



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

Ms. Jodi Geerts

Primary Contact Employer

Waverly Health Center

Primary Contact Email

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Facility Name

Waverly Health Center

Facility Address

312 9TH STREET SW, Waverly, Iowa 50677

Project Title

Waverly Health Center da Vinci 5 Single Console 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:

Proposed project is included in Healthy Hometowns program.

Waverly Health Center is a city-owned, 25-bed Critical Access Hospital, that is committed to excellence and adapts to meet the evolving health needs of the area. WHC employs nearly 500 dedicated professionals and a strong team of providers, generating \$161.3 million in gross patient revenue in FY2025. Its surgical services generated \$24.3 million in gross patient revenue in FY2025.

Project Objectives:

- 1) Improve patient access and outcomes through the use of minimally invasive surgical procedures – Potential for faster recovery, fewer complications, local access to standard of care versus open surgery.
- 2) Enhance Waverly Health Center's (WHC) ability to recruit and retain surgeons and provide support for the hospital's long-term financial viability.

Visual representations of the da Vinci 5 robotic surgical system have been submitted as EXHIBIT A – Da

Vinci 5 System.

b. Relationship to Long-Range Development Plan:

WHC's strategic priorities include People, Quality, Finance and Growth.

* People - Attract, recruit, educate and retain top talent.

* Quality - Enhance patient experience, quality of care and safety.

* Finance - increase revenue and reduce operational costs.

* Growth - Strengthen partnerships to improve access to care and build healthy communities. Strategically invest in people, infrastructure, advanced technologies, and equipment. Refine and expand services to facilitate growth.

WHC faces significant challenges with recruiting surgeons to rural Iowa. To be able to provide appropriate clinic and call coverage, a team of general surgeons and OB-GYNs are needed. However, clinic volumes alone are not enough to financially support employment of multiple providers. Surgical opportunities are a necessity. Through discussion and interviews with potential candidates, it has become apparent that most surgical residents and fellows have used the da Vinci RAS during their training. They are unwilling to join an organization that does not have this advanced technology which is now the standard of care. These specialists face harm to their careers if they cannot keep their skills with robotic technologies current. Lack of access to surgeons and OB-GYNs requires rural hospitals to decide if they can financially support general surgery services and obstetrical units.

WHC has focused on maintaining and building strong relationships with independent surgeons and system-employed surgeons. Urban hospitals have advanced medical equipment which puts rural hospitals at a disadvantage for attracting visiting specialists. This significantly impacts rural hospital revenue and service growth potential.

Reimbursement rates from insurance companies, Medicare, and Medicaid have significantly declined over the past twenty years and it is highly unlikely this trend will improve. Hospital expenses go up, but revenue from the same number of visits declines. Rural hospitals are finding it difficult to recruit and retain staff with competitive salaries. A large majority of rural hospital revenue comes from imaging and surgical services. These service areas require advanced technology which further strains rural hospital resources. Lack of advanced technology creates a significant impact on the hospital's long-term sustainability, resulting in patients having to travel farther for all services if CAH can't meet needs due to resource issues.

c. Description of Proposed Service/Program:

The da Vinci 5 Single Console Robotic Surgical System will be used for the following categories of surgeries: appendectomy, bowel, bariatric, colorectal, gastrectomy, gynecology, hepatobiliary, pancreatic, hernia and urologic. Many of these surgeries relate to cancer prevention and treatment and chronic disease management and prevention. In addition to aiding in the forementioned issues, WHC will have significantly higher success in recruiting and retaining OB-GYNs to the rural community. This recruitment and retention are essential for continued access to obstetrical care in Bremer County.

d. Target Population: Specify geographic and demographic areas.

Waverly Health Center's primary service area includes Bremer, Butler and Chickasaw counties in Northeast Iowa. All of these counties are classified as rural. There is a substantial technology gap that WHC could fill with the purchase and use of this advanced technology. From July 1, 2025 through June 30, 2025, 9,673 residents of WHC's primary service area had an outpatient surgery. A significant majority, 69%, of these individuals had their procedures completed in an urban hospital. While there are many potential reasons these patients went to an urban hospital, a large portion of these patients may have been able to stay closer to home if more advanced technology was available at WHC. See Exhibit B - Outmigration of patients.

e. Relation to Existing Provider Network: Summarize relationship with other health care

providers/services in the region.

WHC works with providers from MercyOne, UnityPoint Health, Cedar Valley Medical Specialists and several independent health care providers to provide care at the hospital. Visiting specialists in cardiology, dermatology, nephrology, orthopedics, pain management, podiatry, and pulmonology care for patients at the hospital.

WHC maintains a contracted relationship with Cedar Valley Medical Specialists (CVMS) general surgeons. Through this contract, CVMS provides general surgery clinic services, surgical coverage and on-call support, strengthening WHC's ability to deliver timely and specialized care.

WHC also contracts with UnityPoint Health for urology services, ensuring patients have access to expert urologic care close to home.

Additional Contracted Relationships:

- * OBHG to provide obstetrical and gynecological services in its Women's Clinic and Birthing Center.
- * Radiology Consultants of Iowa (RCI) provides onsite and remote radiology services.
- * Heartland Anesthesia provides pain management and anesthesia services.
- * ITP provides remote behavioral health assessments in the emergency department.
- * Shared Medical Services provides nuclear medicine imaging services.

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

Healthy Hometowns - Rural Health Transformation Grant:

- 1) Equipment - \$2,526,000
- 2) Minor renovations - \$99,099

Hospital Capital Funds:

- 1) Ultrasonic Bath, \$41,557
- 2) Sterrad 100NX All Clear, \$135,000

The service plan for the first year is included in the 1-year warranty. WHC will purchase a service plan from the vendor for years two through five. The purchase of the equipment includes ongoing feature additions and user interface optimizations within the system. The equipment is upgradable to ensure longevity of use. The vendor provides a 98% uptime guarantee and 24/7, 365 days per year tech support. WHC's biomedical services vendor will provide regular preventative maintenance as identified in the equipment's instructions for use.

One-time use instruments and all other accessories will be purchased through hospital operating funds throughout the life span of the equipment. The surgical revenue will provide the operating funds necessary to continue use.

Current # of Beds (if changing)

Current bed type (if changing)

Requested # of Beds (if changing)

Requested bed type (if changing)

Document Upload

Exhibit A - Da Vinci 5 System.pdf

Exhibit B - Outmigration of patients.pdf

2. Community Need and Service Gaps

a. Description of Need:

During calendar years 2024 and 2025, surgeons performed 445 procedures at WHC that were billed under 29 CPT codes that correlate to procedures applicable to the da Vinci RAS. Use of the new technology opens the possibility for an additional 82 CPT codes that could be performed at WHC instead of transferring patients who need those procedures to an urban hospital. See Exhibit C - Surgical Procedures with CPT Codes.

b. Assessment of Existing Services and Gaps:

Multiple factors contribute to the challenges in accessing minimally invasive surgery (MIS) in rural areas. These barriers can include, but are not limited to, socioeconomic constraints, limited availability of specialized health care providers, geographical limitations, lack of awareness among patients about MIS options, and potentially inadequate insurance coverage. Each of these elements plays a significant role in determining whether individuals can access the benefits of minimally invasive surgical care.

MIS has transformed the surgical management of disease. Compared with open surgery, traditional MIS (endoscopy, laparoscopy and video-assisted thoracoscopy) offers several benefits including smaller incisions, less morbidity, faster recovery, reduced pain, shorter length of hospital stay and improved cosmesis. However, traditional MIS systems have several technical limitations, most notably lower quality vision and depth perception from two-dimensional imaging, camera instability from a hand-held design, limited range motion and propensity for surgeon fatigue, work-related musculoskeletal injuries and tremor from physically demanding ergonomics, and a steep learning curve.

The da Vinci RAS system received U.S. Food and Drug Administration approval in 2000 and advanced MIS by overcoming many of the technical limitations noted above. Collectively, da Vinci's technological advancements facilitated the accuracy and precision of MIS dissection and reconstruction, most appreciably within deep, limited, or narrow cavities, such as the chest, abdomen, and pelvis, and enabled the expansion of MIS into more highly complex surgical procedures compared with traditional minimally invasive approaches. See Exhibit D - Value Analysis Brief.

c. Alternatives Analysis:

The da Vinci RAS 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 a meta-analysis of 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.

d. Accessibility Considerations:

The closest counties with a da Vinci RAS include Black Hawk and Cerro Gordo. UnityPoint – Waterloo Medical Center and MercyOne Waterloo Medical Center are approximately 26 to 35 miles from WHC. MercyOne North Iowa is the third closest location for WHC's primary service area at approximately 63 miles from WHC. Adding the da Vinci surgical system to Waverly Health Center will ensure patients in the hospital's service area have access to the standard of care found in the above urban areas. See Exhibit E - Counties with Da Vinci RAS.

e. Community Input/Support:

The Waverly Health Center Board of Trustees supports the purchase of the da Vinci 5 robotic surgical

system. In addition, the hospital's medical staff is also in support of enhanced surgical technology.

Document Upload (if needed)

Exhibit C - Surgical Procedures with CPT Codes.pdf

Exhibit D - Value Analysis Brief.pdf

Exhibit E - Counties with Da Vinci RAS.pdf

Exhibit F - Point of Origin for WHC Outpatients.pdf

f. Non-discriminatory Access:

Waverly Health Center does not exclude, deny benefits to or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex or age in admission to, participation in or receipt of the services and benefits under any of its programs and activities, whether carried out by the health center providers directly or through a contractor or any other entity with which the health center providers arrange to carry out its programs and activities.

Waverly Health Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). Waverly Health Center does not exclude people or treat them less favorably because of race, color, national origin, age, disability or sex.

3. Impact on Existing Providers

a. Impact Assessment:

Reviewing WHC's patient origin for outpatients identifies Waverly Health Center's primary service area includes Bremer, Butler and Chickasaw counties in Northeast Iowa. All of these counties are classified as rural. The image in Exhibit F - Point of Origin for WHC Outpatients highlights origin location for patients who had digestive, gynecological and urologic procedures at WHC from July 1, 2024, through June 30, 2025. Comparing this map to the locations that have the Da Vinci RAS (Exhibit E) clearly identifies a technology gap that WHC could fill with the purchase and use of this advanced technology.

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

Last year, Waverly Health Center (WHC) generated 816 jobs and added \$129.1 million to Bremer County's economy, according to the latest study by the Iowa Hospital Association. The hospital contributed 10.7 percent of Bremer County gross domestic product. As a major employer with significant purchasing power, maintaining a financially viable hospital in Bremer County is essential for the long-term growth and sustainability of the region.

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

WHC will continue to offer general surgery and urology services through shared agreements with UnityPoint Health and Cedar Valley Medical Specialists.

4. Financial and Operational Feasibility

a. Financial Projections and Feasibility:

During collaborative discussions with the contracted general surgeons who perform procedures at WHC, both have indicated they would keep more of their rural patients at WHC instead of taking them to an urban hospital if they had access to this advanced technology in Waverly. The contracted urologist has also expressed interest in keeping area patients in Waverly. It is highly likely that WHC's volume of surgery for these three providers could increase by 15% each year based on the number of patients they currently are caring for at urban locations.

Document Upload (3-year budget projections)

b. Staffing and Operations:

WHC currently has several contracted services surgeons who are fully trained on the da Vinci RAS. These surgeons specialize in general surgery. In addition, WHC is in the process of contracting with a group of obstetrics and gynecology specialists to begin providing clinic and OB hospitalist services for WHC. Two of the potential OB-GYN providers for this group are both fully trained and have experience using the da Vinci RAS. Having access to this technology will positively impact WHC's ability to secure two OB-GYNs to continue obstetrical care at the hospital.

Several members of WHC's surgery nursing staff have experience with the da Vinci RAS through previous employment. Recruitment and training of additional surgery staff will take place as needed. The vendor for the equipment provides a comprehensive training program for initial training, as well as ongoing education for a variety of staffing roles including surgeons, first assists, robotic coordinators, nurses and sterile reprocessing technicians. In addition to self-paced learning modules, the vendor offers peer-to-peer collaboration and mentoring including intraoperative case observation, collaboration and mentoring. Da Vinci RAS's simplified setup, enhanced guided tool change and universal user interface are designed to make it easier for care teams to gain the skills needed to support da Vinci surgery.

c. Short and Long-term Viability:

The service plan for the first year is included in the 1-year warranty. WHC will purchase a service plan from the vendor for years two through five. The purchase of the equipment includes ongoing feature additions and user interface optimizations within the system. The equipment is upgradable to ensure longevity of use. The vendor provides a 98% uptime guarantee and 24/7, 365 days per year tech support. WHC's biomedical services vendor will provide regular preventative maintenance as identified in the equipment's instructions for use.

One-time use instruments and all other accessories will be purchased through hospital operating funds throughout the life span of the equipment. The surgical revenue will provide the operating funds necessary to continue use.

Purchase of the da Vinci RAS system will empower WHC's care team by enhancing their skills, reducing fatigue and increasing efficiency. This system will help lower the total cost of providing care, while increasing access to minimally invasive surgery.

WHC will implement a comprehensive referral and outreach strategy designed to maximize awareness and utilization of the new robotic surgery capabilities. This approach will focus on targeted provider education, community outreach and strategic partnerships to effectively communicate the benefits of the da Vinci RAS. A dedicated referral network will be established to engage physicians, including OB-GYNs, urologists, surgeons and primary care providers. Outreach and education will be provided through in-person visits, tailored referral packets and other promotional materials to ensure they are well informed about the new, advanced surgical options available at WHC.

The marketing plan will leverage a multichannel approach utilizing digital campaigns, compelling social media storytelling and traditional media outreach to highlight the benefits of robotic-assisted surgery. Brochures, patient education materials and videos will be developed and broadly distributed. Health fairs and community presentations featuring the surgeons will offer opportunities for direct engagement and direct interaction with the experts. All marketing will drive the public to a dedicated page on the WHC website, providing further information about the benefits of robotic surgery and clear instructions on how to schedule a consultation. Messaging will emphasize the advantages of minimally invasive procedures, shorter recovery times and lower complication rates.

5. Community and Economic Impact

a. Community Engagement:

Close communication and collaboration with community-based organizations are essential for understanding and addressing the health care needs of our region. WHC actively partners with a diverse range of stakeholders including city and county officials, law enforcement and various health organizations throughout the Cedar Valley to align our efforts for the health and social betterment of our local communities. Other notable partnership organizations include Bremer County Community Partners (a coalition of social service agencies with the focus of preventing child abuse), Opioid Taskforce, Waverly Exchange Club (prevention of child abuse, Americanism, community service and promotion of youth), Waverly Rotary Club, Waverly-Shell Rock Area United Way, among others.

This extensive network of partnerships underscores our commitment and capacity to collaborate on services that deliver high quality, innovative care for the greater good of the communities we serve. By leveraging these relationships, WHC ensures that critical health care needs are met efficiently and sustainably.

b. Resource Availability:

WHC currently has several contracted services surgeons who are fully trained on the da Vinci RAS. These surgeons specialize in general surgery. In addition, WHC is in the process of contracting with a group of obstetrics and gynecology specialists to begin providing clinic and OB hospitalist services for WHC. Two of the potential OB-GYN providers for this group are both fully trained and have experience using the da Vinci RAS. Having access to this technology will positively impact WHC's ability to secure two OB-GYNs to continue obstetrical care at the hospital.

Several members of WHC's surgery nursing staff have experience with the da Vinci RAS through previous employment. Recruitment and training of additional surgery staff will take place as needed. The vendor for the equipment provides a comprehensive training program for initial training, as well as ongoing education for a variety of staffing roles including surgeons, first assists, robotic coordinators, nurses and sterile reprocessing technicians. In addition to self-paced learning modules, the vendor offers peer-to-peer collaboration and mentoring including intraoperative case observation, collaboration and mentoring. Da Vinci RAS's simplified setup, enhanced guided tool change and universal user interface are designed to make it easier for care teams to gain the skills needed to support da Vinci surgery.

c. Organizational Relationships:

- WHC participates in a collaborative network of Iowa nonprofit hospitals led by the University of Iowa Hospitals and Clinics to strengthen rural health care and meet Critical Access Hospital standards. Through coordinated efforts, the partnership ensures continuity of care, credentialing, quality assurance, and education.
- Radiology and Imaging Services: The radiology department at WHC provides radiology support for preoperative planning and postoperative evaluation. The team is comprised of board-certified radiologists engaged through a contracted partnership with Radiology Consultants of Iowa, Shared Medical Technologies, and skilled imaging technicians. This collaborative approach ensures seamless integration of radiology expertise across departments.
- OB-GYN Services: WHC is partnering with OB Hospitalist Group (OBHG) to provide consistent physician staffing for obstetrics and gynecological services for the Women's Clinic, Birthing Center and surgery department. OBHG currently staffs over 200 hospitals and clinics across the country and specializes in supporting rural community hospitals to ensure continued access to women's health services. They also bring best practice models such as standardized practices and protocols, staff training and education. This staffing model will provide consistent physician team members who are accountable to meet established quality metrics and standards. This model also allows for expanded hours of coverage increasing access to women's health and surgical services in our area for years to come.

- **Anesthesia:** For more than three years, WHC has contracted with Heartland Anesthesia to provide comprehensive anesthesia services, including an epidural program. This ensures patients benefit from consistent anesthesia care delivered by experienced professionals.
- **Additional Partnerships:** Collaborations with Rohlf Memorial Clinic (UnityPoint), Premier Dermatology, Taylor Physical Therapy and other visiting specialists further expand WHC's
- WHC is committed to fostering the next generation of health care professionals through robust educational partnerships and hands-on clinical experiences. WHC collaborates with leading institutions, including the University of Iowa Hospitals and Clinics (UIHC) for Certified Registered Nurse Anesthetist (CRNA) training, the Northeast Iowa Residency Program for family practice and podiatry, Des Moines University for medical students, UIHC for OB-GYN rotations, North Iowa Area Community College (NIACC) for EMT students and Allen College for cardiovascular and radiology students. Additionally, WHC provides valuable learning opportunities for paramedic, respiratory therapy, certified medical aides and nursing students from various schools.

6. Project Planning

a. Project Timeline:

- January to February 2026 – Award notification
- February to March 2026 – Contact negotiations
- March to April 2026 –Certificate of Need process
- April 2026 (following CON approval) – Execution of contract and purchase order issued to vendor
- April to June 2026 – Minor renovations to facility
- June to August 2026 – Medical equipment arrives at WHC, installation, set-up and staff training takes place
- September 2026 – Estimated date of first procedures using the da Vinci RAS

b. Innovative Components:

Rural communities, such as those WHC serves, face persistent disparities in accessing minimally invasive surgery. In Iowa's rural communities, nearly 44% of all major urologic, gynecologic and colorectal cancer surgeries are still performed using open techniques. These types of techniques are often linked to longer hospital stays, higher complication rates and slower recovery. [Study data available on request.]

Benefits of access to minimally invasive surgery include the following: [Study data available on request.]

- **Reduced length of stay** – Estimated 1 to 2 days quicker recovery compared to open surgery.
- **Fewer complications** – Estimated 45% fewer complications, 75% fewer transfusions and 30% fewer readmissions.
- **Economic impact** – Rural hospitals with the equipment averaged approximately 2,600 more procedures over first five years of equipment use.
- **Enhanced innovation** – Artificial intelligence, remote monitoring and simulation training provide support for rural providers.
- **Recruitment and retention** – The da Vinci RAS has become the standard of care in many residency and fellowship programs. It is already challenging to recruit surgeons to rural areas and lacking the tools and resources they were trained on makes it even more difficult.
- **Reduced opioid exposure** – Fewer opioids are prescribed by some surgeons following da Vinci surgery, with robotic-assisted prostatectomy associated with a 35% reduction in persistent postoperative opioid use, compared to open surgery.

c. Regulatory Compliance:

WHC is accredited by The Joint Commission for all hospital, ambulatory, and laboratory services, demonstrating its commitment to stringent performance standards and continuous improvement in safety and quality. In 2023, WHC was one of only eight Iowa hospitals to receive a five-star rating from the

Centers for Medicare and Medicaid Services (CMS). Additional recognition includes being named a best-in-state hospital by Newsweek in 2024, receiving a patient satisfaction award and earning Blue Distinction Center status for both knee and hip replacement in 2025 and the Birthing Center in 2024.

7. Special Criteria for Specific Services:

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

While conventional laparoscopic and open surgical techniques remain acceptable treatment options in many scenarios, they do not offer the same clinical advantages as robotic-assisted surgery, the da Vinci 5 Single Console System is considered the gold standard in robotic surgical equipment. Older models of the system do not provide the same benefits.

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

The health center has a proven track record of integrating advanced surgical technologies, including minimally invasive procedures for hernia repairs, cholecystectomy, colonoscopy, endoscopy, cancer surgery, and weight loss surgery. Of 2,362 surgical cases in FY2025, 52 were inpatient and 2,310 were outpatient.

WHC's orthopedic program features robotic arm-assisted joint replacement surgery. The first Mako SmartRobotics joint replacement was performed in October 2022. This innovative approach enhances surgical accuracy and improves patient recovery. Since implementation, 457 knee and hip replacements have been completed using this technology at WHC. At this time, 64% of hip replacements and 79% of knee replacements have been performed using the Mako system. Our experience with Mako demonstrates institutional readiness for adopting and optimizing robotic platforms like the da Vinci RAS. We have established workflows for robotic surgery and trained surgical teams in the planning, preparation, operation, and recovery processes.

Strong imaging services including MRI, CT and nuclear medicine are integral to WHC's surgical programs. Accurate imaging provides surgeons with the detailed information needed to plan and execute complex procedures with precision. The latest MRI technology, introduced in August 2023, provides sharper imaging, reduced scan times, and improved patient comfort. Imaging services are conveniently located in the same building as surgical and clinical services, supporting precise diagnostics and seamless care.

WHC's surgery complex is designed to efficiently support a high volume of procedures while prioritizing patient comfort and safety. The complex features four operating rooms, two procedure rooms, and twelve outpatient rooms. This layout allows for a broad range of surgical specialties and outpatient procedures, ensuring seamless patient flow and optimal care. Due to the need to have advanced technology in the surgery department, a significant portion of WHC's annual capital and operational budget

The surgery complex is staffed by a highly experienced team available Monday through Friday, with on-call coverage for after-hours, holidays and weekends. Over the past five years, the surgery complex has completed more than 12,000 procedures, reflecting both its capacity and the expertise of its staff.

WHC has a contractual partnership with three surgeons who are fully trained and experienced in using the da Vinci robotic surgical system. Additionally, several members of WHC's surgical nursing staff have experience with the da Vinci platform from previous employment, ensuring the team is well-prepared to adopt and optimize advanced surgical technologies.

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

Not applicable.

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

Waverly Health Center faces significant financial challenges without this technology.

- Recruiting challenges – WHC faces significant challenges with recruiting surgeons to rural Iowa. To be able to provide appropriate clinic and call coverage, a team of general surgeons and OB-GYNs are needed. However, clinic volumes alone are not enough to financially support employment of multiple providers. Surgical opportunities are a necessity. Through discussion and interviews with potential candidates, it has become apparent that most surgical residents and fellows have used the da Vinci RAS during their training. They are unwilling to join an organization that does not have this advanced technology which is now the standard of care. These specialists face harm to their careers if they cannot keep their skills with robotic technologies current. Lack of access to surgeons and OB-GYNs requires rural hospitals to decide if they can financially support general surgery services and obstetrical units.
- Visiting specialist challenges – WHC has focused on maintaining and building strong relationships with independent surgeons and system-employed surgeons. Urban hospitals have advanced medical equipment which puts rural hospitals at a disadvantage for attracting visiting specialists. This significantly impacts rural hospital revenue and service growth potential.
- Long-term financial sustainability and growth – Reimbursement rates from insurance companies, Medicare, and Medicaid have significantly declined over the past twenty years and it is highly unlikely this trend will improve. Hospital expenses go up, but revenue from the same number of visits declines. Rural hospitals are finding it difficult to recruit and retain staff with competitive salaries. A large majority of rural hospital revenue comes from imaging and surgical services. These service areas require advanced technology which further strains rural hospital resources. Lack of advanced technology creates a significant impact on the hospital's long-term sustainability, resulting in patients having to travel farther for all services if CAH can't meet needs due to resource issues.

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

The University of Iowa Hospitals and Clinics is Waverly Health Center's Critical Access Hospital sponsor and serves as WHC's quality assurance oversight organization. In addition, WHC is joining the University of Iowa's Community Connect Iowa Epic electronic medical record in October 2026.

Signature

A handwritten signature in black ink that reads "Jodi Geerts". The signature is written in a cursive, flowing style.

Additional Supporting Documents Upload