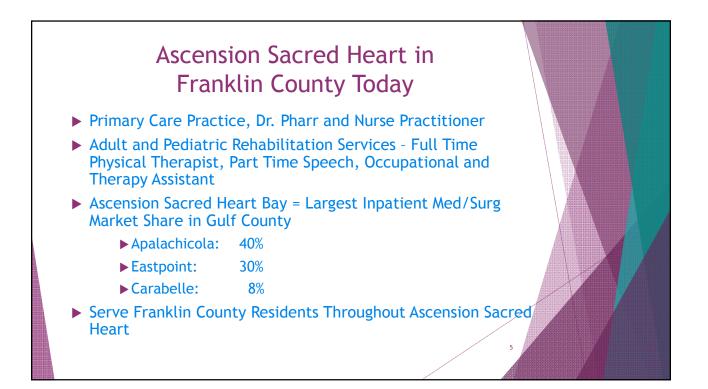


Ascension Sacred Heart

- Serving Panhandle of Florida since 1915
- Invited by Community to Pensacola: Ascension Sacred Heart Pensacola
- Invited by Community to Walton County: Ascension Sacred Heart Emerald Coast
- Invited by Community to Gulf County: Ascension Sacred Heart Gulf
- Studies Communities Throughout the Panhandle to Make Determinations for Services and Implement as Needed
- One of Five 5-Star Hospitals in Florida
- One of Four Hospitals <100 Beds with Near 0% Infection Rate</p>
- Longstanding Great Service Provider Across Northwest Florida











Rural Healthcare: Hospital Trends

- ▶ Healthcare Delivery is Transitioning from Inpatient to Outpatient
- Inpatient Use Rates Continue to Decline
- Lengths of Stay are Declining
- Excess Hospital Capacity
- Procedure Volume Needs to be Sufficient Enough to Maintain Proficiency, Challenging in Rural Communities
- Result: Utility of 24/7 Hospital Beds is Declining
- ▶ 160 Rural Hospital Closures Since 2005
- Average 14 per Last Five Years 2014 through 2018
- 2019 Year to Date 3 Quarters at 17; annualized 23 24
- ▶ Of the 17 Closures in 2019, Half Established Ambulatory Platforms

Rural Healthcare: Community Trends

- Population Characteristics
 - Low Population Growth
 - ▶ Fewer Available Trained Healthcare Staff
 - ▶ Vulnerable At Risk Elderly, Healthcare's Highest Utilizers
 - Health Status of the Population in General
 - Lesser Service Availability Compared with Other Areas
 - Diminished Access to Services, Means of Transportation
 - Payor Mix Degradation
- Outmigration is Increasing
- Population Opting for Larger Medical Center Services
- Population Seeking Retail Clinics for Services
- Population Utilizing Telemedicine to Fulfill Some Needs

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Rural Healthcare Delivery Solutions

- ▶ Identify a Regional Healthcare Partner with Deep Bench
 - Services
 - Physician Specialists
 - Access Points
 - Quality Provider
 - Telemedicine Capabilities
 - Capability to Implement Defined Services
- ▶ Key Services to be Provided Locally in an Ambulatory Platform

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- Rotating Specialists to Bring Specialized Expertise Locally
- Ability to Manage Emergency Cases Locally

Ascension Approach to Rural Healthcare

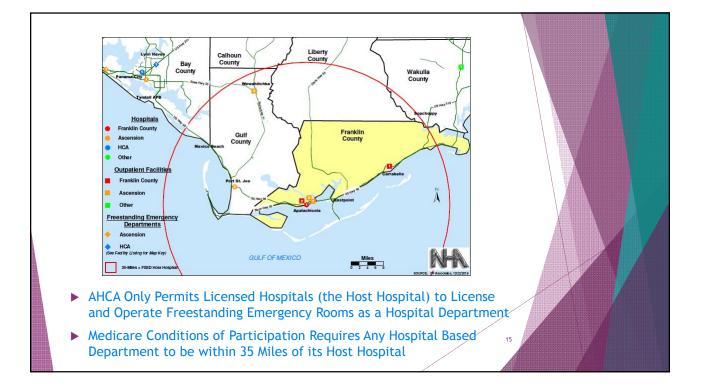
- Ideal Model for Accessible Outlying Communities is an Ambulatory Platform Inclusive of a Freestanding Emergency Department and Alignment with Full Service Hospital for Comprehensive Services
 - First Ascension Freestanding Emergency Department in Panama City Beach -Saved Community Post Hurricane Michael
 - Six Additional Freestanding Emergency Departments in Various Stage of Implementation
 - Time to Market Just 10 to 11 Months
- Studied the Franklin County Service Area and Population, Including
 - Medical/Surgical Hospital Utilization and Bed Demand
 - Emergency Services Utilization and ER Demand
 - Physician Supply and Demand
 - ▶ Health Status of the Population and Implications on Needed Services
 - Migration and Access Patterns
- Evaluated Modes of Healthcare Delivery & Conducted Needs Analysis for Franklin County - Resulting in This Ascension Proposal

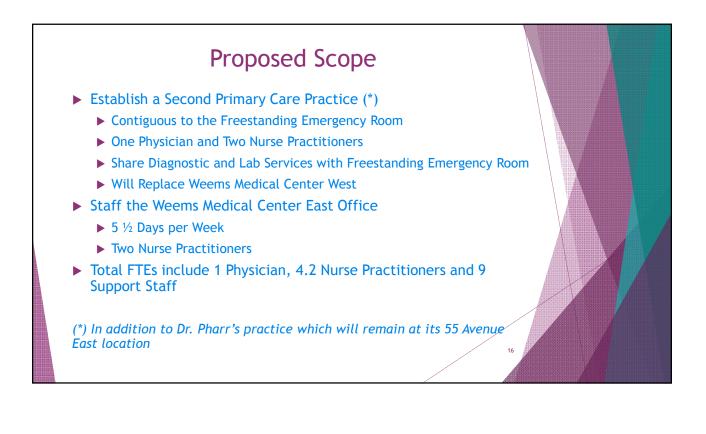
Ascension Proposal

- Reconfigure Franklin County Healthcare Delivery System
- Establish New State of the Art Healthcare Access Points
 - Improve Access Locally
 - Improve Healthcare Services Locally
 - Improve Range of Healthcare Services Offered Locally
 - Incorporate Telemedicine
 - Align with Major Accessible Tertiary Provider (Trauma, Hearts)
- Implement a Healthcare System that is Economically Sustainable
- Expand Ascension Sacred Heart Ministry in Franklin County
- Align Franklin County and Ascension Sacred Heart to Appropriately Meet the Needs of Franklin County Residents



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<section-header> Proposed Scope Stablish a Specialty Care Practices Gardiology: 1 Day/Week Orthopedics: 1 Day/Week General Surgery: 1 Day/Week General Surgery: 1 Day/Week Stuture: Other Specialties to be Determined Otal FTEs Initially: 0.6 Physicians and 1.8 Nurses/Support Staff Ault and Pediatric Rehabilitation Services Relocate from 76 Market Street D Spand from 2,000 to 4,000 Square Feet Physical, Occupational and Speech Therapa Total Clinical FTEs: 2 to 3

Jobs Cre	ated by	/ the As	censior	n Proposa	al		
	Emergency Department including Diagnostics	Primary Care Practice	Specialty Care Practices	Rehabilitation Services	Carabelle Clinic	Total FTEs	
Physicians	4.2	1.0	0.6	0.0	0.0	5.8	
Mid-Level Providers	0.0	2.0	0.0	0.0	2.2	4.2	
Nurses and Other Staff	<u>19.9</u>	<u>5.0</u>	<u>1.8</u>	2.3	<u>4.0</u>	<u>33.0</u>	
Total FTEs	24.1	8.0	2.4	2.3	6.2	43.0	
					18		

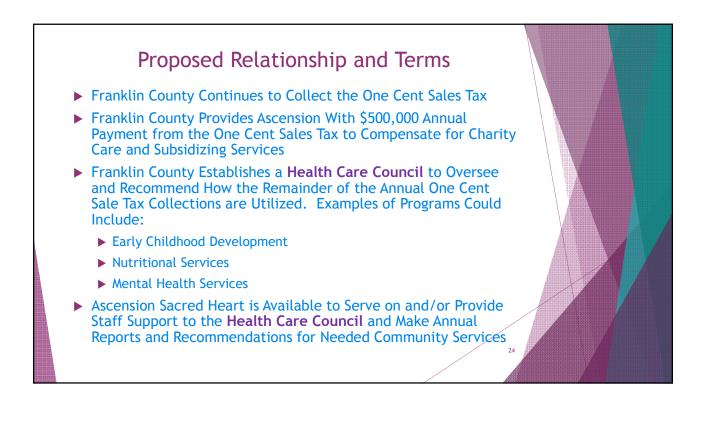


Capital Costs								
	Emergency Dept including Diagnostics	Primary Care Practice	Specialty Care Practices	Rehabilitation Services	Total Project			
Square Footage (approximate)	11,400	2,500	2,000	4,000	19,900			
Capital Costs								
Land	TBD	TBD	TBD	TBD	TBD			
Site work costs	TBD	TBD	TBD	TBD	TBD			
Construction	\$4,262,625	\$625,000	\$500,000	\$1,000,000	\$6,387,625			
Construction Contingency	\$353,265	\$62,500	\$50,000	\$100,000	\$565,765			
Architect/Engineering	\$341,010	\$40,625	\$32,500	\$65,000	\$479,135			
Pre-Development Costs	\$106,566	\$33,281	\$26,625	\$53,250	\$219,722			
Subtotal Construction Related	\$5,063,466	\$761,406	\$609,125	\$1,218,250	\$7,652,247			
Equipment	\$1,807,672	\$197,500	\$280,000	\$110,950	\$2,396,122			
Equipment Contingency	\$138,871	\$20,244	\$28,700	\$25,400	\$213,214			
Pre-Development Costs	\$43,942	\$4,938	\$7,000	\$6,048	\$61,927			
Subtotal Equipment Related	\$1,990,484	\$222,681	\$315,700	\$142,397	\$2,671,263			
Total Project Costs (w/o land, sitework and unusual site conditions or infrastructure)	\$7,053,950	\$984,088	\$924,825	\$1,360,647	\$10,323,510			

			Year One of C	Operations		
	Proposed Ascension					
	Emergency Dept including Diagnostics	Primary Care Practice	Specialty Care Practices	Rehabilitation Services	Carabelle Clinic	Total Operational Investment
Physicians	4.2	1.0	0.6	0.0	0.0	5.8
Mid-Level Providers	0.0	2.0	0.0	0.0	2.2	4.2
Nurses and Remainder of Staff	19.9	5.0	1.8	2.3	4.0	33.0
Total FTEs	24.1	8.0	2.4	2.3	6.2	43.0
Forecasted Operations						
Revenues	\$24,281,038	\$847,013	\$360,000	\$847,836	\$646,672	\$26,982,559
Deductions	<u>\$21,156,745</u>	<u>\$298,996</u>	\$234,000	<u>\$536,341</u>	\$260,609	<u>\$22,486,691</u>
Net Revenues	\$3,124,293	\$548,017	\$126,000	\$311,495	\$386,063	\$4,495,869
Expenses:						
Provider Compensation	\$1,551,052	\$473,653	\$25,200	\$0	\$274,560	\$2,324,465
Non-Provider Compensation	\$1,226,075	\$209,315	\$0	\$201,709	\$148,612	\$1,785,710
All Other	\$1,224,619	\$258,197	\$80,944	\$56,424	\$63,371	\$1,683,554
Total Expenses	\$4,001,746	\$941,164	\$106,144	\$258,133	\$486,543	\$5,793,730
Income from Operations	(\$877,453)	(\$393,147)	\$19,856	\$53,362	(\$100,479)	(\$1,297,861)

	Operati	ng Cor	nmitme	ent	ľ	
			Year Two Year o	of Operations		
	Proposed Ascension Sacred Heart - Franklin County Health Care Center					
	Emergency Dept including Diagnostics	Primary Care Practice	Specialty Care Practices	Rehabilitation Services	Carabelle Clinic	Total Operational Investment
Physicians	4.2	1.0	0.6	0.0	0.0	5.8
Mid-Level Providers	0.0	2.0	0.0	0.0	2.2	4.2
Nurses and Remainder of Staff	19.9	5.0	1.8	2.3	4.0	33.0
Total FTEs	24.1	8.0	2.4	2.3	6.2	43.0
Forecasted Operations						
Revenues	\$25,751,882	\$929.041	\$540,000	\$852.075	\$646,672	\$28,719,670
Deductions	\$22,441,296	\$327,952	\$351,000	\$539,023	\$260,609	\$23,919,879
Net Revenues	\$3,310,586	\$601,090	\$189,000	\$313,052	\$386,063	\$4,799,791
Expenses:						
Provider Compensation	\$1,552,043	\$477,566	\$37,800	\$0	\$274,560	\$2,341,969
Non-Provider Compensation	\$1,250,596	\$210,012	\$0	\$205,743	\$151,584	\$1,817,935
All Other	\$1,184,793	\$271,395	\$91,651	\$56,498	\$62,886	\$1,667,223
Total Expenses	\$3,987,432	\$958,974	\$129,451	\$262,241	\$489,030	\$5,827,128
	(\$676,846)	(\$357,884)	\$59,549	\$50,811	(\$102,967)	(\$1,027,337)





Questions and Answers

Proposal for Franklin County Healthcare Services

by Ascension Sacred Heart

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