Oregon Health Authority

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.**

   Makoplasty Robot - provides enhanced quality for orthopedic patients undergoing total hip and partial knee arthroplasty.

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

3. **Proposed start date:** 7/1/2016

4. **Expected completion date:** 7/31/2016

5. **What is the expected project cost?** $1,155,000.00

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 by this equipment would be included. St. Charles Health System as a whole provided $12.6 million dollars in charity care in 2015. The surgical outcome provided will restore joints to a natural movement, decrease pain, provide a short recovery and restore patient's quality of life.

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. No bond proceeds will be used for this purchase.

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

   The purchase was reviewed and evaluated by the St. Charles System Portfolio Council.

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

   This device does not create new medical services, it updates current medical equipment that is in use.

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.stcharleshealthcare.org/About-Us/About-Us/Capital-Projects

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.

***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

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