



Capitol Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility

Name: Providence Newberg Medical Center (PNMC)
Federal Tax ID#: 93-1146501
Address: 1001 Providence Dr
City: Newberg **State:** OR **Zip Code:** 97304

Individual completing form

Name: Chris Bell
Title: Finance Manager
Email: christopher.bell@providence.org
Phone: 503-537-1703
Fax #: 503-537-1811

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.

Invest to construct a 60K SQF three-story Medical Office Building, as well as remodel existing hospital and MOB space on the PNMC campus in Newberg, OR. The addition of a second MOB will allow for much needed outpatient services like primary care and rehabilitation for our community.

2. **Proposed start date:** 1/1/2018

3. **Date of approval by board:** 12/6/2017

4. **Expected completion date:** 1/1/2021

5. **What is the expected project cost?** \$45.9M

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.**

Our community demonstrates strong population growth, and the expansion of services and capacity will enable PNMC to care for and serve our patients locally.

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.**

As typical of construction projects, there will be an operational impact to existing services patients access, as they undergo renovation or moving. However, this will be mitigated by offering services at our nearby clinics. Parking may also be impacted however a new addition to the existing parking lot on campus will help accomodate visitors at PNMC Campus.

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

We have utilized state demographic and growth data to project future needs to serve our community. We have also conducted stakeholder surveys. Population growth in Yamhill County and surrounding areas has been high over the last few years and Providence Newberg Medical Center is very limited in space within existing buildings.

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

Many services exist, however demand for all services is high, resulting in long wait times for patients to receive care. There will also be additional services that do not exist in our community today.

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/our-services/c/capital-project-reporting/>

<http://pamplinmedia.com/nbg/142-news/382920-271380-providence-expanding-newberg-medical-center>

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

Interested parties can submit comments to the email address, <mailto:orpopcapitalprojectcomments@providence.org>, listed in the above webpage. The mailbox is managed by PHS’s Oregon Region Financial Planning team. Any concerns will be passed along to the stakeholder of the project to address.

Signature and Date

*Signature:	<i>Chris Bell</i>
Date:	3/2/18

**Entry of name connotes signature*

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

Health System Research and Data
Health Analytics
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