

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

Blue Sheet No. 20050743

**1. ACTION REQUESTED/PURPOSE:** 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.

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

**3. MANAGEMENT RECOMMENDATION:** Staff recommends approval.

|                                                                                                                                                                                                                        |                                          |                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>4. Departmental Category:</b> 07 <i>C7A</i>                                                                                                                                                                         |                                          | <b>5. Meeting Date:</b> <i>06-21-2005</i>                                                                                                                  |
| <b>6. Agenda:</b><br><input checked="" type="checkbox"/> Consent<br><input type="checkbox"/> Administrative<br><input type="checkbox"/> Appeals<br><input type="checkbox"/> Public<br><input type="checkbox"/> Walk-On | <b>7. Requirement/Purpose: (specify)</b> |                                                                                                                                                            |
|                                                                                                                                                                                                                        | <input type="checkbox"/> Statute         | <input type="checkbox"/>                                                                                                                                   |
|                                                                                                                                                                                                                        | <input type="checkbox"/> Ordinance       | <input type="checkbox"/>                                                                                                                                   |
|                                                                                                                                                                                                                        | <input type="checkbox"/> Admin. Code     | <input type="checkbox"/>                                                                                                                                   |
| <input checked="" type="checkbox"/> Other                                                                                                                                                                              | <input type="checkbox"/>                 |                                                                                                                                                            |
|                                                                                                                                                                                                                        |                                          | <b>8. Request Initiated:</b><br>Commissioner _____<br>Department _____<br>Division <u>Public Safety</u><br>By: <u>John D. Wilson, Director</u> <i>10/5</i> |

Ambulance service providers must renew their State license 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

**10. Review for Scheduling:**

| Department Director   | Purchasing or Contracts | Human Resources | Other | County Attorney    | Budget Services |               |            |                    | County Manager/P.W. Director |
|-----------------------|-------------------------|-----------------|-------|--------------------|-----------------|---------------|------------|--------------------|------------------------------|
|                       |                         |                 |       |                    | Analyst         | Risk          | Grants     | Mgr.               |                              |
| <i>W. H. H. H. H.</i> | <i>N/A</i>              | <i>N/A</i>      |       | <i>[Signature]</i> | <i>6/7/05</i>   | <i>6/7/05</i> | <i>6/8</i> | <i>[Signature]</i> | <i>[Signature]</i>           |

**11. Commission Action:**  
 Approved  
 Deferred  
 Denied  
 Other

|                               |                    |
|-------------------------------|--------------------|
| RECEIVED BY<br>COUNTY ADMIN:  | <i>[Signature]</i> |
| COUNTY ADMIN<br>FORWARDED TO: | <i>[Signature]</i> |

|                 |                    |
|-----------------|--------------------|
| Rec. by CoAtty: | <i>[Signature]</i> |
| Date:           | <i>6/6/05</i>      |
| Time:           | <i>3:40</i>        |
| Forwarded To:   | <i>[Signature]</i> |

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

dba

The Children's Hospital of Southwest Florida Neonatal/

Pediatric Transport

Lee County

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

**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**

**ADDRESS OF HEADQUARTERS**

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

**ADDRESS OF POSTING-STATIONS**

**None**

|                                      |
|--------------------------------------|
| <b>SCHEDULE OF RATES FOR SERVICE</b> |
|--------------------------------------|

**Emergency NICU Transport – base charge (up to 3 hours) - \$2504.70**

**Emergency additional ½ hour – \$417.70**

**Non-emergency – base charge (up to 3 hours) - \$1336.30**

**Non-emergency additional ½ hour - \$208.70**

**Mileage charge \$ 20.60 per mile**

**Emergency NICU EMS Transport – base charge (up to 3 hours) - \$2160.70**

**Emergency EMS additional ½ hour – 360.40**

**MEDICAL DIRECTOR=S NAME AND LICENSE NUMBER(S)**

**NAME: Shahid Sultan**

**AUDIT CONTROL # 53470**

**FILE #**

**BOARD CERTIFICATION # ME 33962**

**CERTIFICATE OF INSURANCE-VEHICLE AND MALPRACTICE**

**See attached Certificate of Automobile Liability**

**Empire Fire & Marine Ins. Co.**

**10/01/04 to 10/01/05 1,000,000**





**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.**

**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.**

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

**The neonatal/ pediatric transport ambulance is specifically equipped for transportation of neonates and children 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.**



Click here.

Lee Memorial  
Rehabilitation & Wellness  
Lee Memorial Health System

# IntraLee

|      |      |             |        |                 |              |      |        |
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Domestic DISCOUNT PROGRAMS

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|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Lyons, Gayle</b><br/>           BOARD MEMBER<br/>           BOARD OF DIRECTORS<br/>           Lee Memorial Hospital</p>                      | <p><b>Phone: (239) 334-594</b><br/>           Fax:<br/>           Pager:</p>                                                  |
| <p><b>Martin, William</b><br/>           BOARD MEMBER<br/>           BOARD OF DIRECTORS<br/>           Lee Memorial Hospital</p>                   | <p><b>Phone: (239) 334-594</b><br/>           Fax:<br/>           Pager:</p>                                                  |
| <p><b>McGovern, Nancy</b><br/>           BOARD MEMBER<br/>           BOARD OF DIRECTORS<br/>           Lee Memorial Hospital</p>                   | <p><b>Phone: (239) 334-594</b><br/>           Fax:<br/>           Pager:</p>                                                  |
| <p><b>Stout, Marilyn</b><br/>           BOARD MEMBER<br/>           BOARD OF DIRECTORS<br/>           Lee Memorial Hospital</p>                    | <p><b>Phone: (239) 334-594</b><br/>           Fax:<br/>           Pager:</p>                                                  |
| <p><b>Suarez, Israel</b><br/>           BOARD MEMBER<br/>           BOARD OF DIRECTORS<br/>           Lee Memorial Hospital</p>                    | <p><b>Phone: (239) 334-594</b><br/>           Fax:<br/>           Pager:</p>                                                  |
| <p><b>Stephens, Cathy</b><br/>           ASSISTANT TO BOARD<br/>           BOARD OF DIRECTORS<br/>           Lee Memorial Hospital</p>             | <p><b>Ext. 45370</b>    <b>Phone: (239) 334-537</b><br/>           Fax: (239) 336-619<br/>           Pager: (239) 890-402</p> |
| <p><b>Firth, Isabel H.</b><br/>           ADMINISTRATIVE SECRETARY<br/>           BOARD OF DIRECTORS<br/>           Lee Memorial Hospital</p>      | <p><b>Phone: (239) 334-594</b><br/>           Fax:<br/>           Pager:</p>                                                  |
| <p><b>Hampton, Jeffery S.</b><br/>           PRN AUDIOVISUAL TECHNICIAN<br/>           BOARD OF DIRECTORS<br/>           Lee Memorial Hospital</p> | <p><b>Phone: (239) 334-594</b><br/>           Fax:<br/>           Pager:</p>                                                  |

**Prospect, Kimberly J.**  
EXECUTIVE SECRETARY  
BOARD OF DIRECTORS  
Lee Memorial Hospital

**Phone: (239) 334-594**  
**Fax:**  
**Pager:**

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Comments to the Webmaster: *Michael Melby, Senior Systems Engineer, Information Systems*



| VOUCHER NUMBER | INVOICE NUMBER | PURCHASE ORDER | INVOICE DATE | AMOUNT | DISCOUNT | NET AMOUNT |
|----------------|----------------|----------------|--------------|--------|----------|------------|
| 115110         | APPLICATION    |                | 04-19-05     | 250.00 | .00      | 250.00     |
| TOTALS         |                |                | TOTALS ->    | 250.00 | .00      | 250.00     |

**Lee Memorial Health System**  
P.O. Box 151247 Cape Coral, Florida 33915-1247  
Phone (239) 242-6200

Accounts Payable Phone Numbers are:  
239-242-6242 Debbie Conley A-G  
239-242-6241 Renee Mongelut H-N, Captal - X Purchase Orders  
239-242-6213 Edie Fowler O-Q  
239-242-6246 Laura Hamilton R-Z  
239-242-6208 Heather Tice Food  
239-242-6244 Maureen Riservato Reimbursements  
239-242-6247 A/P Fax

DETACH ALONG THIS PERFORATION

**Lee Memorial Health System**

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

TAX EXEMPT #46-07-043847-53C

TWO HUNDRED FIFTY AND 00/100 DOLLARS

DATE  
04/28/05

CHECK NO.  
00852758

00852758

NET AMOUNT  
\*\*\*\*\*250.00

PAY

TO THE  
ORDER  
OF

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

LEE MEMORIAL HEALTH SYSTEM

*J. H. Wiest*

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

⑈00852758⑈ ⑆063105683⑆ 002000013736⑈