# **Capital Project Reporting Form (CPR-1)**

Oregon Health Policy and Research

# Reporting Entity Identification and Contact

#### **Facility:**

Name:	Kaiser Permanente – Interstate Radiation Oncology Center
Federal Tax ID#:	Kaiser Foundation Health Plan of the NW - 93-0798038
	Kaiser Hospitals - 94-1105628 (select as appropriate)
Address:	3620 N. Interstate Avenue
City, State, Zip:	Portland, OR 97227

#### 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 StreetCity, State, Zip:Portland, OR 97232-2099

## Capital Project Information

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

This project proposes to replace the currently aged linear accelerator at Interstate Radiation Oncology Center with a new linear accelerator.

#### 2. Proposed start date:

June 10, 2014

3. Expected completion date:

March 30, 2015

4. What is the expected project cost?

\$4,175,986

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.

Once completed, this project is expected to provide continuous service and improve patient satisfaction. The maintenance and functionality of the current older equipment leads to patient dissatisfaction and quality of care issues from increased down time for planned and unplanned maintenance and service failures.

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.

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

Yes. The capacity is required to meet the needs of Kaiser Permanente's members.

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

This service is available in the community. This is a replacement to an existing aged linear accelerator at Kaiser Permanente.

## 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://hqab.kaiserpermanente.org/health/care/consumer/center/!ut/p/a1/hZBBa4 NAEIV\_Sw4edbcRjfGmhYhuE60tVfdSVjNdpborm0XJv69aeiwZGJiB9z5mHqKoR FSwqeNMd1Kwft2p-3lK3tIwfApw6qQOjs9OdEzcyx4\_H1CBEkR5L-

tNXLVaj76BDTyPYyOFBqGbpUEZeCHLK3RXVBZZ5vvnhGSkOlSnhzYFfDkGleR SPNT-

ToINgMpWzqaWJgdtNkwBKkJE84iIaV4xgahtj6\_0L1CgrFbe9OIB1uv2bn2z7gZqB DUwsSItqfjyK93iwHb8usURZS7GsUfeyceR2Bjv\_wT\_VIDROHh3u59eIK\_dPNjtfg CrHVIe/dI5/d5/L2dBISEvZ0FBIS9nQSEh/?region=KNW

# 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.