



Oregon Health Authority

## Capital Project Reporting Form (CPR-1)

### Reporting Entity Identification and Contact

#### Facility

**Name:** Asante Health System  
**Federal Tax ID#:** 93-0223960  
**Address:** 2650 Siskiyou Blvd  
**City:** Medford **State:** OR **Zip Code:** 97504

#### Individual completing form

**Name:** Katrina Bywater  
**Title:** Manager of Finance  
**Email:** [katrina.bywater@asante.org](mailto:katrina.bywater@asante.org)  
**Phone:** 541-789-5985  
**Fax #:** 541-789-5588

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

**Address:** 731 Black Oak Drive  
**City:** Medford **State:** OR **Zip Code:** 97504

### Capital Project Qualitative Information

#### 1. Provide a brief description of the project.

Construct a 23,650-square-foot addition to the Spears Cancer Center to meet the growing demand for cancer services in Southern Oregon and Northern California. The project will create a one-stop shop for outpatient cancer services and general infusion on the Asante Three Rivers Medical Center, adding medical oncology, lab, imaging, pharmacy and an oncology clinic to the existing radiation oncology services.

#### 2. Proposed start date: August 2020

#### 3. Date of approval by board: April 2020

#### 4. Expected completion date: December 2021

#### 5. What is the expected project cost? \$15 million

#### 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 project will:

- offer expanded, coordinated and integrated services to our patients, all in one location;
- serve the growing pool of newly diagnosed cancer patients, which is expected to increase by 18 percent from 2020 to 2028; and
- allow Asante to consolidate services currently offered by a third-party practice into our integrated platform.

#### 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 impact is expected to the community. As an addition to a stand-alone, separated from the main hospital, construction will have no impact on the hospital. Construction will be entirely external to the existing cancer center,

until the connection is made toward the end of the project. In preparation for this project, Asante constructed two new parking lots to mitigate any impact caused while expanding the building.

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

Master site planning which began in 2016, considered current and future demand for health care, and evaluating the current condition of the existing facilities. During specific planning for this project, Asante hired an oncology consultant who did detailed analysis for each service line, to project the service-line-specific demand.

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

The project is expected to enhance and expand medical services currently provided in the community.

**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.asante.org/patients-visitors/construction/>

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

Construction project reports are posted on the Asante website. Comments can be sent to [AsanteCapitalProjectsComments@asante.org](mailto:AsanteCapitalProjectsComments@asante.org) to be reviewed by the project manager



<b>*Signature:</b>	Katrina Bywater
<b>Date:</b>	05/25/2021

*\*Entry of name connotes signature*

Please **email** the completed form to: [HDD.Admin@dhsosha.state.or.us](mailto:HDD.Admin@dhsosha.state.or.us)

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