

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

Blue Sheet No. 20030291

1. REQUESTED MOTION:

ACTION REQUESTED: Approve Change Order Agreement to the Lee Memorial Health System Medical Director Agreement to provide physicals for EMS employees, in the amount not-to-exceed \$100,000.00.

WHY ACTION IS NECESSARY: Pursuant to the Lee County Contract Manual, approved by the Board on September 25, 2001, Change Orders over \$50,000.00 require Board approval.

WHAT ACTION ACCOMPLISHES: This change order is for Lee Memorial Health Systems to provide physicals for EMS employees.

2. DEPARTMENTAL CATEGORY:

Human Resources
COMMISSION DISTRICT #:

CL6A

3. MEETING DATE:

06-24-2003

4. AGENDA:

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

5. REQUIREMENT/PURPOSE:
(Specify)

- STATUTE
- ORDINANCE
- ADMIN. CODE *AC-4-4*
- OTHER

6. REQUESTOR OF INFORMATION:

- A. COMMISSIONER _____
- B. DEPARTMENT _____
- C. DIVISION Human Resources
- BY: George Williams, Director

7. BACKGROUND:

On February 13, 2002, Lee County entered into a Medical Director Agreement with Lee Memorial Health Systems to provide physicals for the Lee County employees, at a cost of \$500.00 monthly and an additional \$45.00 for each DOT physical examination. This agreement is for a five (5) year period, with an increase by 3% at the beginning of the second year and an increase of 3% each additional year thereafter. This amount may be changed by mutual agreement of the parties at any time.

It is being requested that the Board approve this Change Order Agreement in order to add the EMS employees under this contract at a not-to-exceed amount of \$100,000.00. *4/10/03*
Funds are available in KF5260100100.503490.
Attachment: two (2) Change Order Agreements

8. MANAGEMENT RECOMMENDATIONS:

9. RECOMMENDED APPROVAL:

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services <i>4/7/03</i>				G County Manager
					OA	OM	Risk	GC	
<i>George A. Williams 3/25/03</i>	<i>[Signature]</i>	N/A		<i>[Signature] 3/26/03</i>	<i>P.M. 4/2/03</i>	<i>[Signature] 4/3/03</i>	<i>[Signature] 4/3/03</i>	<i>[Signature] 4-2-03</i>	<i>[Signature] 4-3-03</i>

10. COMMISSION ACTION:

APPROVED _____
DENIED _____
DEFERRED *Indefinitely*
OTHER _____

04-15-03

Rec. by CoAtty
Date: *3/25/03*
Time: *1:17 PM*
Forwarded To:
*CN Admin
3-26-03*

RECEIVED BY
JUNTY ADMIN. *RK*
3-24-03
4:10
JUNTY ADMIN.
FORWARDED TO: *OS*
4/3 2:15
C

CHANGE ORDER AGREEMENT
FOR
MEDICAL DIRECTOR

THIS CHANGE ORDER, the terms and conditions of which are set forth below, is made this 18th day of FEBRUARY, 2003 between Lee County, a political subdivision of the State of Florida, (hereinafter, the COUNTY) and Lee Memorial Health System, (hereinafter, the CONTRACTOR).

WHEREAS, the County contracted on February 13, 2002 with the above Contractor in order to hire a Medical Director; and

WHEREAS, this activity is necessary to carry out the required scope of services; and,

NOW, THEREFORE, the Contractor agrees to perform Public Safety physical examinations and services at the following rates:

Physical Exam	\$50.00
Labs	\$70.00
PRP Serology	\$ 9.00
Thyroid Panel	\$48.00
HIV	\$25.00
Hepatitis Panel	\$35.00
Vision/Hearing/PFT	\$50.00
Resting EKG	\$45.00
Chest X-Ray-2 View	\$60.00
Tetanus Vaccine/Boost	\$20.00
Meningitis Vaccine	\$85.00
Digital Rectal Exam	\$10.00
EKG Stress Test	\$175.00
PSA	\$45.00
Hepatitis A Series	\$120.00
Baseline Heavy Metals Screening	\$180.00

This is in addition to the already agreed upon scope of services.

Estimated possible cost: Maximum amount would be \$258,000.00 (Estimate \$57,000.00 for new hires and Estimate \$201,00.00 for current employees)

IN WITNESS WHEREOF the parties hereto have affixed their signatures this 6th day of FEBRUARY, 2003.

CONTRACTOR

BOARD OF COUNTY
COMMISSIONERS

By: *CB McManis M.D.*
Contractor
LEE MEMORIAL HEALTH SYSTEM

By: _____
Chairman

By: _____
County Attorney

Lee County EMS Physical Exam Program

Provided by Lee Memorial Health System

Standard Operating Procedure

The purpose of this memorandum is to outline the manner in which the proposed Lee County EMS physical examination program will be implemented.

Lee Memorial Health System will perform the following during the pre-employment, post offer physical:

Physical exam	\$50
Vision	\$5
Audiometry (hearing)	\$15
Resting EKG	\$45
CBC & CMP	\$45
Hepatitis profile	\$35
Total	\$195

An EKG stress test will be provided to those who are over age 45, who have a history of hypertension, who are diabetic, who smoke, or who have a family history of cardiovascular problems.

Additionally, the following vaccinations will be offered:

Meningitis vaccine	\$85
Tetanus vaccine/boost	\$20

The physician performing the physical will order additional testing on an as-needed basis, which may include:

Labs	\$70
RPR serology (syphilis)	\$9
Thyroid panel	\$48
HIV	\$25
PFT	\$30
EKG stress test	\$175
Chest x-ray	\$60
Digital rectal exam	\$10
PSA	\$45
Heavy metals screening	\$180

EMS will coordinate scheduling of the physicals with Lee Convenient Care and the appointment with Employee Health. The Employee Health Nurse will offer Hepatitis B vaccine and two step PPD as well as send the applicant for a drug screening. All results of the pre-employment physical will be forwarded to the Lee County Employee Health Nurse by Lee Convenient Care.

The physical exam program will also be offered to current employees of Lee County EMS on a voluntary basis. Should employees elect to have an exam under this program, the physician performing the exam will determine which tests are necessary. The above lists will serve as a set of options for the physician to determine which are appropriate on a case by case basis. The results of the voluntary tests will not be passed on to the Lee County Employee Health Nurse, however, employees are encouraged to inform the Nurse of any conditions identified that may impact the performance of their duties.

Projected Costs

Projected new-hires annually: $66 * \$195 = \$12,870$ plus additional ordered testing/vaccine
Current employees annually: $210 * \$195 = \$40,950$ plus additional ordered testing/vaccine
Total = \$53,820 plus any additional ordered testing

From: Charlotte Veaux
To: Geren, Patricia
Date: 4/10/03 4:45PM
Subject: Blue Sheet #20030291

Please defer indefinitely the above Blue Sheet.

There were concerns raised which must be addressed before we can move forward on it.

Charlotte Veaux
Benefits Manager
veauxcg@leegov.com
239-335-2149

CC: Williams, George