



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
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.

Construction of a new 323,600 sq. ft patient pavilion for expanded inpatient, outpatient and critical care services on the campus of Rogue Regional Medical Center. Renovate existing space and add parking structures.

2. Proposed start date: January 2021

3. Date of approval by board: April 7, 2020

4. Expected completion date: December 2023

5. What is the expected project cost? \$420 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.

Project will provide larger operating rooms, advanced diagnostics, optimization of current facilities, private rooms for patients, more space for emergency care, women's and children's services and heart care. The project is expected to improve the ability to recruit and retain highly sought-after qualified staff in all levels of patient care.

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. The Hospital will continue normal operations. Actions such as relocating patient registration, distributing construction updates, expanding valet parking and shuttle service will be offered to minimize any temporary disruptions on the campus. Tax exempt bonds will be used to finance the majority of the project.

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. Master site planning also included future technological innovations, demographics of residents in Asante’s service area, and gap analysis related to sites of care ad care model analysis.

- 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.**

Signature and Date

*Signature:	
Date:	

**Entry of name connotes signature*

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

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