Capital Project Reporting Form (CPR-1)

Oregon Health Policy and Research

Reporting Entity Identification and Contact

Facility:

Name: Kaiser Permanente – Northwest

Federal Tax ID#: Kaiser Foundation Health Plan of the NW - 93-0798038

Kaiser Hospitals - 94-1105628 (select as appropriate)

Address: 500 NE Multnomah Street

City, State, Zip: Portland, OR 97232-2023

Individual completing and submitting form:

Name: Megan Shank

Title: Director, Strategic Planning & Business Development

Email: Megan.H.Shank@kp.org

Phone: 503-813-3084 **Fax #:** 503-813-4408

If address of individual completing the form is different than facility listed above, please provide:

Address: 500 NE Multnomah Street **City, State, Zip:** Portland, OR 97232-2099

Capital Project Information

1. Provide a brief description of the project.

Phased upgrade of all existing Mammography imaging machines at 10 sites within Kaiser Permanente Northwest (Oregon and Washington) to new Digital technology. The project includes equipment, installation of support information technology infrastructures, and necessary physical plant renovation.

2. Proposed start date: February 2013

3.	Expected completion date:	December 2014	
4.	What is the expected procest?	\$12,528,154	
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.		
	Increase in machine efficiency should increase access for our members by allowing		
	addition "drop in" capacity. Image quality for fewer re-scans, digital format allows		
	ease of distribution for distributed scanning with centralized "reads" for maximum staff		
	efficiency, quicker results.		
5.	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.		
•	How has your facility evaluated the need for this project within the community that you serve?		
		hy is the community standard. Kaiser Permanente expects the	
	upgrade to improve image	quality, ease of image storage, and machine efficiency.	
3.	Are the medical services created by this project already available in the community that your facility serves?		
	Mammography is availabl	e in the community, however, the volume of anticipated scans	
	for Kaiser Permanente members is greater than the community can bear. This is		
	replacement technology for	or our current capacity serving Kaiser Permanente members.	

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.

 $\frac{https://healthy.kaiserpermanente.org/health/poc?uri=center:how-to-get-care\&article=22FBF68C-8752-11E2-98BF-88C6E8407E3C}{2}$

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 Communications and Strategic Planning and reported to the Chief Operations Officer and Chief Financial Officer of Kaiser Permanente Northwest.