
Business Session Draft Agenda
Wednesday, April 19, 2017

<u>Call to Order:</u>	3:30
<u>Approve Agenda:</u>	3:35
<u>Patient Story:</u> Jackie Mossakowski	3:40
<u>Minutes:</u> Action Requested	3:45
• March 29 Special Session (pg. 2-4)	
<u>Required Approvals:</u> Action Requested	3:50
• Medical Staff Credentials/Appointments/Reappointments (pg. 5)	
• March Warrants and Adjustments	
• Resolution 2017-16 Cancel Warrants (pg.6-7)	
• Resolution 2017-17 Surplus Equipment (pg. 8)	
• Resolution 2017-18 Cash Drawer Increase (pg. 9-10)	
<u>Public Comment:</u>	4:00
<i>(Alternative methods of providing public comment on any item on the agenda or any other hospital issue is through a letter addressed to Commissioners at 834 Sheridan Street, Port Townsend, WA 98368 or email to Commissioners at commissioners@jgh.org)</i>	
<u>CHIP Interlocal Agreement:</u>	4:10
• Resolution 2017-19 Interlocal Agreement (pg. 11-18)	
<u>Summary of Community Meetings:</u>	4:20
• Mike Glenn, CEO and Katie Holmes, Facilitator	
<u>Patient Advocate Report:</u> Jackie Levin	4:40
• 1 st Quarter Data	
<u>Financial Report:</u> Hilary Whittington	5:00
• March	
<u>Administrator's Report:</u> Mike Glenn	5:20
<u>Chief Medical Officer Report:</u> Joe Mattern, MD	5:40
<u>Board Report :</u>	6:00
<u>Executive Session:</u>	6:10
• Potential Litigation	
<u>Conclude:</u>	6:25
This Regular Session will be officially audio recorded. Times shown in agenda are estimates only.	

Jefferson County Public Hospital District No.2
Board of Commissioners, Regular Session Minutes
Wednesday, March 29, 2017
Victor J. Dirksen Conference Room

Call to Order:

The meeting was called to order at 3:30 pm by Commissioner Buhler. Present were Commissioners Buhler, De Leo, Dressler, Kolff, and Ready. Also present were, Mike Glenn, CEO, Brandie Manuel, Executive Director Quality and Patient Safety, Lisa Holt, CAO, Hilary Whittington, CFO, Steve Feland, CHRO, and Alyssa Rodrigues, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

Approve Agenda:

Commissioner Kolff made a motion to approve the March 29 special session agenda. Commissioner Ready seconded the motion.

Action: Motion passed unanimously.

Minutes:

- March 8 Special Session minutes

Commissioner De Leo made a motion to approve the March 8 special session minutes. Commissioner Dressler seconded the motion.

Action: Motion passed unanimously.

- March 9 Special Session minutes

Commissioner De Leo made a motion to approve the March 9 special session minutes. Commissioner Dressler seconded the motion.

Action: Motion passed unanimously.

- March 15 Regular Session minutes

Commissioner De Leo made a motion to approve the March 15 regular session minutes. Commissioner Dressler seconded the motion.

Action: Motion passed unanimously

Required Approvals:

- Resolution 2017-14 Surplus Equipment
- Medical Staff Credentials/Appointments/Reappointments

Commissioner De Leo made a motion to approve Resolution 2017-14 Surplus Equipment and Medical Staff Credentials/ Appointments/ Reappointments as presented. Commissioner Kolff seconded the motion.

Action: Motion passed unanimously

ISO/ DNV Report Out:

Brandie Manuel, Executive Director of Quality and Pt. Safety gave a report on the Jefferson Healthcare DVN/ISO survey.

Discussion ensued.

Employee Engagement Presentation:

Mike Glenn, CEO gave a presentation on the 2016 Employee Engagement scores and the announcement of Jefferson Healthcare being part of the Healthcare Equality Index 2017.

Discussion ensued.

Women's Clinic Presentation:

Lisa Holt, CAO, gave a presentation on the new Women's Clinic opening on April 3.

Discussion ensued.

Resolution 2017-15 Declaring the Districts Position Regarding the Impact of Immigration Status on Access to District Services:

Commissioner De Leo made a motion to adopt Resolution 2017-15. Commissioner Kolff seconded.

Discussion ensued.

Commissioner Kolff made a motion to correct the word "though" with "through" in first paragraph in the third line. Commissioner Dressler seconded.

Action: Amended motion made by Commissioner Kolff passed unanimously.

Action: Original motion made by Commissioner De Leo passed unanimously.

Consideration of Cover Letter for Resolution 2017-09:

Commissioner Kolff made a motion to send copies of Resolution 2017-09 and cover letters to members of our district's state and federal representatives. Commissioner Ready seconded.

Discussion ensued.

Action: Motion failed 3 to 2. Commissioners Kolff and Ready in favor, Commissioners De Leo, Dressler, and Buhler opposed.

Executive Session:

Commissioner Buhler announced the cancellation of Executive Session due to the inability of our attorney to be present by phone or in person to discuss potential litigation.

Conclude:

Commissioner Dressler made a motion to conclude the meeting. Commissioner De Leo seconded.

Discussion ensued.

Action: Motion passed unanimously.

Meeting concluded at 4:45pm.

Approved by the Commission:

President of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____

DRAFT

FROM: Barbara York – Medical Staff Services
RE: 3-28-2017 Medical Executive Committee appointments/reappointments and annual policy review recommendations for Board approval 4-19-2017

C-0241

§485.627(a) Standard: Governing Body or Responsible Individual

The CAH has a governing body or an individual that assumes full legal responsibility for determining, implementing and monitoring policies governing the CAH'S total operation and for ensuring that those policies are administered so as to provide quality health care in a safe environment.

Interpretive Guidelines §485.627(a)

It is the responsibility of the governing body (or responsible individual) to appoint, with the advice of the medical staff, the individual practitioners to the medical staff. After considering medical staff recommendations, and in accordance with established CAH medical staff criteria and State and Federal laws and regulations, the governing body (or responsible individual) decides whether or not to appoint new medical staff members or to continue current members of the medical staff.

Recommended re-appointment to the allied health staff:

1. Griffin, Lance, CRNA – Nurse Anesthetist
2. Irick, Sarah, ARNP – Family Medicine

No annual medical staff policies for review yet.

RESOLUTION 2017-16

A RESOLUTION CANCELING SAID WARRANTS IN
THE AMOUNT OF \$2497.63

WHEREAS warrants of any municipal corporation not presented within one year of their issue, or, that have been voided or replaced, shall be canceled by the passage of a resolution of the governing body.

NOW, THEREFORE BE IT RESOLVED THAT:

In order to comply with RCW 36.22.100, warrants indicated below in the total amount of \$2497.63 be canceled.

Date of Issue	Warrant #	Amount
03/04/2016	224120	30.50
03/04/2016	224122	.03
03/04/2016	224163	25.76
03/04/2016	224176	73.57
03/04/2016	224237	1.49
03/07/2016	224339	15.00
03/07/2016	224346	15.00
03/07/2016	224360	12.00
03/07/2016	224364	20.00
03/07/2016	224374	16.46
03/11/2016	224514	5.00
03/11/2016	224589	50.64
03/11/2016	224598	36.31
03/15/2016	224700	20.00
03/15/2016	224703	6.72
03/15/2016	224724	3.27
03/17/2016	224774	152.78
03/17/2016	224796	10.00
03/17/2016	224808	20.00
03/17/2016	224810	1.00
03/17/2016	224824	93.96
03/17/2016	224851	8.04
03/17/2016	224852	20.15
03/17/2016	224886	105.00
03/17/2016	224893	30.40
03/17/2016	224895	50.00
03/17/2016	224913	50.00
03/17/2016	24931	4.44
03/17/2016	224962	102.00
03/24/2016	225076	15.00
03/24/2016	225081	327.20
03/24/2016	225091	85.33
03/28/2016	225234	102.74

03/28/2016	225256	4.54
03/28/2016	225345	535.00
03/29/2016	225361	448.30
Total		2497.63

APPROVED THIS 19th day of April, 2017.

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

APPROVED BY THE COMMISSION:

Commission Chair – Jill Buhler: _____

Commission Secretary – Marie Dressler: _____

Attest:

Commissioner – Anthony De Leo: _____

Commissioner – Kees Kolff: _____

Commissioner – Matt Ready: _____

RESOLUTION 2017-17

**A RESOLUTION TO DECLARE CERTAIN ITEMS SURPLUS TO THE NEEDS OF
JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2 AND
TO AUTHORIZE THE DISPOSAL OF SAID EQUIPMENT**

WHEREAS the item(s) of equipment enumerated below are obsolete and otherwise surplus to the needs of the District, and

WHEREAS said equipment now creates a storage problem and represents an unnecessary cost to the District to retain it,

NOW, THEREFORE BE IT RESOLVED THAT:

- 1) The following equipment be declared surplus to the immediate needs of Jefferson County Public Hospital District No. 2 and will be disposed of in compliance with appropriate State laws:

Description	Asset #	Serial #	Model #
Copier	04-00030	MNT 10042	Canon 1370F

APPROVED THIS 19th day of April, 2017.

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

APPROVED BY THE COMMISSION:

Commission Chair – Jill Buhler: _____

Commission Secretary – Marie Dressler: _____

Attest:

Commissioner – Anthony De Leo: _____

Commissioner – Kees Kolff: _____

Commissioner – Matt Ready: _____

RESOLUTION 2017-18

Jefferson County Public Hospital District No. 2

A Resolution of Jefferson County Public Hospital District No. 2, establishing cash drawer accounts and Petty Cash Funds.

WHEREAS, The Board of Commissioners finds that it is efficient and cost effective to maintain a cash drawer system to receive payments from patients, and to allow small purchases and reimbursements to be made through a petty cash system; and

WHEREAS, the state Budgetary, Accounting, and Reporting (BARS) Manual makes provisions for and outlines procedures for such systems;

NOW, THEREFORE, the Board of Commissioners of the Jefferson County Public Hospital District No.2 do ordain as follows:

Section 1: The following Petty Cash Funds and Cash Drawers are hereby established:

CASH DRAWERS:

CD 1	\$100
CD 2	\$310
CD 3	\$100
CD 4	\$100
CD 5	\$100
CD 6	\$100
CD 7	\$100
CD 8	\$100
CD 9	\$100
CD 10	\$150
CD 11	\$100
CD 12	\$100
CD 13	\$100
CD 14	\$100
CD 15	\$100
CD 16	\$100

PETTY CASH FUNDS:

PC 1	\$200
PC 2	\$100
PC 3	\$500

**A key code of cash drawer and petty cash fund locations is kept in the office of the Financial Administrative Analyst.

Section 2: The Controller, under the direction of the Chief Financial Officer, shall amend as needed, the policies and procedures for monitoring the disbursement, accounting, and replenishment of funds.

ADOPTED and APPROVED by the Board of Commissioners of Jefferson County Public Hospital Dist No. 2 at an open public meeting thereof this 19th day of April, 2017, the following Commissioners being present and voting in favor of the resolution.

Commission President – Jill Buhler: _____

Commission Secretary – Marie Dressler: _____

Attest:

Commissioner – Anthony De Leo: _____

Commissioner – Kees Kolff: _____

Commissioner – Matt Ready: _____

RESOLUTION 2017-19
INTERLOCAL AGREEMENT BETWEEN JEFFERSON COUNTY; JEFFERSON COUNTY PUBLIC HOSPITAL
DISTRICT NO. 2;
AND CITY OF PORT TOWNSEND FOR
COMMUNITY HEALTH IMPROVEMENT PLANNING ADMINISTRATION

This Intergovernmental Agreement is made and entered into by and between Jefferson County Washington, a municipal corporation (hereinafter referred to as “County”), Jefferson County Public Hospital District No. 2, Washington, a municipal corporation (hereinafter referred to as “Jefferson Healthcare”), and the City of Port Townsend, Washington, a municipal corporation (hereinafter referred to as “City”).

A Community Health Improvement Plan (CHIP) is a long-term, systematic effort to address the community’s most important health problems. They are community-driven, data focused and contain strategic actions designed to improve the health of individuals, families and communities. They contain metrics to measure and evaluate health improvement.

The overarching goal of the CHIP is to facilitate alignment of efforts within the community, utilizing collective impact in order to make measurable differences in the health and well-being of Jefferson County people, families, and communities.

This CHIP focuses on the area of Jefferson County served by Jefferson County Public Hospital District #2, Jefferson County Public Health, and the City of Port Townsend. West Jefferson County will be served by a separate CHIP process.

From February to April 2014, a group of community stakeholders led by Jefferson Healthcare and Jefferson County Public Health began to review the results of a community health assessment (CHA) that had been performed in 2013. A CHA gathers data from a variety of sources, analyzes the data, and provides information that tells us about the health and well-being of our communities. The assessment analyzed current data regarding demographics, socioeconomic status, community safety, quality of life, healthcare access, pregnancy and births, morbidity and mortality, injuries and hospitalizations, and behaviors that impact health.

In May 2014, the group compiled a list of the top issues in Jefferson County. In June of that year, the data workgroup carried out a prioritization exercise that identified the top four health priorities: Access to Mental Health and Chemical Dependency Care; Chronic Disease Prevention; Access to Care; and Immunizations.

The prioritization work was reviewed by a broad based group of community leaders and stakeholders in January 2015. This group confirmed these priorities and many of them volunteered to participate in workgroups to develop a detailed plan of action to improve the outcomes in each of the four health priorities

Community health improvement is not a one-time effort. It is an ongoing process that looks broadly at factors impacting our population’s health and finding ways to collectively address them. A community health improvement process uses CHA data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement, and evaluate the strategies using identified and agreed upon measures. Adjustments in strategies may be made upon evaluation. The CHA/CHIP process is on-going and cyclical. Every three to five years a new Community Health Assessment is completed, the results are vetted by community and organizational representatives, current Community Health Improvement plan priorities are reviewed in the context of new data and adjustments are made based on data and community/organizational review. At the conclusion of the community process, a new Community Health Improvement Plan is written and implemented and the process continues.

The Community Health Improvement Plan belongs to the residents, private/non-profit/faith-based organizations, businesses, and governments of Jefferson County collectively and its implementation, success, and sustainability is dependent upon the collective effort of all sectors of our communities in order to move the needle on improving the health of the population and the health of our communities.

Success will be achieved through Collective Impact. Collective Impact is the output of a coordinated effort. Collective Impact, defined by having shared goals, coordinated activities, common measurements, and ongoing communication, as well as having a strong organization to see things through, leads to much greater results. In the case of Jefferson County's CHIP, all partners will work in a coordinated way to provide support to align community efforts and sustain CHIP work over time. This will include data aggregation, communication, and community collaboration.

The plan's sustainability and effectiveness will need community and organizational commitment. This starts with the development and implementation of health policies designed to improve health. A common agenda, evaluation and measurement, continual communication, and financial and human resources are essential to achieve success.

Partners in Jefferson County will be working to develop a community health improvement leadership structure that will include oversight of the recurring cycle of CHA and community health improvement planning going forward.

Partners in Jefferson County will also work with regional partners such as the Olympic Community of Health which serves as the Accountable Community of Health for Jefferson, Clallam, and Kitsap counties to assure that mutual goals and strategies are developed that will benefit the residents of Jefferson County and further the overarching goal of improved community health.

Strategies for each Priority area have been developed and implementation of those strategies will depend upon securing a Lead Agency for each strategy.

WHEREAS, the Parties are forming a partnership to ensure operational support for the continuation of the Community Health Assessment and Community Health Improvement Plan implementation and evaluation cycle; and

WHEREAS, the Parties acknowledge the importance of a collective effort to improve the population's health and that by doing so, the health of the community is improved; and

WHEREAS, the Parties recognize that community health improvement is not a one-time effort, but an on-going process that looks broadly at factors impacting our population's health and uses the community health assessment data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement; and

WHEREAS, the Community Health Improvement process will continue to renew as the Community moves forward and that subsequent community health assessments will provide information regarding the progress made on current priorities and identify additional areas of focus; and

WHEREAS, the Community Health Improvement process will need community and organizational commitment; and

WHEREAS, the Parties recognize and agree that an organizational infrastructure is necessary to support the Community Health Assessment/Community Health Improvement Plan work and to assure alignment of Jefferson County's health improvement efforts for the benefit of all Jefferson County residents; and

WHEREAS, this interlocal agreement is entered into for the mutual benefit of the parties and is specifically authorized by the Interlocal Cooperation Act set forth in Chapter 39.34 of the Revised Code of Washington; now therefore,

For and in consideration of the services to be rendered, resources to be shared, and the payments to be made, the parties hereby recite, covenant and agree as follows:

1. **CHIP Executive Director Position & Work Plan.** A 1.0 FTE CHIP Executive Director will be hired to provide executive leadership to the CHIP efforts that will result in measureable health improvement outcomes in identified health priority areas for Jefferson County residents. Under the general direction of a CHIP Steering Committee, the Executive Director will develop an ongoing CHIP leadership structure to oversee the recurring cycle of community health assessment, community health improvement planning, implementation, and evaluation. The CHIP Executive Director will provide services including, but not limited to:
 - a. Hiring or contracting for the equivalent of a .25 FTE Epidemiologist to provide data/information, assessment, measure development, data collection, and evaluation services.
 - b. Facilitating forward progress in implementation of the priority goals, objectives and strategies contained in the CHIP and develops a reporting structure to track progress.
 - c. Providing expert advice and support for strategy lead agencies and assures they are clear on the specific roles, deliverables and accountabilities relative to the CHIP.
 - d. Being responsible to the CHIP Steering Committee and the Joint boards.
 - e. Securing on-going, sustainable, and stable funding beyond the two-year commitment of the Parties.
 - f. Monitoring and reports on progress of lead agencies and their strategies.
 - g. Developing a system for reporting outcomes (short-term, mid-term, and long-term) related to the priorities, goals, objectives and strategies that is meaningful and includes an easily understood dashboard that demonstrates collective progress toward population health improvement.
 - h. Assuring financial accountability and proper records management.
 - i. Fostering sustainable health system initiatives that improve the experience of care and the health of populations, and reduces the per capita of health care.
 - j. Working collaboratively with the Olympic Community of Health.

2. **CHIP Executive Director Budget and Funding in 2017 and 2018.**

2017 - 8 months only

BUDGET

Executive Director	\$	61,000
Epidemiology	\$	17,000
Admin Support (overhead)	\$	8,250
Subtotal	\$	86,250

CONTRIBUTION BY JURISDICTION

Jefferson Healthcare	\$	34,500
Jefferson County	\$	34,500
City of Port Townsend	\$	17,250
Total	\$	86,250

2018 - 12 months, 3% increase

Executive Director	\$	94,000
Epidemiology	\$	26,000

Admin Support (overhead)	\$ 12,500
subtotal	\$ 132,500

Jefferson Healthcare	\$ 53,000
Jefferson County	\$ 53,000
City of Port Townsend	\$ 26,500
Total	\$ 132,500

3. **CHIP Executive Director.** Jefferson Healthcare and Jefferson County Public Health will take the lead in hiring the CHIP Executive Director on behalf of the Parties. Jefferson Healthcare, with the assistance of Jefferson County Public Health, will conduct the recruitment, receive the applications hire the CHIP Executive Director. The Parties shall have the option to attend interviews conducted to evaluate candidates, and provide opinions to Jefferson Healthcare and Jefferson County Public Health as to the most qualified candidate. The CHIP Executive Director will be an employee of Jefferson Healthcare, will be housed at Jefferson Healthcare, and Jefferson Healthcare will be the fiscal agent for the funding necessary to support the CHA/CHIP organization (including payroll (salary and benefits), hiring or contracting for EPI services and any or all other funding received to support the CHIP program (whether from the Parties to this Agreement or any other source).
4. **Compensation.** Jefferson Healthcare shall pay the Executive Director's salary and benefits salary and shall also pay the salary and benefits of a .25 FTE Epidemiologist if hired or shall pay the Contractor for the equivalent cost of a .25 FTE Epidemiologist if the services are contracted. Jefferson Healthcare shall also prepare an annual billing statement for distribution to the Parties.

Jefferson Healthcare shall work with the other Parties to prepare an annual CHIP Program budget. Jefferson County and the City of Port Townsend shall be billed and shall pay Jefferson Healthcare for their share of the annual budgeted expenditures as shown in Section 2 of this Agreement. Jefferson Healthcare will send the invoice for 2017 upon execution of this Agreement and will send the 2018 invoice at the beginning of the 2018 calendar year.

As the host organization for the CHIP program, Jefferson Healthcare agrees to provide all-inclusive workspace and the services of an administrative assistant in support of the CHIP program as needed. In exchange for hosting the CHIP program and providing necessary space, telecommunications, computer, workstation, internet, and clerical support, Jefferson Healthcare will receive "Administrative Overhead" in an amount not to exceed \$8,250 in 2017 and \$12,500 in 2018 as shown in Section 2 of this Agreement.

In no event shall a Party's proportion of funding contributions be less than or exceed the percentage shown in Section 2 of this Agreement. Should any Party desire additional services or services specifically focused on their individual organization from the CHIP program, the Parties will negotiate a cost for those specially desired services and payment will be made by the requesting Party to Jefferson Healthcare to fully cover the costs associated with those additional services.

No changes to the funding amounts or percentages shall be made to this Agreement unless negotiated and agreed to by all Parties to this Agreement.

5. **Status and Workspace.** The Parties specifically agree that the CHIP Program will provide professional services for the benefit of all partners. Workspace, to include a desk, chair, and access to standard office equipment and computer connections, shall be made available and provided by Jefferson Healthcare as necessary.
6. **Support and Monitoring of the CHIP Program.** The Parties shall support and monitor the performance and progress of the CHIP Program in the following ways:
- Jefferson County Public Health and Jefferson Healthcare will provide In-Kind support by designating two representatives from each organization to serve as a Steering Committee to provide operational oversight of the Executive Director and the CHIP Work. Policy Direction will be provided jointly by the Jefferson County Board of Health and the Public Hospital District #2 Board through a minimum of two meetings per year.
 - The CHIP Steering Committee, together with the Executive Director, will report to the Joint Board of Health and Public Hospital District #2 Board at least quarterly. More frequently if requested by the Joint Board.
 - The CHIP Executive Director may also serve as a liaison to the City of Port Townsend Council and the Jefferson County Board of Commissioners.
7. **Term.** This agreement shall become effective upon full execution by all three Parties. This Agreement shall continue in force and effective through December 31, 2018. This Agreement reflects each Party's commitment to pay to Jefferson Healthcare the amounts described in Section 2 *CHIP Executive Director Budget and Funding in 2017 and 2018*, and Section 4 *Compensation*, of this agreement. Extension of the terms of this agreement beyond the initial period may be affected by written agreement of the parties.
8. **Termination.** Any partner may terminate this Agreement by providing at least sixty (60) days advance notice of termination in writing to the other partners. However, as stated in Section 7 Term, the partner requesting termination must continue their payment to Jefferson Healthcare through December 31, 2018 unless all remaining Parties agree on the new payment responsibilities and amounts resulting from updated proportions.
9. **Modification.** This Agreement may only be modified or amended in writing representing the mutual acceptance by all parties of said amendment or modification.
10. **Hold Harmless.** Each party to this Agreement shall defend, indemnify and hold the other party, its appointed and elected officers and employees, harmless from claims, actions, injuries, damages, losses or suits including attorney fees, arising or alleged to have arisen directly or indirectly out of or in consequence of the performance of this Agreement to the extent caused by the fault or negligence of the indemnitor, its appointed or elected officials, employees, officers, agents, assigns, volunteers or representatives.
11. **Applicable Law and Venue.** This Agreement shall be construed and interpreted in accordance with the laws of the State of Washington. In the event of a dispute, such dispute shall be litigated in the Superior Court of Jefferson County, Washington.
12. **Non-Discrimination.** Parties shall not discriminate in any manner related to this Agreement on the basis of race, color, national origin, sex, religion, age, marital status or disability in employment or the provision of services.

13. **Severability.** If any provision of the Agreement shall be held invalid, the remainder of this Agreement shall not be affected thereby if such remainder would then continue to serve the purposes and objectives of all parties.
14. **Entire Agreement.** This Agreement constitutes the entire agreement between the parties. Any modifications or amendments to this Agreement shall be in writing and shall be signed by each party.
15. **Compliance with RCW 39.34.040.** Pursuant to RCW 39.34.040, this agreement shall be filed with the Jefferson County Auditor or alternatively, listed by subject on the public web site of the Parties hereto or on other electronically retrievable public source.

DATED this _____ day of _____ 2017.

COUNTY OF JEFFERSON

**JEFFERSON COUNTY PUBLIC HOSPITAL
DISTRICT No. 2**

Kathleen Kler, Chair
Board of County Commissioners

Mike Glenn, CEO

ATTEST:

ATTEST:

Carolyn Avery, Deputy Clerk of the Board

Marie Dressler, Secretary of the Commission

APPROVED AS TO FORM:

Michael Haas, Prosecuting Attorney

CITY OF PORT TOWNSEND

David Timmons, City Manager

ATTEST:

Joanna Sanders, City Clerk

APPROVED AS TO FORM:

Steve Gross, City Attorney

Attachment A
Minimal Program Requirements
and
Statement of Work

CHIP program requirements

The following elements describe the essential functions of the CHIP Executive Director:

- Provides direction, administration and short- and long-term planning and evaluation for CHIP processes and of initiatives/programs tied to specific indicators and measures.
- Leads strategic planning, priority setting, sustainability and assessment activities.
- Develops a CHIP leadership structure to oversee the recurring cycle of community health assessment and community health improvement planning
- Develops, manages budget and prepares financial reports for the Steering Committee and the Joint Governing Board.
- Engages a wide representation of stakeholders to analyze data, evaluate evidence-based projects, and implement projects that can effectively improve the public's health across Jefferson County.
- Supports and assists lead agencies in implementation of their strategies to achieve the goals and objectives associated with those strategies.
- Assesses needs for technical expertise and consultation. Makes recommendations for and procures consultant services within available budget.
- Serves as the primary public representative and advocate for CHIP as empowered to do so by the governing body.
- Develop communication tools and documents for use in communication about CHIP goals and achievements.
- Develops and maintains strong collaborative relationships with local community groups and agencies to ensure ongoing stakeholder and broad community engagement. Provides a Jefferson County perspective and advocates for resources from local, regional, state, and foundations.
- Engages with epidemiology support for the development of metrics and ensures data is being collected that, to the extent possible, focuses on outcomes rather than output or performance measures.
- Monitors and reports on progress towards metrics.
- Creates, reviews and approves reports which provide information and status updates for all components of CHIP and its identified health priorities.

- Develop a system for reporting outcomes (short-term, mid-term, and long-term) related to the priorities, goals, objectives and strategies that is meaningful. The system will include an easily understood dashboard that demonstrates collectively progress toward population health improvement.
- Liaises with Jefferson County Board of Health and Jefferson Co Hospital District board, City of Port Townsend Council, Jefferson County Board of Commissioners, Olympic Community of Health, as well as Jefferson County Public Health and Jefferson Healthcare representatives.
- Serves as an active participant in regional Olympic Community of Health meetings, discussions and collaborations and ensure the sustained collaborative involvement of appropriate regional and state partners
- Serves as a resource for lead agencies, motivates and mentors lead agency staff, as needed, in providing quality and appropriate quantity of work in assigned areas utilizing resources efficiently.
- Identifies funding sources and secures resources.
- Fosters sustainable health system initiatives that improve the experience of care and the health of populations, and reduce per capita costs of health care.
- Supports the work of the governing body.
- Nurtures a work culture of innovation and appropriate risk-taking.
- Assures agendas are developed and minutes are recorded to document progress.

In addition to the essential functions listed above, the CHIP Steering Committee and the Executive Director will seek on-going, sustainable, and stable funding to continue the work of the CHIP program beyond 2018.

Statement of Work:

All Parties will:

- Support the CHIP program through funding, in-kind, and management as outlined specifically in the Interlocal Agreement.
- Assist the Steering Committee and the Executive Director in seeking stable and sustainable funding to support the ongoing work of the CHIP program beyond 2018.

Payment Schedule:

- Payments to Jefferson Healthcare will be made annually as invoiced by Jefferson Healthcare for the proportionate share of budgeted expenditures as set forth in *Section 4. Compensation* of this Interlocal Agreement.
- Payments to the Jefferson Healthcare will be billed and paid as described in *Section 4. Compensation* of this Interlocal Agreement.