start date:**

3. **Expected completion date:**

4. **What is the expected project cost?**

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 remodel will enhance our ability to serve Kaiser Permanente members at Interstate Medical Office South, which is our ambulatory care service hub, by significantly expanding our current surgical capacity, reducing patient wait times, and addressing the increasing demand for services as a result of membership growth.

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.**

No negative impacts identified.

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

Yes. Kaiser Permanente expects this investment to improve quality, service, and access.

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

Surgery capacity exists in the community. However, this remodel supports our structure of coordinated patient care across the entire health care team, efficiently and effectively helping to manage our member costs.

## 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/health/poc?uri=center:how-to-get-care&article=F96C2172-62D7-11E3-B48C-92816F0D007A>

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 Communications and Strategic Planning and reported to the chief operations officer and chief financial officer of Kaiser Permanente Northwest.