



Capitol Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility

Name: St. Charles Health System – Bend Hospital
Federal Tax ID#: 93-0602940
Address: 2500 NE Neff Road
City: Bend **State:** OR **Zip Code:** 97701

Individual completing form

Name: Nachele Varcoe
Title: Staff Accountant
Email: navarcoe@stcharleshealthcare.org
Phone: 541-706-4763
Fax #: 541-706-6347

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.

Construction of a new patient tower that will stand four stories tall and will provide room for inpatient, emergency, psychiatric and short stay services. The tower will also allow room for additional critical care beds.

2. Board of Directors approval date: 6/22/2016

3. Proposed start date: 11/1/2016

4. Expected completion date: 12/31/2018

5. What is the expected project cost? \$66,000,000.00

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.

St. Charles Health System provides free or reduced cost care to all patients who qualify under our charity care policies and services provided as a result of this construction would be included. St. Charles Health System as a whole provided \$12.6 million dollars in charity care in 2015. This addition will allow St. Charles to serve the growing community of Central Oregon and will reduce the need for patients to travel outside of the region for medical care.

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. Bond proceeds will be used for this project.

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

The project was reviewed and evaluated by the St. Charles System Portfolio Council, Finance Committee and the Board of Directors.

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

This remodel will not create any new medical services in the community.

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.bendbulletin.com/health/4496034-151/st-charles-to-spend-66-million-on-expansion?referrer=fpblob>

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

A copy of the CPR-1 form will be posted on our website with an email address for comments to be provided. Comments received will be reviewed, summarized and reported to the CFO and CEO of St. Charles Health System.
<https://www.stcharleshealthcare.org/About-Us/About-Us/Capital-Projects>

Signature and Date

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|--------------------|--|
| *Signature: | Nachele Varcoe, Staff Accountant – St. Charles Health System |
| Date: | 7/14/2016 |

**Entry of name connotes signature*

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

Research and Data Unit
Oregon Health Authority
500 Summer St. NE E-65
Salem, OR 97301