Capitol Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility
- **Name**: Oregon Health & Science University
- **Federal Tax ID#**: 93-1176109
- **Address**: 3181 SW Sam Jackson Park Rd.
- **City**: Portland
- **State**: OR
- **Zip Code**: 97309

Individual completing form
- **Name**: Natalie Fraccica
- **Title**: Capital Financial Analyst
- **Email**: fraccica@ohsu.edu
- **Phone**: 503-494-8722
- **Fax #**: 503-494-4243

*If address is different than facility listed above, please provide:*
- **Address**: 1400 SW 5th Ave, Suite 650
- **City**: Portland
- **State**: OR
- **Zip Code**: 97201

Capital Project Qualitative Information

1. **Provide a brief description of the project.**
   Replacement of end-of-life Radiographic/Fluroscopic System in Angiography to provide better patient service. Update the room to optimize workflow/functionality, and upgrade the electrical infrastructure. This is the second of two projects replacing end-of-life Radiographic/Fluroscopic Systems in Angiography--the first project was completed in 2016.

2. **Board of Directors approval date**: 6/30/2016
3. **Proposed start date**: 9/1/2016
4. **Expected completion date**: 12/31/2016
5. **What is the expected project cost?** $1,900,000
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.**
   This is a replacement of a Single Plane Angiography System that provides diagnostic fluoroscopy imaging, which enables physicians to visualize and treat various types of pathology. This is a less invasive form of treatment, which is often performed surgically. Less anesthesia is used and discharge is often the same day, resulting in increased patient satisfaction and decreased costs.

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 are anticipated, and this project will not be funded with bond proceeds.

8. **How has your facility evaluated the need for this project within the community that you serve?**
This is the replacement of end-of-life equipment. Current volume supports replacement of this equipment.

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

   This project is not creating new medical services, as it a replacement of end-of-life equipment.

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**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.ohsu.edu/xd/about/services/capital-reporting.cfm

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

   OHSU is governed by a Board of Directors who considers community comments in their decisions.

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<thead>
<tr>
<th><em>Signature:</em></th>
<th>Jon Loomis</th>
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<td><em>Date:</em></td>
<td>7/29/2016</td>
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*Entry of name connotes signature*

**Please email the completed form to:** OHPR.DataSubs@state.or.us

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Research and Data Unit  
Oregon Health Policy and Research  
500 Summer St. NE E-65