



Oregon Health Authority

Capitol Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility

Name:

Columbia Lutheran Charities dba Columbia Memorial Hospital

Federal Tax ID#: 93-0583856

Address: 2111 Exchange St

City: Astoria State: OR Zip Code: 97103

Individual completing form

Name: Kathy Hubbard

Title: Accounting Manager

Email: Kathy_hubbard@columbiamemorial.org

Phone: 503 338-7578

Fax #:

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.
Equipment Purchases
2. Board of Directors approval date: 12/3/2015
3. Proposed start date: 2016
4. Expected completion date: 2016
5. What is the expected project cost? 1,435,274
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.
12 departments to receive various pieces of new equipment in order to provide up to date patient care in a local facility.
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.
In no way do these expenditures have a negative impact to the community.
8. How has your facility evaluated the need for this project within the community that you serve?

Columbia Memorial Hospital has an extensive budgeting process .This includes a through process of presenting requests to the Executive Council. They make preliminary selections after reviewing all aspects of the specific project. Further selection is made after projects are presented to the Board of Trustees Finance Committee (per policy)

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

In some cases


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.columbiamemorial.org

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

Surveys

*Signature:	Kathy Hubbard 
Date:	08/03/2016

*Entry of name connotes signature

Please **email** the completed form to: OHA.HealthAnalyticsDataSubs@state.or.us



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Capital Project Qualitative Information

1. Provide a brief description of the project.

Facility Remodel - Improvements

2. Board of Directors approval date: 12/3/2015

3. Proposed start date: 2016

4. Expected completion date: 2016

5. What is the expected project cost? 1,053,035

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.

Remodel recently purchased building within the campus area, Second Floor of POB, Imaging room, Acute Care Services, West Lobby, IT Server Room. Complete the employee parking lot which will enable patients and visitors to park close to the facilities.

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In no way do these expenditures have a negative impact to the community.

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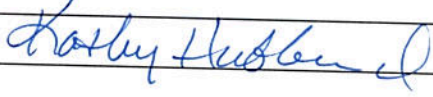
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Salem, OR 97301