



Oregon Health Authority

Capitol Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility

Name: Oregon Health & Science University
Federal Tax ID#: 93-1176109
Address: 3181 SW Sam Jackson Park Rd
City: Portland **State:** OR **Zip Code:** 97239

Individual completing form

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

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.

Replacement of the end-of life Elekta Versa HD Linear Accelerator System that will enhance capabilities and expand services to our patients.

2. Proposed start date: 1/2/2024

3. Date of approval by board: 07/21/2023

4. Expected completion date: 06/30/2025

5. What is the expected project cost? \$5,250,000

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.

The new Accuray Radixact (replacement) and associated software will enhance both quality and safety. The unique x-ray imaging features are designed to improve visualization of patient anatomy, both prior to and during treatment delivery. Additionally, the Radixact platform reduces the patient's time on table, accounts directly for patient motion during treatment, and provides a more accurate/precise delivery of dose. Each of these factors contribute to our team's ability to treat a greater number of patients in our surrounding community as well as across the region. Consequently, we expect to increase our charity care offerings. Effectively, one of our major charity care limitations is the number of patients we can see on any given day, and this new radiation therapy treatment delivery system will create more patient visit/treatment openings by reducing the amount of time required for each patient. Additionally, we anticipate greater operational performance, meaning fewer treatment delays for our patients. Consequently, we anticipate a 20% increase in clinical throughput as a result of this replacement purchase.

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 anticipated, and this project will not be funded with bond proceeds.

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

This is the replacement of end-of-life equipment. Current volume supports replacement of this equipment.

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

This project is a replacement of an existing Elekta linear accelerator that is end-of-life. This replacement improves our ability to precisely treat tumors that move with respiration by employing small radiation portals that track tumor motion. This is the first system at OHSU that is capable of actively tracking and redirecting radiation beams during tumor motion.

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://www.ohsu.edu/about/capital-reporting>

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

OHSU is governed by a Board of Directors who considers community comments in their decisions.

Signature and Date

*Signature:	Mike Olson, CPA
Date:	10/31/2023

**Entry of name connotes signature*

Please **email** the completed form to: HDD.Admin@dhsoha.state.or.us

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