

SNOHOMISH COUNTY COUNCIL
Snohomish County, Washington

MOTION NO. 23-064

AUTHORIZING THE EXECUTIVE TO SIGN AN ASSIGNMENT CONFIRMATION
TO AN AGREEMENT FOR TEMPORARY NURSE STAFFING FOR THE
TUBERCULOSIS CONTROL AND TREATMENT PROGRAM WITH
MAXIM HEALTHCARE STAFFING SERVICES

WHEREAS, the Snohomish Health District was integrated into Snohomish County effective December 31, 2022, and now operates as the Snohomish County Health Department; and

WHEREAS, prior to its integration into Snohomish County, the Snohomish Health District contracted with Maxim Healthcare Staffing Services in aid to the public health response to COVID-19 by providing medical professional staffing services to the Snohomish Health District; and

WHEREAS, in recognition of the Snohomish Health District's integration into Snohomish County Maxim Healthcare Staffing Services previously consented to the assignment of its contract to Snohomish County; and

WHEREAS, the Snohomish County Health Department provides tuberculosis control and treatment services for the residents of the county; and

WHEREAS, these services are core public health services that the Snohomish County Health Department performs; and

WHEREAS, the Snohomish County Health Department has the sole responsibility to ensure communicable diseases in our communities are investigated and when applicable that residents have received treatment; and

WHEREAS, the Snohomish County Health Department Health Officer is charged with disease prevention and control; and

WHEREAS, the Snohomish County Health Department has a continual recruitment for public health nurses, and by utilizing temporary staffing service the Health Department can maintain adequate staffing levels; and

WHEREAS, the contract with Maxim Healthcare Staffing Services is updated from time-to-time to account for new nurse assignments; and

WHEREAS, Maxim Healthcare Staffing Services and the Snohomish County Health Department has a current need to update their contract for a new nurse assignment in an amount not to exceed \$60,000;

NOW, THEREFORE, ON MOTION, the County Council hereby authorizes the Executive to sign an assignment confirmation with Maxim for healthcare staffing services in substantially the form as that attached hereto as Exhibit A.


PASSED this 7th day of February, 2023.

SNOHOMISH COUNTY COUNCIL
Snohomish County, Washington



Council Chair

ATTEST:



Deputy Clerk of the Council

ASSIGNMENT CONFIRMATION

Maxim and Customer hereby agree the following personnel will be assigned to Customer's Work Site, listed below, under the terms and conditions outlined below and according to the Agreement signed between Customer and Maxim.

Customer and Maxim understand and agree that this assignment is contingent upon verification of personnel's compliance with the Agreement and the pre-assignment screening requirements in "Facility Staffing Agreement" prior to the assigned start date.

Customer Name:	Snohomish County Health Department
Work Site Address:	3020 Rucker Ave, Everett, WA 98201
Confirmation Date:	01/27/2023

Customer hereby agrees to sign/return this document **WITHIN 48 BUSINESS HOURS** of the date listed above and understands that failure to do so may result in the delay of the assignment start date, and/or additional charges as defined in the Agreement.

Personnel Name, Discipline:	Rosa Haile – RN
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Assignment Start Date:	02/06/2023
Assignment End Date:	05/27/2023
Guaranteed Weekly Hours/Schedule:	8H Days, Monday – Friday
Approved Time-Off:	None

Base Bill Rate:	\$90.00
Overtime and Holiday Rates:	\$135.00
Approved Orientation Rate/Hrs.:	All Orientation hours billable
Special Provisions:	N/A

The total amount for the agreement shall not exceed \$60,000.

Authorized signature below indicates agreement to utilize Maxim Personnel under of ALL of the conditions specified above. The Staffing Services Agreement between Customer and Maxim shall govern any/all additional provisions that affect this assignment and/or the business relationship between the parties.

Lacey Harper Digitally signed by Lacey Harper
Date: 2023.02.08 09:31:12 -08'00'

Authorized Customer Representative Signature

Snohomish County Executive Director

Printed Name & Title

Date

01-30-2023

Approved as to form:
Deputy Prosecuting Attorney

COUNCIL USE ONLY	
Approved	<u>2/7/2023</u>
ECAF #	<u>2023-0105</u>
MOT/ORD	<u>Motion 23-064</u>

Please email a signed copy of this confirmation back to grteyema@maximstaffing.com. Thank you.