



Capitol Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility

Name: Legacy Mount Hood Medical Center
Federal Tax ID#: 93-0591528
Address: 24800 SE Stark St.
City: Portland **State:** OR **Zip Code:** 97030

Individual completing form

Name: Sarah K. Jensen
Title: VP, Finance
Email: sjensen@lhs.org
Phone: 503-415-5145
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.

This project is for the purchase of a 1.5T MRI to be located in the Mount Hood Medical Office Building near the Breast Health Center and Outpatient Imaging.

2. Proposed start date: November 1, 2015

3. Expected completion date: April 2, 2016

4. What is the expected project cost? \$2,500,000

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.

Providing access to an MRI in this Medical Office Building is consistent with the strategic goal of providing improved outpatient care for the community.

Legacy Mount Hood Medical Center 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 \$24.9 million in charity care in fiscal year 2015.

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 project was reviewed and evaluated by Legacy's Operations Council. Adding this MRI equipment in the Medical Office Building will allow more access to the community during evening and weekend hours allowing patients more flexibility in scheduling.

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

This project does not provide new medical services but adds capacity for a growing population in this community.

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 Mount Hood Medical Center and the Chief Financial Officer of Legacy Health.

*Signature:	Sarah K. Jensen
Date:	November 18, 2015

**Entry of name connotes signature*

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

Research and Data Unit
Oregon Health Policy and Research
1225 Ferry Street SE, 1st Floor
Salem, OR 97301
503-373-1779