



Capitol Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility

Name: Sunnybrook Ambulatory Surgical Center
Federal Tax ID#: Kaiser Foundation Hospitals ID#94-1105628

Address: 9900 SE Sunnyside Rd.
City: Clackamas **State:** Oregon **Zip Code:** 97015

Individual completing form

Name: David M. Peterson
Title: Regional Controller - Northwest Region
Email: David.M.Peterson@kp.org
Phone: 503 813 4081
Fax #: 503 813 2507

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

Address: 500 NE Multnomah Street
City: Portland **State:** OR **Zip Code:** 97232

Capital Project Qualitative Information

1. Provide a brief description of the project.

Sunnybrook Ambulatory Surgical Center (ASC), a Kaiser Foundation Hospitals facility, operated and administered in conjunction with Kaiser Foundation Healthplan of the Northwest (KPNW), proposes to better utilize existing Sunnybrook ASC space and add two operating rooms by reconfiguring existing support space. This project will add ASC capacity to KPNW's highest volume surgical center to support increased growth as demand for hospital and ambulatory surgical services has outpaced supply.

2. Board of Directors approval date: 5/26/2020

3. Proposed start date: 8/2020

4. Expected completion date: 10/31/2021

5. What is the expected project cost? \$13.8M.

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 expansion of the Sunnybrook Ambulatory Surgical Center supports KPNW's efforts to improve access and avoid the risk of delays to our members. The expansion of the surgical center will further increase economies of scale and allow additional procedures to be completed outside of the hospital setting providing cost reduction in care delivery.

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 to the community have been identified.

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

KPNW's demand for ambulatory surgical services has outpaced current capacity by one ASC operating room as evaluated through a capacity analysis. This proposed investment provides the fastest way to increase capacity through repurposing existing ASC building space to increase the number of ASC operating rooms available.

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

The service currently exists in the community that this facility serves but this plan will increase surgical capacity, improve access for our members, and reduces the overall cost of care delivery by performing lower acuity surgeries in a lower cost setting outside of a hospital.

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/care/consumer/center!/ut/p/a1/hY7BCoJAGISfxqP8f4qa3jRQdDGNInUvseqiku2KLElvXxkdo4GBGfgGBiiUQAW7Dx1TgxRsfHdqX8LkmAXBxsfMyiyMUyE3tv4M6BBGg3ynpFq16pydNQw2WaGikUF6p5mc8aAv0kwW4cyl4uupJ6x5XesJn_3QrZ8qGFsshzz0sTkpPKqUlogK7_0IwP678otxHjLTmRs0tMROML_JCPMF1p_TBxeAIO6k2U/dl5/d5/L0IDUmlTUSEhL3dHa0FKRnNBLzRKVXBDQSEhL2VuX1VT/

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 Regional Communications, the Controller's team, and reported to the Chief Operations Officer and Chief Financial Officer of KPNW.



*Signature:	David M. Peterson
Date:	June 24, 2020

**Entry of name connotes signature*

Please **email** the completed form to: HDD.admin@dhsosha.state.or.us

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