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 an end-of-life TomoHD radiation therapy linear accelerator with a modern linear accelerator treatment system and associated software and technology upgrades. The project will maintain essential radiation therapy capacity while improving treatment precision, reliability, efficiency, and integration between treatment planning, image guidance, and treatment delivery. The replacement will support safe, high-quality delivery of contemporary radiation therapy and reduce operational risks associated with aging equipment.

2. **Proposed start date:** 7/1/2026
3. **Date of approval by board:** 6/17/2026
4. **Expected completion date:** 5/17/2027
5. **What is the expected project cost?** $5,500,000
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 project will preserve community access to essential radiation oncology services by replacing aging equipment that has reached the end of its useful life. The new system will improve treatment reliability, precision, image guidance, and operational efficiency, and support high-quality care while reducing the risk of treatment delays or interruptions associated with aging equipment. Maintaining treatment capacity is particularly important for patients requiring timely, multi-week courses of radiation therapy and for patients with complex cancers requiring specialized treatment capabilities. The equipment will serve patients regardless of payer status, including patients receiving financial assistance or charity care consistent with the health system's existing policies.

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?**

   Yes. Radiation therapy services are already available within the community. This project does not create a new medical service; it replaces end-of-life equipment used to provide existing radiation oncology services. The replacement will preserve existing treatment capacity while providing updated technology necessary to safely and effectively deliver contemporary radiation therapy.

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
500 Summer St. NE
Salem, OR 97301
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