



Capitol Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility

Name: St. Charles Health System
Federal Tax ID#: 93-0602940
Address: 1253 NW Canal Blvd
City: Redmond **State:** OR **Zip Code:** 97756

Individual completing form

Name: Kim Elliott
Title: Staff Accountant I
Email: kkelliott@stcharleshealthcare.org
Phone: 541-706-2719
Fax #:

If address is different than facility listed above, please provide:

Address: 2500 NE Neff Rd
City: Bend **State:** OR **Zip Code:** 97701

Capital Project Qualitative Information

1. Provide a brief description of the project.

To better meet the needs of our patients. Patients will now be able to get treatments closer to home instead of traveling to our Bend campus.

2. Proposed start date: 10/01/2023

3. Date of approval by board: 01/19/2023

4. Expected completion date: 03/31/2025

5. What is the expected project cost? 90M

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.

The facility will include a linear accelerator to provide radiation oncology treatments, along with space for chemotherapy treatments, nutrition, massage, acupuncture, and other support services. It will also include space for additional outpatient services and medical office building needs.

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.

None

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

We know that many of our patients travel farther than patients at other cancer centers in the country for their care. Some patients opt out of treatment because of the travel.

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

No

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.

Capital Announcement

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

Capital Projects

*Signature:	Kim Elliott
Date:	02/14/2023

**Entry of name connotes signature*

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

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