



## Capitol Project Reporting Form (CPR-1)

### Reporting Entity Identification and Contact

#### Facility

**Name:** Legacy Meridian Park Hospital  
**Federal Tax ID#:** 93-0618975  
**Address:** 19300 SW 65<sup>th</sup> Ave..  
**City:** Tualatin **State:** OR **Zip Code:** 97092

#### Individual completing form

**Name:** Karen Shah  
**Title:** Director, Financial Planning  
**Email:** klshah@lhs.org  
**Phone:** 503-415-5538  
**Fax #:** 503-415-5091

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

**Address:** 1919 NW Lovejoy St.  
**City:** Portland **State:** OR **Zip Code:** 97209

### Capital Project Qualitative Information

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

Replacement and upgrade of video equipment in ORs to include camera heads/video processors/light sources/printers and monitors.

**2. Proposed start date:** April 2011

**3. Expected completion date:** October 2011

**4. What is the expected project cost?** \$1.2 million

**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.**

This project will replace aging equipment. This upgraded equipment takes full advantage of both the new wide screen HD format and DVI capability for enhanced visualization of the surgical field and improved quality.

Legacy Meridian Park Hospital provides free or reduced cost care to all patients who qualify under our charity care policies and services provided by this equipment would be included. Legacy Health as a whole provided over \$69.0 million in charity care in fiscal year 2010.

**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 are anticipated. No bond proceeds will be used for this project.**

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

This capital project was reviewed and evaluated by Legacy's Executive Council, with consideration given to the needs of Meridan Park's community for up-to-date surgical facilities.

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

This project does not create medical services, it enhances existing services. Surgical services are a core service of hospitals and are available throughout the Portland Metro area.

**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.**

www.legacyhealth.org/capitalreporting

**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 Financial Planning and reported to the Chief Administrative Officer of Legacy Meridian Park Hospital and the Chief Financial Officer of Legacy Health.

**Signature and Date**

<b>*Signature:</b>	Karen Shah, Director, Financial Planning
<b>Date:</b>	April 5, 2011

*\*Entry of name connotes signature*

Please email the completed form to: [OHPR.DataSubs@state.or.us](mailto:OHPR.DataSubs@state.or.us)