



Capitol Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility

Name: Legacy Silverton Medical Center
Federal Tax ID#: 93-0281321
Address: 342 Fairview St.
City: Silverton **State:** OR **Zip Code:** 97381

Individual completing form

Name: Sarah Jensen
Title: VP Finance
Email: Sjensen@lhs.org
Phone: 503-415-5145
Fax #: 503-415-5091

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

Address: 1919 NW Lovejoy St
City: Portland **State:** OR **Zip Code:** 97209

Capital Project Qualitative Information

1. Provide a brief description of the project.

Project # 9845: As established by Legacy as a part of initial project planning, the primary goals for Pharmacy relocation project are:

- Provide a USP 800 compliant Pharmacy
- Provide a retail pharmacy for staff and Emergency Department Patients.

To accomplish this, we need to relocate STEPS to vacated Cath Lab.

Phase 1-A

STEPS stands for Specialized Treatment Enhanced Patient Services. The three main services provided in STEPS, are all outpatient: Wound Care, Anti-Coagulation Management/Point-of-Care Testing, and Infusion therapy (non-chemo, including hydration, anti-biotics and medicine infusion) This outpatient clinic is run by nurses. Patients will typically make serial or periodic visits.

Phase 1-B Pharmacy

Due to the USP 800 requirements for the Pharmacy and the impending deadline to complete the work, the decision to include Pharmacy with the other hospital improvements was sound. This department required the design to accommodate multiple flows within the Hospital:

- Supply with new medications delivered by box internally
- Allow Pharmacist access with a private gowning area.
- Retail Pharmacy access window.
- Private counseling for Retail Pharmacy

- IV storage, managed by the Pharmacy and accessed by other departments

2. **Proposed start date:** 3/15/2021
3. **Date of approval by board:** 11/19/2020
4. **Expected completion date:** 12/30/2021
5. **What is the expected project cost?** \$4,660,000
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.**

Providing the community with the latest upgrade to the Hospital Pharmacy to adhere to USP 800 requirements, and to begin improvements that will become the basis for other planned hospital construction / improvements at a future date to be determined.

Legacy Silverton Medical Center provides free or reduced cost care to all patients who qualify under our charity care policies and services provided by this renovation would be included. Silverton provided \$ 11.3 million in charity care in fiscal year 2020.

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.

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

This project was reviewed and evaluated by Legacy's Capital Committee.

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

No, this is a project to get the pharmacy services in compliance with new regulations, and to prepare the facility for a larger upgrade project.

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.**

www.legacyhealth.org/capitalreporting

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

We will post a copy of this CPR-1 form on our website (see link above) with an email address for comments to be provided. Comments received will be reviewed and summarized by Financial Planning and reported to the President of Legacy Good Samaritan Medical Center and the Chief Financial Officer of Legacy Health.

*Signature:	Sarah K. Jensen
Date:	11/30/2020

**Entry of name connotes signature*

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

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