



Capitol Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility

Name: Kaiser Sunnyside Medical Center (KSMC)
Federal Tax ID#: Kaiser Foundation Health Plan of the Northwest (KPNW) ID#93-0798039

Address: 10180 SE Sunnyside Road
City: Clackamas **State:** Oregon **Zip Code:** 97015

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.

Purchase new Computerized Tomography (CT) scanner to replace existing CT scanner which has reached end of life.

2. Board of Directors approval date: 6/16/2024

3. Proposed start date: 10/28/2024

4. Expected completion date: 1/31/2025

5. What is the expected project cost? \$1,983,295

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.

Improve current capacity for providing CT scanning to patients; current CT scanner is at end of life and numerous unplanned downtime events for repairs impacts patients' ability to receive service.

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.

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

New equipment is a replacement of currently-used equipment. Failure to replace will impact ability to maintain current level of service.

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

This service exists in the community. However, this is not a net-add to community services; this project maintains current level of service and is necessary to satisfy continued high demand for CT scanning.

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.

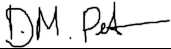
English - <https://healthy.kaiserpermanente.org/oregon-washington/front-door>

Spanish - <https://espanol.kaiserpermanente.org/es/oregon-washington/front-door>

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.

Signature and Date

*Signature:	
Date:	7/10/2024

**Entry of name connotes signature*

Please **email** the completed form to: HDD.admin@dhsosha.state.or.us

Research and Data Unit
Oregon Health Policy and Research
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