

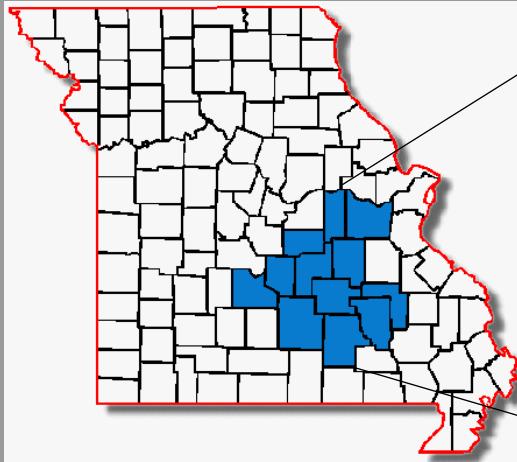
Missouri Health Facilities Review Committee
Certificate of Need Expedited Ballot Meeting
February 21, 2025

Tentative Agenda

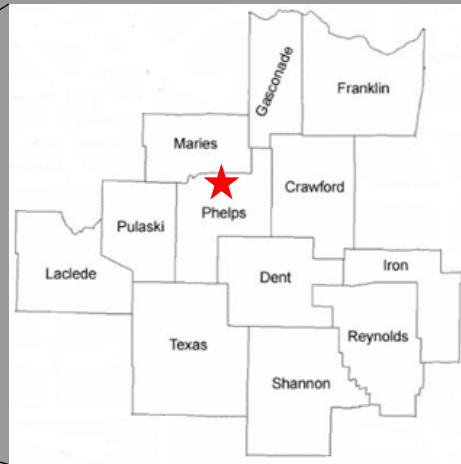
1. #6178 HT: Phelps Health MOB
Rolla (Phelps County)
\$1,157,334, Replace CT
2. #6180 HT: Phelps Health Hospital
Rolla (Phelps County)
\$1,667,988, Replace CT
3. #6135 HT: Missouri Delta Medical Center
Sikeston (Scott County)
\$2,316,663, Replace MRI
4. #6182 HT: St. Luke's Hospital of Kansas City
Kansas City (Jackson County)
\$2,119,686, Replace CV lab - X-Ray system
5. #6179 HT: SSM Health St. Mary's – St. Louis
St. Louis (St. Louis City)
\$3,306,303, Replace catheterization lab

#6178 HT: Phelps Health MOB

Replace CT scanner



Location in Missouri



View of Service Area

Applicant: Phelps County Regional Medical Center DBA Phelps Health (owner/operator)

Contact Person: Shawn Hodges, 573-458-7945
hodgess@phelpshealth.org

Project Address: 1050 W 10th Street
Rolla, 65401 (Phelps County)

Cost: \$1,157,334

Appl. Rec'd: January 2, 2025
100 Days Ends: April 12, 2025 (30-Day Extension: May 12, 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

#6178 HT: *Phelps Health MOB*

APPLICATION SUMMARY:

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

PROPOSAL DESCRIPTION:

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

The applicant proposes to **replace an existing CT scanner**, previously purchased under the threshold. The existing scanner is a Siemens Definition AS. The replacement equipment would be a Siemens SOMATOM X.cite Excel. The project includes the equipment with renovation/shielding costs, and architectural fees. The applicant expects the new scanner to be operational during 2nd quarter 2025. The existing scanner will be decommissioned upon installation.

COMMUNITY NEED CRITERIA AND STANDARDS:

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

According to the applicant, the current unit is ten years old but has exceeded its useful life according to Phelps Health, which is seven years. Additionally, the current scanner is no longer able to provide the quality of care expected with the applicant’s current lung screening and cardiac programs.

The replacement equipment is significantly more advanced than the current unit and offers imaging at faster speeds. As a result, the proposed equipment would allow for better patient satisfaction and comfort. Technological advances of the replacement equipment include: artificial intelligence for precise patient positioning, lower radiation doses, gantry-integrated FAST 3D and CARE 2D cameras, and a larger bore for patients of all sizes.

The replacement scanner would treat the existing patient population plus make more exams possible per day, and therefore, the applicant expects an increase in utilization. Overall patient charges would not be affected by the replacement equipment.

FINANCIAL FEASIBILITY CRITERIA AND STANDARDS:

*The applicant **documented** financial feasibility of the project.*

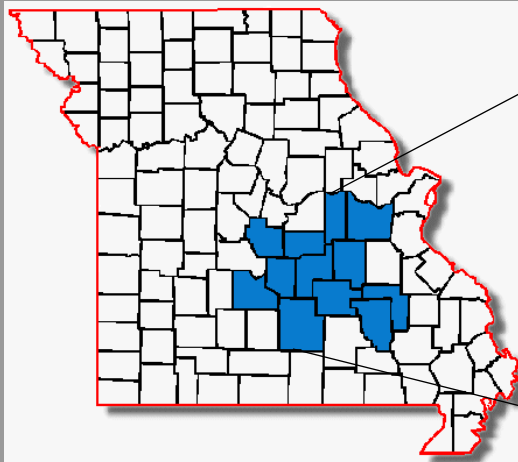
The project would be financed with unrestricted funds. A letter from US Bank was submitted to documentation sufficient funds are available.

ADDITIONAL INFORMATION:

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

#6180 HT: *Phelps Health Hospital*

Replace CT scanner



Location in Missouri



View of Service Area

Applicant: Phelps County Regional Medical Center DBA Phelps Health (owner/operator)

Contact Person: Shawn Hodges, 573-458-7945
hodgess@phelpshealth.org

Project Address: 1000 West 10th St.
Rolla, 65401 (Phelps County)

Cost: \$1,667,988

Appl. Rec'd: January 2, 2025
100 Days Ends: April 12, 2025 (30-Day Extension: May 12, 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

#6180 HT: *Phelps Health Hospital*

APPLICATION SUMMARY:

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

PROPOSAL DESCRIPTION:

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

The applicant proposes to **replace an existing CT scanner**, previously purchased under the threshold. The existing scanner is a Siemens Definition Edge. The replacement equipment would be a Siemens SOMATOM Pro.Pulse. The project includes the equipment with renovation/shielding costs, and architectural fees. The existing scanner will be traded in 30 days prior to the confirmed delivery of the new scanner. The applicant expects the scanner to be operational by 2nd quarter 2025.

COMMUNITY NEED CRITERIA AND STANDARDS:

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

The applicant states the current unit is nine years old and has exceeded its useful life according to Phelps Health, which is seven years. Additionally, the current scanner is no longer able to provide the quality of care expected with the applicant’s current lung screening and cardiac programs.

The replacement equipment is significantly more advanced than the current unit and offers imaging at faster speeds. As a result, the proposed equipment would allow for better patient satisfaction and comfort. Technological advances of the replacement equipment include: artificial intelligence, lower radiation doses, gantry-integrated FAST 3D and CARE 2D cameras, and improved image quality.

The replacement scanner would treat the existing patient population plus make more exams possible per day, and therefore, the applicant expects an increase in utilization. Overall patient charges would not be affected by the replacement equipment.

FINANCIAL FEASIBILITY CRITERIA AND STANDARDS:

*The applicant **documented** financial feasibility of the project.*

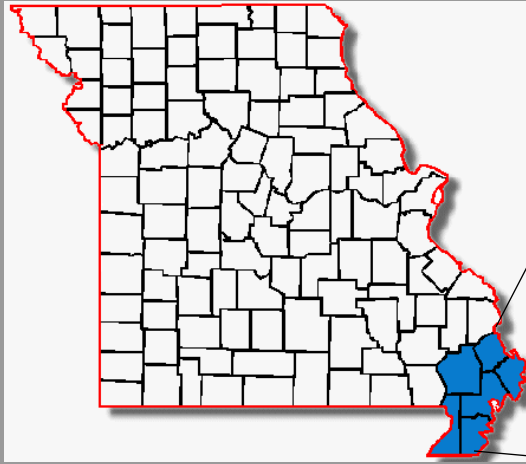
The project would be financed with unrestricted funds. A letter from US Bank was submitted to documentation sufficient funds are available.

ADDITIONAL INFORMATION:

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

#6135 HT: Missouri Delta Medical Center

Replace MRI Unit



Location in Missouri



View of Service Area

Applicant: Missouri Delta Medical Center (owner/operator)

Contact Person: Ross Lasater, 573-472-7341
jlaser@missouridelta.com

Project Address: 1008 N Main
Sikeston, 63801 (Scott County)

Cost: \$2,316,663

Appl. Rec'd: January 7, 2025

100 Days Ends: April 17, 2025 (30-Day Extension: May 17, 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

#6135 HT: *Missouri Delta Medical Center*

APPLICATION SUMMARY:

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

PROPOSAL DESCRIPTION:

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

The applicant proposes to **replace an existing magnetic resonance imaging (MRI) unit**. A Certificate of Need (4693 HT) was issued in October 2011 for the current unit. The existing unit is a Toshiba Titan 1.5T MRI unit. The replacement equipment would be a GE Champion 1.5T MRI. The applicant expects installation of the new unit during April 2025 and plans to utilize a mobile MRI during renovations. The existing unit will be traded-in upon installation.

COMMUNITY NEED CRITERIA AND STANDARDS:

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

The current unit is more than twelve years old and according to the American Hospital Association, has exceeded its useful life of 5 years. The current unit has experienced issues with coil quality over the past three years.

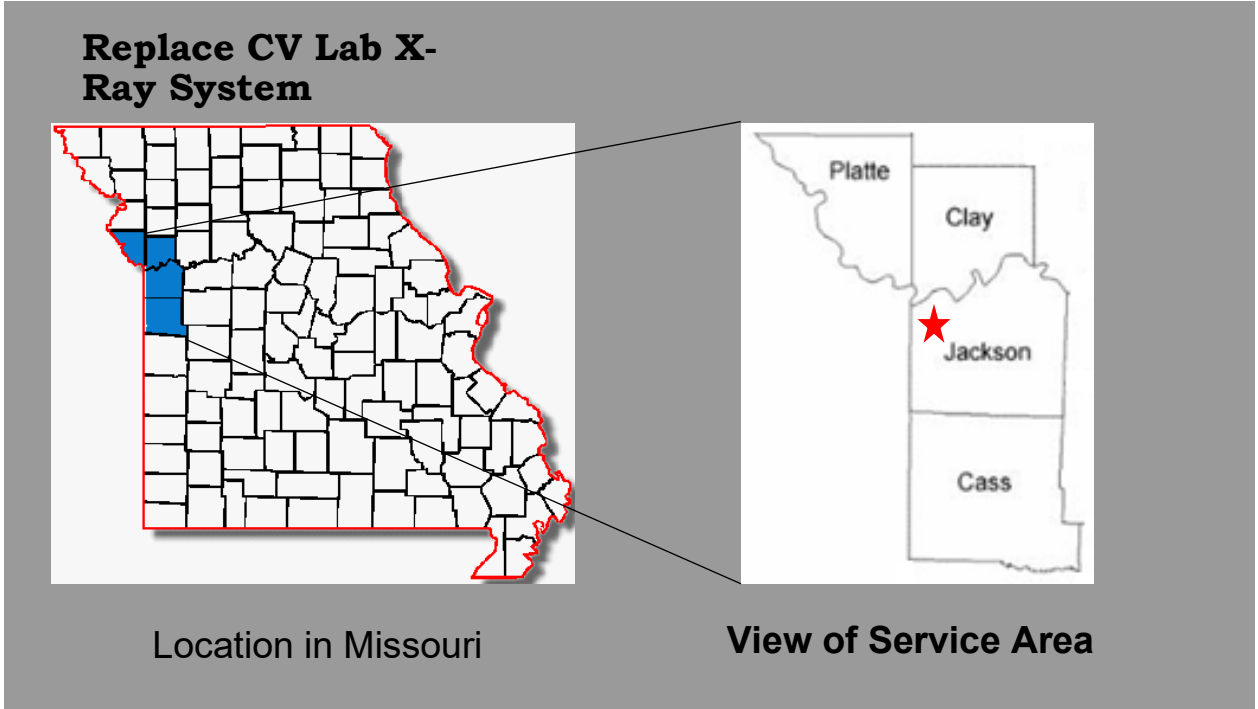
The improved model would allow for greater patient satisfaction by offering faster scan times, improved image quality, and a wider bore to accommodate patients of all sizes. Additionally, the replacement unit uses Air Recon DL software to reduce image noise and upgraded coil technology to all more flexibility while scans commence. MRI breast exams will now be available for providers to offer with this unit.

The applicant expects utilization to slightly increase with the replacement equipment and states there would be no direct increase in patient charges.

ADDITIONAL INFORMATION:

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

#6182 HT: St. Luke's Hospital of Kansas City



Applicant: Saint Luke's Hospital of Kansas City (owner/operator)

Contact Person: Audrey Hill, 816-589-4399
ahill@saintlukeskc.org

Project Address: 4401 Wornall Rd
Kansas City, 64111 (Jackson County)

Cost: \$2,119,686

Appl. Rec'd: January 10, 2025
100 Days Ends: April 20, 2025 (30-Day Extension: May 20, 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

#6182 HT: *St. Luke's Hospital of Kansas City*

APPLICATION SUMMARY:

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

PROPOSAL DESCRIPTION:

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

The applicant proposes to **replace an existing X-ray system previously purchased under the threshold**. The replacement equipment will be a Siemens ARTIS icono ceiling imaging system. The existing system is a Siemens Medical Artis ZEE Ceiling X-ray system. The applicant expects purchase and installation to take place between second and third quarter 2025. The existing unit will be traded in upon installation.

COMMUNITY NEED CRITERIA AND STANDARDS:

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

The current equipment is over sixteen years old, was installed in 2001 and has exceeded its useful life. The applicant states the unit has been reported to maintenance 46 times throughout the years 2021-2024. Additionally, the applicant received an end of service notice, effective June 30, 2025.

The replacement equipment offers multimodal imaging, StructureScout programing, imaging chains, and different post-processing technologies. Patient satisfaction would be enhanced through reduced treatment times, improved imaging quality, and lower doses. Several additional technological advances and capabilities of the replacement unit were listed in the application.

The applicant states that the replacement equipment would increase utilization, however patient charges would not be impacted by this project.

FINANCIAL FEASIBILITY CRITERIA AND STANDARDS:

*The applicant **documented** financial feasibility of the project.*

The project would be financed with unrestricted funds. An audited consolidated balance sheet for St. Luke's Hospital of Kansas City were submitted documenting sufficient funds are available.

ADDITIONAL INFORMATION:

Additional information was required from the applicant, and is included with the electronic application on the CON website.

#6179 HT: SSM Health St. Mary's – St. Louis

Replace Cardiac Cath Lab



Location in Missouri



View of Service Area

Applicant: SSM Health St. Louis (owner/operator)

Contact Person: Jill Mowry, 636-496-2520
Jill.mowry@ssmhealth.com

Project Address: 6420 Clayton Rd.
St. Louis, 63117 (St. Louis City)

Cost: \$3,306,303

Appl. Rec'd: January 10, 2025

100 Days Ends: April 20, 2025 (30-Day Extension: May 20, 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

#6179 HT: SSM Health St. Mary's – St. Louis

APPLICATION SUMMARY:

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

PROPOSAL DESCRIPTION:

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

The applicants propose to **replace an existing cardiac catheterization lab**. A Certificate of Need was issued in 2008 for the current unit (#4234 HT), which is a single plane GE Medical Systems Innova 3100.

The replacement equipment would be a new Siemens Artis Icono Ceiling Cardiology system and would be installed by September of 2025. The existing unit will be decommissioned upon installation.

COMMUNITY NEED CRITERIA AND STANDARDS:

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

The existing unit received an end-of-life service by GE Healthcare effective March 31, 2022. The system has had over 782 hours of down time and is currently unsafe to use for procedures.

The replacement unit would be used for right and left side heart ablations, implants, IR and vascular procedures.

Quality of care would be improved by offering improved imaging, dosing advances to decrease radiation exposure to the patient and staff, satisfaction and confidence in diagnosis, lessening error rates, and larger equipment sizing for patient anatomy.

Utilization is expected to increase as the new unit will improve efficiency, decrease the number of images needed and decrease case length. The applicant stated there would be no change in patient charges.

ADDITIONAL INFORMATION:

Additional information was required from the applicant, and is posted on the CON website with the electronic application.