



# Capitol Project Reporting Form (CPR-1)

## Reporting Entity Identification and Contact

### Facility

**Name:** Providence Portland Medical Center  
**Federal Tax ID#:** 93-0386906  
**Address:** 4805 NE Glisan Street  
**City:** Portland **State:** OR **Zip Code:** 97213

### Individual completing form

**Name:** Eric Olson  
**Title:** CFO – Providence Portland Medical Center  
**Email:** eric.olson@providence.org  
**Phone:** 503 215-6241  
**Fax #:** 503 215-6858

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

**Address:**  
**City:** **State:** **Zip Code:**

## Capitol Project Qualitative Information

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

Providence Heart Institute (PHI) intends to renovate suite 3N to create a state of the art Hybrid Operating Room at the Providence Portland Medical Center (PPMC) with new digital x-ray system with better imaging to allow for endovascular surgery. This will increase safety by reducing x-ray dosage to both patients and providers by 25%.

Endovascular surgery is an innovative less invasive procedure to treat problems affecting blood vessels. As this innovation evolves, we anticipate a growth of 50% in endovascular volume within the next 2-3 years. To accommodate this increase in volume we are building the endovascular hybrid room to accommodate increased volume in a state of the art format. All of these items combined produce a decreased length of stay for patients, decreased morbidity, and improved outcomes over traditional approaches.

### 2. Proposed start date: 1/3/2018

### 3. Expected completion date: 8/31/2018

### 4. What is the expected project cost? \$4,000,000 – (\$1.3 Construction/\$2.7 Equipment)

### 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.

New suite will produce lower LOS for patients, decreased morbidity, and improved outcomes over traditional approaches. Project will allow PPMC to continue to provide advanced surgical services to all of our community regardless of their ability to pay.

### 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 other than cost.

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

The community has continued needs for advanced endovascular surgical equipment, this equipment is becoming community standard due to patient outcomes.

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

Similar services are available in other Portland Service 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.**

<http://oregon.providence.org/our-services/c/capital-project-reporting/>

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

*Interested parties can submit comments to the email address, <mailto:orpopcapitalprojectcomments@providence.org>, listed in the above webpage. The mailbox is managed by PHS’s Oregon Region Financial Planning team. Any concerns will be passed along to the stakeholder of the project.*

**Signature and Date**

<b>*Signature:</b>	Eric Olson
<b>Date:</b>	9/11/2017

*\*Entry of name connotes signature*

Please **email** the completed form to: [OHA.HealthAnalyticsDataSubs@state.or.us](mailto:OHA.HealthAnalyticsDataSubs@state.or.us)

Health System Research and Data  
Health Analytics  
500 Summer St. NE E-64  
Salem, OR 97301  
503-945-6710