



Capitol Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility

Name: Providence St Vincent's Medical Center
Federal Tax ID#:
Address: 9205 SW Barnes Road
City: Portland **State:** OR **Zip Code:** 97225

Individual completing form

Name: Rosemary C. Owen
Title: Manager, Cardiovascular Lab
Email: rosemary.owen@providence.org
Phone: 503 216 7988
Fax #: 503 216 7280

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.

Replace imaging equipment in CVL neuro room . The equipment is now an aged technology and has no guarenttee of replacement parts should existing equipment fail. This lab is used predominantly for neuro interventional radiology cases, including acute stroke. The replacement has full physician support and will allow greatly improved imaging, reduction in radiation dose, improve patient safety and improved imaging techniques.

2. Proposed start date: 10/31/11

3. Expected completion date: mid Dec 2011

4. What is the expected project cost? \$1.6 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 room acts to support the services offered by the Providence Telestroke Network, which benefits the local communities and throughout the region. It supports the Portland service area stroke team in allowing superior imaging of complex cases to reach positive outcomes. It also allows us to promote stroke treatment and awareness to the community by knowing we can provide the service. It also helps educate the community on time-to-treatment and assures them we can provide this service. It further supports patients presenting with complex neurological conditions and that we can consider moving towards neuro intervention with a minimally invasive approach in more of these cases.

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.

A backup cath lab can be used but does not fill the level of service needed for complex cases which would result in the need to transfer patients to another facility. If not replaced there could be a loss of service to the community. System is being financed by internal funds to maintain programs established.

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

This equipment is needed to maintain service and further expand the service provided by the Providence Telestroke Network supporting growth at both a local level and beyond.

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

There are other sites with similar equipment in the Portland area. However, patients can present with stroke directly to the emergency room and would face transfer before treatment if this service was not available. Also patients already within the hospital can develop signs and symptoms of a stroke would require transfer to another facility for angiographic imaging.

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.

<http://oregon.providence.org/patients/healthconditionscares/capital-project-reporting/Pages/default.aspx>

2. Describe your facility’s method of collecting and reviewing public comments on the capital project. Attach additional pages if needed.

Once a capital project has received approval by the Business Development Council (BDC) or the appropriate governing body, a CPR-1 will be completed by the Project Owner/Sponsor or designee. Once complete, the CPR-1 will be submitted to the Office for Oregon Health Policy Research no later than 30 days after financing for a project that has been approved for ambulatory surgical centers or within 30 days after the project has been approved by the hospital’s board of directors/governing body or other appropriate authority for hospitals. In addition, the project description and community benefit will be posted prominently on the Providence Health & Services – Oregon Region Internet home page for a period of thirty days. During this thirty day period, Regional Financial Services will collect all public comments, consolidate them, and present for review at BDC.



*Signature:	
Date:	10:25:11

**Entry of name connotes signature*

Please email the completed form to: OHPR.DataSubs@state.or.us