



# Capitol Project Reporting Form (CPR-1)

## Reporting Entity Identification and Contact

### Facility

**Name:** Oregon Health & Science University  
**Federal Tax ID#:** 93-1176109  
**Address:** 3181 SW Sam Jackson Park Rd.  
**City:** Portland **State:** OR **Zip Code:** 97309

### Individual completing form

**Name:** Tammy Fortin  
**Title:** Capital Financial Analyst  
**Email:** fortint@ohsu.edu  
**Phone:** 503-494-1041  
**Fax #:** 503-494-4243

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

**Address:** 1515 SW 5th Ave, Suite 800  
**City:** Portland **State:** OR **Zip Code:** 97201

## Capital Project Qualitative Information

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

Replacement of the end-of life MRI System will continue to provide MRI procedures to current patient population.

**2. Board of Directors approval date:** 06/28/2018

**3. Proposed start date:** 06/28/2018

**4. Expected completion date:** 06/30/2019

**5. What is the expected project cost?** \$3,205,200

**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.**

Replacement of the Philips Intera 3T with a Siemens Vida 3T adds benefit to the population that OHSU serves by replacing an antiquated system that is no longer upgradable to new technology and capabilities. The Philips Intera is a limited scanner due to the changes in technology from when this system was built. The new system will allow for improved workflows and shorter exam times which increases access for MRI patients and insures the best exam possible because of increased compliance from patients who have difficulty completing MRI exams due to the length of the exam. The Siemen’s Vida also offers improved patient comfort so the patient is able to hold still easier by redesigned coils that are lighter and easier to incorporate in the MRI exam. The new system has technology that will allow more programs improved options for scheduling patients on a timely basis since specialty exams in Neuro and Research will have additional resources to use. The new technology expands the diagnostic capabilities of scanning all anatomy due to improved resolution, much improved anatomy coverage, and allows for exam sequences that are not currently available on the Philips system. The new system also has new post-processing features that allows for

automation of technologist tasks that are required to complete the study before it can be read. This will allow quicker turnaround time from end of the MRI exam to when the report is finalized, making results available sooner.

- 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, and this project will not be funded with bond proceeds.

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

This is the replacement of end-of-life equipment. Current volume supports replacement of this equipment.

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

This project is not creating new medical services, as it a replacement of end-of-life equipment.

## 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://www.ohsu.edu/xd/about/services/capital-reporting.cfm>

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

OHSU is governed by a Board of Directors who considers community comments in their decisions.

## 

<b>*Signature:</b>	Mike Olson
<b>Date:</b>	08/31/2018

*\*Entry of name connotes signature*

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

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