

**Lee County Board Of County Commissioners
Agenda Item Summary**

Blue Sheet No. 20030615

1. REQUESTED MOTION:

ACTION REQUESTED: Authorize Chairman to approve a Certificate of Public Convenience and Necessity (CON) to the Lee Memorial Health System, an independent special district, to conduct advance life support (ALS) service to neonatal and pediatric transports.

WHY ACTION IS NECESSARY: Commission Chairman's signature is required to execute CON.

WHAT ACTION ACCOMPLISHES: Grants the applicant license to provide to provide ALS service in accordance with State law and provision contained in Lee County Ordinance 02-19.

2. DEPARTMENTAL CATEGORY:
COMMISSION DISTRICT #:

C7A

3. MEETING DATE:

06-10-2003

4. AGENDA:

5. REQUIREMENT/PURPOSE:
(Specify)

6. REQUESTOR OF INFORMATION:

- CONSENT
- ADMINISTRATIVE
- APPEALS
- PUBLIC
- WALK ON
- TIME REQUIRED:

- STATUTE
- ORDINANCE
- ADMIN. CODE
- OTHER

- A. COMMISSIONER _____
- B. DEPARTMENT Independent
- C. DIVISION Public Safety/EMS
- BY: John D. Wilson, Director *JW*

7. BACKGROUND:

Ambulance service providers must renew their State licenses bi-annually. A requirement of the renewal is to obtain a Certificate of Public Convenience and Necessity from the local governing body. The Lee County Division of Public Safety is satisfied that the above referenced service provider is in compliance with Lee County Ordinance 02-19.

Attachment #1: Application for Certificate of Public Convenience and Necessity
Attachment #2: Certificate of Public Convenience and Necessity

8. MANAGEMENT RECOMMENDATIONS:
Staff has reviewed and is recommending approval.

9. RECOMMENDED APPROVAL:

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services <i>07/11/03</i>			G County Manager
					OA	OM	Risk	GC
<i>J.W. Wilson</i> 5/19/03	<i>N/A</i> 5/21/02	<i>N/A</i>		<i>Andrea</i> <i>Graser</i>	<i>PN</i> 5/23/03	<i>PN</i> 5/23/03	<i>PN</i> 09/23/03	<i>HS</i> 5/23/03
								<i>HS</i> 5-24-03

10. COMMISSION ACTION:

- APPROVED
- DENIED
- DEFERRED
- OTHER

MIN. *PN*
 5-22-03
 4:25
 REAMIN.
 SEND TO: *HS*
 5/29/03

5/22/03
 130 PM
 5/23/03
 Budget
 4:15 PM

CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

IT IS HEREBY CERTIFIED by the Board of County Commissioners of Lee County, Florida to be of public convenience and necessity that:

1. There is hereby granted to:

LEE MEMORIAL HEALTH SYSTEM

An Independent Special District Created by the Florida Legislature

This Certificate of Public Convenience and Necessity, and to do all things needful of the operation, maintenance, and control thereof after the acceptance of the terms of this Certificate by the said District and until rescinded by the County but this Certificate shall not be transferred or assigned without the consent of the Board of County Commissioners.

2. The said Health Care District in carrying out the purpose of this Certificate shall have free right to run the streets of Lee County with its vehicles, subject only to such State regulations incident thereto as may govern ambulances and neonatal and pediatric transportation and shall have free access to and the right, within said area, to perform transportation service, provided, however, the District shall at all times hold Lee County harmless, release and indemnify County from any loss or damage by reason of the acts of District, its agent, servants, or employees.

3. It shall be the duty of said District, upon the acceptance of the terms of this Certificate, to diligently and efficiently protect and save lives and authority is hereby granted to said District to do all things needful to such ends not inconsistent to Florida Law now in existence or which may change or hereafter be passed. District certifies it has the legal capacity to operate said neonatal transportation service and to comply with the Laws of Florida, particularly Chapter 401, et al. Florida Statutes.

4. In no event shall Lee County be responsible in any way for the debts or obligations of the Health Care District contracted in the duties imposed under this Certificate nor shall the County be liable in any manner whatsoever on account of the negligence of said District in carrying out the provisions of this Certificate.

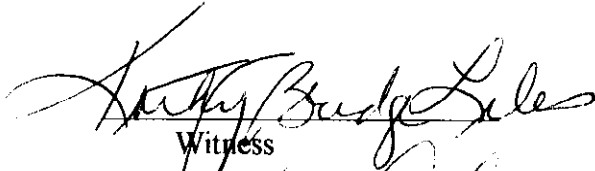
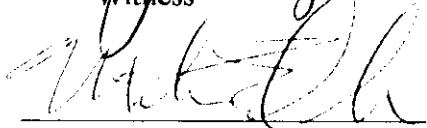
5. Upon the failure of said District to carry out and fulfill the obligations and duties


hereby imposed upon it, all the rights hereby granted to said District by this Certificate shall thereupon be forfeited.

6. This Certificate shall be in force and become effective upon written acceptance of its terms by said District being filed with the County Clerk.

7. This permit is valid for the period July 28, 2003, to July 28, 2005, unless sooner forfeited or rescinded.

LEE MEMORIAL HEALTH SYSTEM


Witness

Witness

By: 
James R. Nathan, President

ATTEST:
Charlie Green, Clerk

BOARD OF COUNTY COMMISSIONERS
OF LEE COUNTY, FLORIDA

By: _____
Deputy Clerk

By: _____
Chairman

**APPLICATION FOR LEE COUNTY
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
AMBULANCE AND RESCUE SERVICE**

NUMBER AND TYPE OF RESPONSE/TRANSPORT VEHICLES

**One ALS Ambulance
Make: Freightliner
Model: FL 60, Type I
Year: 1999**

002162

STATE OF FLORIDA



DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES
ADVANCED LIFE SUPPORT LICENSE

This is to certify that THE CHILDREN'S HOSPITAL OF SW FLORIDA NEONATAL/PEDIATRIC TRANSPORT
Name of Provider

9981 HEALTHPARK CIRCLE, FORT MYERS, FL 33908
Address

has complied with Chapter 401, Florida Statutes, and Chapter 64E-2, Florida Administrative Code, and is authorized to operate as an
Advanced Life Support Service subject to any and all limitations specified in applicable Certificate(s) of Public Convenience and
Necessity for the County(ies) listed below:

TRANSPORT

NON-TRANSPORT

LEE
County(ies)

CHARLES BEMENT

Chief, Bureau of Emergency Medical Services
Florida Department of Health

Date AUGUST 29, 2001 Expires AUGUST 28, 2003

ADDRESS OF HEADQUARTERS

**9981 S. HealthPark Drive
Fort Myers, Florida 33908**

ADDRESS OF POSTING-STATIONS

None

SCHEDULE OF RATES FOR SERVICE

Emergency NICU Transport – base charge (up to 3 hours) - \$2302.50

Emergency additional ½ hour – \$384.15

Non-emergency – base charge (up to 3 hours) - \$1228.40

Non-emergency additional ½ hour - \$191.80

Mileage charge \$ 18.87 per mile

LEE COUNTY BOARD OF COUNTY COMMISSIONERS

P.O. BOX 398

FORT MYERS, FLORIDA 33902-0398

INVOICE

APPLICATION FEE: \$250.00

**FOR: CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
AMBULANCE AND RESCUE SERVICE**

NAME: Lee Memorial Health System

ADDRESS: P.O. Box 2218 Ft. Myers. FL 33908
STREET/PO BOX CITY STATE ZIP

**MAKE CHECKS PAYABLE TO: LEE COUNTY BOARD OF
COUNTY COMMISSIONERS**

MEDICAL DIRECTOR'S NAME AND LICENSE NUMBER(S)

NAME: Shahid Sultan

AUDIT CONTROL # 53470

FILE # _____

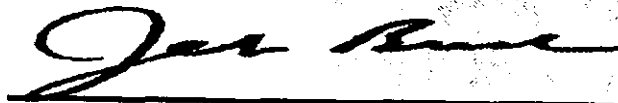
BOARD CERTIFICATION # ME 33962

AC# 0755549

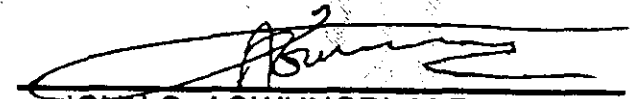
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/09/2001	ME 33962	53470

THE MEDICAL DOCTOR
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.
EXPIRATION DATE: **JANUARY 31, 2004**
SHAHID SULTAN
9981 HEALTHPARK CIRCLE #281
FORT MYERS, FL 33908



JEB BUSH
GOVERNOR



JOHN O. AGWUNOBI, M.D., M.B.A.
ACTING SECRETARY

DISPLAY IF REQUIRED BY LAW

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

DEA REGISTRATION
NUMBER

THIS REGISTRATION
EXPIRES

FEE
PAID

AS8653974

02-28-2005

\$210.00

SCHEDULES

BUSINESS ACTIVITY

DATE ISSUED

2, 2N, 3, 3N, 4, 5 PRACTITIONER

02-15-2002

SULTAN, SHAHID MD
C/O ASSOCIATES IN NEONATOLOGY
9981 HEALTHPARK CR#281
FORT MYERS, FL

33908

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

CERTIFICATE OF INSURANCE-VEHICLE AND MALPRACTICE

See attached Certificate of Automobile Liability

Empire Fire & Marine Ins. Co.

10/01/02 to 10/01/03 1,000,000

MARSH

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
ATL-000733044-01

PRODUCER
Marsh
615 CRESCENT EXECUTIVE COURT
SUITE 300
LAKE MARY, FL 32746
Attn: 407-804-5900

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

- COMPANY
A EMPIRE FIRE & MARINE INS. CO.
- COMPANY
B
- COMPANY
C
- COMPANY
D

S64968-Auto-02-03-2003

INSURED
Lee Memorial Health System
P. O. Box 2218
Fort Myers, FL 33902

COVERAGES This certificate supersedes and replaces any previously issued certificate for the policy period noted below.

THIS IS TO CERTIFY THAT POLICES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE	\$
					PRODUCTS - COMP/OP AGG	\$
					PERSONAL & ADV INJURY	\$
					EACH OCCURRENCE	\$
					FIRE DAMAGE (Any one fire)	\$
					MED EXP (Any one person)	\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	CL310096	10/01/02	10/01/03	COMBINED SINGLE LIMIT	\$ 1,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY	\$
					EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$
					AGGREGATE	\$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS	OTHER
					EL EACH ACCIDENT	\$
					EL DISEASE-POLICY LIMIT	\$
					EL DISEASE-EACH EMPLOYEE	\$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 RE: The Children's Hospital of Southwest Florida, 9981 S. HealthPark Drive, Ft. Myers, FL 33908
 Neonatal/Pediatric Ambulance - 1999 Freightliner VIN#1FV6GLBC5XHA01775

CERTIFICATE HOLDER

State of Florida Department of Health
 Bureau of Emergency Medical Services
 Attention: Barbara Hyde
 4052 Bald Cypress Way
 Mail Bin C-18
 Tallahassee, FL 32399-1738

CANCELLATION

SHOULD ANY OF THE POLICES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.

MARSH USA INC.
 by: Tina S. Blackburn

Tina S. Blackburn

HM1(3/02)

VALID AS OF: 10/04/02

**NARRATIVE DESCRIBING HOW THE APPLICANT'S SERVICE WILL
COORDINATE WITH EXISTING PUBLIC SAFETY AGENCIES**

The Children's Hospital of Southwest Florida at HealthPark Medical Center will serve as the primary Neonatal Transport Team in Southwest Florida and provide 24 hour per day, 7 day per week transportation coverage for all neonatal transports. Lee County EMS will serve as a backup for transportation only during unforeseen instances when the neonatal transport ambulance is unavailable.

In the event of an emergency requiring the transportation of a pediatric patient, when no other emergency transport service is available, this vehicle may be used to transport that pediatric patient.

**HOW WILL THE SYSTEM ENHANCE PRE-HOSPITAL CARE FOR
THE PUBLIC HEALTH, SAFETY AND WELFARE**

Pre-hospital care for the neonates is provided by the referral hospital.

HOW WILL THE SERVICE IMPROVE PUBLIC CONVENIENCE AND JUSTIFY THE NECESSITY OF THE INTENDED SERVICE

The neonatal transport ambulance is specifically equipped for transportation of neonates to and from The Children's Hospital of Southwest Florida at HealthPark Medical Center, a component of The Lee Memorial Health System. The neonatal transport ambulance is maintained and staffed by neonatal transport certified personnel. The team responds to calls with one hour of notification. The availability of the transport ambulance makes it possible to adhere to the one hour response time which enhances the outcome of the patients transported to and from our hospital, and by maintaining a readily available ambulance we do not rely on the availability of an EMS unit for transportation.

Governmental Private Voluntary

TYPE:

Transport ALS BLS

Non-Transport ALS

Air-Medical ALS BLS

GOVERNMENTAL/CORPORATION/OWNER

Name: Hospital Board of Directors of Lee County
d/b/a Lee Memorial Health Systems

Address: PO Box 2218 Ft. Myers FL 33908-2218
Street/PO Box City State Zip

DIRECTORS/OWNERS

Name: See Attached List Age

Address: _____
Street/PO Box City State Zip

Name: _____ Age

Address: _____
Street/PO Box City State Zip

LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS
Fort Myers, Florida
BOARD OF DIRECTORS 2003

DISTRICT	BOARD MEMBERS REGULAR MAILING ADDRESSES	OFFICE /HOME PHONE	HOME PHONE
1	<u>BOARD TREASURER:</u> Mrs. Spring Rosen P.O. Box 1216 Sanibel, FL 33957		472-4347 Fax: 472-5698
1	Mrs. Jo Ellen Beauvois 208 Cape Coral Pkwy E #111 Cape Coral, FL 33904		542-7002 FAX: 542-3416
2	<u>BOARD SECRETARY:</u> Ms. Nancy McGovern, RN 785 South Entrada Drive Fort Myers, FL 33919		433-2690 Fax: 433-2929
2	Dr. Michael Fletcher 1462 Friendship Walkway Fort Myers, FL 33901		931-3344
3	<u>BOARD VICE-CHAIRMAN:</u> Mrs. Lois C. Barrett 242 Stevens Boulevard Fort Myers Beach, FL 33931		466-9801 Fax: 466-7534
3	<u>CHAIRMAN:</u> Mrs. Linda Brown, ARNP 13115 Feather Sound Dr. Unit #105 Ft. Myers, FL 33919		481-9521 Fax: 481-7425

4	<i>OPEN SEAT AWAITING GUBERNATORIAL APPOINTMENT</i>		
4	Mr. William Martin Bayshore Village 15890 Lake Point Court N. Fort Myers, FL 33917		731-3146
5	Mr. James Green P.O. Box 91 Fort Myers, FL 33902		278-5753 Fax: 278-4213
5	Mr. Pete Doragh (Smoot Adams law firm) 4415 Metro Parkway, Suite 325 Fort Myers, FL 33916	489-1776 Fax: 489- 2444 (Secretary: Ester 938-2755)	

VOUCHER NUMBER	INVOICE NUMBER	PURCHASE ORDER	INVOICE DATE	AMOUNT	DISCOUNT	NET AMOUNT
118191	APPLICATION		04-24-03	250.00	.00	250.00
TOTALS			TOTALS->	250.00	.00	250.00

Lee Memorial Health System

Please Detach Before Depositing

P.O. Box 151247 Cape Coral, Florida 33915-1247
Phone (239) 573-5550

Did you hear? Our new area code is 239
Please update your records.

DETACH ALONG THIS PERFORATION

Lee Memorial Health System

P.O. Box 151247, Cape Coral, Florida 33915-1247

TAX EXEMPT #46-07-043847-53C

DATE
05/01/03

CHECK NO.
00764306

63-568
631 00764306

NET AMOUNT
*****250.00

PAY

TWO HUNDRED FIFTY AND 00/100 DOLLARS

TO THE
ORDER
OF

LEE COUNTY BOARD OF COUNTY
COMMISSIONERS
PO BOX 398
FT MYERS
FL 33902-0398

LEE MEMORIAL HEALTH SYSTEM



VOID AFTER 6 MONTHS

NationsBank, N.A.
Jacksonville, Florida

THE BACK OF THIS CHECK CONTAINS A LEE MEMORIAL FACSIMILE WATERMARK - CAN BE SEEN AT AN ANGLE

⑈ 00764306⑈ ⑆ 063105683⑆ 002000013736⑈