Capital 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:** 97239

Individual completing form:

Name: [redacted]
Title: [redacted]
Email: [redacted]
Phone: [redacted]
Fax #: N/A

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

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

Capital Project Qualitative Information

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

   Replacement of the end-of-life GE Innova IGS 620 BiPlane in Cardiac EP Lab system will continue to provide high-quality cardiac services and improve patient safety. As well as maintaining access for Oregonians to the same high-quality cardiac services they are accustomed to.

2. **Proposed start date:** 7/1/2026
3. **Date of approval by board:** 6/17/2026
4. **Expected completion date:** 3/18/2027
5. **What is the expected project cost?** $6,000,000
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 fixed Fluoro Biplane (replacement) will enhance both quality and safety for all patients regardless of financial situation. This technology brings with it improved imaging quality, while improving radiation

dose management to make procedures safer and more efficient. Uptime of a new system also improves OHSU ability to serve its patient populations with fewer delays and cancellations.

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 is a replacement of end-of-life equipment. Therefore, this keeps the community access equal.

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://www.ohsu.edu/about/capital-reporting

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, CPA
Date:	8/26/2026

**Entry of name connotes signature*

Please email the completed form to HDD.Admin@dhsoha.state.or.us

Hospital Reporting Program
Research and Data Unit
Health Analytics
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Salem, OR 97301
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