



REQUEST FOR BOARD ACTION

ITEM NO. 76

DATE OF MEETING: January 17, 2012

REQUESTED BY: Carolyn Moser, Health Director, Pender County Health Department

SHORT TITLE: Resolution Approving Purchase Order for Health Department Dental Service Contract for FY 11-12: \$11,000

BACKGROUND: This purchase order is to provide for a contract with Whitney Harrell, RDH, to work in the Mobile Dental Clinic as a Dental Hygienist for two days a week until the end of FY 11-12. Funding for this position was approved in the FY 11-12 budget, and no additional funding is needed. This position will increase access to oral health services and decrease waiting times for appointments.

SPECIFIC ACTION REQUESTED: To consider a resolution authorizing a purchase order for a contact with Whitney Harrell, RDH in the amount of \$11,000 for Fiscal Year 2011-2012.

COUNTY MANAGER'S RECOMMENDATION

Respectfully recommend approval.



Initial

RESOLUTION

NOW, THEREFORE BE IT RESOLVED by the Pender County Board of Commissioners that

a purchase order is authorized to Whitney Harrell, RDH in the amount of \$11,000 for a dental hygienist contract for FY 11-12. The County Manager/Chairman is authorized to execute any documents necessary to implement this resolution.

900060 404500 Contract Services \$11,000

AMENDMENTS:

MOVED _____ SECONDED _____

APPROVED _____ DENIED _____ UNANIMOUS

YEA VOTES: Brown ___ Tate ___ Rivenbark ___ Ward ___ Williams ___

George R. Brown, Chairman Date

ATTEST Date

HEALTH PROFESSIONAL CONTRACT

THIS AGREEMENT, entered into this 17th day of January, 2012, by and between the PENDER COUNTY HEALTH DEPARTMENT (hereinafter called "Department"), and WHITNEY HARRELL (hereinafter called "Professional"), whose principal office and place of business is in Pender County.

WITNESSETH:

WHEREAS, Pender County Health Department (hereinafter called "Department") through staff assistance has established public health program(s) (hereinafter called the "Program"); and

WHEREAS, Professional has agreed to provide independent office managerial services to improve the dental health in support of said programs;

NOW, THEREFORE, for and in consideration of the mutual covenants and conditions contained herein, the parties agree as follows:

1. Scope of Services. Professional shall provide the services set forth in Schedule "A", attached hereto and made a part hereof by reference.

2. Term of Agreement. The term of this contract shall be six (6) months from the date hereof, subject to prior termination pursuant to Section 15.

3. Payment. Department shall pay Professional for services rendered pursuant to this agreement the sum of \$ 26.00 per hour for a total number of 400 hours between January 17, 2012 and June 30, 2012 (50 days total in the contract period-no more than 16 hours/week.)

4. Minimum Qualifications. Professional shall possess and maintain the minimum qualifications set forth in Schedule "B" attached hereto and made a part hereof by reference. Professional must also authorize and submit to drug testing, background and driver's license checks, with the results satisfactory to the Department, in its sole discretion.

5. Independent Contractor. Professional acknowledges that, in entering into this contract and providing services, Professional is acting as an independent

contractor; Professional shall be deemed or construed to the employees of the Department or Pender County. Professional shall be solely responsible for payment of all required State and Federal taxes. Professional shall acquire any Continuing Medical Education (CME) on the Professional's own time.

6. Indemnity. Professional shall indemnify and hold Department and Pender County, its agents and employees, harmless against any loss and all claims, demands, causes of actions, or other liability, including attorney fees, on account of contract or personal injuries or death or on account of property damages arising out of or relating to the work to be performed by Professional hereunder, resulting from the negligence of or the willful act or omission of Professional, his/her agents, employees and subcontractors.

7. Binding Effect. This contract shall be binding upon the parties hereto, and their heirs, successors, executors, administrators and assigns.

8. Insurance. Professional shall maintain insurance from companies licensed to write business in North Carolina, with an A.M. Best rating of "A" or higher, and acceptable to County, of the kinds and minimum amounts specified below.

Workers Compensation and Employers Liability Insurance

The Professional will be required to provide a copy of the insurance binder that indicates the period of coverage.

Professional Liability Insurance

The Professional will be required to obtain and maintain Professional Liability Insurance and shall hold and save the Department and Pender County harmless from any and all liability and expenses, including attorney's fees, court costs and all other costs incurred by the Professional, which are caused by the negligence of the Professional. The Professional will be required to maintain this coverage for a period of at least two (2) years beyond substantial completion of the contract.

9. Further Actions. The parties will make and execute all further instruments and documents required to carry out the purposes and intent of this contract.

10. Governing Law. All of the terms and conditions contained herein shall be interpreted in accordance with the laws of the State of North Carolina.

11. Notices. All notice required hereunder to be sent to either party shall be sent to the following designated addresses, or to such other address or addresses as

may hereafter be designated by either party by mailing of written notice of such change of address, by Return Receipt Requested:

To Department:

Pender County Health Department

ATTN: Donna Ramos, Finance

P. O. Box 1209

Burgaw, NC 28425

To Professional:

Whitney Harrell

204 N. Brig Drive

Hampstead, NC 28443

12. Nondiscrimination. Professional will take affirmative action not to discriminate against any patient or otherwise illegally deny any patient participation in or the benefits of the activities which are the subject of this contract, because of race, creed, color, sex, age, disability, or national origin.

13. Non-appropriation. All funds for payment by the Department under this contract are to be billed bi-weekly for service provided. Total of bi-weekly payments for six months must not exceed \$ 10,400 for services rendered under the terms of this contract. Department shall not be obligated under this contract beyond the date of termination.

14. Amendments. This Contract shall not be modified or otherwise amended except in writing signed by the parties.

15. Termination. This agreement may be terminated at any time by either party, without penalty and without cause, provided that written notice of such termination is furnished to the other party at least fifteen (15) days prior to termination. The agreement can be terminated at anytime by either party without advance notice and without penalty, for failure in performance of duties or for failure to meet contract provisions.

16. Entire Agreement. This agreement constitutes the entire understanding between the parties and supersedes all prior and independent agreements between the

parties covering the subject matter hereof. Any change or modification of this agreement must be in writing signed by both parties.

IN WITNESS WHEREOF, the parties hereto have caused the execution of the foregoing instrument, by authority duly given and in duplication originals, all on the day and year first above written.

PENDER COUNTY HEALTH DEPARTMENT

PROFESSIONAL

Health Director

Whitney Harrell

THIS INSTRUMENT HAS BEEN REVIEWED BY THE COUNTY ATTORNEY

THIS INSTRUMENT HAS BEEN PRE-AUDITED IN THE MANNER REQUIRED BY THE LOCAL GOVERNMENT BUDGET AND FISCAL CONTROL ACT.

County Finance Officer

SCHEDULE A

Scope of Services

Professional shall provide dental care services to citizens in Pender County. Patients eligible for dental care services include children and adults who are primarily residents of Pender County and are either covered by Medicaid/Medicare, private insurance, or are uninsured for dental care using the Pender County Health Department sliding fee schedule. Eligibility shall be determined by the Administrative Support assigned to the dental care program.

Professional shall:

- Perform required dental treatment for patients as prescribed by the supervising Dentist. Perform dental hygiene and treatment in the control of mouth diseases among children and adults.
- Maintain dental records accurately to manage risk. Provide continuity of care and assure quality of care. Interpret the appropriate information needed to identify each patient's requirement and document that age specific needs are being met as described in the departmental policies and procedures.
- Assist in providing program/clinical orientation for students.
- Maintain high standards of accuracy in performing duties and responsibilities, exercising immediate remedial action to correct any quality deficiencies that occur in areas of responsibility.
- Maintain quality communication and interaction with intra- and interdepartmental personnel, and any external entities with whom position interacts.
- Develop and maintain considerable knowledge of the principles and practices of the dental care program.
- Provide zero-revenue dental care services to clients with no payment source at the discretion of the Department.
- Payment to the professional for these services shall be made at the daily rate specified herein.

SCHEDULE B

Professional shall have graduated from an approved school and has completed the required courses pertaining to Dental Hygiene, be properly and currently certified to practice as a Dental Hygienist in the State of North Carolina and must have a valid North Carolina driver's license.

North Carolina Dental Hygiene Certification _____

Social Security Number _____

NC State Driver's License Number _____

Professional shall have considerable knowledge of dental hygiene and dental technology and other standards of public health.

Professional shall have working knowledge of intra-oral radiography, infection control and radiation safety and have working knowledge of the laws, ordinances, standards and regulations pertaining to the duties and responsibilities stated herein.

Professional shall have performance aptitudes which include:

- Ability to maintain credibility in the community, to deal tactfully and courteously with the employees of the Pender County Health Department and be culturally sensitive.
- Ability to perform work involving considerable interaction with patients.
- Ability to exercise judgment, decisiveness and creativity required in situations involving the evaluation of patients.
- Ability to perform tasks requiring exerting of light physical effort in sedentary to light work; may involve some lifting, carrying, pushing and/or pulling of objects and materials of light weight (5-10 pounds) for such tasks as moving supplies or equipment. May involve lifting, holding and restraining children of heavier weight. May involve extended periods of time standing, stooping, sitting and stretching.
- Ability to perform work requiring extended periods of repetitive motions that include lifting, grasping, and flipping. Must be able to climb steps and balance oneself in narrow spaces. Work requires manual dexterity.

- Ability to observe office and environment to identify problems. Work requires oral communications ability, including talking and hearing.
- Mental skills required include excellent mental concentration and alertness. Must have ability to work independently. Must have ability to follow oral and written instructions and explain instructions to others. Must have ability to problem-solve and facilitate interventions.
- Shall use extreme caution and follow written procedures when performing duties that could lead to injury or exposure. Shall report and/or follow-up reports of unsafe work practices. Must be aware of safety hazards at assigned work sites. Must report unsafe conditions to Contract Dentist and Health Director or designee.