

Capitol Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility

Name:	St. Charles Mad	lras			
Federal Tax ID#:	93-0602940				
Address:	470 NE A Street				
City:	Madras	State:	OR	Zip Code:	97741

Individual completing form

Name:	Nachele Varcoe
Title:	Staff Accountant
Email:	navarcoe@stcharleshealthcare.org
Phone:	541-706-4763
Fax #:	541-706-6347

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

Address:	2500 NE Neff Road			
City:	Bend	State:	OR	Zip Code: 97701

Capital Project Qualitative Information

1. Provide a brief description of the project.

Building renovation that will add 26,000 square feet and enhance outpatient and primary care services.

- 2. Proposed start date: September 2015
- 3. Expected completion date: March 2017
- 4. What is the expected project cost? 16,000,000.00
- 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.

St. Charles Madras is a 25 bed critial access hospital and serves 21,000 people in Madras and surrounding communities. These improvements will improve the standard of care and allow St. Charles Madras to focus on outpatient and primary services, rather than inpatient volumes. St. Charles is providing health related services and education at a free or discounted rate to the patients who meet the criteria of its charity care policy. Collection/payment policies are the same for all patients. St. Charles criteria for the determiniation for charity care include the patients or other responsible party's annual household income, number of people in the home and claimed on taxes, assets, credit history, existing medical debt obligations and other indicators of the patients ability to pay. Generally those individuals with a household income at less than 100% of the federal poverty guidelines qualify for charity care. In addition St. Charles provides discounts on a sliding scale to those individuals with an annual household income of between 200% and 400% of the federal poverty guidelines. St. Charles does not pursue collection of amounts determined to qualify as charity care.

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

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

The current hospital facility was built in 1967 and does not meet current standards of care. The laboratory is located in an aging modular building that is too small to accommodate equipment and staff. The current emergency department has only 7 beds that are seperated by curtains. The current facility only has one operating room. The current HVAC, plumbing and electrical systems are original to the 1967 building and in need of significant upgrades. The remodel includes a new main entrance, a new combined operating room and emergency department and a new imaging department and laboratory. The existing infrastructure also will undergo upgrades. These improvements will improve the standard of care and allow St. Charles Madras to focus on outpatient and primary services, rather than inpatient volume.

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

Yes they are available at the current St. Charles Madras hospital, but do not meet current standards of care. This remodel and addition will sigificatnly improve the standard of care.

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.

http://www.ktvz.com/news/st-charles-board-oks-16-million-madras-renovation/27840394

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 with an email address for comments to be provided. Comments received will be reviewed and summarized and reported to the COO and CFO of St. Charles Health System.

*Signature:	Nachele Varcoe
Date:	8/3/2015

*Entry of name connotes signature

Please email the completed form to: <u>OHPR.DataSubs@state.or.us</u>

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