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
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Facility Name
Greater Regional Medical Center

Facility Address
1700 W Townline St, Creston, Iowa 50801

Project Title
Greater Regional Medical Center – da Vinci Surgical Robot

Project Type
New Equipment

Would you like to request a summary review?
Yes

1. Applicant and Facility Overview

a. Project Purpose and Objectives:
Greater Regional Medical Center (GRMC) seeks to implement a da Vinci robotic-assisted surgical system to expand local access to high-quality minimally invasive surgery. This project will enhance patient access, clinical quality, and long-term service sustainability.

b. Relationship to Long-Range Development Plan:
The project aligns with GRMC's priorities to preserve local access, improve quality, support workforce stability, and maintain financial sustainability.

c. Description of Proposed Service/Program:
GRMC will integrate robotic-assisted minimally invasive surgery into existing surgical services, supporting urologic, gynecologic, and general surgery procedures using current staff and infrastructure.

d. Target Population: Specify geographic and demographic areas.
The service benefits residents across GRMC's eight-county rural service area, including rural, elderly,

medically underserved, and medically complex patients.

e. Relation to Existing Provider Network: Summarize relationship with other health care providers/services in the region.
The program complements GRMC's provider network and maintains referral partnerships with tertiary centers, reducing out-migration of routine surgical cases.

f. Funding Sources and Financial Resources: Identify and document sources of funding and financial viability.
The project will be funded through RHTP grant support and hospital reserves. Financial feasibility is supported by existing infrastructure and stable surgical demand.

Current # of Beds (if changing)	**Current bed type (if changing)**
Requested # of Beds (if changing)	**Requested bed type (if changing)**

Document Upload

2. Community Need and Service Gaps

a. Description of Need:
The region lacks local access to robotic-assisted surgery, leading to delays, travel burdens, and fragmented care. Robotic surgery has become a standard option for many common procedures.

b. Assessment of Existing Services and Gaps:
Current utilization patterns show a significant local gap in access to robotic assisted surgery. Patients are often referred to urban hospitals or receive open or laparoscopic procedures with longer recovery times and higher levels of pain, leading to treatment delays, increased travel burden, and fragmented care. As robotic surgery becomes standard for many urologic, gynecologic, and general surgery procedures, the lack of local capability increasingly limits access for rural patients.

c. Alternatives Analysis:
Continuing referrals, relying solely on conventional surgery, and renting equipment were evaluated and rejected due to access barriers, inferior outcomes, recruitment challenges, or infeasibility.

d. Accessibility Considerations:
Local availability reduces significant travel distances, eliminates transportation barriers, and improves continuity of care.

e. Community Input/Support:
Feedback from patients, families, and providers supports enhancing rural access to advanced surgical care.

Document Upload (if needed)

f. Non-discriminatory Access:
The service will be offered on a non discriminatory basis to all qualified patients and credentialed surgeons, regardless of payer source or medical degree. Both allopathic (MD) and osteopathic (DO) physicians who meet medical staff privileging, training, and competency requirements will have equal access to the robotic surgery platform. Patient access will be based solely on medical necessity, clinical appropriateness, and established scheduling and referral processes.

3. Impact on Existing Providers

a. Impact Assessment:
The project does not duplicate regional tertiary services and instead retains appropriate cases locally while maintaining referral patterns.

b. Community and Economic Impact: Broader system effect and value-added to the community.
The addition of robotic assisted surgery will strengthen the local healthcare system by expanding access to advanced surgical care, reducing out migration to urban hospitals, and keeping patients, providers, and healthcare dollars within the community. Local availability supports timely treatment, continuity of care, and improved patient and caregiver experience while enhancing physician recruitment and retention.

c. Efficiency in Use of Resources: Shared/cooperative arrangements to maximize efficiency.
The robotic surgery system will be utilized as a shared hospital resource, supporting multiple service lines and credentialed surgeons to maximize case volume and operational efficiency. Existing operating room staff, infrastructure, and perioperative services will be leveraged, avoiding duplication of services. Centralized scheduling, standardized training, and coordinated use across specialties will ensure efficient integration into current surgical operations.

4. Financial and Operational Feasibility

a. Financial Projections and Feasibility:
budget attached

Document Upload (3-year budget projections)
CON budget.pdf

b. Staffing and Operations:
Existing surgical and perioperative staff will support the program, with targeted training and minimal new staffing requirements.

c. Short and Long-term Viability:
Viability is supported by integration into existing general surgery, urology, and OB/Gyn services, utilization trends, and evolving standards of care.

5. Community and Economic Impact

a. Community Engagement:
Through routine interaction with patients, families, and providers, the hospital has identified consistent concerns related to travel distance, transportation barriers, caregiver impact, and limited access to advanced surgical services.
Planning for the proposed service considered the needs of rural, elderly, medically underserved, disabled, and minority populations, who are disproportionately affected when specialty services are only available in metropolitan areas. The project responds to community interest in maintaining access to modern, high quality surgical care locally.

b. Resource Availability:
The proposed project will utilize existing staff and operational resources, which are appropriate to support the service. Surgeons, anesthesia providers, perioperative nursing staff, and support services are currently in place and will receive training as required. The program will be managed within the hospital's existing surgical services and governance structure, without the need for additional administrative resources. Alternative uses of these resources were considered; however, integrating robotic assisted surgery into existing operations represents the most effective use of available resources to address community needs

while maintaining operational and financial sustainability.

c. Organizational Relationships:
The proposed service will be integrated with the hospital's existing services. These services are sufficient to support robotic assisted surgical procedures with minimal modifications.
The hospital will continue established arrangements with specialty providers and tertiary referral centers for consultation, advanced care, and services beyond the hospital's scope. The proposed project does not alter these relationships, but instead complements them by allowing appropriate surgical care to be provided locally while maintaining referral pathways for higher acuity and specialized services.

6. Project Planning

a. Project Timeline:
Board of Trustees Approval: February 2026
CON Application: March 2026
Grand Budget Approval: April-May 2026
CON Approval: April-May 2026
Purchase Orders Issued: June-July 2026
Equipment Installation: December 2026
Training: May-December 2026

b. Innovative Components:
The proposed project incorporates innovation through the application of state-of-the-art robotic assisted surgical technology in a rural setting, expanding access to minimally invasive procedures that are generally only available in urban markets.

c. Regulatory Compliance:
GRMC will comply with all state and federal requirements, including Iowa CON regulations, CMS Conditions of Participation, and DNV accreditation standards.

7. Special Criteria for Specific Services:

a. Alternative Consideration (10A.714(2)(a)):
In evaluating the proposed acquisition of a da Vinci robotic assisted surgical system, the hospital considered several alternative approaches to meeting community surgical needs. However, there is no alternative for providing surgeons with 3D vision, wristed articulation, computerized stapling and advanced energy, and interoperative telepresence.
1. Continue Referring Patients to Regional or Urban Hospitals
Under this alternative, patients requiring robotic assisted procedures would continue to be referred to tertiary hospitals where robotic systems are available.
Rationale for Rejection:
While this approach avoids capital investment, it does not adequately address access barriers for rural patients. Continued reliance on referral results in:
- Significant travel burden and transportation challenges
- Delays in care and fragmented pre and post operative management
- Disproportionate impact on elderly, disabled, and medically underserved patients
- Ongoing out migration of surgical services from the community

This alternative fails to meet the hospital's mission to provide accessible, high quality care locally and does not address the documented service gap.
2. Maintain Conventional Laparoscopic or Open Surgical Approaches Only
Another alternative considered was continued exclusive use of traditional open and standard laparoscopic techniques for applicable procedures.
Rationale for Rejection:

While these approaches remain clinically appropriate in many cases, they do not fully meet current standards of care for procedures increasingly performed robotically. Limitations include:

- Reduced surgical precision and visualization compared to robotic assisted techniques
- Longer recovery times and hospital stays, and higher rates of pain for certain patient populations
- Potential disadvantages in recruiting and retaining surgeons trained in robotic surgery

This alternative would not adequately address evolving clinical expectations or the needs of an aging, medically complex population.

3. Renting a surgical robot on a per case basis

The hospital considered renting the system on a per case basis, but this is not an option.

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

Utilization of similar facilities demonstrates strong demand, and the proposed project represents an appropriate extension of existing surgical capacity within the region.

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

The proposed Da Vinci robotic surgery unit will be installed within existing surgical space, utilizing current operating rooms and infrastructure. No new construction is required, and only minimal electrical work is needed. The project represents a modernization of surgical capabilities through shared use of existing facilities, staff, and support services. This approach maximizes efficiency, minimizes capital cost, and avoids unnecessary duplication while enhancing the hospital's ability to deliver advanced minimally invasive procedures locally.

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

Without approval of the proposed Da Vinci robotic surgery unit, patients in the hospital's service area will continue to face limited access to robotic assisted minimally invasive surgery, requiring referral to distant facilities. This creates increased travel burden, delays in care, and barriers for elderly and rural patients. As demand for minimally invasive surgical approaches continues to grow, failure to implement this project would result in ongoing access constraints and potential delays in medically appropriate surgical care for the community.

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

Not applicable

Signature

Matthew McCutchan, CFO

Additional Supporting Documents Upload