



NORMAN REGIONAL HOSPITAL AUTHORITY  
Board Meeting  
January 28, 2019

MINUTES

The Norman Regional Hospital Authority met in monthly session Monday, January 28, 2019, at 5:30 p.m., in the Norman Regional Hospital Board Room. The meeting Agenda was posted January 24, 2019 on the NRHS and Norman websites and at the entrance to Norman Regional Hospital.

Members Present: Doug Cubberley, Chair  
Joan Greenleaf  
Muhammad Anwar, MD  
Tom Sherman, Vice Chair/Secretary  
Diane Chambers, MD  
James (Jeff) Kimpel, Ph.D.  
Jerome (Jerry) Weber, Ph.D.  
Mary Womack  
Kevin Pipes

Member Absent:

Others Present: Robin Mantooth, MD, Chief of Staff  
Farhan Jawed, MD, Chief of Staff-Elect  
Richie Splitt, President and CEO  
Meegan Carter, VP Population Health & Wellness  
Paula Price, VP Strategy & Growth  
John Manfredo, COO  
Brittini McGill, CNO  
Ken Hopkins, CFO  
Dr. Arron Boyd, CMO  
Jenny Anderson, Director QPI & Medical Staff Services  
Molly McCool-Hare, Business Planning/Operations Specialist  
Brian Loftus, Business Planning Lean Specialist  
Karen Rieger, Attorney, Crowe & Dunlevy  
Courtney Blau, Administrative Director of Risk Management  
Jan Emmons, Director Emergency Services  
Tammy Gamble, Manager Clinics II  
Karie Bailey, Director Clinic Operations & Growth  
Eddie Sims, NPR Chief, EMSStat EMS  
Jeff Burtcher, Paramedic & Relief Crew Chief  
Nick Tobin, EVO

Recorder: Claudia Todd, Executive Assistant

**Agenda Item I. Meeting Called to Order**

Mr. Cubberley called the January 28, 2019, Norman Regional Hospital Authority meeting to order at 5:35 p.m.

**Agenda Item II. Introduction and Recognition of Outstanding Healers****A. February 2019 Healer of the Month - Tammy Gamble, Manager Clinics II – Karie Bailey, Director Clinic Operations & Growth**

Mr. Cubberley introduced Ms. Bailey who presented Ms. Gamble as the Outstanding Healer for February 2019. Ms. Bailey has worked with Tammy the last 7 months. She appreciates her willingness to help with no questions asked. Tammy has worked for Norman Regional for the last 8 years. She was working at Moore Medical Center on May 20, 2013 when the tornado destroyed the facility. Tammy was willing to do whatever was needed to help get it reopened. About 2 years later, she was working at the HealthPlex when another tornado affected the health system, and she responded the same way. People who have worked with Tammy describe her as always friendly and positive, willing to help anyone at any time, very compassionate, always has a positive outlook and a very dedicated healer. It's hard to get her to take Personal Time Off (PTO). When 2 different coworkers had a family emergencies, she sat with them so they weren't alone.

Ms. Gamble thanked everyone and said she has enjoyed her 8 years here and looks forward to many more.

Mr. Cubberley congratulated and thanked Ms. Gamble on behalf of the Board for her outstanding dedication, professionalism, compassion, and positive attitude that continues to make Norman Regional Health System a caring, high quality system.

Ms. Gamble, Ms. Bailey and Ms. Emmons left the meeting at 5:39 pm.

**B. EMSStat Crimestopper's Paramedic of the year 2018-2019 Jeff Burtcher, EVO of the Year 2018-2019 Nick Tobin – Eddie Sims, NPR Chief, EMSStat EMS**

Mr. Cubberley introduced Mr. Sims. Mr. Sims stated Mr. Jeff Burtcher has worked with EMSStat since 2015 as full time paramedic. He also served in the military for 28 years and possesses a vast amount of experience with several organizations. He is very involved in training and education. About a year ago, Mr. Burtcher promoted to Relief Crew Chief and a month ago promoted to Coordinator of Field Training Program. He has great interest in making the next level of paramedics better. His nominator stated he is a positive influence, provides a great atmosphere for learning and spends personal time to make sure they have every opportunity for success.

Mr. Sims stated Mr. Nick Tobin has been with EMSStat since 2017. He is always the first one to work and is immediately doing his detail check on the truck. Nick takes the initiative to wash all the trucks without asking for help. When asked why he doesn't ask for help, he said "it just needs to be done". He is great with students and developing great relationships. He is currently enrolled in paramedic school

and we cannot wait for him to graduate.

Both Mr. Burtcher and Mr. Tobin thanked everyone. Mr. Burtcher stated when he first arrived and wore the EMSStat uniform, and immediately got recognition from nurses and doctors. He felt he hadn't earned their respect yet, but loved the reputation of EMSStat and the way they worked with fire and police. He wanted to keep up the relationship and reputation EMSStat had earned.

Mr. Sims, Mr. Burtcher and Mr. Tobin left the meeting at 5:47pm.

Mr. Splitt presented a video from Feed the Children's "No Hunger Holidays". About 80 NRHS volunteers braved cold temperatures on two different days to give out 400 boxes of food, 400 boxes of hygiene items and 400 bags of toys at each location. Those items were presented to families from 2 schools in Moore and 2 schools in Norman. It was a great opportunity to serve our community in the spirit of our mission to improve the health and wellness of our communities.

### **Agenda Item III. Board Education: Compliance Update & Review**

#### **A. Compliance Updates:** Ms. Blau went thru the Compliance Plan and reviewed the changes highlighted in the document.

Compliance Committee Policy –

- Ms. Blau received her certification in Healthcare Compliance in September. Informed that the committee should meet at a minimum quarterly. Starting in 2019, they will meet every 2 months to increase awareness, education and engagement.
- Compliance Committee vested in autonomy, authority, and accountability.

Compliance Plan –

- Update every 1-3 years, language changes and additions were reviewed.

Ms. Greenleaf asked questions about "appointing" the Compliance Officer. Clarification was provided regarding the Board's duties moving forward and possibly adding a board member to the Compliance Committee.

#### **B. Board Education**

Ms. Blau handed out the annual compliance forms for the Board to complete. Those forms are to be returned to Ms. Blau at next month's board meeting. Ms. Blau introduced Jenny Odom, our new staff attorney. She previously worked for McAfee & Taft for 3 years on their healthcare team.

Several entities nationally have stepped up to combat fraud.

Highlighted Items:

- Emergency Medical Treatment And Active Labor Act (EMTALA) - applies to all Emergency Departments. Prohibits a delay in care or refusal in treatment based on ability to pay. Penalties up to \$50,000 per violation.
- Red Flags Rule – help prevent identity theft and supports programs to prevent

it.

- Exclusion Screenings – provided for all new hires. Also performed annually according to the Social Security Act.
- Affordable Care Act – Prohibits a covered entity from segregating, delaying or denying services or benefits based on race, color, or national origin.
- Code of Conduct – Lays out Norman Regional's expectations and principals for workplace behavior.
- Conflict of Interest – occurs when an individual has a private interest that interferes with the interest of the cooperation.

Ms. Blau stated there have been many investigations and settlements surrounding HIPAA violations in recent years. Healthcare Compliance Programs are mandatory for those who participate in federal health care programs. They do not perform managerial functions, but are there to recommend, audit and monitor. Compliance should be an enterprise wide responsibility. Kickbacks, Stark and False Claims Act were highlighted in handouts.

HIPAA has two large rules: Privacy and Security Rules.

Privacy –

- This rule covers all written and electronic materials protected by Protected Health Information (PHI) guidelines. These are determined by 18 Individual Health Identifiers. Applies to all business associates and their contractors.
- Minimum Necessary Standard – Personnel only needs to know the minimum amount of PHI needed in order to do their job.
- Patient Rights guidelines are outlined in the handout. Notice of Privacy Practices are handed out to every patient at their first point of entry when receiving services.

Security –

- This applies specifically to the Electronic Protected Health Information (E PHI). Protected by encryption on emails and audits in our systems. The hospital can enforce sanctions when violations occur.
- HIPAA Breach Notification Rule – breach in an unauthorized acquisition, access or disclosure of PHI. Risk assessment conducted on each breach.
- HIPAA Enforcement – increased fines and enforcement.
- Privacy hotline contracted with third party company, available 24/7.

Question from Board about disclosure policy to the patient when breach may have occurred.

#### **Agenda Item IV. Approval of December 17, 2018, Norman Regional Hospital Authority Board Meeting Minutes**

Mr. Cubberley asked for approval of the December 17, 2018, Board Meeting Minutes

Ms. Greenleaf noted Mr. Pipes name needed to be added as an attendee in December.

**ACTION TAKEN:** Dr. Weber made the motion to approve the December 17, 2018, Board Meeting Minutes as amended. Mr. Pipes seconded the motion, and the motion was approved unanimously with aye votes from Dr. Anwar, Mr.

Cubberley, Dr. Chambers, Dr. Weber, Dr. Kimpel, Mr. Pipes, Ms. Greenleaf, Mrs. Womack and Mr. Sherman.

#### **Agenda Item IV. Performance Updates**

**A.** Ms. Anderson provided information on the performance and improvement tool during leadership training called Plan Do Study Act (PDSA). The tool is to be used in departments when they have a project they are working to improve upon in their unit. Hosted a PDSA Lunch and Learn and gave package to Directors to use. Circular, continuous tool –

- Step 1 – plan the test or observation, collect data.
- Step 2 - implement the plan.
- Step 3 – study results and analyze data.
- Step 4 – determine if it is working, study results, look for changes still needed. If so, start the cycle again.

Tool helps us defer to expertise, adhere to a culture of safety and accountability and use the data to make sustainable improvement.

#### **B. Quality & Patient Safety Update:**

##### **1. Patient Safety**

- **Pressure Ulcers** – Currently projected to be at the 15% reduction. Moved from red zone to purple zone. Still in planning stages and determining main goal. Have not used the PDSA procedures but already seeing a reduction in ulcers as they review using the tool.
- **Falls With Injury** – Had predicted no reduction. After beginning to review PDSA procedures, are now looking at a projected 8% reduction. Have an overall goal and have picked some measures to monitor on a quarterly basis. Trialing toilet alarms in a unit to see how these will decrease overall falls. Adjusted staffing on weekends to help with falls. Plan to meet with leadership to determine progress. Did see a reduction in falls in the first quarter of this fiscal year.
- **Medication Error With Harm** – Projected to be below goal. Did a Failure Mode Effective Analysis (FMEA) thru patient safety and have none since then, but are having a few issues they need to work on. Will be setting them up on a PDSA to help them maintain their status or improve.
- **C-Diff** – put together a PDSA slide presentation for C-diff. Will be stored in one place on the network drive so anyone can see/use it and changes can be made when needed.

Board members commented on how well this program is working.

##### **2. Patient Experience**

- **Real Time Data** – The percentage of 9's and 10's is at 82% on "Would you recommend" on surveys since October 2017. Real Time Analysis shows Net Promoter Score at 74.3%. Most health care groups set at 55% to 60%.

#### **Agenda Item V. Approval of the December 2018 Norman Regional Health System Financial Statements**

Mr. Hopkins presented the December 2018 Norman Regional Health System Financial report. He mentioned the November financial report was reported incorrectly. Mr. Hopkins notified finance committee members. Subsequent committee minutes were corrected following the board meeting (that was held on the same day as Finance Committee in December). Our deduction rate or contractual allowances on employed Physician clinics were reported as abnormally high. The error was caused while recording a journal entry. Steps are now in place to prevent it from happening again. The November correction was made and December's financial numbers reflect that correction as well-

- **Inpatient Volumes** – Admissions were significantly up and were as high as our best month all year, which was January 2018. Payer mix was favorable.
- **Average Length of Stay (ALOS)** – was significantly lower than last month. CMI dropped.
- **Outpatient Volumes** – were down in December. Outpatient surgeries and ER visits were favorable to budget.
- **Clinic Outpatient Visits** – off in December probably due to the holidays. Revenues and deductions were normal.

#### **December 2018 Financial Performance**

- Gross Revenues .....(Budget \$175,728,963)..... \$175,472,211
- Net Patient Revenue .....(Budget \$36,880,953)..... \$38,854,351
- Total Operating Expenses .....(Budget \$36,006,399)..... \$36,294,932
- Total Operating Revenues.....(Budget \$37,285,202)..... \$39,272,678
- Operating Income .....(Budget \$1,278,803)..... \$2,977,746
- Non-Operating Revenues (Expenses) .....(Budget \$910,041)..... (\$3,708,494)
- Excess Revenues over Expenses .....(Budget \$2,188,844)..... (\$730,748)

#### **Year-to-Date**

- Operating Income .....(Budget \$7,453,824)..... \$7,117,024
- Non-Operating Revenues (Expenses) .....(Budget \$5,460,511)..... (\$4,777,217)
- Excess Revenues over Expenses .....(Budget \$12,914,335)..... \$2,339,806
- Accounts Receivable Days .....(Budget 43 Days)..... 42 Days
- Days Cash on Hand..... 217.2 Days

**ACTION TAKEN:** Mr. Pipes motioned to approve the December 2018 NRHS Financial Statements. Dr. Weber seconded and the motion was approved unanimously with aye votes from Dr. Anwar, Mr. Cubberley, Dr. Chambers, Dr. Weber, Dr. Kimpel, Mr. Pipes, Mrs. Womack, Ms. Greenleaf, and Mr. Sherman.

#### **Agenda Item VI. Medical Staff**

Dr. Mantoosh stated they met on January 9.

- Elected 2 new members at large. Dr. Patrick Cody, Emergency Department and Dr. Brett Dees, Neurology and introduced several new department chairs.
- Talked about Provider-to-Provider Consult communication. Working thru how that will work more effectively. Looking into secure texting as the best option.
- Code status for patients will be entered by the doctor on every admission.

- Anesthesia – elected New Chair - Dr. Joe Voto and Vice Chair Dr. Jason Leonard as Vice Chair. New electronic Anesthesia records. Went over Department indicators. Reorganizing flipping of OR rooms. Schedule changes for CRNA's. Dr. Archana Gautam reported on Cardiovascular Medicine. Earned three awards - Silver Plus for receiving Center for Stemi patients, Silver non – stemi patients and an Action Registry Award for both Stemi and Non-stemi. Heart Health Fair on Feb 2. Dr. Mantooth will attend and host the Women's Heart Event at NR Moore. Discussed Echo turnaround times around all campuses.
- Radiology – New Chair Dr. Sanjay Narotam and Vice Chair Dr. Barbara Landaal. Appropriate Use Criteria testing pilot program for a year. Discussion and plan for Interventional Radiology making sure the patients have the appropriate testing. 5% increase in CT's and 9.5% increase in MR.
- Emergency Department – New communication project for Clinic Physicians thru the One Call Center, which is being used between all campuses. Brittni McGill talked about staff vs bed availability. Radiology requesting vRad start reading at 1900 instead of 2100. Report from couple of Residents who are have a research project on Femoral Nerve Blocks for hip fractures. Patient flow reports discussed. Dr. Cook talked about no pediatric testing for Respiratory Syncytial Virus (RSV) and Virals if patient has bronchiolitis. New discharge instructions for Bariatrics. New Radio headset system for the Emergency Department to reduce noise. New handoff tool possible. We are no longer waiting to transfer patients due to shift changes. "Order and leave building" data research taking place to tract time from when order of discharge is issued and when discharge actually happens. Make those happen closer to together. We are using different overflow areas due to increasing flu cases. Preplanning with patients for discharge, Tele-tracking did a site visit to help improve discharges from Emergency Department. Residency presentation by Dr. Angie Carrick in Austin. Our "left without being seen" rate across all campuses is less than 1.7% since March of last year.
- Hospital Medicine – Elected new chairman Dr. Tom Whalen and Dr. Mehran Shahsavari as Vice Chair. Had new Oncology associates introduce themselves at meeting. New Hospitalist is starting in April. Mid-levels will start doing 12-hour staggering shifts to have more coverage at night. Sepsis team is working on new order sets.
- Medical Staff – new credentialing software, Varsity, will be operational starts in June. This new (online) program will allow credentialing to be more streamlined, accurate and will automatically update. The Physician Wellness survey had 47 providers respond. Richie discussed the recent acquisition of a Dr. Keith Layne's clinic in South OKC/Moore area.

## **Agenda Item VII Strategic Planning Committee**

Dr. Weber went over the Strategic Planning Committee Meeting held on January 7<sup>th</sup>.

- Our Stroke program is within the window for Joint Commission disease specific recertification.
- High volumes in surgery for December. Ms. Price as pleased with how staff handled work loads.
- Met new hire, Lori Smith Murdock, a Lean/Strategic Planning Specialist. She has 37+ years healthcare experience.
- Reviewed the process used to develop the FY20 Strategic Plan and use of feedback and data to improve.

- Market Assessment – Oklahoma Data Rankings vs the nation, we are ranked 47<sup>th</sup> in Behaviors, Community and Environment, Policy, Clinical Care and Outcomes. In Oklahoma, Cleveland County ranked 7 out of 77 counties for Health Outcomes, Health Factors Social Economic and Physical Environment.
- General discussion on Gerontology and the need to better educate Primary Care Physicians (PCP's) on the how to best care for the aging population.
- Currently looking at different transformational planning models during the FY20 Strategic Planning Process. Reviewed planning models in decision-making and discussed decision traps. Mr. Loftis presented a strategic planning tool that will be introduced to the service line leaders based on transformative planning.
- Ms. McCool-Hare presented key elements that are core considerations for Norman Regional to remain relevant and independent as we move forward.
- We received report on new marketing campaign for weight loss patients.
- Mr. Hopkins reported CMS will require hospitals to post their charges/chargemaster information beginning this year (2019). NRHS is compliant.

### **Agenda Item VIII. Finance Committee**

#### **A. Report from the January 21, 2018 Finance Committee**

- Mr. Sherman reported the November Income statements have been corrected.
- Ms. Blau presented information on compliance regarding breaches of information
- Mr. Manfredo presented for approval two capital requests totaling \$487,588:
  - Three 2018 Honda CRV's for the lab department - \$63,379
  - Replace radios with 100 new radios to match those used by the City of Norman; to assure better communication - \$424,209.00.

#### **B. Recommend Approval of Capital Equipment Purchase Requests**

**ACTION TAKEN:** Dr. Weber made a motion to approve the Capital Equipment Requests totaling \$487,588 as recommended by the Finance Committee. Mrs. Greenleaf seconded and the motion was approved unanimously with 8 aye votes from Dr. Anwar, Mr. Cubberley, Dr. Chambers, Dr. Weber, Dr. Kimpel, Ms. Greenleaf, Mr. Pipes and Mrs. Womack. Mr. Sherman abstained from voting.

### **Agenda Item IX. Old Business**

There was none.

### **Agenda Item X. New Business**

There was none.

### **Agenda Item XI. Administrative Report**

Mr. Splitt provided an update on the following:

- He introduced Jenny Odom and Lori Murdock.



- Dr. Mantooth had referred to the Physicians Wellness survey that is now up to 65 respondents. This is important information to know - assessing provider's level of potential burnout (wellness). Information provided helps us develop action plans to address concerns/issues.
- Navigant visited in person last week, and their report was built upon recommendations from 4 advisory groups - trustees, the Physicians Advisory Committee, Executives and community stakeholders.
- The Joint Commission (TJC) unannounced survey window fast approaching. We continually monitor and prepare for TJC standards, and will implement mock surveys and other initiatives prior to their (unannounced) arrival.

## **Agenda Item XII Proposed Executive Session**

### **A. Proposed Vote to Convene an Executive Session Pursuant to 25 Okla. Stat. Section 307 B.4. to Discuss with Legal Counsel Pending Internal Peer Review/Credentialing Investigation Regarding the Medical Staff Members/Applicants Listed Below**

Ms. Rieger updated the board about legal matters related to Poarch vs. NRHS. No action required or taken. This was informational only.

**ACTION TAKEN:** Dr. Weber made a motion to adjourn into Executive Session. Mr. Pipes seconded and the motion was approved unanimously with aye votes from Dr. Anwar, Mr. Cubberley, Dr. Chambers, Dr. Weber, Mr. Pipes, Dr. Kimpel, Ms. Greenleaf, Mrs. Womack and Mr. Sherman.

Ms. Murdock, Ms. Blau, Mr. Loftus, Ms. Odom, Ms. Anderson left the meeting at this time. Dr. Mantooth and Dr. Jawed left immediately following the Medical Staff Recommendations report.

### **B. Medical Staff Recommendations Regarding the Medical Staff Members/ Applicants as Listed in XIII.B 1-3 Below.**

1. Recommend New Provisional Medical Staff Appointments:
  - a. Douglas Alden, MD – Teleradiology Staff
  - b. Mitchell Karmel, MD – Teleradiology Staff
  - c. Saniya Merchant, MD – Teleradiology Staff
  - d. Michael Parker, MD – Teleradiology Staff
  - e. Robert Stone, MD – Teleradiology Staff
  - f. Penny Vroman, MD – Teleradiology Staff
  - g. Brittney Roberts, PA-C – Cardiovascular Medicine
2. Recommend Advancement of Medical Staff from Provisional Status:
  - a. Timothy Laughy, MD – Pediatrics
  - b. Morgan Segrest, NP - Allied Health- Emergency Medicine
  - c. Darren Dupas, APRN-CRNA – Allied Health – Anesthesia
  - d. Steven Braudway, APRN-CNP – Allied Health- Emergency Medicine
3. Recommend Medical Staff Reappointments:
  - a. Todd Holmes, MD – Medicine

- b. Patrick Cody, DO – Emergency Medicine
- c. Daniel Kite, DO – Emergency Medicine
- d. Marcia Hoos-Reinke, MD – Emergency Medicine
- e. Shane Stidham, MD – Anesthesia
- f. Jeffrey Buyten, MD – Surgery
- g. M. Edmund Braly, DDS – Surgery
- h. Ralph Nelson, DO – Emergency Medicine
- i. Chad Borin, DO – Emergency Medicine
- j. Kevin O'Brien, MD – Medicine
- k. Ryan Pitt., APRN-CNP – Emergency Medicine
- l. Jennifer Damitsian, APRN-CNP – Emergency Medicine
- m. Darren Gose, APRN-CRNA – Anesthesia
- n. Deanne Givens, APRN-CRNA – Anesthesia
- o. Dwight Thacker, APRN-CRNA – Anesthesia
- p. Josie Dean, PA-C – Surgery
- q. Jeffrey Frederick, PA-C – Surgery

**C. Request to Adjourn Out of Any Such Executive Session and Return to Regular Session**

**ACTION TAKEN:** Dr. Kimpel made a motion to adjourn out of Executive Session and return to regular session. Mr. Pipes seconded, and the motion was approved unanimous aye votes from Dr. Anwar, Mr. Cubberley, Mrs. Greenleaf, Dr. Chambers, Dr. Weber, Dr. Kimpel, Mr. Pipes, Mrs. Womack and Mr. Sherman.

Mr. Cubberley noted the Board returned to regular session. There were no decisions or votes taken except to return to regular session and any information shared during the Executive Session is privileged and needs to remain in Executive Session.

**D. Proposed Vote to Approve or Disapprove the Medical Executive Committee Recommendations Regarding Credentialing of the Referenced Medical Staff Members as Listed in XII B 1-3.**

**ACTION TAKEN:** Mr. Pipes motioned to approve credentialing items as recommended by Medical Executive Committee and Credentials Committee of all referenced Medical Staff members listed in XII B 1-3. Dr. Weber, and the motion was approved with unanimous aye votes from Dr. Anwar, Mr. Cubberley, Dr. Chambers, Mr Pipes, Dr. Weber, Dr. Kimpel, Ms. Greenleaf, Mrs. Womack and Mr. Sherman.

**Agenda Item XIV Board Open Discussion**

- A. Mr. Cubberley reported several board members attended a board leadership conference in Naples, Florida in January. He asked those who attended to prepare verbal remarks/key takeaways during next month's board meeting.
- B. At this conference, they heard about structuring board meetings in a different way. To provide more generative discussions concerning issues facing the hospital and putting some reports that are already in our packets into a consent agenda format. Attempt to use the board meetings and our time together in a

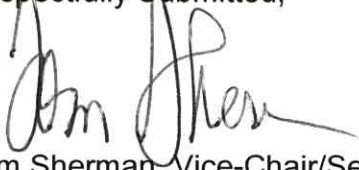
different way – looking forward rather than reflecting on past performances. Mr. Cubberley requested Board members to begin thinking about what they would like to see, how to change it and possibly putting into effect in the following few months.

Mr. Sherman reminded the board meeting should focus on going forward and strategic planning for the hospital and not look back unless there is a specific question, concern and/or problem.

**Agenda Item XV. Adjournment**

**ACTION TAKEN:** Mr. Sherman made a motion to adjourn the meeting at 7:54p.m. Mrs. Greenleaf seconded, and the motion passed unanimously with aye votes from Dr. Anwar, Mr. Cubberley, Dr. Chambers, Dr. Weber, Mr. Pipes, Dr. Kimpel, Ms. Greenleaf, Mary Womack and Mr. Sherman.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Tom Sherman", written over a horizontal line.

Tom Sherman, Vice-Chair/Secretary

