

**BOARD OF TRUSTEES MEETING
TVHC Board Room
MONDAY, NOVEMBER 23, 2009**

Trustees Present: Michael Whitfield, Deborah Ray-Malheiro, Bob Benedict, Robert Emerson, Chris Larson, Brooke Blackwelder, Aaron Hanson

Ex-Officio Present: Mitch Felchle

Ex-Officio Guests: Jake Erickson, Louis Kraml

Minutes Recorded by: Marni Vasseur

Meeting called to order by Michael Whitfield, Board Chairman, at 5:32 pm.

CHANGES / ADDITIONS TO THE AGENDA:

● **MOTION:** C. Larson said that Board communications were not worthy of agenda change but moved to add review of action items and Board updates.

B. Benedict added that admin items should be added to the agenda.

C. Larson added talks and communications.

Emerson moved to add to Executive Session the discussion of the Driggs clinic lease, pursuant to Idaho code 67-2345 (c).

Motion seconded by C. Larson and carried unanimously.

● **MOTION:** M. Whitfield moved to add the swearing in of Aaron Hansen, new Trustee member and Brooke Blackwelder, returning Trustee member to agenda item number three.

Motion seconded by C. Larson and carried unanimously.

SWEARING IN OF BROOKE BLACKWELDER AND AARON HANSEN:

B. Benedict swore in new trustee Aaron Hansen and renewing trustee Brooke Blackwelder.

ELECTION AND CONFIRMATION OF BOARD OFFICERS:

M. Whitfield stated that it should have appeared in the annual meeting in October that currently the Board has 3 offices occupied and that they need 4. The treasurer seat is vacant and open until the financial committee is established. It is open for discussion whether to nominate a treasurer or if one would like to step forward.

● **MOTION:** C. Larson moved to wait until the financial committee is established to designate a treasurer.

Motion seconded by B. Benedict and carried unanimously.

MINUTE APPROVAL:

● **MOTION:** M. Whitfield moved to approve the 10/21/09 and 10/28/09 minutes as amended.

C. Larson made a grammatical correction.

Motion approved by R. Emerson

Motion seconded by D. R-Malheiro and carried unanimously.

ACTION ITEMS

Action items from 10/28 meeting were readdressed.

C. Larson asked B. Ripplinger about the financials for October, to answer B. Benedict's questions about dollars versus patient visits. Benedict mentioned that the budget did not show the dollars for Driggs, it only showed the number of patient visits. Ripplinger did not have this information and the item would have to be readdressed.

B. Benedict asked L. Piquet about pharmacy information. Piquet said that she didn't follow up with Kelly in pharmacy, that Kelly just got started with lettering. She followed up with housekeeping and they had 12 surveys, in quality report.

Emerson asked if the staff got reminders about doing the surveys. Piquet said they were reminded.

M. Whitfield asked for the financial report information from B. Ripplinger. Ripplinger replied that he did not have the information and was waiting for numbers.

M. Whitfield asked about money going toward equipment reserve.

M. Felchle said that we don't have equipment reserve currently due to budget limitations, but we plan to start one in January.

M. Felchle brought up the conflict of interest policy in the hospital bylaws. Felchle said it is vague and needs to be better specified.

B. Benedict said that Hawley Troxwell had specified how they thought the policy should read. The bylaws were essentially written with a disclosure form. Benedict said he had seen this in other boards. He had info from a training book that could be implemented in our bylaws.

M. Whitfield said the Hawley Troxwell conflict of interest and confidentiality policies should be in the trustee packets and amended.

D. R-Malheiro agreed that it should be distributed and sent out in packets.

M. Felchle said that we need to watch for conflicting items in the bylaws compared to how ours are written.

D. R-Malheiro asked about statistics on the quality committee packet. Malheiro asked if the board wants to see these statistics at monthly meetings. The Board agreed to get reports on this quarterly. L. Piquet will provide the statistics; Malheiro would compile the info and report to board if agreeable. L. Piquet said she would provide the information for the January meeting and continue quarterly. The Board agreed.

M. Whitfield said we would swear in another Trustee member Steven Deitrich at the December meeting.

Dr. Lofaro's contract

M. Felchle reported on Dr. Lofaro's contract for procedures. Felchle said that she has 2 gynecological procedures scheduled. Her current agreement is similar to Dr. Hansen's where she does surgery at the hospital but does not do clinic work.

M. Whitfield asked for clarification as to whether Lofaro is under contract for procedures.

B. Teckmeyer said that we would like her do global billing for OB practice but let us bill for gynecology practice. Teckmeyer does not have contract ready to negotiate with Lofaro.

QUALITY SERVICE/MEDSTAFF APPOINTMENTS (SEE ATTACHMENT):

D.R-Malheiro went over the Quality Services meeting highlights. They are reviewing quality indicators and recording what is happening. They are monitoring studar pillars and the quality improvement plan, per hospital regulations. Studar pillar goals are being implemented into the plan. A patient statistics survey is in process, TVHC is working with Bingham for guidance on how to implement the survey. Considering hiring an outside agency to help although it's expensive. TVHC would like to keep this in house to save money. The survey might be ready by mid December. TVHC would analyze internally in hopes of becoming more efficient and stable. Then we would use hcaps survey reporting. This is required for PPS, which is coming up. One important item for the survey is finding how well the provider knew the history and family in regards to patient's medical problems. This system needs to be improved. There is a lot of transfer of information and changing of providers daily. The nursing staff is using SBAR. Malheiro said she would like to see the providers participate in the input process.

Malheiro addressed the subject of call backs and mentioned that people in the committee had different experiences with call backs. How can we do this with out spending time and money? One idea was to start with Dr. Brown's OR cases and work out the process from there. In regards to discharge planning with Medicare it is important to follow up on what happens when patients leave the hospital. There is a grant for training on discharge planning.

Emerson asked if this applied to outpatient and inpatient.

D.R-Malheiro said that it does apply to both and that it is modeled after the HCAP survey.

L. Piquet presented the Medstaff appointments included in packets (see attachment). Changes to the policy mostly applied to p2 and p5.1 which included quality risk plans. D. R-Malheiro asked about grievance plans.

L. Piquet said that HR policies are under admin. She would get specific information about what “functional approval” meant in regards to definitions and on the text of policy 5.8. She is checking on policy tech. The other change under admin was on p3-7a, regarding board approval for required IT and HR, Piquet said that she took that out.

Piquet clarified that the Medical Director is Dr. Brown, Dr. Johnson is over ED, Dr. Horrocks is Chief of Staff and Dr. Snyder is over Victor health clinic.

L. Piquet added that the Policies and Procedures were approved by medical staff with positive feedback.

● **MOTION:** B. Benedict moved to approve the Policies and Procedures. Motion seconded by C. Larson and carried unanimously.

● **MOTION:** D. R-Malheiro moved to approve the “provisional appointments” and “re-appointments” as outlined in med staff bios. Motion seconded by B. Benedict and carried unanimously.

CEO REPORT (SEE ATTACHMENT):

M. Felchle presented his report, see attachment for details.

Comments made and not written on report: Dr. Eric Johnson

M. Felchle asked to discuss Dr. Johnson’s contract in Executive Session.

Comments made and not written on report: Victor Clinic

Short form patient survey as to what hours patients want and how they feel about their clinic experience is underway. Saturday morning Victor hours feed into Driggs clinic afternoon hours. The number of patients for October is 475. This includes all physicians and flu shot patients.

There were 1458 appointments for Driggs in October. 1950 appointments for the month of October between both clinics. November numbers are down a little but revenue is up. Flu shots brought volume up in October, this is normal for the market nationwide.

Clinics, IPN consolidator of provider. LP provides preferred providers

TVHC had a 98% satisfaction rating from IPN. Not having the privacy notice in Driggs brought score down to 96%.

Winter hours start Friday.

Dr. Snyder wants to be at the Victor clinic all 4 days in order to build his practice. This will change the business model and change the fact that all providers are women at that clinic. It will also increase cost on paper but not in reality.

Comments and discussion regarding where best to use providers ensued.

Comments made and not written on report: Flu Update

B. Benedict said that Eastern Idaho got another batch of seasonal flu shots.

M. Felchle said that the attorney general is investigating because pharmaceutical companies are selling flu vaccine for outrageous prices. Bingham has brought another supply.

B. Benedict asked if we were selling more shots than usual.

M. Felchle said that we were but it had slowed down.

Comments made and not written on report: Physical Therapy Update

M. Felchle said that we would propose a counter offer on the old billing issue. Hopefully this would be the last offer then we could come to an agreement. High Peaks was to pay back money on some patients; \$6500 for 6 patients in over 3 yrs. We were not finding widespread self reporting issues. We had not been charged with penalties so far, they were innocent mistakes.

Comments made and not written on report: Studer Pillars Update

M. Felchle said that by the next BOT meeting we should have goals in place and start measuring progress. There are issues over grievance situations not being handled.

Comments made and not written on report: Tax Levy

What information does the Board need? The Board will readdress.

Comments made and not written on report: 457 (b) plan.

M. Felchle explained this as a provision in TVHC's benefits to catch up to the maximum allowed retirement investment. Employees are not able to access this benefit if over the age of 50. The catch up provision allows employees to invest an extra \$5500 per year.

B. Benedict asked if the increased investment was compliant with IRS rules.

M. Felchle said that it does follow IRS rules but needs board approval. The Board would sign on behalf of the employer.

CEO Search

M. Felchle reported that Jake Erickson has been instrumental in assisting TVHC in the CEO search, we are nearing completion.

Rural Health Clinics

As TVHC strives to stay on track to be at the average net income for critical access hospitals of the same size, in 12 months, J. Erickson is getting benchmarks from other rural health clinics.

C. Larson said that we were gathering numbers and asked if we had comparables. Erickson said that Jeff Daniels could get that information.

Victor Clinic

M. Felchle said that we have goals for Victor clinic to generate net clinic revenue in excess of \$100,000 in first 12 months of operation. B. Ripplinger has exact numbers.

B. Benedict asked how to measure the progress.

D.R-Malheiro asked how to track which clinic the revenue is coming from.

J. Erickson said that they are in the process of finding a system to separate out each clinic's revenue.

Emerson asked if it was being done currently.

J. Erickson replied that it was not being tracked yet.

Emerson asked about the system and if they would track info from when the patient walks in or when they are admitted?

Everyone agreed that the only way to get the necessary info was at admission.

B. Benedict asked if TVHC's budget is based without Victor clinic, how can we see where hospital revenue is coming from and how much is new business.

D. R-Malheiro said that we have to track what revenue and business comes from which clinics.

M. Whitfield pointed out that tracking each clinic's revenue doesn't substitute the need to track the outcome of OR and where the patients are coming from.

B. Benedict added that he wants to know if we exceed our revenue, if we get more market share back, and if we get more patients back.

Global Purchasing

M. Felchle asked if global purchasing had been finalized with Broadlane.

L. Kraml responded that he is still negotiating the last .5 %

M. Felchle said that we have seen some savings already. We have seen reduced prices in ortho supplies, a flu vaccine deal, and some physicians are bringing their own deals.

L. Kraml said the negotiations should be final by mid December and that he is trying to get 2% more out of them. It will add up to get this upfront.

Specialty Physicians

M. Whitfield asked when we will see an increase in trend.

L. Kraml said that with 58 potential patient visits, by 4 major surgeons who come once a month, we only got 12. We need referrals and are having a slow start up.

M. Felchle said that by 12/21 we'll have Nov and Dec numbers to report at Dec BOT meeting.

M. Whitfield asked if we had seen the trend growing.

L. Kraml said that the 1st day Dr. Allen saw no patients and that for the following day he had 6 patients.

B. Benedict asked if there was any other marketing besides what the doctors were doing.

L. Kraml said that TVHC was getting referrals from visiting doctors and that Bingham was working on marketing. It will be successful if doctors see patients.

M. Felchle said that getting exact dates of doctor's schedules will help.

C. Horrocks said that it takes time to change a trend and it's hard to change what patients want. If a surgeon isn't here for a month, the patient won't wait, they want their usual doctor. Word of mouth is the best marketing. Horrocks restated that it takes time, that we haven't seen a whole lot of marketing and that it is getting better but the community needs to know about specialty physicians.

M. Felchle said that we have been consistent in advertising specialty positions, repetition, word of mouth. We have placed good ads in Teton Valley Top to Bottom magazine, full page and in the local newspapers.

M. Whitfield asked Dr. Horrocks how many procedures patients can wait on.

C. Horrocks said not many, this time of year, due to calendar year insurance claims. Dr. Davis was here and tried to set up gall bladder and hernia surgeries but wanted to see patients in clinic first. Horrocks found that Davis does the same style of surgery as Hansen so either could operate. Davis won't be here next time the patient can schedule surgery and waiting past January caused problems with insurance coverage.

Reduce A/R and increase cash

How does TVHC show an increase in cash of 1.5 mil? TVHC took this out of the original BMH agreement but how are we going to see it?

B. Ripplinger said that if we bring A/P down it will show an increase in cash.

B. Benedict said he doubts it will work but that it may work to show increased cash with increased volume. How do we calculate?

B. Teckmeyer said he has a formula to show what each day is worth.

B. Ripplinger agreed that Teckmeyer's method would work.

BMH Assistance in Business Office Training

M. Felchle said that the best measure of this will be studar pillar goals.

Emerson commented on the amount of work to be done in transition of leadership in the business office, a new plan for CEO and overseeing the department and revenue cycle. He is leery of turning a department around in 10 months without solid leadership.

M. Felchle agreed that we need someone right away. Our new leader needs assurance and guidance to proceed and we need to get stronger management talent.

M. Whitfield agreed that we need a leader who doesn't wait and makes immediate changes/improvements.

M. Felchle said that hopefully will have a new business manager by next BOT meeting. We are advertising in nationwide publications. We will probably have to go outside of our organization to find a recruit.

Jeannie Jorgenson who works in billing said that as for leadership of the business office, the staff can keep it going. Jorgenson offered leadership in doing management duties during transition.

M. Whitfield said he appreciates the effort and wants to get help for the department soon. He recognizes the hard work being done by the employees of the department.

Emerson seconded Whitfield's comment and added that he knows the department won't fall apart but we are setting lofty goals and want a strategy and a plan.

B. Blackwelder said that we want to give the department more tools to do their jobs better.

Bingham staff guidance

M. Felchle reported that Jeff Daniels had been teaching and coaching TVHC's staff, specifically CFO.

M. Whitfield said he was seeing improvements in Blaine Ripplinger.

M. Felchle said that HR functions and Studer Pillar training were well under way. Departmental goals will be set by next BOT meeting. Staff is anxious to have measurable goals and improved performance.

M. Felchle reported on quality patient care by saying that Angela Booker, Director of Nursing Services was networking with DNS's from other organizations to improve knowledge and that nurses are receiving more training.

Bingham is assisting TVHC with RAC audit training. L. Piquet reported that we have we not done reciprocal audits yet and were waiting for information from other departments.

In marketing, A. Loyola said that we have radio ads airing 5 times a day in Jackson and Teton Valley, some ads run during “driving time”.

Finance report – Blaine Ripplinger

Income statement – on the budget done days to month, Feb is less than Jan. January, February and July are busy months.

Inpatient and outpatient revenue are both down. This affects lab and supplies. Swing beds don’t bring as much money as surgeries, while the rooms are full; they are not generating much of revenue.

B. Ripplinger said that ER was in line. Home health was busy; rehab was busy (out patient).

Emerson asked if physical therapy was rolled into other departments.

B. Ripplinger said that it is.

We wrote off 10K in bankruptcies (individual patients bankruptcies), we are cleaning up old debt. Untimely debt (wrong billing that no one fixed and we can’t collect on) is getting written off.

B. Benedict asked why contractals- Medicare, go to bad debt (self pay).

B. Ripplinger said that those claims are still sitting in insurance

D.R-Malheiro said she doesn’t understand how bankruptcy is contractual.

J. Jorgenson said that it goes to bad debt in the reports but is actually an adjustment. We should use the word adjustment, not contractals, to avoid confusion.

B. Benedict asked if bankruptcy should go to bad debt.

J. Jorgenson said it could be a posting thing, that miscellaneous adjustments go to another column of deductions/expenses.

C. Larson said that personal bankruptcy should go to bad debt.

B. Ripplinger reported that the levy helped us and that we got some money from the foundation.

Our balance sheet can show the trend each month.

The Board requested to see that trend.

A. Hansen requested to see the trend and variance with year to date.

B. Ripplinger said cash was down but that accrued salaries and benefits go down each month.

The current ratio is down 1.4.

Stats--- hired more staff in thrift store and reception.

A. Loyola added that the Hospital Foundation pays the thrift store employee’s salaries and gets reimbursed by the hospital.

B. Ripplinger said he is watching A/R and revamping the system. He would like to move one person into self pay and is getting guidance from BMH. Ripplinger questioned how to do the billing different in the clinic.

J. Jorgenson said that one person should specialize in self pay. Billers who specialize in certain areas to bring expertise to billing

B. Ripplinger reported on the net margin. Surgeries are down which brought numbers down. Hopefully bigger surgeries will bring numbers back up. We should get there by year end.

B. Benedict reiterated that we need to watch the trend.

B. Ripplinger said cash on hand was at 6.2, should come up with increased business and old debt being dealt with. Still have \$29,000 in bank with payroll done last week. January has 3 payrolls which skews the numbers. Report shows we’ll need more money. Cash inflows project 500k from cash levy. Bond is at a lower high number.

B. Benedict said we usually collect 63-64% but we can pay off 80K.

B. Ripplinger said we are keeping up on bond payments.

B. Benedict noted that we didn’t increase ambulance revenue and that this number needs to be updated. This will increase revenue numbers.

B. Ripplinger said that statistics will be done quarterly from now on.

C. Larson agreed that we need more information. He asked if we generate income from Drs. Ridgway and Little at the Victor clinic.

M. Felchle said that we generate income, despite the low level of volume.

Emerson asked for clarification by saying that if they don't see patents they don't get revenue.

M. Felchle said this is correct.

C. Larson said in regards to tying numbers on stats to revenue numbers, Victor is close to budget and added that the number of flu shots increased numbers and revenue.

M. Felchle said that we need 323 patients/mo to break even.

B. Benedict had a question on the number of hospital admissions. He said that admissions were good but revenue didn't match up.

M. Felchle said it shows up on the cost report, we actually get paid well on swing beds from Medicare.

J. Jorgenson added that Medicare flu shots are not on October revenue. That would add maybe 120 patients at \$48 per shot.

M. Whitfield asked about the rational of what goes on the cost report.

B. Ripplinger explained that some departments get reimbursed at a higher rate. Medicare is at a high reimbursement rate.

B. Ripplinger had the business manager keep stats of A/R over 90 days on different insurances. Billing is doing better at old claims and getting workers comp claims. This is bringing A/R up.

C. Larson said he would like A/R quarterly updates.

B. Ripplinger said that we didn't work on collecting old debt until BMH started us on it. We have not gotten much info yet but will have info as we continue.

Emerson said that we need to keep current, under 90 days. It affects cash flow directly to get paid quicker.

D.R-Malheiro agreed and said that correct billing will help.

B. Ripplinger said that private pay is under 1million. We need a dedicated self pay biller.

B. Ripplinger said that these are just hospital numbers. Reports are different for clinic numbers. Ripplinger said he would get clinic numbers for the next meeting. Jorgenson said she would gather that data for the Blaine.

B. Ripplinger said that Victor expenses and revenue does not include adjustments and bad debt. It is set up for 30 % contractuals.

C. Larson wants Victor numbers reported monthly to see if were making money at that clinic.

B. Ripplinger said he is reformatting the graph. Currently, the accounts receivable graph is all of TVHC. To know what you are collecting, use net, not gross.

M. Felchle said 65 days to collect would be ideal.

C. Larson asked at what point do receivables change to bad debt.

J. Jorgenson said that they process and send statements. Then it goes to outsource for 30 days. She added that TVHC is not being charged for collection efforts. Once it reaches self pay they have 3 months, then it goes to bad debt.

Emerson asked about the 25% discount that was being offered to patients on self pay/ old debt.

J. Jorgenson said that the clinic discount should be lower and that they are using the discount with discretion. 30 days from time the discount is offered, it goes back to full price.

B. Ripplinger closed by reporting that our accountants were doing an audit but had cancelled their first visit, it was faster and less expensive to do the audit from her office. It should be an easy audit since she has the information that she needs.

Fest of Trees

Ann Loyola reported that the valley had been plastered with posters.

The presentation of the trees and wreaths is from November 30- December 4 and is open to the public free of charge. There will be a power point display with information about the foundation.

Ann's staff is handling the event and doing a great job.

The Foundation has 12,100 in corporate sponsors, this exceeds 8000 from last year.

The Foundation filled the gold star sponsors which offset the cost completely. We are much better off than

last year. Loyola explained that the asking ticket price is \$50 per person but you can attend for a donation amount of your choice. She added that the cost per head is \$20 so try to get that much if you are promoting. Hospital Foundation Board elections- Gil Hundley stepped down, Jeff Naylor resigned and new members were voted in.

CEO recruitment

M. Whitfield addressed the CEO recruitment update and answered the question of why Mitch Felchle is not in the running. When the Board elected to remove Floyd Bounds, the goal was to hire a seasoned health care professional as the new CEO. The Board began a comprehensive recruitment process. Mitch did not elect to be in the running and is not in the running. Whitfield added that they are trying to provide stability to the staff, transition with the new CEO, get the new CEO familiar with the revenue cycle. They may have the new CEO serve as interim CFO, depending on their skills. The Board is getting feedback from med staff and the recruitment committee. The Board plans to hold public meetings to get feedback then the Board will deliberate. They want to get through reference checks before making any offer. They want to make sure the candidates still want to meet the mark. Whitfield continued by saying that as a Board, they must decide which candidates are qualified and rank the candidates. They made a commitment to hire a strong leader, someone qualified, and that they were not going to hire a person just to fill the spot. The Board will continue the process until it is finished. They may push the deadline date back from Dec 1st.

D.R-Malheiro said she would like feedback before the actual meeting so they can go over it.

M. Whitfield said he would get collected written feedback to the Board prior to the meeting.

Emerson said if info and feedback were given verbally, the board would need time to assimilate the info, then would need another meeting to discuss.

B. Benedict added that it is a big decision and that the board needs info ahead of time.

M. Whitfield wants verbal feedback to get better input.

C. Larson said this would delay the process.

D. R-Malheiro agreed that the board would need more time if feedback and information was verbal.

M. Whitfield also argued for public input and felt strongly that the board needs comments from the public. He said we would do reference checks but not background checks until an offer is made. In order to be consistent with legal requirements, we can't do a background check until an offer is made. He wants to make sure the candidate still warrants an offer before going too far.

Carla, may or may not be able to complete reference checks depending on the availability of the references.

C. Larson said that with only 2 working days left it probably would not get done.

Carla will spend most of tomorrow working on it. She would have a progress report the following day.

B. Benedict said that with the Bingham Quorum decision we knew what it would cost us, but with this situation Benedict wondered if it gives the candidate too much leverage if the public is for them.

C. Larson said that the board discussed salary during executive session and that it won't be a factor.

Emerson asked what would be the next step if the 1st candidate doesn't take the offer.

C. Horrocks asked if the board had interviewed enough candidates to get a good fit. Each one has unique characteristics and he was concerned that we would not get the right person.

M. Whitfield said that we are trying to recruit a long term leader who is inspirational and motivated to take the hospital to the next level.

C. Larson asked how the new candidate would transition into Felchle's job as CEO.

M. Whitfield said that he had discussed with Bingham about training on revenue cycle as Kraml mentioned. The new CEO will have specific projects to fulfill.

B. Benedict said that we need to make that clear to the public and whoever is giving feedback.

M. Whitfield feels that the public is clear, but the hospital staff is foggy due to talking about Felchle as interim. Carla, HR director and Whitfield would communicate as to the date of meetings and deliberations, and added that they may have a continuation.

C. Larson said that if we aren't choosing one of the two candidates, we need to keep the ball rolling.

M. Whitfield said he would decide by end of bus tomorrow if they can make 1st or 2nd of December. He would have invitees to make presentations.

Emerson recommended that we have staff reports at the front of the agenda so the staff can leave.

● **MOTION:** M. Whitfield moved to go into Executive Session pursuant to Idaho Code 67-2345(c) for the purpose of conducting deliberations concerning labor negotiations or to acquire an interest in real estate. Motion seconded by R. Emerson. A roll call vote was taken and motion was carried unanimously.

Executive Session began at 8:56 pm

Members Present: Michael Whitfield, Deborah Ray-Malheiro, Bob Benedict, Robert Emerson, Chris Larson, Brooke Blackwelder, Aaron Hanson

● **MOTION:** B. Benedict moved to accept Dr. Johnson's contract as written. Motion seconded by R. Emerson and carried unanimously.

● **MOTION:** D. R-Malheiro moved to adjourn the meeting. Motion seconded by C. Larson and carried unanimously.

Meeting adjourned at 9:22 pm

Michael Whitfield, Chairman

ATTEST: _____
Marni Vasseur, Executive Assistant