



Health and Human Services

2027 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

Rachel Pohl

Primary Contact Employer

UnityPoint Health- Trinity Muscatine

Primary Contact Email

rachel.pohl@unitypoint.org

Facility Name

Unity Healthcare DBA Trinity Muscatine

Facility Type

Hospital

Facility Address

1518 Mulberry Ave, Muscatine, Iowa 52761

Project Title

Unitypoint Health Trinity- New Equipment

Proposed Project

Acquisition of a da Vinci 5 Robot and associated washers for our OR.

Total Project Cost

3,027,346

Equipment Cost

2,681,346

Project Type

New Equipment

Is this project application for a Nursing Facility?

No

Project Start Date

11/1/2026

Project End Date

2/2/2027

Would you like to request a summary review?

Yes

1. Applicant and Facility Overview

a. Project Purpose and Objectives:

Trinity Muscatine intends to purchase a da Vinci 5 robotic surgical system, through the Health Hometowns – Rural Health Transformation program, to expand access to minimally invasive surgery in our rural community and support the recruitment and retention of surgeons and outreach partners. Robotic-assisted procedures are now a standard tool for surgeons and are becoming a preferred option for patients. Adding this technology strengthens the spoke-and-hub model we are building with outreach partners and keeps us competitive with new surgical candidates who want to practice in Muscatine. This upgrade will help increase surgical volumes, improve access to care close to home, and reduce transfers to competitors or other UnityPoint Health locations.

With a robotic system in place, we can track clear performance outcomes, including growth in procedure volume, increased surgeon utilization, and improved patient access. These improvements support quality, efficiency, and long-term capacity. The robot also benefits the Muscatine community by offering less invasive surgical options with shorter recovery times, which helps more patients receive care in Muscatine rather than traveling out of the area

b. Relationship to Long-Range Development Plan:

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

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

c. Description of Proposed Service/Program:

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

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

d. Target Population: Specify geographic and demographic areas.

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

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

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

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

Training and mentorship will be supported through vendor-provided education and collaboration with UnityPoint Health.

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

The total cost of the DV5 dual-console system plus associated required washers is \$ 3,027,346.00, which Trinity Muscatine is requesting through the Best and Brightest Medical Equipment Procurement program.

Minor equipment purchases will be approximately \$36,000 for an ultrasonic cleaner will be covered by UnityPoint Health capital funds. Ongoing operating costs, including service contracts and disposable supplies, will be supported through surgical service line revenue and hospital operating budgets.

Current # of Beds (if changing)

Current bed type (if changing)

Requested # of Beds (if changing)

Requested bed type (if changing)

Document Upload

2. Community Need and Service Gaps

a. Description of Need:

Community Health Assessment and Health Improvement Plan findings for Muscatine County identify access to specialty services as a persistent barrier.

The absence of robotic capability has resulted in routine referral of robotic-eligible cases outside the community. Patients and surgeons increasingly prefer robotic surgery over traditional laparoscopic surgery because it offers meaningful advantages in precision, outcomes, and experience. For patients, robotic surgery allows for smaller, more precise movements that reduce tissue trauma, resulting in less pain, reduced blood loss, shorter hospital stays, and faster recovery times. The technology also lowers the risk of complications in complex cases, improves outcomes for patients with challenging anatomy or prior surgeries, and decreases the likelihood of conversion to open procedures, while often providing better cosmetic results.

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

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

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

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

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

b. Assessment of Existing Services and Gaps:

Currently, robotic-assisted surgical services are not available within Muscatine County. Patients must

travel to urban facilities to receive care that is widely considered standard practice in many surgical specialties. This creates access barriers, disrupts continuity of care, and shifts surgical volume out of the local community.

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

c. Alternatives Analysis:

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

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

d. Accessibility Considerations:

Without this project, rural patients must continue to travel significant distances for robotic-assisted surgery. This poses challenges related to transportation, time off work, caregiving responsibilities, and post-operative recovery.

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

e. Community Input/Support:

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

Document Upload (if needed)

f. Non-discriminatory Access:

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

3. Impact on Existing Providers

a. Impact Assessment:

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

By retaining services locally, the project supports access, continuity, and stability without negatively impacting other regional providers.

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

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

As stated above, a current barrier in rural health care is the low number of providers per resident. Specialty

care is challenging to recruit for in rural areas like Muscatine. Adding the DV5 at Trinity Muscatine would allow for the continuation of specialty services for the region and a strengthened ability to recruit physicians.

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

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

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

4. Financial and Operational Feasibility

a. Financial Projections and Feasibility:

Updated Financial Projections attached.

Document Upload (3-year budget projections)

MU daVinci Robot Procedures CON.pdf

b. Staffing and Operations:

For staffing, providers currently perform robotic-assisted procedures at referral hospitals and are prepared to transition appropriate cases to Trinity Muscatine once on-site capability is available. Operating room staff training will be provided through a combination of vendor-supported training from Intuitive Surgical and mentorship from Unitypoint sites. This blended training approach reduces implementation risk and supports safe, efficient adoption of robotic workflows.

The following surgeons will utilize the DV5 at JPMC:

Dr. Mark Williams—General Surgery, UnityPoint Health

Dr. Calvin Atwell—General Surgery, Unitypoint Health

Dr. Joseph Ehle- OBGYN University of Iowa

c. Short and Long-term Viability:

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

5. Community and Economic Impact

a. Community Engagement:

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

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

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

outcomes.

b. Resource Availability:

Trinity Muscatine possesses the staffing, management infrastructure, and operational capacity necessary to implement and sustain the proposed project. The hospital maintains an established surgical program supported by experienced perioperative nursing staff, anesthesia services, and clinical leadership, all of which will be leveraged to integrate robotic-assisted surgery without requiring significant additional staffing. Clinical services will be provided by outreach surgeons in general surgery, and gynecology who are already trained in robotic-assisted techniques and credentialed within the UnityPoint Health system. Operating room staff will receive appropriate training through vendor-supported education and system-based mentorship, ensuring safe and effective utilization of the equipment.

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

c. Organizational Relationships:

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

Trinity Muscatine maintains strong organizational relationships within the UnityPoint Health system, including collaboration with UnityPoint Health – Trinity Regional Health System, which operates a high-volume robotic surgery program. This relationship provides access to clinical expertise, training resources, mentorship, and shared best practices, supporting safe implementation and ongoing quality oversight. These organizational relationships ensure that the proposed service is not duplicative or isolated, but rather part of a coordinated regional care network that supports quality, efficiency, and appropriate utilization of specialty services.

6. Project Planning

a. Project Timeline:

Pending CON approval, Trinity Muscatine expects to commence offering DV5 surgeries during early spring of 2026.

b. Innovative Components:

N/A

c. Regulatory Compliance:

The proposed project will be implemented in full compliance with all applicable federal, state, and local regulatory requirements. Trinity Muscatine will obtain all required approvals prior to procurement, installation, and operation of the proposed equipment, including a Certificate of Need approval from the Iowa Department of Health and Human Services.

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

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

oversight will be conducted through established clinical governance and quality assurance structures.

7. Special Criteria for Specific Services:

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

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

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

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

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

There are no facilities within Muscatine County that currently provide robotic-assisted surgical services. Patients requiring these services must travel to hospitals outside the county, primarily in larger metropolitan areas.

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

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

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

This project avoids construction as our current state in the OR is large enough to accommodate the equipment.

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

Without the proposed project, residents of Muscatine County will continue to experience limited access to robotic-assisted surgical services, requiring travel to distant facilities for care that is increasingly considered standard practice. This poses a risk of serious access problems, particularly for elderly patients, individuals with limited transportation, and those with work or caregiving responsibilities. Ongoing lack of local robotic capability may also impact Trinity Muscatine's ability to recruit and retain surgeons trained in modern surgical techniques, further threatening long-term access to surgical services in the community. Over time, this could lead to additional service outmigration and reduced availability of care at the local level.

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

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

N/A

Signature

Rachel Pohl

Additional Supporting Documents Upload