



Oregon Health Authority

Capitol Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility

Name: Legacy Good Samaritan Medical Center
Federal Tax ID#: 93-0386793
Address: 1015 NW 22nd Ave
City: Portland **State:** OR **Zip Code:** 97210

Individual completing form

Name: Sarah Jensen
Title: VP Finance
Email: sajensen@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.

Replacing our Gamma Knife system, which is a non-invasive radiation therapy used to destroy or shrink tumors.

Our existing gamma knife was installed at Good Samaritan in 2013 and is beyond end of life. Without upgrade to a new machine, we will no longer be able to provide this important service to our patients. This upgrade also requires replacement of the radiation source, otherwise it delays patient throughput. This system is part of our Cancer Collaborative with OHSU and provides services for patients across health systems.

2. Proposed start date: Planning started in July 2024.

3. Date of approval by board: NA – falls below Legacy board requirements. Approved by Legacy's capital committee on February 29th, 2024.

4. Expected completion date: June 2025

5. What is the expected project cost? \$3,150,591, includes ancillary equipment (stereotactic frame & OR table)

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.

Gamma Knife therapy uses up to 200 focused beams of radiation to control tumors without harming surrounding healthy tissue. The treatment takes just one day and has no immediate side effects. In addition, there is little discomfort for the patient and costs less than traditional surgery. In some cases, it is the only possible approach for treatment.

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 to the community are expected.

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

Good Sam has provided Gamma Knife therapy since 2013 and the program continues to expand.

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

This is the only Gamma Knife system at Legacy and is part of our Cancer Collaborative with OHSU.

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

*Signature:	
Date:	

**Entry of name connotes signature*

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

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