



# Capitol Project Reporting Form (CPR-1)

## Reporting Entity Identification and Contact

### Facility

**Name:** Kaiser Interstate Medical Office South  
**Federal Tax ID#:** Kaiser Foundation Hospitals ID # 94-1105628  
**Address:** 3500 N. Interstate Ave  
**City:** Portland **State:** OR **Zip Code:** 97227

### Individual completing form

**Name:** [REDACTED]  
**Title:** [REDACTED]  
**Email:** [REDACTED]  
**Phone:** [REDACTED]  
**Fax #:** [REDACTED]

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

**Address:** 500 NE Multnomah Street  
**City:** Portland **State:** OR **Zip Code:** 97232

## Capital Project Qualitative Information

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

Expand Nuclear Medicine department footprint and capabilities at the Interstate South Medical Office Building to meet needs of membership. Build to include one PET-CT equipment replacement, six uptake rooms, two restrooms, one radiologist read room, hot lab, amenities, and support functions. Expanding the department from 1,800 to 2,500 square feet.

**2. Proposed start date:** 7/16/2024

**3. Date of approval by board:** 11/7/2023

**4. Expected completion date:** 4/11/2025

**5. What is the expected project cost?** \$9.12 million

**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.**

- New digital PET-CT will provide enhanced image quality, increased throughput capabilities and reduce repair and downtime frequency
- Increasing uptake room supply will meet PET-CT and radiopharmaceutical demand and provide shielded space necessary for radioactive members.
- Continued internalization of Lutathera treatment, which requires long duration in uptake space.
- Department to be renovated to align with KP space program template and resolve all room sizing, ergonomic and safety issues.

**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 to the community have been identified. Department currently has two uptake rooms, which will be unavailable for four months. Two PET/CT trailers will be rented for this duration to provide a required downtime solution with similar throughput.

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

- The volume of PET patients is increasing making the current space inadequate.
- Outsourcing of PET-CT was explored as an alternative option but was not recommended due to significant external cost and poor member perception.
- Imaging considers the Interstate campus a favorable and central location for existing and future PET/CT services.

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

We are already serving this but require greater capacity to meet the demand.

**Public Notice and Comment**

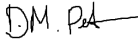
**1. Provide a link to the webpage where public notice of the capital project was posted. If your facility does not maintain a webpage provide the name of the newspaper where the public notice was made and date of publication. Attach additional pages if needed.**

[https://healthy.kaiserpermanente.org/oregon-washington/alerts/p3/Capital\\_Campaign\\_Project.html](https://healthy.kaiserpermanente.org/oregon-washington/alerts/p3/Capital_Campaign_Project.html)

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

We will post a copy of this CPR-1 form on our website (see link above) with an email address for comments to be provided. Comments received will be reviewed and summarized by Regional Communications, the Controller's team, and reported to the Chief Operations Officer and Chief Financial Officer of KPNW.



<b>*Signature:</b>	
<b>Date:</b>	Dec 6, 2023

*\*Entry of name connotes signature*

Please email the completed form to: [HDD.Admin@dhsosha.state.or.us](mailto:HDD.Admin@dhsosha.state.or.us)

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