



## 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 135.63, as needed, to complete the application. 4. Upload additional documentation, as needed.

### Primary Contact

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### Facility Name

Shelby County Chris A Myrtue Memorial Hospital, DBA Myrtue Medical Center

### Facility Address

1213 Garfield Ave, Harlan, Iowa 51537

### Project Title

Myrtue Medical Center In-House MRI

### Project Type

Change in services

## 1. Applicant and Facility Overview

### a. Project Purpose and Objectives:

Myrtue Medical Center currently has a mobile MRI located in its parking lot that provides services for an average of 17 hours per week. A permanent, in-house machine will provide scans 5 days or 40 hours per week which will shorten wait times and allow urgent or add-on scans for cancer complications and emergencies such as suspected stroke or spinal cord compression without waiting for the next mobile visit. Continuous availability lets clinicians keep more imaging and follow-up local, reducing long drives to regional centers, missed appointments, and delays that can worsen outcomes for time-sensitive conditions, including cancer staging and treatment planning.

For cancer care, an in-house MRI will allow for consistent protocols for detection in high-risk groups, detailed staging, surgical and radiation planning, and follow-up within a single facility, simplifying coordination for patients and clinicians. The Cleveland Clinic recommends breast MRIs for high-risk patients or those with dense breast tissue. It will also allow us to check breast implants for rupture or cancer, measure how far a cancer has spread, look for other cancers or abnormal tissue in the breast, check for enlarged lymph nodes in the axilla area, and monitor breast cancer treatment progress or recurrence. Ready access to MRI also helps rural providers manage complications and monitor treatment response, such as evaluating new neurologic symptoms during chemotherapy without delays linked to mobile schedules or off-site referrals that can increase emergency transfers and hurt patient safety. In-house MRI rooms also provide easier and safer physical access than a trailer, especially for older

adults; people with disabilities; and people with obesity, those on stretcher, or in emergent situations. We will install a wider table, higher weight capacity system (from 500-pound weight limit to 550 pounds), and better transfer equipment. Research shows that rural hospitals that move from mobile to in-house MRI better accommodate high BMI and frail patients. Purpose-built suites also offer improved interior space, noise control, and layouts that helps anxious or claustrophobic patients better tolerate exams and reduces the likelihood that rural residents skip or abandon needed imaging due to discomfort or safety concerns. Additionally, we can perform MRI exams on patients who require sedation, not currently feasible with a mobile MRI truck due to safety constraints.

By investing in a modern in-house MRI system, we will select higher performance technology that supports a wider range of exams, including neurologic, musculoskeletal, abdominal, pelvic, and oncologic imaging and that yield better image quality than older or lower-resolution field mobile units. For example, our current mobile unit does not support breast and prostate MRIs; the new one will. Higher quality and more versatile imaging allow us to support additional specialty clinics locally, such as oncology, neurology, orthopedics, and gastroenterology, so rural patients can receive diagnosis, staging, and follow-up closer to home rather than traveling to distant tertiary centers.

**Anticipated Service Area and Population Served:** Owning an in-house MRI will reduce outmigration of patients to larger systems. Rural hospitals that installed in-house MRIs reported increased referrals, higher imaging volumes, and additional revenue that supported other local services. The data below explains how Myrtue Medical Center and rural residents in southwest Iowa will also realize these benefits.

According to IHA data for FY24, 480 patients traveled to Cass Health in Atlantic, St. Anthony in Carroll, Methodist Jennie Edmundson in Council Bluffs, Crawford Memorial in Denison, and Burgess Health in Onawa for MRI services. With a permanent MRI, these patients can get their MRI closer to home at Myrtue, reducing outmigration of patients to larger systems. This aligns with Myrtue's commitment to providing accessibility to MRI services, reducing patient travel, and supporting continuity of care.

Rural hospitals that installed an in-house MRI reported increased referrals, higher imaging volumes, and additional revenue that supported other local services. We expect to see similar results here. The data below explains how Myrtue Medical Center and rural residents in western Iowa will also realize these benefits. Expanded imaging capability also supports recruitment or outreach of specialists who rely on timely, reliable MRI, such as visiting oncologists and surgeons, which strengthens the rural health system and keeps more care within the community.

**Current Service Limitations:** Myrtue Medical Center currently has a mobile MRI located in its parking lot that provides services for an average of 17 hours per week. It has both service and logistical challenges that limit our current service availability.

First, we cannot accommodate breast or prostate imaging – the cancers with the highest incidence rate in this region – due to limitations of the mobile machine nor can we provide pediatric patient exams because of machine and training limitations of the mobile MRI staff. Instead, people who need a breast or prostate MRI have to travel up to 90 miles to get screened in Council Bluffs, Omaha, or Des Moines.

Second, the mobile MRI comes to Myrtue Medical Center 4 days a week with limited hours each day that average about 17 hours each week, sometimes in the morning and sometimes in the afternoon. Because of its variable hours, it cannot always accommodate an emergent stroke patient or others who need same day or immediate access, especially for suspected cancer complications and some cardiac and pediatric issues that can worsen quickly with delayed assessment.

Third, we are unable to accommodate patients on a stretcher as the stretcher does not fit on the lift that allows access to the mobile MRI suite, nor can it safely serve patients who require sedation. Patients also travel outside the Myrtue Medical Center building and across the parking lot to enter the MRI suite, not comfortable – and sometimes not safe – in the harsh Iowa winter or summer heat or for older, frail, or patients with mobility challenges.

Finally, the logistics of the mobile unit cause scheduling challenges and delays. At times it cannot reach us, causing scheduling delays and cancellations due to weather, travel challenges, or road conditions. Tractor trailer break downs result in delayed exams, potential delayed diagnoses, and missed appointments requiring that patients and their families rearrange their schedules, sometimes more than

once. The same thing happens when it arrives late from a different facility. We also rely on the training of the mobile unit staff, meaning we are unable to control protocols, patient interactions, exam quality, or patient satisfaction.

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

Part of Myrtue's strategic growth plan, purchasing and installing a permanent, in-house MRI at Myrtue Medical Center will allow us to offer new service lines, provide enhanced screening capabilities, and reduce the occurrence of rural bypass by keeping rural residents from in and around Shelby County local for diagnostic procedures.

This project expands access to care in four primary ways, all of which contribute to the project's overall outcomes of providing high quality health care in rural communities, improving health outcomes, and reducing patient readmissions, transfers, and rural bypass for health care service delivery

First, a permanent, in-house MRI allows us to offer extended hours to accommodate early morning and evening appointments to better meet the local demand while keeping patients closer to home for diagnostic services. Internal numbers project that an in-house MRI that operates daily will increase annual MRI use volume from the current 803 to 1,091 patients by 2030, a 36% increase, and hold relatively steady for the next five years (Figure 2). These additional almost 300 rural lowans – or an average of 24 per month – will have improved health outcomes and more immediate access to care.

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

MRI provides highly detailed, three-dimensional images of soft tissues and plays important roles across the entire cancer care continuum from detection through long-term follow-up. Because MRI shows very small abnormalities, it frequently functions as a supplemental screening tool for people with elevated risk. For example, it often detects cancers that mammograms or ultrasounds miss, especially in women with dense breast tissue, a calculated lifetime breast cancer risk exceeding 20%, known BRCA gene mutations, or prior chest radiation exposure [1]. In high-risk women and those with dense breasts, adding a screening MRI to mammography detects additional cancers, with studies reporting incremental detection of roughly 15 to 25 extra cancers per 1,000 screens compared to mammography alone [2,3,4]. For high-risk women who already face elevated baseline breast cancer mortality, adding MRI might move absolute 10- to 20-year breast-cancer mortality down by a few percentage points, for example, from roughly 20% to something more like mid- to high-teens in some modeled scenarios, largely by diagnosing more small, early stage, node negative cancers that have very high cure rates [5].

After a clinician identifies or strongly suspects cancer, MRI helps define the precise size of the tumor, reveals whether multiple tumor foci exist within the same breast, and detects possible cancer in the opposite breast, all of which influence decisions about lumpectomy, mastectomy, or radiation field design.

In many non-breast cancers, including prostate, brain, spine, liver, pelvic, and musculoskeletal tumors, MRI characterizes the tumor, clarifies involvement of surrounding organs and vessels, and evaluates lymph nodes or suspected metastases where high soft tissue contrast matters most.

MRI also supports treatment planning by guiding choices about neoadjuvant chemotherapy and surgery since it shows the true extent of disease and its relationship to the chest wall, skin, or other body sites. In radiation oncology, clinicians frequently combine MRI with CT planning images to contour tumors and critical organs more precisely and improve targeting for certain cancers.

During therapy, serial MRI scans track changes in tumor size and internal characteristics to show involvement changes in adjacent tissues to help clinicians judge treatment response and adjust systemic therapy or local treatments when necessary. In some protocols, a strong response on MRI supports less extensive surgery or altered local management, for example in rectal cancer and certain sarcomas that shrink substantially before surgical intervention. MRI in survivors helps differentiate scar tissue from true tumor recurrence, a distinction that challenges other imaging methods after surgery and radiation, particularly in breast and brain cancers. For people with very high risk, such as those with BRCA mutations or a history of chest radiation at young ages, ongoing MRI surveillance after initial treatment offers earlier identification of new primary cancers or recurrences, allowing more timely and effective intervention.

Beyond cancer diagnostics, the MRI will improve cardiovascular care by improving the timeliness and accuracy of diagnoses for emergent stroke patients and improve child health by allowing Myrtue Medical

Center to collaborate with Children's Hospital to set up pediatric protocols to perform more exams on our youngest patients without requiring their family to travel to a distant location.

More than 1 in 20 Iowans will receive a cancer diagnosis at some point during their lives [6]. This equates to 160,000 people who rely on Iowa's health care resources for diagnosis, treatment, and follow-up. Even more seek screenings for cancer or to confirm a suspicious finding that thankfully turns out benign. These Iowans depend on quality, modern diagnostic and treatment equipment and dedicated staff who can safely provide screenings, review results, and provide state-of-the-art care planning and follow-up.

Recent reports from the Iowa Cancer Registry describe Iowa as having the second highest age-adjusted rate of new cancer cases in the country, behind only Kentucky, and one of only two states with rising cancer rates even as the overall national incidence declines [6]. These data point to an opportunity and need for additional screenings and diagnostic and treatment capacity to reverse these trends.

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

Today, Myrtue Medical Center sees an average of 16,102 patients per year, drawn from 8 counties in western Iowa and eastern Nebraska. Owning a fixed MRI will reduce outmigration of patients to larger systems. Rural hospitals that installed in-house MRI reported increased referrals, higher imaging volumes, and additional revenue that supported other local services. The data below explains how Myrtue Medical Center and rural residents in southwest Iowa will also realize these benefits.

According to IHA data for FY24, 480 patients traveled to Cass Health in Atlantic, St. Anthony in Carroll, Methodist Jennie Edmundson in Council Bluffs, Crawford Memorial in Denison and Burgess Health in Onawa for MRI services due to availability of mobile unit. With a permanent MRI, these patients can get their MRI closer to home at Myrtue, reducing outmigration of patients to larger systems. This aligns with Myrtue's commitment to providing accessibility to MRI services, reducing patient travel, and supporting continuity of care.

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

Diagnostic services vary throughout the region. Rural residents face delayed diagnoses due to travel barriers for mammography, colonoscopy, and other screenings. Larger facilities in Pottawattamie and Carroll offer mammography and CT on-site, but counties like Crawford, Harrison, Monona, and Audubon report limited MRI, PET-CT, or biopsy capabilities, prompting patients to seek advanced imaging at regional centers, exacerbating inequities in early detection for breast, prostate, and lung cancers prevalent in the area and lengthening wait and travel times.

Only two fixed MRIs currently exist in the region – in Crawford and Pottawattamie Counties – with two other mobile units in Audubon and Harrison Counties in addition to the one at Myrtue Medical Center in Shelby County. Myrtue Medical Center would become the third fixed MRI, providing better access and convenience for western Iowa residents.

Because of the service limitations outlined above, patients currently seek care at other facilities. Based on Iowa Hospital Data, in the last five years, patients living in Myrtue Medical Center's service area traveled outside the county 830 times for MRI services. Of these, patients travel 288 times to other mobile MRI services and travel 480 times to fixed MRI facilities. These data indicate that patients either needed additional appointment availability or wanted to avoid services in a mobile unit.

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

Myrtue Medical Center was awarded \$1,966,800 RHT Best and Brightest Equipment grant funds in January 2026. These funds will cover the cost of the MRI equipment, training, and other administrative expenses. The estimated cost for the entire project is \$4,000,000 with construction costs. The balance of funds needed for construction will be funded by reserves of Myrtue Medical Center. Myrtue will engage in an initial 7-year maintenance agreement on the new machine which will include conducting preventive maintenance per manufacturer guidelines. Myrtue maintenance staff will assist with facility monitoring and maintenance.

The integration of the in-house MRI will improve the financial sustainability of Myrtue Medical Center.

Based on the patient volumes described above, we project a 5-year net revenue increase of \$511,031 and a 10-year positive impact of \$2.8 million. These savings include the costs of staffing, depreciation, supplies, utilities, and the MRI service agreement, offset by increased patient revenue and cost savings from no longer leasing the mobile MRI.

**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:**

Only two fixed MRIs currently exist in the region – in Crawford and Pottawattamie Counties – with two other mobile units in Audubon and Harrison Counties in addition to the one at Myrtue Medical Center in Shelby County. Myrtue Medical Center would become the third fixed MRI, providing better access and convenience for western Iowa residents.

Regional travel distances to access a fixed MRI will decrease when we add a third unit in the region at Myrtue Medical Center. Patients who cannot access the mobile MRI at Myrtue because of service or scheduling limitations must travel to the nearest facilities in Crawford or Pottawattamie, located approximately 60 miles from Myrtue.

A permanent, in-house MRI allows us to offer extended hours to accommodate early morning and evening appointments to better meet the local demand while keeping patients closer to home for diagnostic services. Internal numbers project that a fixed MRI that operates daily will increase annual MRI use volume from the current 803 to 1,091 patients by 2030, a 36% increase, and hold relatively steady for the next five years.

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

A permanent, in-house MRI allows us to offer extended hours to accommodate early morning and evening appointments to better meet the local demand while keeping patients closer to home for diagnostic services. Internal numbers project that a fixed MRI that operates daily will increase annual MRI use volume from the current 803 to 1,091 patients by 2030, a 36% increase, and hold relatively steady for the next five years. These additional almost 300 rural lowans – or an average of 24 per month – will have improved health outcomes and more immediate access to care.

Secondly, the in-house MRI will allow us to perform screenings that the current machine will not accommodate. The addition of the breast and prostate coils and software will allow us to perform these exams on site instead of requiring that patients travel to another facility for them. This results in quicker diagnostics, fewer missed appointments, and the ability to receive screenings, care and follow up closer to home.

In addition to serving as the standard of care for breast and prostate cancer screenings, tumor detection and staging, MRI serves as the standard of care for cardiovascular care by assessing acute and prolonged stroke symptoms and aneurysms as well as for neurological symptoms associated with Multiple Sclerosis, and orthopedic, spinal and soft tissue injuries. While other modalities exist for these types of screenings, MRI reduces radiation exposure compared to other types of imaging and prevents unnecessary invasive procedures.

Performing these types of exams here instead of patients scheduling elsewhere or transferring to outside facilities due to lack of appointment options and other restrictions gives our medical staff – and patients – more control over appointment availability, including the ability to make room on the schedule for an urgent case. Especially for inpatients, we can complete the MRI exam more promptly instead of waiting for the next day when the mobile unit comes onsite.

Third, an in-house MRI unit staffed by Myrtue Medical Center employees will give us better control over

protocols, employee interactions with patients, exam quality, and patient satisfaction. We can train and re-train in-house staff to perform the types of screenings that meet the local needs of patients and manage any aberrant behaviors directly instead of relying on a third party.

Fourth, it improves the patient's experience with fewer missed appointments, less travel, better physical access to the MRI unit, and familiarity with the facility and its staff, all of which improve health outcomes. Several studies support the idea that treatment environment comfort and relationships with healthcare professionals improves quality of life and treatment outcomes, especially for people with chronic conditions such as cancer. This research shows that higher quality patient-provider relationships correlate with better health outcomes and improved quality of care, including greater confidence in self management. Another study of chronically ill patients found an association between healthcare provider relationships and lower treatment burden, better psychosocial outcomes, and higher adherence to medications.

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

In a state with high cancer prevalence, MRI enhances standards of care to improve health outcomes as described throughout this application. The net positive revenue impact on Myrtue Medical Center allows us to continue to invest these funds into future cancer prevention, diagnosis, and treatment programs and to invest in other needed programs that sustain high quality health care in rural western Iowa.

In the process, it saves public health dollars that currently get invested in cancer care – and it does so with less exposure to radiation that has other potential long-term health consequences. Extrapolating from national data, Iowa spends an estimated \$2.2 billion per year on cancer diagnosis, care, treatment, and follow-up, some of which earlier detection can save taxpayers. These cost savings can get invested in other programs that sustain high quality health care in rural western Iowa, either for cancer prevention or other priority areas such as addressing many of the social determinants of health that put rural Iowans at increased risk for a wide variety of adverse health outcomes.

At the personal level, a cancer diagnosis imposes a substantial burden that extends beyond medical treatment into financial, social, and emotional domains that can impact the health of rural Iowans well beyond cancer itself. In the first year alone, average direct medical costs for cancer care commonly reach \$80,000 to \$90,000 per patient. Insured patients still face \$5,000 to \$10,000 or more in out-of-pocket expenses while lost income from work disruptions can cost an additional \$5,000 to \$15,000 annually, a hefty price tag for the estimated 15,000 residents in these counties who qualify as low income.

Socially, cancer often forces changes in employment, family roles, and caregiving responsibilities, reducing social participation and straining household stability. Emotionally, up to 30 to 40% of patients experience clinically significant anxiety or depression; fear of recurrence and reduced quality of life often persist well beyond treatment. Together, these impacts make cancer one of the most financially, socially, and emotionally demanding diagnoses a person can face. Improving diagnosis and treatment can lessen some of these impacts on rural Iowans and families; moving care closer to home can alleviate some of the out-of-pocket costs and work disruptions associated with travel and improve quality of life by keeping the person closer to his or her support network.

This project will also allow Myrtue Medical Center to attract new providers and specialists who rely on MRIs for diagnostic purposes. Myrtue contracts with more than 20 specialty providers who travel from metropolitan areas to provide patient access to specialty services. Many of these specialists – from oncologists to lung specialists, neurologists, and pain management – depend on timely access to advanced imaging with a readily available MRI as a core diagnostic tool to guide clinical decision-making and treatment planning. Limited MRI availability can create delays in diagnosis and acts as a barrier to attracting these providers accustomed to having access readily available. As such, in-house MRI will position Myrtue Medical Center as a practice environment for experienced specialty providers and new residents seeking to deliver high-quality, timely and coordinated care, all of which improve the quality of care for rural Iowans.

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

Regional travel distances to access a fixed MRI will decrease when we add a third unit in the region at Myrtue Medical Center. Patients who cannot access the mobile MRI at Myrtue because of service or scheduling limitations must travel to the nearest facilities in Crawford or Pottawattamie, located

approximately 60 miles from Myrtle. The Mobile MRI unit has limited access due to stairs and bad weather. Patients with limited mobility find the access to difficult.

**e. Community Input/Support:**

See attached letters of support from community and medical providers.

**Document Upload (if needed)**

CON MRI Letters of Support.pdf

**f. Non-discriminatory Access:**

**Patient Informational Rights**

**Access to Care:** Patients shall be accorded impartial access to services or accommodations that are available and medically indicated, regardless of race, creed, sex, age, national origin, disability, source of payment for care, diagnosis, sexual orientation, or communication barriers.

**Respect and Dignity:** Patients have the right to considerate, respectful care at all times and under all circumstances, with the recognition of personal dignity. Since we have a strong commitment to respect the religious beliefs of all patients, we will address any concerns regarding care decisions. In all appropriate settings, pastoral counseling will be offered. Patients shall be free from mental, chemical, physical abuse. Chemical and physical restraints are used to protect the patient from injury to self or others only as authorized by their medical provider. The patient shall be assured of reasonable safety within the hospital. The individual dignity and privacy of each patient will be respected. Personal mail sent and received by the patient is unopened. The patient will have reasonable access to a telephone for confidential calls.

**Privacy and Confidentiality:** Patients have the right, within the law, to personal and informational privacy, including the right to:

Refuse to talk with or see anyone not directly involved in care;

Wear appropriate personal clothing, religious or other symbolic items, as long as they do not interfere with medical procedures or treatment;

Be interviewed and examined in surroundings designed to assure reasonable privacy;

Have the medical record read only by individuals directly involved in treatment or the monitoring of its quality, and by others only with written authorization by the patient or a legally authorized representative;

Compliance with all applicable federal, state, and local laws regarding confidentiality of medical records and patient information;

Be moved if another patient or visitor is unreasonably disturbing;

Be placed in protective privacy when considered necessary for personal safety; and

Communicate privately with persons of their own choice and participate in activities of social and religious groups at their own discretion. If married, they will be assured of privacy for visits with their spouse, includes same sex domestic partner.

**Personal Safety:** Patients have a right to expect reasonable safety in the hospital/clinic practices or other health care settings; to be free from mental, physical, verbal, psychological, sexual, and emotional abuse or harassment or unnecessary restraints or seclusion; and to have access to protective services.

**Identity/Participation:** Patients will have the right to choose and know the identity of the medical practitioner primarily responsible for the patient's care and the identity and professional status of those providing care. The facility will assist the patient in finding an alternate medical practitioner when requested to do so. The patient will have the right to participate in the development and implementation of his or her care plan.

**Patient-Directed Time Out:** Patients have the right to request a patient-directed time out in order to better understand their treatment and care which can be used at any time the patient or their family has questions or concerns about their care. By saying the words, "Time Out", the patient or a family member is indicating they would like all proceedings to stop to allow time for patient questions and concerns to be addressed in a calm and thorough manner before any treatment process or care continues.

**Consent:** Patients have the right to reasonably informed participation in decisions involving their health care, including information regarding organ-tissue donation procedures. Appropriate consent must be obtained for all treatments and for their voluntary participation in research programs. Patients and/or their legally-authorized representatives will be informed by the physician about the risks, benefits, and

alternatives to procedures, as well as those considered experimental.

**Information:** Patients and their family, if appropriate, have the right to obtain complete and current information concerning diagnosis and treatment from the attending physician and to participate in care decisions. The patient shall be informed regarding the risks and benefits of the treatment and the available alternatives. When it is not advisable or possible to give such information to the patient, the information will be made available to the patient's legal representative. Clinical decisions will be based upon identified health care needs and shall not be compromised in response to financial considerations. The grievance process may be utilized to address any issues of denial of care. Any marketing materials provided will accurately reflect the services available and the current level of licensure and accreditation. Patients have the right to have their own physician promptly notified of their admission. Patients have the right to have a family member or representative of their choice promptly notified of their admission. The patient has the right to access information contained in their clinical records within a reasonable time frame. The hospital shall seek to meet requests for medical record information as quickly as the record keeping system permits within federal guidelines. Records shall be supplied at a cost not to exceed the community standard.

**Communication:** Patients have the right of access to people outside the hospital/clinic by means of personal visit, oral and written communication, unless their physician determines that this will hinder treatment. Patients have the right, subject to their consent, to receive the visitors whom they designate including, but not limited to, a spouse (an individual legally married to another, including same sex), a domestic partner (including a same-sex domestic partner), another family member, or a friend. Patients have the right to withdraw or deny such consent at any time. Right to be fully informed in a language that he/she can understand when the hospital/clinic determines that qualified interpreters and/or communication equipment are necessary for effective communication, it will be provided at no charge to the patient.

**Consultation:** Patients have the right to consult with a specialist at their request and at their own expense.

**Refusal of Treatment:** Patients may refuse, consent to, or limit treatment to the extent permitted by law. When refusal of treatment prevents the provision of appropriate care in accordance with ethical and professional standards, the relationship with the patient may be terminated upon reasonable notice. Myrtue Medical Center will address conflicts that may arise among patients, families, hospital/clinic staff and physicians concerning care decisions, including the withholding or withdrawal of life-sustaining treatment. No hospital/clinic will discriminate against a patient based upon the patient's decision to execute a living will or other advance directive to withhold care. Patients shall have the right to complete an advance directive or designate a representative to make health care decisions.

**Transfer and Continuity of Care:** Patients will not be transferred to another facility without a complete explanation of the need for transfer, the risks and alternatives to transfer, and the acceptance of the patient by the other facility. Patients have the right to be informed by the responsible health care provider of any continuing health requirements following discharge from a hospital/ clinic/service.

**Billing Practices:** Patients will be billed only for services provided. Patients have the right to request and receive an itemized explanation of the entire bill, regardless of the source of payment. Patients also have the right to timely notice prior to termination of eligibility for reimbursement for the cost of care by any third party payer.

**Grievance Process:** The patient has the right to file a complaint or grievance at any time and expect that filing such a grievance will not affect his/her future access to or quality of care. Myrtue Medical Center has an established mechanism for patients and family to express their concerns. Patients receiving any clinical service can ask an administrative representative for assistance in communicating with appropriate administrative staff to resolve their concerns. Patients receiving any service can ask for assistance in this process by asking for the nursing supervisor. If he/she does not feel their grievance has been resolved effectively, he/she may contact one of the following:

Livanta, a Quality Improvement Organization that helps Medicare beneficiaries resolve healthcare concerns and appeal notices.

Phone: 888.755.5580

Phone for hearing impaired: 1.866.868.2289

Mail: 10820 Guilford Rd. Ste 202, Annapolis Junction, MD 20701-1262

Department of Inspection and Appeals, State Agency  
Phone: 515.821.4115  
Email: webmaster@dia@iowa.gov  
Mail: 321 E 12th St., Des Moines, IA 51319

### **3. Impact on Existing Providers**

#### **a. Impact Assessment:**

In the region fixed MRI units are generally in larger communities with larger populations to draw patients from. The volume of patients that are anticipated to access MRI services at Myrtue Medical Center will not significantly affect patient volumes in a large market area. The patients anticipated to access Myrtue MRI services are residents of our service area. The enhanced services will allow patients faster diagnosis, quicker treatment, and minimize transportation challenges.

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

Financial evaluation indicates that increasing the access to MRI services will result in a \$2.8 million dollar boost in revenues that will be used in the operation of Myrtue Medical Center. The increase in services will add a minimum of 1 highly compensated position to the community. These additional revenues and the addition of jobs to the community will have a significant impact on purchases within our region. The circulation of the dollars helps create other jobs and supports other businesses in our community.

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

Myrtue Medical Center has a collaborative relationship with the local school district and area senior living and care facilities. The relationship with the school is to attract students to the healthcare field and give them local training opportunities. Myrtue also has a robust PT, OT, and ST and several orthopedic surgeons that will help support the use of a fixed MRI unit. Because of the nature of the equipment it is not possible to move the equipment to another facility but MMC is always looking at ways to work with organizations to enhance patient care.

### **4. Financial and Operational Feasibility**

#### **a. Financial Projections and Feasibility:**

Projections show that offering fixed MRI services would draw a large portion of our area patients that left our market area for services due to availability. Projections show that the increase in services would net an additional \$2.8 million in revenues over the next ten years. Myrtue Medical Center was awarded an RHT Best & Brightest Equipment Grant to cover \$1,966,800 of equipment and minor renovation costs. The remaining \$2,374,300 of the project will be funded with Myrtue reserves.

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

CON Feasibility Calculation.xlsx

Budget CON.xlsx

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

Myrtue Medical Center will hire a trained MRI Technologist to lead this effort. For additional coverage, prior to installation and use of the equipment, we will send two current Diagnostic Imaging Technologists to train and learn how to perform MRI exams. We will use training provided by the equipment vendor and additional technical training from the Medical Technology Management Institute at a total cost of \$10,000 using organizational funds. Radiology Consultants of the Midwest currently reads MRIs and will continue in this role as we transition to an in-house model as Myrtue has an evergreen contract with them. Myrtue credentials each radiologist that the medical staff approves as part of routine network reviews for quality of care.

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

The proposed MRI equipment has additional features that enhance services to cancer detection and monitoring. With Iowa being one of the states with the highest cancer rates it is essential to offer imaging services that can detect cancer earlier and give patients the opportunity to start treatment earlier. As steps continue to be taken to reduce the risk of cancer it will take many years to reach that goal thus needing this service for the long-term.

## 5. Community and Economic Impact

### a. Community Engagement:

Providers have been requesting a fixed MRI for many years. This project will allow Myrtue Medical Center to attract new providers and specialists who rely on MRIs for diagnostic purposes. Myrtue contracts with more than 20 specialty providers who travel from metropolitan areas to provide patient access to specialty services. Many of these specialists – from oncologists to lung specialists, neurologists, and pain management – depend on timely access to advanced imaging with a readily available MRI as a core diagnostic tool to guide clinical decision-making and treatment planning. Limited MRI availability can create delays in diagnosis and acts as a barrier to attracting providers accustomed to having readily available access. As such, in-house MRI will position Myrtue Medical Center as a practice environment for experienced specialty providers and new residents seeking to deliver high quality, timely and coordinated care, all of which improve the quality of care for rural Iowans.

Finally, this project aligns with Myrtue’s strategic plan’s Pillars of Success: Community | Finance | Growth | People | Quality | Service. Timely diagnosis will improve the timeliness of treatment, while precise diagnostic information for treatment planning helps detect issues early, potentially avoiding surgery and improving outcomes for cancer treatment.

### b. Resource Availability:

Myrtue Medical Center currently has 4 full time radiology techs. All of these staff members would be available to provide MRI services with additional training. Myrtue goal is to hire an experience MRI trained staff member. This experienced staff member would be expected to train existing staff for purposes of covering the MRI tech when on PTO. Since construction of a facility is involved, the timeline to hire and train staff is sufficient to allow recruitment of an MRI tech.

### c. Organizational Relationships:

Myrtue has a relationship with several specialty providers that come to Myrtue to see patients. Oncology and Orthopedic specialists are available on site. Myrtue also has a robust PT and OT department, an infusion center, and the ability to perform joint replacement.

## 6. Project Planning

### a. Project Timeline:

Timeline

January 2026 Board of Directors approves purchase of MRI equipment after funding received

January – April 2026 Construction manager and architect complete construction documents to take the project to bid

June 2026 Construction documents to out to bid; construction manager works with the city on building permits

July 2026 Construction bids presented to the board for approval

August 2026 – August 2027 Construction

May-June 2027 Two current technologists complete Medical Technology Management Institute course

May-August 2027 Current technologists continue training at nearby facility performing in-house MRI in-state

June-July 2027 Hire full-time MRI technologist

August 2027 Board of directors approves board project completion

Late August 2027      Install new MRI  
September 2027      Begin patient use of MRI

**b. Innovative Components:**

The in-house MRI will allow us to perform screenings that the current machine will not accommodate. The addition of the breast coils and prostate software will allow us to perform these exams on site instead of requiring that patients travel to another facility for them. This results in quicker diagnostics, fewer missed appointments, and the ability to receive screenings, care and follow up closer to home for patients with the region's most prevalent cancers.

In addition to serving as the standard of care for breast and prostate cancer screenings, tumor detection and staging, MRI serves as the standard of care for cardiovascular care by assessing acute and prolonged stroke symptoms and aneurysms as well as for neurological symptoms associated with Multiple Sclerosis, and orthopedic, spinal, and soft tissue injuries. While other modalities exist for these types of screenings, MRI reduces radiation exposure compared to other types of imaging and prevents unnecessary invasive procedures.

Performing these types of exams here instead of patients scheduling elsewhere or transferring to outside facilities due to lack of appointment options and other restrictions gives our medical staff – and patients – more control over appointment availability, including the ability to make room on the schedule for an urgent case. Especially for inpatients, we can complete the MRI exam more promptly instead of waiting for the next day when the mobile unit comes onsite.

**c. Regulatory Compliance:**

The project must be approved by the board and bids must be received. The board has approved moving forward with the project and construction documents are being designed. Myrtue has engaged with an architecture firm and a construction management company to monitor building and equipment regulation compliance.

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

**a. Alternative Consideration (135.63(2)(a)):**

The goal of the RHT funding is to allow rural communities to offer healthcare services close to patient's homes. Due to either physical and/or financial limitations some patients will either neglect their health or delay care if not available near home. If the CON is not approved Myrtue will continue to offer mobile MRI services or look at leasing a fixed unit. If this should happen Myrtue will lose the federal funding and leasing will result in higher costs over time.

**b. Utilization of Similar Facilities (135.63(2)(b)):**

Many CAH's in Iowa have constructed facilities to include fixed MRI. MRI services are a standard of care to determine treatment options or needs. The closest CAH to our service area was awarded an RHT grant to replace their current fixed MRI. Within the grant application it is a requirement to demonstrate sustainability. It is therefore assumed that the financial projections are similar to Myrtue's sustainability projections

**c. Construction/Modernization (135.63(2)(c)):**

Myrtue has the unique opportunity to bring modern imaging equipment to our service area. The additional breast and prostate cancer image testing capabilities are not available at any of the closest MRI services. This service will be unique to Myrtue and a great asset to supporting our community. Myrtue currently has a construction project going on which allows the opportunity to engage the same construction manager for the MRI facility additions. This allows Myrtue the meet the grant spending timelines.

**d. Access Concerns (135.63(2)(d)):**

Patients with physical restrictions are unable to access the mobile unit. The mobile unit requires patients

to be subject to the weather as they need to exit the facility to access the mobile unit. If a patient does not have transportation to access another facility with a fixed unit that patient is likely to delay care. As Iowa continues to become a more elderly state this also puts access barriers in front of patient care. Locally there is access to transportation through Southwest Iowa Transportation allowing a patient to access a fixed unit if Myrtue had one available.

**e. UIHC Special Role (135.63(3)):**

NA

**Signature**

*Kristy Hansen, CFO*

**Additional Supporting Documents Upload**

2026 Healthy Hometowns Myrtue Medical Equipment FINAL 2.docx

Project time line for Best and Brightest Equipment Grant.docx

Equipment Quote and Specs.pdf

Construction Floor Plan.pdf