



## Capitol Project Reporting Form (CPR-1)

### Reporting Entity Identification and Contact

#### Facility

**Name:** Providence St Vincent Medical Center  
**Federal Tax ID#:**  
**Address:** 9225 SW Barnes Road  
**City:** Portland **State:** OR **Zip Code:** 97225

#### Individual completing form

**Name:** Rosemary C. Owen  
**Title:** Manager, Cardiovascular Labs.  
**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 the imaging equipment in a CVL cardiac/peripheral room. The equipment is now an aged technology and has no guarantee or replacement parts should existing equipment continue to fail. This lab is used for both cardiac and peripheral studies. The plan also includes some redesign of the room to support a more ergonomically safe environment for staff. The replacement project has full physician support and will allow greatly improved imaging, reduction in dose to patients and staff, improved patient safety and more detailed imaging techniques.

**2. Proposed start date:** Dec. 2012

**3. Expected completion date:** March 2013

**4. What is the expected project cost?** \$2.1 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 covers both cardiac and vascular services already established to a very high level in this hospital. This serves a large and still growing community both locally and also those referred/transferred from other sites and areas. We can continue to provide our STEMI care with the addition of a new, more reliable room and can prevent delay to treatment if all other rooms are busy with cases. We can look at our peripheral program and, with the increased quality of imaging the new system provides, treat more complex cases whose only other option would have been surgery.

**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.**

**Other cath labs can be used for the same imaging cases but these rooms are already busy with physician caseload. Relying solely on these other labs would give rise to case delay, patient and physician dissatisfaction, and eventually loss of business to other areas. Lower limb peripheral intervention is not available in all hospitals so loss of this would reduce options for these patients with such a pathology. The system is being financed by internal funds to maintain established programs.**

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

This equipment is needed to maintain services already in process at Providence St Vincent Medical Center and will allow us to support and further develop services. This will allow better visualization of lower limb vascularization for intervention.

**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. We have an established business using this room in its aged condition, however, and need to continue to offer this but with greatly improved imaging capabilities. It also allows greater support of our STEMI program and allows us to maintain and further improve our responses to meet national guidelines.

**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/healthconditionscore/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 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 to the appropriate governing body for review.

**Signature and Date**

<b>*Signature:</b>	Rosemary C. Owen
<b>Date:</b>	9-19-2012

*\*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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