



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: Tammy Fortin
Title: Capital Financial Analyst
Email: fortint@ohsu.edu
Phone: 503-494-1041
Fax #: 503-494-4243

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

Address: 1515 SW 5th Ave, Suite 800
City: Portland **State:** OR **Zip Code:** 97201

Capital Project Qualitative Information

1. Provide a brief description of the project.

Replacement of the end-of life Linear Accelerator Novalis TX Trilogy System that will enhance capabilities and expand services to our patients.

2. Board of Directors approval date: 06/28/2018

3. Proposed start date: 07/26/2018

4. Expected completion date: 09/30/2019

5. What is the expected project cost? \$5,625,000

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.

The new linear accelerator (replacement) will enhance both quality and safety. The new machine has enhanced features that are designed around the reduction of errors, minimization of patient time on table, and more accurate/precise delivery of dose. Each of these factors contribute to our team's ability to treat a greater number of patients in our surrounding community as well as across the region. This increase in clinical throughput directly ties to our ability to increase our charity care offerings as well. Effectively, one of our major charity care limitations is the number of patients we can see on any given day, and this new linear accelerator will create more patient visit/treatment openings. We anticipate a 20% increase in clinical throughput as a result of this replacement purchase.

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.

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.



*Signature:	Mike Olson
Date:	08/31/2018

**Entry of name connotes signature*

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

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