



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 MR145 (Achieva Nova 1.5T) system will continue to provide MRI procedures to current patient population.

2. Proposed start date: 7/1/2024

3. Date of approval by board: 6/28/2024

4. Expected completion date: 04/25/2025

5. What is the expected project cost? \$5,771,300

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.

Replace MRI #1 as the system is beyond at End of Life (EOL) and reached End of Service Life (EOSL). Replacement of this magnet is critical to the capacity of OHSU Diagnostic Imaging to provide continued patient care excellence. Existing magnet is beyond end of life with parts/service becoming unavailable as of 12/31/23. This magnet is also severely limited on existing scope of exams.

Existing magnet will be decommissioned, removed and replaced with a new magnet. The new MRI system will provide technology not currently available on any existing systems and will decrease overall exam durations while increasing efficiency and improved patient access. This system will allow the department to balance the increasing patient/scheduling demands while also improving diagnostic capability with superior image quality by applying this new technology.

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 not creating new medical services, as it a replacement of end-of-life equipment.

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:	7/23/2024

**Entry of name connotes signature*

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

Health System Research and Data
Health Analytics
500 Summer St. NE E-64
Salem, OR 97301
503-945-6710