



## 2026 Iowa Certificate of Need (CON) Application

Instructions: 1. Complete all the sections below. 2. Provide concise, evidence-based responses, with supporting documentation or data as needed. 3. Reference Iowa Code 10A.714, as needed, to complete the application. 4. Upload additional documentation, as needed.

### Primary Contact

Eric Briesemeister

### Primary Contact Employer

UnityPoint Health-Jones Regional Medical Center

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### Facility Name

St. Luke's/Jones Regional Medical Center dba UnityPoint Health-Jones Regional Medical Center (JRMCM)

### Facility Address

1795 IA-64E, Anamosa, Iowa 52205

### Project Title

Purchase and install a da Vinci 5 (DV5) robotic surgical system

### Project Type

New Equipment

### Would you like to request a summary review?

Yes

## 1. Applicant and Facility Overview

### a. Project Purpose and Objectives:

The applicant is St. Luke's/Jones Regional Medical Center dba UnityPoint Health-Jones Regional Medical Center (JRMCM) located at 1795 Hwy 64E, Anamosa, IA 52205.

JRMCM is a non-profit organization that serves Jones County and the surrounding communities in Linn, Delaware, and Dubuque counties. JRMCM's vision is to improve the health of the people and the communities we serve and that includes providing patients with the very best in health care through the newest and safest medical technology.

JRMCM intends to purchase da Vinci 5 (DV5) robotic surgical system. This would be the first robotic surgical system installed at JRMCM and the first in JRMCM's service area. The DV5 robotic surgical system is manufactured by Intuitive Surgical Systems and is the 5th generation of these specific surgical systems. The total cost of the DV5, sterilization equipment, and electrical work is \$3,538,786.69. Other than the installation of an additional electrical panel to accommodate the DV5, no other construction costs are necessary.

As JRMC looks to grow its capabilities for patient care, the need for innovative surgical technology is not a question of “if”—it is a question of “when.” Robotic surgery is increasingly becoming the standard of care. In addition, robotic surgery is a key method by which residency programs now train new surgeons in multiple specialties. JRMC must be able to offer robotic surgery to remain competitive in the surgical landscape. In recent years robotic surgery has surpassed traditional laparoscopy as the dominant form of surgical approach. Within these robotic cases, the main uses are for general surgery, gynecology, and urology.

The growth of robotic surgery is driven by numerous factors that benefit both patients and surgeons. In robotic-assisted procedures, the surgeon operates from a console in the operating room controlling the robotic platform and arms perform the surgery at the patient’s side. The DV5 offers several advantages over other robotic surgery systems, including the following:

- enhanced, magnified visualization of the abdominal cavity;
- instrument controls that mimic the natural movement of the wrist for precise dissection and suturing;
- technology to filter out hand tremors and to scale motion for greater accuracy; and
- the ergonomic, seated position supports surgeon comfort and performance, potentially extending career longevity.

The benefits robotic surgery provides to the surgeon translate directly into improved outcomes for patients. According to peer-reviewed literature, patients undergoing robotic surgery are less likely to require conversion to open procedures, experience a reduced need for blood transfusions, have shorter hospital stays and quicker recoveries, face fewer 30-day complications, require fewer opioids after surgery, and benefit from smaller, less noticeable scars. These benefits are especially impactful for rural patients who face barriers to travel and post-operative recovery away from home.

The DV5 system will support surgeon recruitment/retention, reduce patient transfers to larger facilities, and help preserve inpatient capacity by keeping beds and resources available locally. Currently, most patients who require robotic surgery leave the state to receive care at hospitals in Cedar Rapids and Iowa City.

JRMC estimates that approximately 150 additional surgical cases annually could be performed robotically. The DV5 system would primarily support general surgery, OB/GYN, and urologists who already perform outreach and surgery at JRMC.

#### **b. Relationship to Long-Range Development Plan:**

The project aligns with JRMC’s strategic priorities to strengthen rural access, retain services locally, and ensure that care delivered in rural communities meets current standards of clinical quality. Robotic-assisted surgery has become a standard of care across general surgery, urology, and gynecology. Without this capability, JRMC faces ongoing risk of surgical service erosion, workforce instability, and continued outmigration of surgical volume.

Installation of the DV5 system supports long-term service sustainability, provider recruitment and retention, and alignment with modern surgical practice.

#### **c. Description of Proposed Service/Program:**

The proposed project includes procurement and installation of a DV5 Robotic Surgical System at JRMC. The system enables surgeons to perform minimally invasive procedures with enhanced precision, visualization, and control, while maintaining full surgeon decision-making authority.

The system will support robotic-assisted procedures across general surgery, urology, and gynecology, including robotic-assisted hernia repair, cholecystectomy, hysterectomy and salpingo-oophorectomy, oophorectomy, and prostatectomy. These procedures are already clinically indicated for patients served by JRMC but are currently referred out of the community due to lack of on-site robotic capability.

**d. Target Population: Specify geographic and demographic areas.**

JRMC serves Jones County as its primary service area, along with surrounding rural communities that rely on JRMC as the only local hospital. The target population includes rural residents who currently must travel approximately 35–50 minutes each way to Cedar Rapids or other urban centers for robotic-assisted surgery.

This population includes elderly patients, lower-income households, individuals with limited transportation, and those with caregiving responsibilities. Following implementation, the geographic service area will remain largely the same, but functional access to advanced surgical services will expand substantially.

**e. Relation to Existing Provider Network: Summarize relationship with other health care providers/services in the region.**

JRMC currently hosts outreach surgeons in general surgery, urology, and gynecology. These providers already perform robotic-assisted procedures at referral hospitals and are prepared to transition appropriate cases to JRMC once on-site capability is available.

Training and mentorship will be supported through vendor-provided education and collaboration with UnityPoint Health – St. Luke’s Hospital in Cedar Rapids, which has more than 20 years of experience operating a nationally recognized robotic surgery program. This cooperative arrangement maximizes efficiency and reduces implementation risk.

**f. Funding Sources and Financial Resources: Identify and document sources of funding and financial viability.**

The total cost of the DV5 dual-console system is \$ 3,265,550, which JRMC is requesting through the Best and Brightest Medical Equipment Procurement program through the Healthy Hometowns - Iowa's Rural Health Transformation Plan.

Minor equipment purchases will be approximately \$273,236 for a low temperature sterilizer, an ultrasonic cleaner, and electrical work and will be fully covered by UnityPoint Health capital funds. Ongoing operating costs, including service contracts and disposable supplies, will be supported through surgical service line revenue and hospital operating budgets.

**Current # of Beds (if changing)**

**Current bed type (if changing)**

**Requested # of Beds (if changing)**

**Requested bed type (if changing)**

**Document Upload**

funding sources and financial resources - daVinci Robot Procedures.xlsx

## **2. Community Need and Service Gaps**

**a. Description of Need:**

Community Health Assessment and Health Improvement Plan findings for Jones County identify difficulty obtaining timely appointments and limited access to specialty services as persistent barriers. JRMC has performed more than 6,000 surgical cases over the past five years, with demand growing from approximately 1,300 cases/year to over 1,500 in 2025.

Despite this demand, the absence of robotic capability has resulted in routine referral of robotic-eligible cases outside the community. Patients and surgeons increasingly prefer robotic surgery over traditional laparoscopic surgery because it offers meaningful advantages in precision, outcomes, and experience. For patients, robotic surgery allows for smaller, more precise movements that reduce tissue trauma, resulting

in less pain, reduced blood loss, shorter hospital stays, and faster recovery times. The technology also lowers the risk of complications in complex cases, improves outcomes for patients with challenging anatomy or prior surgeries, and decreases the likelihood of conversion to open procedures, while often providing better cosmetic results.

From a surgeon perspective, robotic surgery provides enhanced high-definition, true 3D visualization and significantly greater dexterity through wristed instruments that exceed the range of human hand movement. Improved ergonomics reduce physical strain and fatigue during lengthy procedures, while tremor filtration enhances precision. Newer robotic platforms like the DV5 also offer force feedback, increased surgeon autonomy, and greater control of instruments and visualization. Collectively, these advantages allow surgeons to perform more complex procedures in a minimally invasive manner with greater consistency, efficiency, and safety, making robotic surgery the preferred approach.

This service gap disproportionately affects rural patients and reflects broader rural disparities in access to, quality of, and availability of specialty surgical care within Critical Access Hospital settings. These disparities lead to health discrepancies and a growing need for specialty care in rural communities.

First, the addition of a DV5 robotic surgical system at JRMC will help to address the unmet health needs of patients in Jones County and surrounding communities. Reports from the National Rural Health Association found that about 20% of Americans live in a rural area. Yet, on average, there are only 13.1 physicians per 10,000 people and only 30 specialists per 100,000 people. In urban areas, by contrast, there are about 31.2 physicians per 10,000 people and 263 specialists per 100,000 people. As a result of this disparity, rural residents typically have no choice but to travel to urban areas for specialty services. This lack of care close to home creates a barrier to receive timely care. In fact, most patients in JRMC's service area who require robotic surgery get their procedures done in urban areas that are 35-50 minutes travel, one way, from their homes. A DV5 at JRMC will help to fill this unmet health need by allowing these patient to receive care closer to home.

Second, a DV5 robotic surgical system will help to recruit additional specialists to the region. New providers are now being trained on robotic surgical systems making these systems even more crucial to physician recruitment and retention.

Surgical robots like the DV5 are no longer a luxury but instead are becoming the standard of care.

#### **b. Assessment of Existing Services and Gaps:**

Currently, robotic-assisted surgical services are not available within Jones County. Patients must travel to urban facilities to receive care that is widely considered standard practice in many surgical specialties. This creates access barriers, disrupts continuity of care, and shifts surgical volume out of the local community.

The proposed project directly addresses this gap by enabling JRMC to provide services that are already clinically appropriate and in demand within the service area.

#### **c. Alternatives Analysis:**

Alternatives considered include continued referral of robotic-eligible cases to urban hospitals and reliance on traditional open or laparoscopic surgery. These alternatives are less effective in addressing access barriers, patient travel burden, and workforce recruitment challenges.

Robotic-assisted surgery offers measurable improvements in outcomes and recovery while allowing care to be delivered locally. As a one-time capital investment with broad application, the selected approach represents the most effective and sustainable solution.

#### **d. Accessibility Considerations:**

Without this project, rural patients must continue to travel significant distances for robotic-assisted surgery.

This poses challenges related to transportation, time off work, caregiving responsibilities, and post-operative recovery.

Local availability of robotic-assisted surgery improves convenience, reduces travel-related barriers, and ensures timely access to care for populations outside metropolitan areas.

**e. Community Input/Support:**

We have multiple sources of support, to include the City of Anamosa, Jones County Economic Development and from the Board of Supervisors.

**Document Upload (if needed)**

letter of support - davinci JC board of sup.pdf

support letter davinci jced.docx

Da Vinci Support Letter-JRMC--Anamosa City Admin.pdf

**f. Non-discriminatory Access:**

Services will be offered without discrimination and will be available to all clinically appropriate patients regardless of payer source. Care will be provided consistent with standard credentialing, privileging, and medical staff bylaws, including allopathic and osteopathic practices.

### 3. Impact on Existing Providers

**a. Impact Assessment:**

The project is not expected to result in unnecessary duplication of services, as robotic-assisted surgery is currently unavailable in Jones County. Instead, the project reduces service outmigration and strengthens the rural care continuum.

By retaining services locally, the project supports access, continuity, and stability without negatively impacting other regional providers. In most cases, the same surgeons who are traveling out to JRMC to perform outreach are the same surgeons who would perform the robotic surgery in urban areas.

**b. Community and Economic Impact: Broader system effect and value-added to the community.**

Retention of surgical services locally strengthens JRMC's financial stability, supports local employment, and reduces patient and family travel costs. The project improves health equity by ensuring rural patients receive care comparable in quality to that available in urban settings.

As stated above, a current barrier in rural health care is the low number of providers per resident. Specialty care is challenging to recruit for in rural areas like Jones County. Adding the DV5 at JRMC would allow for the continuation of specialty services for the region and a strengthened ability to recruit physicians.

As discussed, patients in JRMC's service area who require robotic surgery leave the area to have their surgery. A DV5 at JRMC will allow these patients to receive this service closer to home reducing travel costs for the patient and their caregivers.

**c. Efficiency in Use of Resources: Shared/cooperative arrangements to maximize efficiency.**

The project leverages existing outreach surgeons, shared training resources, and established referral workflows to maximize efficiency and minimize duplication.

### 4. Financial and Operational Feasibility

**a. Financial Projections and Feasibility:**

3 year financial projections are attached as are our current balance sheet.

## **Document Upload (3-year budget projections)**

3 year financial projections - daVinci Robot Procedures.xlsm

JRMC Balance Sheet - December 2025.pdf

### **b. Staffing and Operations:**

Jones Regional Medical Center is nationally recognized for its performance as a rural Critical Access Hospital, having been named a Top 20 Critical Access Hospital in the United States by the National Rural Health Association. This recognition reflects JRMC's consistent quality outcomes, operational strength, and demonstrated ability to successfully implement complex clinical initiatives.

UnityPoint Health – JRMC has demonstrated capacity to manage major capital projects and advanced medical equipment installations. Procurement and implementation of the da DV5 Robotic Surgical System will be managed through established capital planning, facilities, and supply chain infrastructure. These processes provide standardized oversight for contracting, vendor coordination, construction sequencing, and installation, and have been successfully used for comparable large-scale medical equipment projects across the system. Administrative and decision-making oversight for procurement and installation will be provided through executive leadership, facilities, supply chain, finance, and clinical operations representatives. This infrastructure positions JRMC to complete procurement, installation, and operationalization of the DV5 system within the grant timelines.

For staffing, providers currently perform robotic-assisted procedures at referral hospitals and are prepared to transition appropriate cases to JRMC once on-site capability is available. Operating room staff training will be provided through a combination of vendor-supported training from Intuitive Surgical and mentorship from St. Luke's Hospital in Cedar Rapids, which has more than 20 years of experience operating a nationally recognized robotic surgery program. This blended training approach reduces implementation risk and supports safe, efficient adoption of robotic workflows.

The following surgeons will utilize the DV5 at JRMC:

Dr. Luke Brunner—General Surgery, Physicians' Clinic of Iowa  
Dr. Andrew Nowell—General Surgery, Physicians' Clinic of Iowa  
Dr. Jason Rexroth—OB/GYN, Iowa Women's Health Center  
Dr. Gregory Janda—Urology, Physicians' Clinic of Iowa  
Dr. Michael Morrissey—Urology, Physicians' Clinic of Iowa

### **c. Short and Long-term Viability:**

The project supports long-term viability by retaining surgical volume, improving OR utilization, and supporting recruitment and retention of surgeons trained in modern practice. Ongoing operating costs will be supported through hospital operating budgets without reliance on grant funding.

## **5. Community and Economic Impact**

### **a. Community Engagement:**

JRMC maintains ongoing engagement with the community it serves through its role as the sole hospital in Jones County and a Critical Access Hospital serving a predominantly rural population. JRMC routinely assesses community health needs and collaborates with local stakeholders to identify barriers to care, including limited access to specialty services and the burden of travel to urban centers for medically necessary procedures.

Findings from community health assessments and patient utilization patterns indicate that access to timely specialty and surgical services remains a significant concern for rural residents, particularly for elderly individuals, lower-income households, and patients with transportation or caregiving limitations. The proposed project directly responds to these identified needs by expanding local access to minimally

invasive surgical services that are currently unavailable within the county.

JRMC provides services without discrimination and serves patients across all payer types, including Medicare, Medicaid, and uninsured populations. By offering robotic-assisted surgical services locally, the project improves equity by reducing geographic, financial, and logistical barriers that disproportionately impact rural populations. The project reflects responsiveness to community priorities by enabling patients to receive advanced care closer to home, improving continuity of care and recovery outcomes.

**b. Resource Availability:**

JRMC possesses the staffing, management infrastructure, and operational capacity necessary to implement and sustain the proposed project. The hospital maintains an established surgical program supported by experienced perioperative nursing staff, anesthesia services, and clinical leadership, all of which will be leveraged to integrate robotic-assisted surgery without requiring significant additional staffing.

Clinical services will be provided by outreach surgeons in general surgery, urology, and gynecology who are already trained in robotic-assisted techniques and credentialed within the UnityPoint Health system. Operating room staff will receive appropriate training through vendor-supported education and system-based mentorship, ensuring safe and effective utilization of the equipment.

Alternative uses of resources were considered, including continued referral of robotic-eligible cases to urban facilities or reliance on traditional surgical approaches. These alternatives would not adequately address access barriers or service outmigration and would limit the hospital's ability to meet current standards of surgical care. The proposed project represents the most efficient and appropriate use of available resources by maximizing existing infrastructure and clinical expertise to deliver care locally.

**c. Organizational Relationships:**

The proposed project is fully integrated with JRMC's existing ancillary and support services, including anesthesia, diagnostic imaging, laboratory services, inpatient nursing, post-anesthesia care, and rehabilitation. These services currently support surgical patients and will continue to do so without the need for additional external arrangements.

JRMC maintains strong organizational relationships within the UnityPoint Health system, including collaboration with UnityPoint Health – St. Luke's Hospital in Cedar Rapids, which operates a high-volume robotic surgery program. This relationship provides access to clinical expertise, training resources, mentorship, and shared best practices, supporting safe implementation and ongoing quality oversight.

These organizational relationships ensure that the proposed service is not duplicative or isolated, but rather part of a coordinated regional care network that supports quality, efficiency, and appropriate utilization of specialty services.

## **6. Project Planning**

**a. Project Timeline:**

Pending CON approval, JRMC expects to commence offering DV5 surgeries during late summer/early fall of 2026. The JRMC Board approved moving forward with CON Application on February 2, 2026. Once approved, JRMC will be able to proceed with purchasing the equipment and minor construction with installation scheduled to be complete in late 3rd or early 4th quarter 2026.

**b. Innovative Components:**

Not applicable

**c. Regulatory Compliance:**

The proposed project will be implemented in full compliance with all applicable federal, state, and local

regulatory requirements. JRMC will obtain all required approvals prior to procurement, installation, and operation of the proposed equipment, including a Certificate of Need approval from the Iowa Department of Health and Human Services.

JRMC will comply with applicable licensure requirements for hospital-based surgical services, including standards established by the Iowa Department of Inspections, Appeals, and Licensing, the Centers for Medicare & Medicaid Services (CMS) Conditions of Participation for Critical Access Hospitals, and accreditation standards as applicable. All clinical services will be delivered consistent with hospital policies, medical staff bylaws, credentialing and privileging requirements, and applicable scope-of-practice regulations.

The DV5 robotic system will be installed and maintained in accordance with manufacturer specifications, safety standards, and infection control requirements. Clinical staff will complete required training and competency validation prior to utilization. Ongoing quality monitoring, utilization review, and patient safety oversight will be conducted through established clinical governance and quality assurance structures.

## **7. Special Criteria for Specific Services:**

### **a. Alternative Consideration (10A.714(2)(a)):**

Multiple alternatives were considered, including continued referral of robotic-eligible cases to urban hospitals, reliance on traditional open or laparoscopic surgical approaches, and shared access to robotic services at non-local facilities. These alternatives were determined to be impractical or insufficient in addressing identified access barriers.

Continued referral to urban facilities requires patients to travel significant distances for care, creating financial, logistical, and clinical burdens for rural populations. Reliance solely on traditional surgical approaches does not align with current standards of care for many procedures and limits the ability to offer minimally invasive options that reduce complications and length of stay.

Shared use of robotic systems at distant facilities was also considered; however, this approach does not meaningfully improve access, as patients would still need to leave the community for care. Given JRMC's surgical volume, existing provider availability, and role as the sole hospital in the county, on-site installation represents the most practical and effective alternative.

### **b. Utilization of Similar Facilities (10A.714(2)(b)):**

There are no facilities within Jones County that currently provide robotic-assisted surgical services. Patients requiring these services must travel to hospitals outside the county, primarily in larger metropolitan areas. Utilization data demonstrate consistent surgical demand at JRMC, with more than 6,000 surgical cases performed over the past five years, indicating appropriate baseline utilization of existing local surgical capacity.

Regional facilities providing robotic surgery are already operating at established volumes and serve as referral centers for a broad geographic area. Continued reliance on these facilities for routine robotic-eligible cases contributes to service outmigration and does not represent efficient utilization of local healthcare infrastructure.

The proposed project improves system-wide efficiency by enabling appropriate cases to be treated locally, preserving regional capacity for higher-acuity care while maximizing use of JRMC's existing operating rooms, staff, and support services.

### **c. Construction/Modernization (10A.714(2)(c)):**

The project represents modernization of existing surgical services rather than expansion of physical plant or creation of duplicative infrastructure. The DV5 system will be installed within existing operating room

space, with only minor renovations required to support equipment storage and workflow optimization.

JRMC has evaluated opportunities for sharing resources through its integrated health system and will leverage system-wide training, clinical oversight, and operational support rather than duplicating functions locally. Modernization through equipment upgrade is the most practical and efficient approach to meeting current standards of care while maintaining fiscal stewardship.

The project avoids unnecessary construction and capital duplication by utilizing existing facilities and shared system resources to the maximum extent practicable.

**d. Access Concerns (10A.714(2)(d)):**

Without the proposed project, residents of Jones County will continue to experience limited access to robotic-assisted surgical services, requiring travel to distant facilities for care that is increasingly considered standard practice. This poses a risk of serious access problems, particularly for elderly patients, individuals with limited transportation, and those with work or caregiving responsibilities.

Ongoing lack of local robotic capability may also impact JRMC's ability to recruit and retain surgeons trained in modern surgical techniques, further threatening long-term access to surgical services in the community. Over time, this could lead to additional service outmigration and reduced availability of care at the local level.

The proposed project mitigates these risks by ensuring that appropriate surgical services can be delivered locally, supporting continuity of care, reducing patient burden, and preserving access to essential surgical services in a rural setting.

**e. UIHC Special Role (10A.714(3)):**

Not applicable.

**Signature**

*Eric Briesemeister*

**Additional Supporting Documents Upload**