



Capitol Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility

Name: Legacy Emanuel Hospital and Health Center
Federal Tax ID#: 93-0386823
Address: 2801 N. Gantenbein Ave.
City: Portland **State:** OR **Zip Code:** 97227

Individual completing form

Name: Sarah K. Jensen
Title: Vice President, 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.

Legacy Emanuel Hospital and Health Center is replacing a daVinci Si Surgical Robot with a daVinci Xi Surgical Robt. This upgraded equipment is in support of the expanded heart program at Emanuel.

2. Board of Directors approval date: March 24, 2016

3. Proposed start date: June 2016

4. Expected completion date: July 2016

5. What is the expected project cost? \$2,125,000

6. 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.

Legacy Emanuel Hospital and Health 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 over \$24.9 million in charity care in fiscal year 2015.

7. 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.

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

The project was reviewed and evaluated by Legacy's Operations Council.

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

This project does not create new medical services, it replaces and updates aging medical equipment of a type used by all inpatient hospitals.

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 provided. Comments received will be reviewed and summarized by Financial Planning and reported to the Chief Administrative Officer of Legacy Emanuel Hospital and Health Center and the Chief Financial Officer of Legacy Health.

Signature and Date

*Signature:	Sarah K. Jensen, Vice President, Finance
Date:	April 6, 2016

**Entry of name connotes signature*

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

500 Summer St. NE E-65
Salem, OR 97301
503-373-1779