



Oregon Health Authority

Capitol Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility

Name: Morrow County Health District
Federal Tax ID#: 93-6002451
Address: PO BOX 9
City: Heppner **State:** OR **Zip Code:** 97836

Individual completing form

Name: Nicole Mahoney
Title: Chief Financial Officer
Email: nicolem@mocohd.org
Phone: 541-676-2925
Fax #: 541-676-2901

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.

3200 square foot expansion of existing Irrigon Medical Clinic located in Irrigon, Oregon. Expanded waiting room areas, patient restrooms, provider and staff offices, conference areas, and exam rooms are included in the plans.

2. Proposed start date: 3/23/18

3. Date of approval by board: 1/29/18

4. Expected completion date: November 2018

5. What is the expected project cost? \$900,000

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.

Increased access to family practice medicine and specialty medical care are the main reasons for the expansion of the existing Irrigon Medical Clinic. The increased access will generate an increased amount of discounted care provided to the residents of Morrow County.

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 projected at this time.

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

The current wait times for non-urgent appointments are longer than is customary. Without the expansion of the clinic, there is no space to hire additional providers to reduce wait times. There is also currently no space available to have specialty care providers at the clinic.

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

The existing Irrigon Medical Clinic currently provides Family practice services but this project will allow for more access to services and for specialty medical services to be provided.

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.morrowcountyhealthdistrict.org/wp-content/uploads/2018/04/pending_capital_project2018.pdf

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

The project was discussed at several public Board meetings and the contractor bid was awarded at a public meeting. Public comments can be directed to Bob Houser, CEO as per the website for review with the Board.

Signature and Date

*Signature:	Nicole R Mahoney, CFO
Date:	4/11/2018

**Entry of name connotes signature*

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

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