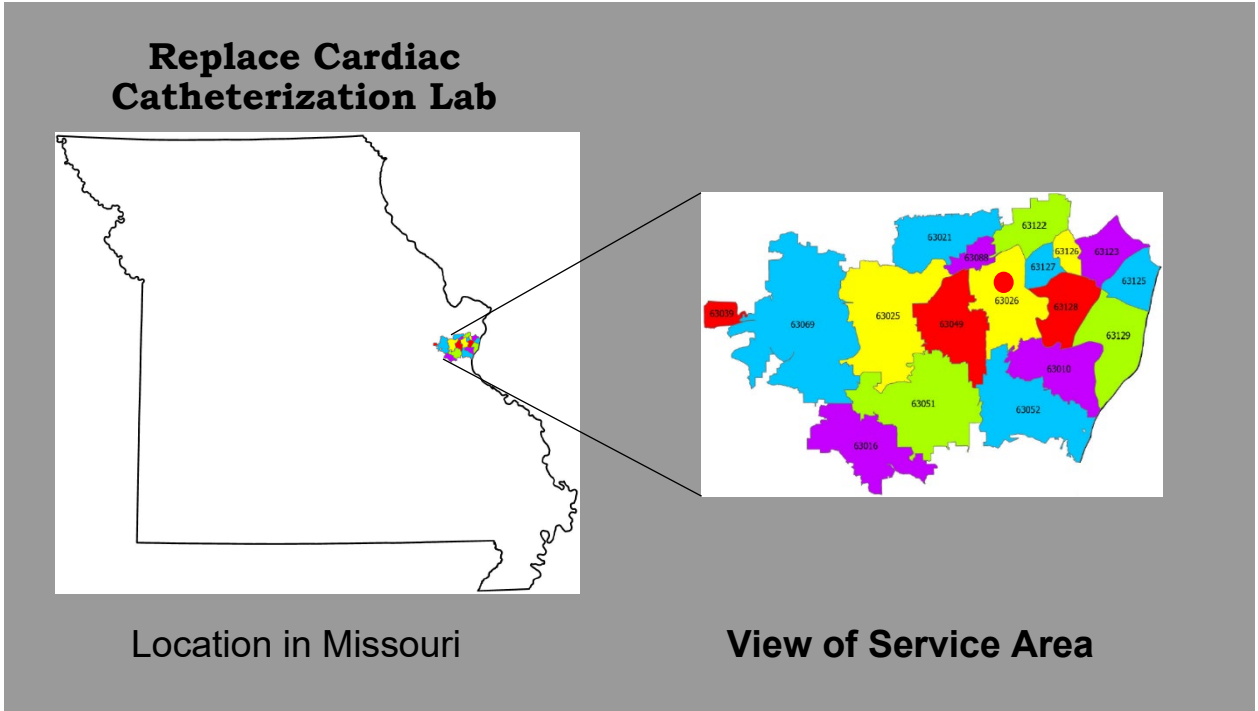


Missouri Health Facilities Review Committee
Certificate of Need Expedited Ballot Meeting
January 21, 2025

Tentative Agenda

1. #6170 HT: SSM Health – St. Clare Hospital
Fenton (St. Louis County)
\$2,715,316, Replace cardiac cath lab
2. #6171 HT: Poplar Bluff Regional Medical Center
Poplar Bluff (Butler County)
\$1,781,000, Replace robotic surgery system

#6170 HT: SSM Health – St. Clare Hospital



Applicant: SSM Health (owner)
SSM Health St. Clare Hospital – Fenton (operator)

Contact Person: Jill Mowry, 636-496-2502
Jill.mowry@ssmhealth.com

Project Address: 1015 Bowles Ave
Fenton, 63026 (St. Louis County)

Cost: \$2,715,316

Appl. Rec'd: December 10, 2024
100 Days Ends: March 20, 2025 (30-Day Extension: April 19, 2025)

Conclusions: *Based on the following Certificate of Need Rules:*

- Application Summary..... 19 CSR 60-50.430(3) Documented
- Detailed Description..... 19 CSR 60-50.430(4) Documented
- Community Need 19 CSR 60-50.440(3) Documented
- Financial Feasibility 19 CSR 60-50.470(2-4) . Documented

#6170 HT: SSM Health – St. Clare Hospital

APPLICATION SUMMARY:

*The application summary was **complete**.*

PROPOSAL DESCRIPTION:

*The detailed project description was **complete**.*

The applicant proposes to **replace a cardiac catheterization lab** previously purchased under the threshold. The existing system was a Philips Allura XPER FD20. The replacement equipment is a new Siemens ARTIS icono ceiling cardiology catheterization lab and is in the same location of the existing system. The existing lab equipment will be decommissioned following installation.

The applicant stated construction of the lab commenced in June of 2024 and the equipment was installed in August of 2024.

COMMUNITY NEED CRITERIA AND STANDARDS:

*Compliance with the Criteria and Standards for “equipment” was **documented**.*

The current Cardiac Cath Lab equipment was 15 years old and at the end of life expectancy. The applicant stated that the existing unit was not functioning properly and had over 123 downtime hours. The existing equipment was known to need repairs over the past several years and caused lengthy delays.

The replacement equipment offers decreased radiation doses and IV contrast use, offers more accurate diagnosis, decreases case length, and offers better treatment plans.

Additionally, the replacement unit provides more technological capabilities including Omni Spin which allows the X-ray arms to move, live 2k imaging, automapping system for reference images, CLEARstent Live for improved display and more.

The applicant does anticipate utilization to increase with the replacement equipment and states that there would be no increase in patient charges.

FINANCIAL FEASIBILITY CRITERIA AND STANDARDS:

*Financial feasibility of the project was **documented**.*

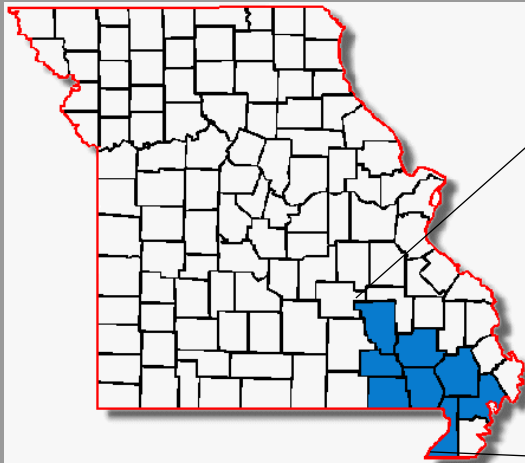
The applicant provided a copy of the payment indicating majority of the project was successfully paid. Additionally, the applicant provided a consolidated balance sheet to show sufficient funding is available for the remaining portion of the project.

ADDITIONAL INFORMATION:

Additional information was required from the applicant. It is included with the electronic copy of the application on the CON website.

#6171 HT: Poplar Bluff Regional Medical Center

Replace Robotic Surgery System



Location in Missouri



View of Service Area

Applicant: Poplar Bluff Regional Medical Center, LLC (owner/operator)

Contact Person: Emily Solum, 573-761-1120
Emily.solum@huschblackwell.com

Project Address: 2620 N Westwood Blvd
Poplar Bluff, 63901 (Butler County)

Cost: \$1,781,000

Appl. Rec'd: December 10, 2024

100 Days Ends: March 20, 2025 (30-Day Extension: April 19, 2025)

Conclusions: *Based on the following Certificate of Need Rules:*

- Application Summary..... 19 CSR 60-50.430(3) Documented
- Detailed Description.....19 CSR 60-50.430(4) Documented
- Community Need.....19 CSR 60-50.440(3)..... Documented
- Financial Feasibility.....19 CSR 60-50.470(2-4) Documented

#6171 HT: *Poplar Bluff Regional Medical Center*

APPLICATION SUMMARY:

*The application summary was **complete**.*

PROPOSAL DESCRIPTION:

*The detailed project description was **complete**.*

The applicant proposes to **replace a robotic surgery system** that was purchased under the threshold. The existing system is a da Vinci X model. The replacement equipment would be a da Vinci Xi single console model and was installed in October of 2024. The project includes the machine, other supporting equipment and software. The existing unit was moved to a different location upon installation.

COMMUNITY NEED CRITERIA AND STANDARDS:

*The applicant **documented** compliance with the Criteria and Standards for “equipment.”*

According to the applicant, the previous unit had limited capabilities for certain procedures which affected the level of care patients were receiving.

The replacement system would provide the following improvements in care: offers more complex procedures – specifically within the colon, has advanced features, and decreases recovery time. Additionally, the applicant states, this unit will allow patients to receive less invasive care locally and will eliminate the need to travel outside of their rural area.

There is an expected increase in utilization from the use of the replacement equipment. The applicant does not anticipate an increase in patient charges.

ADDITIONAL INFORMATION:

A small amount of additional information was required from the applicant. It is included with the electronic copy of the application on the CON website.