

May 9, 2011

The regular meeting of the Board of Commissioners of the Whidbey Island Public Hospital District was called to order at 6:00 p.m. by Board President, Anne Tarrant. Present were President Tarrant, Commissioner Wallin, Commissioner Case, Commissioner Zaveruha, and by phone for the first part of the meeting, Commissioner Cammermeyer. Chief Executive Officer, Tom Tomasino; Chief Financial Officer, Joe Vessey; Chief Operating Officer, Hank Hanigan; Chief Human Resources Officer, Carolyn Pape; Chief Nursing Officer, John Bitting; Chief Quality Officer, Teresa Fulton; Dale Roundy, Esq., and many hospital and medical staff, as well as community members were present. Reporters Nathan Whalen from the Whidbey News Times and Sue Ellen White from the Whidbey Examiner also attended. Jim Riney of Riney Productions was present to electronically record the meeting.

### **Points of Order**

President Tarrant noted that Commissioner Cammermeyer was joining the meeting by phone.

### **Minute Approval**

President Tarrant called for a motion to approve the minutes from the April 11, 2011 regular Board Meeting and the April 29, 2011 Special Board Meeting. Commissioner Wallin made a motion, seconded by Commissioner Case, to approve the minutes as presented. Motion carried.

### **Education**

President Tarrant presented the guidelines for open public meetings. She stated that an agenda is published at least 24 hours in advance of meetings and that the Commissioners have to follow that agenda. During regular board meetings time is provided for public comment but if any of those comments address items that are not on the agenda then the Commissioners must refrain from addressing them at that time. Information given may be considered at a future board meeting. Public comments can only be made during the time that the floor has been opened for them and once the floor has been closed then the public must refrain from making comments. Public comment time is usually scheduled near the beginning of a board meeting but that time can be moved depending upon the circumstances, as it will tonight. She stated that the Commissioners are your elected representatives and that contact is welcome. Commissioners can be reached through the website, administration or by mail. The hospital organizes community outreach events monthly and there is usually a commissioner available at those meetings as well. Each Commissioner represents a section of Whidbey Island but residents are not limited to contacting their local representative. Commissioner Cammermeyer represents the south end of the island, Commissioner Zaveruha represents the greater Coupeville area, Commissioner Case represents old town Oak Harbor, Commissioner Wallin represents the other side of Oak Harbor and Commissioner Tarrant represents unincorporated Oak Harbor to the bridge. She stated again that the Commissioners welcome public input.

### **Public Questions or Comments**

President Tarrant stated that she would open the floor to public comments not related to Capella Healthcare because there would be opportunity for the public to make comment after they have made their presentation. Don Farber of Coupeville stated that he spoke to the Board a month ago. He thanked the Board for the name tags. He stated that Commissioner Tarrant was kind enough to meet with him a couple of weeks ago where they discussed the perceived lack of communication and secrecy between the Board, the Hospital and the Whidbey public. He asked that the Board consider a venue where people can sit in a room and have a dialogue with the board and administration. He was wondering if that had been considered or whether that request had been denied.

## **Presentation**

### **A. Capella**

President Tarrant stated that Capella Healthcare made an unsolicited request to come before the Board prior to the bond and make a presentation. The letter was stated in such a way that in the spirit of transparency there was little choice but to let them come now. Rich Charbonneau, VP of Business Development for Capella Healthcare, thanked the Board for allowing Capella to present and introduced Andrew Slusser, Senior VP, Acquisitions and Development and Dr. Erik Swensson, Senior VP, Chief Medical Officer. He stated that in this difficult time of healthcare reform many hospitals are reaching out to them, but in this case Capella has reached out to Whidbey General because they believe this hospital fits their model. He stated that Capella has no position on the bond vote but that they are looking at the long term for alternative partnership opportunities. He said that they believe they can be a strong value added partner for the hospital and the community. Capella was started in May 2005 when a group of hospital leaders decided that there was a better way to run hospitals. In November 2005 they bought their first four hospitals including Capital Medical Center in Olympia. They currently own 13 hospitals in seven different states including Washington and Oregon. Their focus is on hospitals in non-urban communities. They are a privately held company and do not pay dividends to shareholders and 100% of net cash flow is reinvested back into the community hospital. Growth comes through reinvesting in their hospitals. All 13 hospitals and the corporate office are currently going through Studer Group training. What makes Capella different is its decentralized form of management. Hospital administration teams and trustees run the hospitals; the corporate office exists to support them with the expertise that small hospitals need. They are interested in Whidbey General because it is the right size, has the right market and the right demographics and because they can help with the out-migration from this community to other hospitals which stands at 65%. They can help with that by investing in the facility and creating new service lines. Capella can save the hospital money through their purchasing power. They have the best discounts from vendors and are able to save eight cents on every dollar spent by using their contracts. They can also bring vendor relationships such as Studer Group and the Advisory Board. They have a captive insurance company for malpractice insurance that typically saves 40% on premiums. They can help the hospital achieve meaningful use for healthcare reform through their national relationship with Meditech and at a lower cost. They have access to capital to reinvest and grow their facilities and funds can be shared between hospitals. Capella can help with the strategic planning process, something he knows that Whidbey General already does, but they bring all of their hospitals together to share ideas and common practices. Capella wants to grow in the Northwest and they have a strategy for a north Puget Sound regional network of hospitals. Mr. Charbonneau introduced Dr. Erik Swensson to talk about Physician Leadership Groups and Quality. Physician Leadership groups started at the hospital in McMinnville and has now been implemented at all of their hospitals. Dr. Erik Swensson is Capella's Chief Medical Officer and is a board certified vascular and general surgeon who was in private practice for 20 years before becoming an employee of Capella. He stated that the physician leadership group at each hospital is made up of six to twelve physicians. They meet every other month with the CEO and discuss strategic planning and issues within the community and the medical staff. At the hospital in McMinnville the result is that they have grown their service line in a town of 35,000. Capella also has a national physician leadership group with members from each hospital. Mr. Charbonneau stated that quality is everything to Capella hospitals. In the future payments will be tied to quality so if quality isn't done right we won't get paid. He presented three alternatives for partnering with Capella. The first is a 40 or 50 year prepaid lease with the district. The district would remain the owner of the facility. The second is an acquisition where Capella would buy the assets of the district. The third option and the one they are mostly interested in is a joint venture. This is a new model for independent community hospitals that have strong leadership and a strong board. Using this model a new company would be created and the district would maintain some ownership of the hospital with that level of ownership being decided by the hospital. The governance of the hospital would be fifty-fifty between the district and Capella even if the district retained less

then 50% ownership. He stated that no matter what kind of arrangement exists between the hospital and Capella the Board of Trustees is always local. In a joint venture the community would elect four members of the board and they would elect four members including the CEO. This group would decide the future of the hospital and there would be no mandates from the corporate office except that the hospital will be the best provider of quality services. Mr. Charbonneau stated that it would be their intent to expand services, not cut them. It is best for Capella to invest in the hospital and grow services. Capella would also commit to maintaining all core services. The hospital's charity care policy would be maintained unless it is found that Capella's policy is more beneficial to the patients. As a for-profit entity they would also pay taxes. Last year at Capital Medical Center in Olympia they paid 9.5 million in uncompensated charity care and 3.3 million in property, sales and B&O taxes. In summary he stated that they believe that they can be of great value to this hospital and the community. He asked the commissioners to visit one of their hospitals and talk to their independent board members, CEO, and physicians before making a final decision. Commissioner Zaveruha asked how Capella makes their money. Mr. Charbonneau stated that they don't pay dividends to their shareholders but they grow through the growth of their hospitals. As they reinvest in the hospitals and they grow then the company grows in value. Mr. Slusser stated that they invest in each hospital so that they grow and as they grow they are more valuable which makes the shares more valuable as well. Mr. Charbonneau stated that they cover their expenses through a management fee of 1.8% of revenue. This goes to service debt, cover their overhead and pay for malpractice insurance. Each hospital continues to be independent and there is no additional transfer of funds to Capella beyond that management fee. Commissioner Case asked why they chose this particular time to come and present to the board if they have no particular interest in the bond. Mr. Charbonneau stated that they are interested in the hospital even if the bond passes as the value of the enterprise is the same. Commissioner Case asked who sets the value of their stock. Mr. Slusser stated that an independent company does a valuation based on performance and growth. Commissioner Case asked how the investors receive a return on their investment. Mr. Slusser stated that they make a return when they sell their shares to another private investor. Commissioner Case asked if Capella, as a private entity, can run Rural Health Clinics. Mr. Charbonneau stated that they can and they already do here in Washington. He stated also that one of their hospitals in Tennessee has an ambulance service. Commissioner Zaveruha asked where they get their capital from. Mr. Slusser stated that the capital comes from two sources. It comes from private equity from the investments made by investors and that equity is leveraged with debit, and from cash that is generated by their hospitals. Commissioner Case stated that Medicare and Medicaid are loss leader items and asked how they handle that. Mr. Slusser stated that Medicare and Medicaid cover fixed costs and that they stay profitable by running an efficient hospital. Commissioner Case asked if that will still be possible in the future. Mr. Slusser stated that he believes that in the future hospitals will have to operate efficiently if they want to survive. Commissioner Wallin stated that he finds it hard to believe that with all the research that Capella has done on Whidbey General that they didn't know that about the bond issue and the timing of the board meeting and negative impact that all of this would have. He stated that the bond is an important issue for this community and he resents that they didn't wait for the bond vote to be over. He stated that at any given time Capella could sell us out; that is how you make your money. We are a small community and this community built the hospital. The way you are going about this is wrong. He stated that the hospital had already told you we were not interested and that this community is not for sale. Mr. Slusser stated that he they didn't mean to come across in this manner and he appreciates that the commissioners are open and willing to look at alternatives. All they are trying to do is give information about other options to consider and that they are not trying to adversely affect the bond vote. Commissioner Wallin said that the impact that this may have on our bond makes it hard to trust what you are saying. Mr. Slusser encouraged the community to do their research and then vote for what is right for this community. Commissioner Cammermeyer stated that she is disheartened by the timing because it appears to be timed to sabotage the bond which we have worked hard on for over a year. She feels that we have the fiduciary responsibility to maintain our Critical Access

Hospital status and maintain the services that we currently provide to the community. She stated that she doesn't feel like we have the population to support some of the services that Mr. Charbonneau spoke of. President Tarrant asked why they were interested in a small critical access hospital. Mr. Charbonneau stated that the average daily census at their hospitals is 60 but not all of their hospitals are large. Most of their hospitals are in small non-urban communities. He stated that they don't currently have any critical access hospitals, but that status would remain. Commissioner Zaveruha stated that the response generated by Capella's interest in the hospital, the solidarity shown, is the best thing to come out of this. It makes him proud that the community is stepping up to protect the hospital. The things that were mentioned in the presentation are things we are already doing with thanks to Tom Tomasino. He also stated that in general the financial picture does not make sense to him. Mr. Charbonneau apologized for the timing of their presentation and stated that they would have been happy to come after May 17<sup>th</sup>. He said to the audience in regards to the bond that it is important to listen to your hospital leaders because they know the hospital best. Commissioner Cammermeyer left the meeting. Dr. Langrock, Chief of Staff, read a letter from the medical staff of Whidbey General Hospital. The letter stated the medical staff is wholeheartedly in support of the hospital expansion bond and that Capella Healthcare's presentation may be professional and polished and they may assure us that we will still have local control of our hospital but we should remember an important rule in life, "if it seems too good to be true, it usually is." The letter ended by asking the community to vote on the bond. Commissioner Tarrant opened the floor to public comments but asked the members of the public to keep their comments to two or three minutes. Janet Sebastian asked who their investors are and whether or not they are foreign investors. Mr. Slusser stated that the investors are invested in a private equity venture capital fund out of Chicago. Bob Zylstra, former CEO of Whidbey General Hospital, asked the board why Capella was allowed to come tonight. It doesn't make sense to him as it has confused people on how they should vote. President Tarrant stated that the board felt that they had no choice in allowing Capella to present at the meeting tonight because if they had not it would have been perceived that they were hiding something from the public. Linda Morris of Langley stated that she has spent most of her career as a health care administrator and she doesn't know anyone who believes that a for-profit hospital belongs on the island. Many people that she knows are afraid that if they vote yes for the bond and then the board decides to sell to Capella then they will have been betrayed. She said that she can assume from the meeting tonight that the Board is not in favor of this and will vote to keep the hospital the gem that it is so the two ballots that she brought with her tonight with yes votes will go in the mail. Barbara Thompson, WGH Lab employee, who lives in Coupeville, asked what percentage of employees would retain their jobs if Capella bought the hospital and what would happen to seniority, benefits and retirement. Mr. Charbonneau stated that they are committed to keeping all the employees of the hospital and benefits and seniority will not change. Dori Painter, WGH Employee and RN, stated that she has concerns about patient quality. She only had a short period of time to do some research but she found that a number of Capella's facilities are below national standards unlike Whidbey General which rates at a national level or higher. Mr. Slusser stated that not all of our hospitals are where we want them to be and they have a number of ongoing quality programs that they are using to improve their quality scores. Dr. Swensson stated that Whidbey General does not have to partner with us if they don't want to, but if in the future they decide that they do we can look at this again. He stated that they are finding that more and more hospitals are finding it difficult to stand alone and as we purchase hospitals we work on their quality. Sherry Hoffmire of Oak Harbor, and an employee, stated that none of Capella's hospitals work with LPNs, but here at Whidbey General we use an LPN and RN base that works very well and which gives us a high patient satisfaction rate. She asked how Capella would work with that. Mr. Charbonneau stated that they would not change that. Mark Bellangee, Research Engineer from Freeland, asked where the income would come to service the debt and if it would mean that they would have to raise fees. Mr. Slusser stated that with fixed rate reimbursement from Medicare and Medicaid and managed care plans raising fees would not change the reimbursement. In today's environment hospitals have to

operate in an efficient manner. Barbara Eaton of Oak Harbor stated that she has lived here for over 40 years and uses this hospital. She wondered how the hospital would be able to survive as a for profit hospital with so many low income people on the island. She asked if those who can't afford the hospital have to go to the next county for care. She asked specifically about her grandchild who she is raising and who is on Medicaid. This child has Cerebral Palsy and has physical therapy every week at the hospital. Will Capella allow her to receive these services under Medicaid or will she have to travel off the island for her services? Dr. Swensson stated that federal law would not allow us to turn away Medicare and Medicaid patients. It is a commonly raised misconception that private hospitals can pick and choose who they want to see, they can't. When someone walks into the E.D. they have to be treated. He stated that 17% of our work is charity work which is a higher percentage than some not-for-profit hospitals. Susan, a nurse at Whidbey General for almost 29 years, stated that prior to coming here she has worked at hospitals all over the county and when she first came she thought she was coming to a small rural hospital, but it has turned out to be the best hospital she has worked at. She stated that you may give 17% of care as charity care but will that end when times get rough financially. Whidbey General Hospital has a history of caring for patients no matter what and to jeopardize that is alarming. Chuck MacIntyre stated that he has lived here since 1996. He worked for the Department of Defense for 26 years and then for the past few years he has been an investigator of fraud and abuse. He stated that Capella is an investment portfolio like AIG or Goldman Saks and it deals mostly with foreign entities from Germany, Belgium and the Congo. They are here because this is probably the best cash cow in the northwest. He appreciates the board being open about this as it would have been a difficult conversation later on. Stephan Schwartz stated that he is a researcher and he writes about healthcare for medical journals and the Huffington Post. The healthcare system is not meeting people's needs in the United States; it is 16.1% of our gross national product and we have the 37<sup>th</sup> worst healthcare system in the world. However, WGH is a hospital that works and people like it; the staff is compassionate and caring. Why would we not want to continue a system that works? His question is why would we do this? Al Bowers of Coupeville stated that he is against the bond issue because we can't afford it. He stated that WGH is nothing more than a first aid station where patients are sent off island to better and more knowledgeable doctors. The hospital will continue to be here regardless of what happens with the bond issue. He stated that he doesn't care about Capella and they are certainly not the best option but a 26 year bond issue puts a burden on our children's children. Kathleen Baxley of Coupeville asked what the average cost savings would be for group contracting and purchasing. Mr. Slusser stated that he can't give that figure but their overall operating margin before taxes for the hospitals that they partner with is 12%. Jan Helm of Greenbank and Department Chair for Nursing for the Whidbey Island campus of Skagit Valley Community College asked if they hire LPNs. Mr. Charbonneau stated that they do and at Capital Medical Center they have LPNS, ARNPS and assistants. Mr. Slusser stated that they don't mandate the skill level of their clinical staff; that is a local decision based on the local work force and what is available. Ms. Helm made a statement directed to the Board that for over 30 years Skagit Valley College's Whidbey Island Campus has collaborated with WGH and she hopes that will continue. Mary Pierzchala stated that if the hospital became privately owned then like a corporation they would write off the losses incurred from Medicare and Medicaid which is something Whidbey General can't do. She also stated that at the beginning of the presentation there was talk about being able to offer more specialties, but we already have those specialists. What happens to them if you buy the hospital? Do they work for you? Mr. Charbonneau stated that the physicians could be employed by the hospital or could remain independent. Dr. Swensson stated that every Capella hospital has independent and employed physicians. Laura Blankenship of Greenbank and also an employee of the hospital asked the audience how many would like the hospital to become a for profit entity. No one indicated that they would. She asked the Commissioners if they do. President Tarrant stated that she will poll the Commissioners when public comment is closed. The public comment was closed. President Tarrant stated that at this point it would be wise for the Board to be polled to see whether or not they would like to continue negotiations with Capella. Commissioner Zaveruha said no.

Commissioner Case said no. President Tarrant stated that before Commissioner Cammermeyer left the meeting she asked me to say no in her place. President Tarrant said no. Commissioner Wallin said no and added that his answer would be no whether the bond passes or not. Commissioner Tarrant thanked everyone who attended the meeting tonight. The show of support is remarkable and she appreciates everyone's interest.

### **Quality and Patient Safety**

Teresa Fulton reported that we will be implementing a new program called Lucidocs for document management. This will enable us to manage our critical documents in a more efficient way. We hope to begin using this program by the end of June.

### **Medical Staff Report**

#### **A. Chief of Staff Report**

Dr. Doug Langrock, Chief of Staff, presented the following medical staff reappointments:

- Douglas M. McKee, MD – Active Staff Reappointment
- Ryan R. Fortna, MD – Courtesy Staff Reappointment
- C.J. Kuan, MD – Courtesy Staff Reappointment
- David A. Alexander, MD – Courtesy Staff Reappointment
- Brandon Y. Liu – Courtesy Staff Reappointment
- Daniel Susanto, MD – Courtesy Staff Reappointment

Commissioner Case made a motion, seconded by Commissioner Zaveruha, to approve the reappointments as presented. Motion carried.

Dr. Langrock presented the following medical staff appointment:

- Worth W. Everett, MD – Provisional Active Staff Appointment

Commissioner Case made a motion, seconded by Commissioner Zaveruha, to approve the appointment as presented. Motion carried.

Dr. Langrock noted the resignations of Dr. Borden and Dr. Tanksley. He also noted that Dr. Outlund and PA Wheeler are both on a leave of absence.

Dr. Langrock presented a new Medical Staff policy called "Care Plan for Continuity of Care". He stated that the MEC recommends approval. The purpose of the policy is to provide quality and continuity of care for patients with chronic ailments that require treatment at Whidbey General Hospital for their chronic problem. Commissioner Zaveruha made a motion, seconded by Commissioner Case, to approve the Care Plan for Continuity of Care policy as presented. Motion carried.

### **Individual Items**

#### **A. Administrative Update**

Tom Tomasino thanked the Board for reaffirming Whidbey General Hospital's dedication to the community. He appreciates the forum the Board gave to the gentlemen from Capella to speak tonight. He stated that he recently received a letter from Cynthia Jaffrey, Licensed Midwife. She is grateful to the hospital staff and Dr. Burnett for her appointment to the medical staff and she is proud to be part of the hospital. Mr. Tomasino thanked Dr. Burnett who worked tirelessly for about a year to make this happen.

### **Board Items**

#### **A. Telestroke Proposal**

Tom Tomasino stated that recently Swedish Hospital came and presented their Stroke Telemedicine program to many of the hospital and medical staff. Their program was well received and the Quality Committee recommends that we partner with Swedish on this program. There are two cost components: the hardware and the fees for services rendered by Swedish including physician services and making a bed available if necessary. We will be sending a request to the Foundation for funding the hardware and the cost for services would need to be paid by the hospital on an on-going basis. The first year the cost would be \$8,000, the second year \$10,000, the third year \$12,000 at which time the cost levels off. Mr. Tomasino stated that last year 45 of our patients were diagnosed with a stroke. It is a benefit

to these patients to be able to access a specialist quickly. President Tarrant stated that this was discussed at the Finance Committee and the committee recommends that the Board approve this proposal. Commissioner Wallin made a motion, seconded by Commissioner Zaveruha to approve the Telestroke Program with Swedish Hospital. Motion carried.

**B. Medication Dispensing Proposal**

Hank Hanigan reported that we have been negotiating with three different vendors for a medication dispensing system and have narrowed down the choice to Omni-Cell. The cost for this proposal is \$250,000 after a grant from the Murdoch Foundation. This will give us six medication units throughout the hospital. The primary goal is to increase patient safety but it will also help with inventory control and will give us a better financial process for charging and reimbursement. Commissioner Wallin made a motion, seconded by Commissioner Zaveruha, to approve the purchase of a Medication Dispensing System for \$250,000. Motion carried.

**Staff and Status Reports from Administration**

**A. Administrator's Report**

Tom Tomasino highlighted the first quarter stars: Rebekah Allred, Dr. Fru Bahiraei, Cheri Christensen, and Alicia Graham.

**B. Financial Report**

Joe Vessey stated that as a former CFO of a for-profit group of 15 hospitals he wanted to make a couple of comments in case there were some lingering questions or doubts. The gentlemen from Capella talked about leveraging in payer negotiations. He stated that in Washington State we don't negotiate with Medicare, Medicaid or Champus. That leaves negotiations with commercial payers like Regence or Blue Cross but those negotiations are state specific. He stated that over the last three years Whidbey General has worked with two collaboratives on negotiations with commercial payers and our negotiating power with these collaboratives is the strongest in the state. Capella's ability for payer negotiations doesn't compare with what we are already doing. He stated that they also talked about their ability to leverage supply contracts. He stated that Whidbey General is already part of one of the largest purchasing groups in the world through the Catholic Healthcare system. While he doesn't have numbers to specifically compare Capella's contract with ours, the Commissioners can be sure that the hospital is meeting its fiduciary responsibility to manage supply costs. He also stated that organizations like Capella manage costs by eliminating physician choice in the products they use. Mr. Vessey reported on the March financials. He stated that we had \$12.5 million in cash on hand which is the equivalent to 56 days. Levy receipts will be received soon which will strengthen that number. Accounts receivable days have been reduced since the beginning of the year. In January we were at 62, February at 58 and in March 53. Gross patient revenues exceeded budget by 2.5% and volumes in many departments were over budget. However, expenses were over budget by \$500,000. The bottom line was excess revenue over expense of \$7,500.00. Mr. Vessey stated that we have not seen volumes of this magnitude in quite some time and if we can continue that and manage our expenses we will be in a good place.

**C. Review of Dashboard Report**

Tom Tomasino stated that the Dashboard has been revised slightly to include Press Ganey scores for additional departments. He noted that there has been a slow steady uptick in patient satisfaction this past year. He also stated that as we start using AIDET he expects to see in an increase in patient satisfaction as a result. Other hospitals have seen dramatic increases in satisfaction as a result of this program. President Tarrant asked about the number of staff injuries. Mr. Tomasino stated that most of these are ergonomic issues.

**Consent Agenda**

**A. Approval of Monthly Write-Offs and Vouchers**

Vouchers audited and certified by the auditing officer as required by RCW 40.24.080, and those expense reimbursement claims certified as required by RCW 42.24.090, have been recorded on a listing which has been made available to the Board. Commissioner Case made a motion, seconded by Commissioner Tarrant, to approve vouchers #146098 and 146167 in the amount of \$8,436.75. Motion carried. Commissioner Zaveruha abstained from the review,

discussion, vote and written approval of these vouchers due to a potential conflict of interest. Vouchers audited and certified by the auditing officer as required by RCW 40.24.080, and those expense reimbursement claims certified as required by RCW 42.24.090, have been recorded on a listing, which has been made available to the Board. Commissioner Case made a motion, seconded by Commissioner Zaveruha to approve vouchers #145522 to #146602, and #2297 to #2315, excluding #146098 and 146167 in the total amount of \$8,661,567.07. Motion carried. Commissioner Case made a motion, seconded by Commissioner Zaveruha to approve the write-offs for April in the amount of \$693,341.92. Motion carried.

**Agenda Items for next Regular Board Session**

There were none.

**Adjournment**

There being no further business, President Tarrant called for a motion to adjourn at 8:15 pm. Commissioner Case made a motion, seconded by Commissioner Wallin to adjourn the meeting. Motion carried.