



Capitol Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility

Name: St. Charles Health System - Bend
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.

Purchase of LINAC (Linear Accelerator) for Cancer Services

2. Proposed start date: 6/1/2016

3. Expected completion date: 7/31/2017

4. What is the expected project cost? 3,200,000.00

5. 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 purchase of a new LINAC will allow more capacity to deliver advanced, targeted treatments to our patients. The new machine will allow treatments to be delivered 40% faster than our current models, which will increase patient satisfaction and decrease wait times. In addition this purchase will allow more patients to stay in Central Oregon for treatment and not travel out of the area. St. Charles provides health related services and education at a free or discounted rate to all patients that meet the criteria of the charity care policy. Collection/payment policies are the same for all patients. St. Charles provided \$12.6 million dollars in charity care in 2015.

6. 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 impact is anticipated. No bond funds will be utilized.

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

The need to purchase a new LINAC was determined to be necessary based on the age of our current machines and the increase in patient volume.

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

Yes, St. Charles Health System already provides comprehensive Cancer Treatment services.

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 and summarized and reported to the CFO and CEO of St. Charles Health System.

Signature and Date

*Signature:	Nachele Varcoe
Date:	3/10/2016

**Entry of name connotes signature*

Please email the completed form to: OHPR.DataSubs@state.or.us

Research and Data Unit
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