



The MetroHealth System

Board of Trustees

Wednesday, March 27, 2024

3:30pm - 5:30pm

Virtual Only via Zoom

Board of Trustees

Regular Meeting

The MetroHealth System Board of Trustees

FULL BOARD REGULAR MEETING

DATE: March 27, 2024
TIME: 3:30pm – 5:30pm
PLACE: Zoom: <https://us02web.zoom.us/j/85864564632>

AGENDA

- I. **Approval of Minutes**
Minutes of February 28, 2024, meeting of the Board of Trustees
- II. **Mission Moment**
- III. **Committee Reports**
 - A. **Audit and Compliance Committee - M. Dee**
 - B. **Health Equity & Diversity Committee – V. Whiting**
 - C. **Human Resources & Compensation Committee – J. Corlett**
- IV. **Consent Agenda**
 - A. Resolution for Acceptance of MetroHealth System Annual Audit
 - B. Resolution for Approval of Ernst & Young LLP as the System’s Internal Audit Partner
 - C. Resolution for Approval of Amendments to Executive Compensation Policy BOT- 06 and Ratification of PBVC Plan
 - D. Resolution for Approval of PBVC Achievements for 2023
 - E. Resolution for Approval of PBVC Award to the CEO for 2023
 - F. Resolution for Approval of PBVC Trigger for 2024
- V. **President and CEO’s Report – A. Steed**
- VI. **Medical Staff Report – Dr. Joseph**
 - A. Approval of Medical Staff Provider Appointments, Actions and Reappointments for March 2024
 - B. Acceptance of Medical Executive Committee Minutes of March 8, 2024
- VII. **Information Items**
 - A. ACGME and CLER Update – *Dr. Ghori and Dr. Chae*
 - B. Rehabilitation Institute Highlights- *Dr. Chae and Dr. Wilson*
- VIII. **Executive Session**

Return to Open Meeting

The MetroHealth System Board of Trustees

FULL BOARD REGULAR MEETING

Wednesday, February 28, 2024

3:30pm – 5:00pm

The MetroHealth System Board Room (K107) and via Zoom

Meeting Minutes

Trustees: Inajo Chappell-R, John Corlett-I, Maureen Dee-I, John Moss-I, JB Silvers, Ph.D.-R, E. Harry Walker, M.D.-I, Vanessa Whiting-R ¹

Staff: Airica Steed, Ed.D.-I, Christine Alexander, M.D.-I, Kate Brown-I, Alfred Connors, M.D.-R, Nabil Chehade, M.D.-I, Joseph Frolik-I, Derrick Hollings-I, Olusegun Ishmael, M.D.-I, Natalie Joseph, M.D.-I, Barbara Kakiris-I, Melissa Kline-I, William Lewis, M.D.-I, Laura McBride-I, Kate Nagel-I, Allison Poulos-R, Sonja Rajki-R, Tamiyka Rose-I, Dalph Watson-I, Adam Winston-I

Guests: Sabrina Otis-R, Julie Washington-I

Dr. Walker called the meeting to order at 3:40 pm, in accordance with Section 339.02(K) of the Ohio Revised Code with a quorum present.

(The minutes are written in a format conforming to the printed meeting agenda for the convenience of correlation, recognizing that some of the items were discussed out of sequence.)

I. Approval of Minutes

Dr. Walker requested for a motion to approve the minutes of the January 24, 2024 regular Board Meeting as presented, which was given, seconded, and unanimously approved.
RESOLUTION NO. 19603

II. Mission Moment

A video was shared to commemorate the 10-year anniversary of MetroHealth's School Health Program and the grand opening of three additional in-school clinics within the Cleveland Metropolitan School District, highlighting MetroHealth's commitment to community health and providing accessible healthcare for students.

III. Committee Reports

A. Quality, Safety & Experience Committee

¹ I-In-person, R-Remote

The MetroHealth System Board of Trustees

Dr. Walker reported that the Quality, Safety & Experience Committee met today and reviewed several items including the Quality Assurance Performance Improvement Plan which was included in the meeting materials. The 2023 Quality, Safety & Experience Performance updates were discussed and reported; every system goal met or exceeded the target, and the Board was pleased with the progress made. The goals were ambitious and most of them were achieved. Dr. Walker applauded the team for their hard work and efforts on meeting the system goals. The 2024 system goals were discussed, and an update was provided on those goals. Dr. Collins presented updates on the peer review, focused professional practice evaluation, and credentialing process. Last, a patient safety update was discussed.

B. Finance Committee

Mr. Moss reported that the Finance Committee met today. Adam Blake with Clearstead provided an update on the System's investment performance in 2023. Long-term investments are up 23%; whereas, the year prior there were \$44 million in overall investment losses. This year, our EBIDA was \$138 million, which is \$1 million more than last year. Mr. Moss highlighted a 45% increase in pharmacy revenue of \$116 million, which was offset by \$60 million in additional expenses and provided a net gain of \$56 million. Similarly, other revenue was up by 8% or \$90 million but additional expenses of \$146 million resulted in a net loss of \$56 million. Mr. Moss also reported that assets were slightly down from last year but have increased to \$7 million. Mr. Moss also reports that our cash on hand at 145 days, down from 172 days in 2022.

C. Audit and Compliance

Ms. Dee reported that the Audit and Compliance Committee held a special meeting that was largely held in Executive Session to discuss the selection of finalists to be procured as the internal auditor for MetroHealth. A competitive bid was submitted and a total of twelve bidders responded, and the top four finalists were interviewed by a committee including Board members and designated staff members.

IV. Consent Agenda

A. Approval of the Engagement of an Internal Audit Partner

Dr. Walker asked for a motion on the resolution for the consent agenda, which had one item, which is the Approval of the Engagement of an Internal Audit Partner which was given, seconded and the resolution was approved unanimously. RESOLUTION NO. 19605

V. President and CEO's Report

Dr. Steed referred to the Board of Trustees to the meeting materials regarding updates and organizational progress. Dr. Steed reported that the organization has achieved green status in every system goal domain for the first two months of 2024.

The MetroHealth System Board of Trustees

The MetroWay Forward is the organization's transformation journey that encompasses every aspect of culture transformation, clinical and academic excellence, as well as financial and operational performance. The focus is to become a people-first culture and achieve the True North measures of becoming a five-star organization and a regional organization for publicly reported measures. Our goal is to become the best place to work and provide high-quality care to communities at large. The MetroWay Forward initiative aims to drive north of \$150 million in collective margin improvements through cost efficiencies, revenue enhancement efforts, and healthy growth measures. Dr. Steed introduced three new members of the leadership team: Dr. Connie Moreland, the new Vice President of Medical Diversity and Inclusion, Joseph Greiner, the new Director and Chief of Public Safety, and Dr. Wendy Ellis Jones, the new Executive Director of Health Equity Sponsorship Engagement.

VI. Medical Staff Report

Dr. Joseph directed the Board to the MEC meeting minutes and the appointments, reappointments, and actions of the Credentialing Committee that were included in the meeting materials for review. Dr. Joseph highlighted the presentation of clinical practice guidelines for prostate cancer screening by Dr. Nguyen, which is similar to an initiative that was spearheaded for breast cancer screening at the end of 2022. Recognizing our diverse patient population and the need to address incidences of late-stage prostate cancer diagnosing in African American and Hispanic men populations, Dr. Joseph commended Dr. Nguyen for spearheading a group of multi-disciplinary providers who are reviewing national clinical practice guidelines and working to develop guidelines that are specific to our patient population. The team is also working with the Ethics team to launch primary care based clinical practice guidelines. Dr. Joseph provided additional updates including nominations for president elect will begin the following week and there is a planned in person Doctor's Day event in March.

Dr. Walker requested for a motion to approve the Medical Staff Providers Appointments, Actions and Reappointment for January 2024 along with the acceptance of the MEC minutes for February 9, 2024, which was given, seconded, and unanimously approved.
RESOLUTION NO. 19604

VII. Information Items

A. Update to Committee Appointments

Dr. Walker provided an update on recent changes to committee appointments. Dr. Walker will replace Ms. Chappell as the Chair of Facilities & Planning Committee and Mr. Corlett will replace Dr. Walker as the Chair of Human Resources & Compensation Committee.

The MetroHealth System Board of Trustees

B. Update on Board Appointments

Dr. Walker provided an update on the new Trustee, Ms. Sharon Dumas, Board appointment. Due to a bureaucratic issue with the County, Ms. Dumas was not yet officially appointed to the Board, so Dr. Silvers remains an appointed Trustee and agreed to participate in today's meeting. We are anticipating for Ms. Dumas to begin in April as soon as the issue is corrected with the County.

VIII. Executive Session

Dr. Walker asked for a motion to recess into executive session to discuss hospital trade secrets as defined by ORC 1333.61; to consider the appointment, employment, dismissal, discipline, promotion, demotion, or compensation of a public employee to conference with an attorney for the public body concerning disputes involving the public body that are subject to pending or imminent court action. Mr. Corlett made a motion and Mr. Moss seconded. The Board held a roll call vote with all Trustees in attendance voting to approve the motion to go into executive session for the purposes stated by Dr. Walker.

Members of the public were excused. The Board went into executive session to discuss the matters identified at 4:14 pm.

Return to Open Meeting

Following the executive session, the meeting reconvened in open session at approximately 5:44 pm and welcomed back the public via Zoom and those members of the public who remained in-person.

IX. Recommendation/Resolutions

A. Approval of Executive Compensation

Dr. Walker noted the Board heard from management on the background on this resolution and had an opportunity to discuss in executive session. He asked if there were any additional questions or discussion, with none, Dr. Walker asked for a motion on the resolution for the Approval of Executive Compensation, which was given, seconded and the resolution was approved unanimously. RESOLUTION 19606

B. Approval of Update in Nonprofit Joint Venture

Dr. Walker noted the Board heard from management on the background for this resolution and had an opportunity to discuss in executive session. He asked if there were any additional questions or discussion, with none, Dr. Walker asked for a motion on the resolution for the Approval of Update in Nonprofit Joint Venture, which was given, seconded and the resolution was approved unanimously. RESOLUTION 19607

The MetroHealth System Board of Trustees

There being no further business to bring before the Board, the meeting was adjourned at 5:46 pm.

NEXT MEETING: **Wednesday, March 27, 2024 – 3:30-5:30 pm**
Virtual only via Zoom

THE METROHEALTH SYSTEM

E. Harry Walker, MD, Chairperson

**RECOMMENDATION TO THE BOARD OF TRUSTEES OF
THE METROHEALTH SYSTEM TO ACCEPT THE
2023 AUDIT REPORT FOR THE SYSTEM'S ANNUAL FINANCIAL STATEMENTS**

Recommendation

The Chief Financial Officer recommends that the Board of Trustees of The MetroHealth System accept the audit report for the System's annual financial statements for the year ended December 31, 2023, as prepared and presented by RSM US, LLP.

Background

Pursuant to Chapter 339 of the Ohio Revised Code, the Board is required to provide for an annual audit of the System's financial statements. Pursuant to Chapter 117 of the Ohio Revised Code, the System and the Auditor of State have engaged RSM US, LLP to conduct such an audit. RSM's audit is conducted in accordance with Generally Accepted Auditing Standards (GAAS), Government Auditing Standards (GAS), the Uniform Guidance, and the U.S. Office of Management and Budget's (OMB) Compliance Supplement and guidance provided in the audit guide titled State and Local Governments issued by American Institute of Certified Public Accountants. The RSM audit team conducted an audit conference with members of the Board of Trustees including members of the Audit and Compliance Committee and discussed RSM's independence, the scope of services performed in connection with the audit, and any findings resulting from the audit.

Acceptance of the 2023 Audit Report for the System’s Annual Financial Statements

RESOLUTION XXXXX

WHEREAS, the System’s independent auditors, RSM US, LLP, have prepared a report detailing the findings of their annual audit of the System’s annual financial statements for the year ended December 31, 2023 (the “2023 Audit Report”);

WHEREAS, RSM conducted an audit conference with the members of the Board of Trustees including members of the Audit and Compliance Committee regarding the 2023 Audit Report and discussed the conduct and scope of the audit, including the work with the System’s management team; and

WHEREAS, the Audit and Compliance Committee recommends that the Board of Trustees accept the 2023 Audit Report for the System’s annual financial statements as prepared and presented by RSM.

NOW, THEREFORE, BE IT RESOLVED, the Board of Trustees of The MetroHealth System hereby accepts RSM US LLP’s 2023 Audit Report for the System’s annual financial statements for the year ended December 31, 2023.

AYES:

NAYS:

ABSENT:

ABSTAINED:

DATE:

RECOMMENDATION FOR THE ENGAGEMENT OF ERNST & YOUNG LLP AS THE SYSTEM'S INTERNAL AUDIT PARTNER

Recommendation

The President and Chief Executive Officer recommends that the Board of Trustees of The MetroHealth System authorize the engagement of Ernst & Young LLP ("EY") to perform Internal Audit services and Enterprise Risk Management ("ERM") services on behalf of the Board and the System.

Background

Over the past 15+ years, the Board and the System have engaged an external partner to coordinate the System's Internal Audit function. More recently, the System has drawn upon the external partner to also support the development of the System's ERM program. However, the current external partner's contract expires at the end of March 2024.

As has been discussed with the Board's Audit & Compliance Committee over the past several months, the System publicly issued a request for competitive sealed proposals (the "CSP") seeking to establish a new relationship(s) with an external firm. The CSP was issued in November 2023 and was executed in accordance with the System's procurement processes. The pool of respondents was narrowed to four highly qualified finalists, each of whom made presentations to a committee including representatives from the Audit & Compliance Committee, Ethics & Compliance, Finance, Information Services, and Legal. In February 2024, System leadership and the Board's Audit & Compliance Committee discussed the attributes of the four finalists and the Board authorized the System to negotiate with one or more of the finalists based on that discussion.

Since then, the System has reached a tentative agreement with EY to perform Internal Audit and ERM services. EY was selected because of their extensive experience supporting Internal Audit and ERM functions, their deep and relevant experience in the healthcare industry specifically, and their knowledge of the System. Under the proposed agreement, EY would serve as the System's sole Internal Audit function, with the flexibility to discuss different structures with the System and the Board in the coming months. The proposed engagement would span a 3-year initial term with option for the System to extend the agreement thereafter for two subsequent 1-year terms. Year 1 professional fees will total approximately \$885,500 and associated expenses will not exceed 8% of professional fees. The System will agree on an appropriate and necessary level of effort for these services with EY before the start of Year 2 and Year 3 of the agreement.

Approval of the Engagement of Ernst & Young LLP as the System’s Internal Audit Partner

RESOLUTION XXXXXX

WHEREAS, the Board of Trustees of The MetroHealth System has been presented a recommendation for engagement of Ernst & Young LLP as the System’s Internal Audit services and Enterprise Risk Management (“ERM”) services partner; and

WHEREAS, the Board’s Audit & Compliance Committee has reviewed this recommendation and now recommends its approval.

NOW, THEREFORE, BE IT RESOLVED, the Board of Trustees of The MetroHealth System hereby approves of the System’s engagement of Ernst & Young LLP as the System’s Internal Audit services and ERM services partner, for a 3-year engagement, with the System’s option to renew the agreement for two subsequent 1-year terms, with fees as negotiated by the System and paid out of general operating funds.

BE IT FURTHER RESOLVED, the President and Chief Executive Officer or her designee is hereby authorized to negotiate and execute agreements and other documents consistent with this resolution.

AYES:

NAYS:

ABSENT:

ABSTAINED:

DATE:

RECOMMENDATION FOR THE APPROVAL OF AMENDMENTS TO EXECUTIVE COMPENSATION POLICY BOT-06 AND RATIFICATION OF PBVC PLAN

Recommendation

The President and Chief Executive Officer recommends that the Board of Trustees approve amendments to Executive Compensation Policy, BOT-06, and ratify the Performance Based Variable Compensation Plan to guide the System's implementation of the Performance Based Variable Compensation program.

Background

Since 2014, the Board has approved the use of the Performance Based Variable Compensation program ("PBVC Program") to incentivize leadership performance in achieving System-wide goals critical to the System's mission and operations. Over the course of the past year, the System has worked in conjunction with its national compensation consulting firm, Gallagher, to enhance the operations of the PBVC Program.

As a part of this work, it is recommended that the Board's policy on executive compensation, BOT-06, be amended to provide further specificity regarding the parameters of the PBVC Program that are subject to the Board's direction and approval – including the award of PBVC to the President and Chief Executive Officer.

It also was recommended that the System develop a written plan document to guide its implementation of the PBVC Program for eligible employees who report to the President and CEO and whose compensation is subject to the discretion of the President and CEO.

The attached documents reflect these recommendations.

**Approval of Amendments to Executive Compensation
Policy BOT-06 and Ratification of PBVC Plan**

RESOLUTION XXXXXX

WHEREAS, the Board of Trustees of The MetroHealth System has been presented a recommendation for the approval of amendments to Board Policy BOT-06 policy relative to Executive Compensation to, among other things, provide further detail regarding the Board's parameters for the Performance Based Variable Compensation ("PBVC") Program; and

WHEREAS, the Board of Trustees of The MetroHealth System also has been presented a recommendation to ratify the System's PBVC Plan document that will guide the System in implementing the PBVC Program for eligible leaders other than the President and Chief Executive Officer;

WHEREAS, the Human Resources and Compensation Committee has reviewed both of these recommendations and the associated written documents, which are attached hereto as Exhibit A (Amended Policy BOT-06) and Exhibit B (PBVC Plan); and

WHEREAS, based on its review, the Human Resources and Compensation Committee has recommended that the Board of Trustees approve the proposed amendments to Policy BOT-06 and ratify the proposed PBVC Plan as presented.

NOW, THEREFORE, BE IT RESOLVED, the Board of Trustees of The MetroHealth System hereby approves amendments to Board Policy BOT-06 for Executive Compensation as reflected in Exhibit A.

BE IT FURTHER RESOLVED, the Board of Trustees of The MetroHealth System hereby ratifies the PBVC Plan document attached as Exhibit B.

AYES:

NAYS:

ABSENT:

ABSTAINED:

DATE:

Exhibit A

Proposed Revisions to Board Policy BOT-06

BOT-06 - Executive Compensation

Key Points

- This policy applies to The MetroHealth System (MHS).
- The Board of Trustees recognizes the need for MHS to attract and retain effective and committed executives to assist MHS in achieving its goals and providing high quality care in accordance with its mission, while acting in accordance with the laws and standards applicable to MHS.
- This policy sets forth the framework that the Board uses to carry out its fiduciary duties in determining appropriate and competitive compensation for the CEO and other MHS Executives¹.

Policy

1. The Board, through the Human Resources & Compensation Committee, shall review the CEO's and Executives' compensation at least annually. This review shall include actual compensation paid during the prior year as well as any proposed changes to the CEO's future compensation, if any.
2. To support the Board's fiduciary and statutory duties, MHS shall retain an independent compensation consultant (or consultants) to assist in providing the Board with information regarding comparable CEO and Executive compensation and related terms.
 - 2.1. The independent compensation consultant shall provide a written report(s) to and communicate directly with the Board's Human Resources & Compensation Committee.
3. CEO Compensation
 - 3.1. The Board sets total compensation for the CEO that is consistent with other comparable nonprofit and public hospitals and health systems and that reflects fair value for the services that MHS receives.
 - 3.2. The Board shall approve all compensation paid to the CEO.
 - 3.3. Any changes in the CEO's total compensation outside of the terms of the CEO's employment agreement must be approved by the Board in advance of payment.
4. Executive Compensation
 - 4.1. In accordance with Policy BOT-07, the CEO has the authority to set the wages, salaries and benefits for other MHS employees, including base salary and other fixed, performance-based, or other incentive compensation.
 - 4.2. However, the wages and salaries set by the CEO for Executives must be consistent with compensation provided by comparable nonprofit and public hospitals and health systems.
 - 4.2.1. The CEO must notify the Board if any Executive's total compensation (including maximum available performance-based variable compensation and all other compensation) will exceed the 90th percentile of the comparable group and request Board approval in advance. The requirement of 4.2.1 for Board approval does not apply to interim Executives who are employed on a temporary basis (less than 12 months) to fill an immediate need. In such a situation, the CEO must notify the Board Chair in writing if an interim Executive's total cash compensation will exceed the 90th percentile,

- but Board approval is not required. The CEO shall report to the Board on all interim Executive hires at least annually.
- 4.3. The CEO shall report to the Board's Human Resources and Compensation Committee on each Executives' compensation, including a report of each Executive's base salary and all other components of compensation, at least annually.
5. Performance-Based Variable Compensation (PBVC)
- 5.1. The Board has authorized performance-based variable compensation (PBVC) to be a component of certain eligible employees' total compensation with the goal of incentivizing leaders to accomplish goals that promote MHS's mission and operations.
- 5.2. The Board shall approve the amount of PBVC available to the CEO through the CEO's written employment agreement. The CEO may determine the amount of PBVC available to other employees subject to the requirements and limits of this policy.
- 5.3. Performance Goals:
- 5.3.1. The Board will annually establish System performance goals, including the relative weighting between the goals, that are metric-driven and balanced to achieve short-term and long-term organizational success.
- 5.3.2. The Board-approved System performance goals reflect the PBVC goals for the CEO. The CEO may determine whether to incorporate individual goal performance for other PBVC-eligible employees.
- 5.3.3. Each established System performance goal will specify achievements at the following levels: threshold (50% achievement), target (100% achievement); and maximum (150% achievement).
- 5.3.3.1. Achievement between the threshold and maximum limitations will be calculated on a sliding scale.
- 5.3.3.2. If the level of achievement on any goal is less than the 50% threshold, no PBVC incentive payments will be made for that goal.
- 5.3.3.3. If the goal is measured by a percentage, the normal rounding method will be used. If the number in the one-tenth position is 4 or less, the achievement will be rounded down. If the number in the one-tenth position is 5 or higher, the achievement will be rounded up. For example, 35.3% would be rounded to 35% and 35.8% will be rounded to 36.
- 5.4. PBVC Trigger:
- 5.4.1. In conjunction with its approval of annual System performance goals, the Board will also set a trigger (financial or otherwise) that is a prerequisite for any PBVC payout. If MHS does not meet this baseline trigger, there will be no PBVC payout to any employee, regardless of MHS' achievements with respect to the Board-approved goals or any individual goals.
- 5.5. Award & Payment:
- 5.5.1. Within 30 days of receiving the System's final audited financial statements, the Board shall assess the System's performance relative to each of the approved goals, including

the financial trigger, and approve the performance level achieved for each of the approved goals, along with the total performance level achieved across all of the goals.

5.5.2. The Board shall review and approve the proposed PBVC award for the CEO, if any, via written resolution.

5.6. PBVC Plan:

5.6.1. The process and parameters for the award of PBVC (including eligibility, timing, etc.) for employees other than the CEO shall be set forth in a written Plan document that shall be approved by the CEO and consistent with this Policy.

5.6.2. The Plan shall be reviewed by the Human Resources and Compensation Committee when any material changes are made and at least annually.

5.7. The Board reserves the right to review, amend, suspend, and/or terminate PBVC with respect to any or all employees at any time and at its sole discretion.

References

[ORC 339.06, 339.07](#)

Endnotes

¹ Executives means employees at the level of a Senior Vice President or above but does not include the CEO.

Exhibit B

Proposed Performance Based Variable Compensation Plan

**The MetroHealth System
Performance Based Variable Compensation Plan**

**Article 1
Purpose and Duration**

1.1 Purpose of the Plan. In addition to salary and benefits, the annual Performance Based Variable Compensation Plan (PBVC or the Plan) is designed to provide at-risk compensation to employees in leadership positions at The MetroHealth System (MetroHealth or the System) who contribute significantly to the success of the System’s charitable mission, measured through the achievement of financial, strategic, quality, inclusion & diversity, operational and other System-wide goals. The objective of this Plan is to retain and reward leaders for positive impacts on MetroHealth and its patients, their families, our community, and the furtherance of MetroHealth’s mission, vision, and values.

1.2 Effective Date. This Plan shall be effective as of the date identified below.

1.3 Duration of the Plan. The Plan will remain in effect until otherwise amended, canceled, or replaced by the President and CEO of MetroHealth (CEO) or MetroHealth’s Board of Trustees.

**Article 2
Definitions**

Whenever used in the Plan, the following terms shall have the meanings set forth below:

2.1 “Award” means the at-risk amount earned by a Participant based on achievement of the applicable Performance Goals during the Plan Year, and payable according to the terms and conditions set forth in the Plan.

2.2 “Award Notice” means the written notice provided after the end of the Plan Year by the Chief People Officer (CPO) to each Participant setting forth the Participant’s Award for the Plan Year and the basis for determining such Award.

2.3 “Base Salary” means the base salary payable to a Participant during the Plan Year before deductions and taxes, as set forth in MetroHealth’s payroll records.

2.4 "Board" means the Board of Trustees of MetroHealth.

2.5 "System PBVC Trigger" means the threshold level of MetroHealth's performance, financial or otherwise, that the Board approves for a Plan Year as a condition to be met before any Awards are earned and paid for such Plan Year, as set forth in Board policy.

2.6 "Individual PBVC Trigger" means the threshold level of a Participant's annual performance as a condition to be met before any Awards are earned and paid for such Plan Year.

2.7 "Committee" means the Human Resources and Compensation Committee of the Board, or such other Committee designated by the Board.

2.8 "Disability" means disability as defined in the MetroHealth Group Long-Term Disability Plan at the time at which a determination of Disability is made.

2.9 "Employee" means a person who is employed by MetroHealth.

2.10 "At-risk Opportunity" means the percentage of Base Salary that MetroHealth plans to pay a Participant if the applicable Performance Goals are achieved during the Plan Year and if the terms and conditions set forth in the Plan or the Award Notice are satisfied.

2.11 "Participant" means an Employee who is eligible to participate in the Plan. Eligibility is limited to MetroHealth's leadership, including Executive Vice Presidents, Senior Vice Presidents, Vice Presidents and other leaders as determined and approved by the CEO. This Plan does not apply to the CEO; the CEO's eligibility for and participation in PBVC shall be as determined by the Board.

2.12 "Participation Notice" means the written notice provided to each Participant notifying them of their eligibility and/or change in eligibility for PBVC (e.g., a written offer letter).

2.13 "Performance Goal" means the level(s) of performance that must be attained during a Plan Year to earn an Award.

2.14 "Plan Year" means the fiscal year, or such other period specified by the Committee.

2.15 "Retirement" means a Participant's retirement from the Ohio Public Employees Retirement System (OPERS).

2.16 "Weight" means the relative value assigned to each Performance Goal for the purpose of determining the Award earned by each Participant.

Article 3

Participation and Payment of Awards

3.1 Participation. An eligible Employee will become a Participant in the Plan only upon approval by the CEO. The CEO may add an Employee to the Plan during the Plan Year if the Employee is hired, transferred or promoted into an eligible position. A Participant's eligibility for PBVC, including the At-risk Amount, any Individual PBVC Trigger and the proportion, if any, of Individual Performance Goals, shall be as set forth in the Participant's then-current Participation Notice.

Selection for participation for a Plan Year means the Participant has the opportunity to receive an Award based on the applicable Performance Goals for that Plan Year, but does not guarantee that the Participant will receive an Award. Selection for participation for a Plan Year does not entitle an Employee to be selected or to participate in any subsequent Plan Year.

3.2 Determination of PBVC Triggers. The Board approves a System PBVC Trigger for each Plan Year, in accordance with Board policy. The CEO may also approve an Individual PBVC Trigger for Participants for any given Plan Year.

3.3 Determination of Performance Goals. The Board approves System Performance Goals, including the relative Weights of each Performance Goal, for each Plan Year, in accordance with Board policy. The CEO, or their designee, may also approve Individual Performance Goals for Participants for any given Plan Year. Individual Performance Goals shall be approved within 90 days of the start of the Plan Year.

3.4 Determination of Award. If the System PBVC Trigger for the Plan Year is met, the Committee will assess the Organization's performance relative to each of the System Performance Goals for the Plan Year following the end of the Plan Year and within 30 days of receiving the System's final audited financial statements. The Board shall approve the

performance level achieved for each of the System Performance Goals and the associated Award levels earned, if any.

The CEO and the CPO will assess a Participant's performance relative to any Individual PBVC Trigger and Individual PBVC Goals for the Plan Year based on information provided by the Participant's supervisor and within 60 days following the end of the Plan Year. The CEO shall approve the performance level achieved for Individual Performance Goals, if any, and the associated Award levels earned, if any.

A Participant shall only be eligible to receive an Award if the System PBVC Trigger and any Individual PBVC Trigger has been met.

3.5 Payment of Award. The CPO shall distribute information regarding the performance levels for all applicable (System and Individual) Performance Goals and the associated Awards earned, if any, to each Participant in an Award Notice. MetroHealth shall pay the Awards for a Plan Year within 45 days following the Board's approval of the Award levels associated with the System Performance Goals, subject to the limitations of Section 3.6.

3.6 Termination of Employment. If a Participant ceases to be an Employee of MetroHealth prior to an Award payment for a Plan Year, the Participant's eligibility for an Award for the Plan Year will be canceled and the Participant will not be entitled to any Award payment for the Plan Year, unless:

3.6.1 The Participant ceases to be an Employee of MetroHealth prior to Award payment due to death, Disability, Retirement, or active deployment by the US military, in which case the Participant shall be eligible for a prorated Award payment based on the length of their employment during the Plan Year and the performance as determined under Section 3.4; or

3.6.2 The Participant ceases to be an Employee of MetroHealth after December 31st of the Plan Year and prior to Award payment for that Plan Year due to Retirement, in which case the Participant shall be eligible to receive a full Award payment based on performance as determined under Section 3.4.

3.7 Time of Termination of Employment. For purposes of this Article 3, a Participant ceases to be an Employee of MetroHealth on their last day of employment at MetroHealth,

notwithstanding any period of continued compensation or other payments provided under an employment agreement, severance plan, or other plan or arrangement with MetroHealth.

3.8 Non-transferability. Any Award potentially payable under this Plan may not be sold, transferred, pledged, assigned, or otherwise alienated or hypothecated by a Participant or any other person, voluntarily or involuntarily.

Article 4 Administration

4.1 Administration. The Plan will be administered by the CEO and the CPO.

4.2 Authority of the Board. The Board has the authority and discretion to establish the System PBVC Trigger, System Performance Goals, Weights, measures, and associated Awards. The Board retains full authority and discretion to terminate or amend the Plan at any time.

4.3 Authority of the CEO. The CEO has the authority and discretion to establish Participant eligibility, any Individual PBVC Trigger, any individual Performance Goals, Weights, measures, and associated individual Awards, and to establish, amend, or waive rules pertaining to the Plan's administration.

4.4 Decisions Binding. Subject to the provisions of the Plan, all determinations and decisions made by the CEO or the Board, and all related orders or resolutions of the Board, will be final, conclusive, and binding on all persons, including MetroHealth, Employees, Participants, and their estates and beneficiaries.

Article 5 Withholding and Offsets

MetroHealth shall deduct and withhold from the Awards any required federal, state, and local income, OPERS and employment tax withholding. MetroHealth also may offset against an Award payable to a Participant under the Plan any amounts then owing to MetroHealth by such Participant.

Article 6
Miscellaneous

6.1 Employment. Nothing in the Plan shall interfere with or limit in any way the right of MetroHealth to terminate or otherwise change the terms and conditions of any Participant's employment at any time, nor confer upon any Participant any right to continue in the employ of MetroHealth.

6.2 Severability. In the event any provision of the Plan is held illegal or invalid for any reason, the illegality or invalidity will not affect the remaining parts of the Plan, and the Plan will be construed and enforced as if the illegal or invalid provision had not been included.

6.3 Requirement of the Law. Administration of this Plan and the payment of Awards under the Plan are subject to all applicable laws, rules, and regulations. MetroHealth intends that this Plan not provide for deferred compensation that would be subject to the requirements of Section 409A of the Internal Revenue Code. The Plan shall be interpreted and administered consistent with such intent.

6.4 Governing Law. To the extent not preempted by federal law, all questions pertaining to the construction, validity, effect and enforcement of the Plan, and all agreements hereunder, will be determined in accordance with and governed by the internal, substantive laws of the State of Ohio.

THE METROHEALTH SYSTEM

By _____

President and CEO

The MetroHealth System Effective Date _____

Reviewed and ratified by the Human Resources and Compensation Committee of MetroHealth's Board of Trustees at a meeting duly held on the __ day of _____, 2024.

**RECOMMENDATION TO THE BOARD OF TRUSTEES OF
THE METROHEALTH SYSTEM FOR APPROVAL OF
PERFORMANCE-BASED VARIABLE COMPENSATION PROGRAM ACHIEVEMENTS FOR 2023**

Recommendation

The President and Chief Executive Officer recommends that the Board of Trustees accept and approve the 2023 results as compared to the 2023 Performance-Based Variable Compensation Plan measures and goals, which metrics were previously adopted by the Board.

Background

In 2014, the Board of Trustees of The MetroHealth System approved a Performance Based Variable Compensation program for certain members of senior leadership (the “PBVC Program”) with the assistance and advice of Sullivan Cotter, an independent national compensation consulting firm, and at the recommendation of the President and Chief Executive Officer. The System has determined (and recently reaffirmed, through its new national compensation consulting firm, Gallagher) that such programs are customary and usual in the hospital field.

The Board-approved PBVC Program requires the Board to approve System-wide metrics to incentivize performance over the coming year. In March 2023, the Board approved PBVC metrics for 2023. The metrics were subsequently updated via Board approval in May 2023.

The Plan requires the Board to approve the System’s achievements against the approved PBVC Program metrics after the closing of the System’s books and the finalizing of the System’s annual audit. The Board is simultaneously being presented with a recommendation to accept the 2023 audit report prepared by RSM US, LLP.

The President and Chief Executive Officer has reviewed the System’s performance for 2023 against the PBVC metrics approved by the Board. The System’s performance was also subject to a review by KPMG, MetroHealth’s internal audit provider, which review has been presented to the Human Resources and Compensation Committee by KPMG along with management’s responses to the review.

Attachment A provides the presentation of the metrics compared to the performance for 2023.

Approval of Performance-Based Variable Compensation Plan Achievements for 2023

RESOLUTION XXXXX

WHEREAS, the Board of Trustees of The MetroHealth System has previously approved the Performance Based Variable Compensation program for certain members of leadership (the "PBVC Program");

WHEREAS, the Board of Trustees approved PBVC Program measures and goals to incentivize performance through 2023;

WHEREAS, the System has submitted its results against the 2023 PBVC Program metrics, and such results were subject to a review by KPMG, MetroHealth's internal audit provider;

WHEREAS, the Human Resources and Compensation Committee has reviewed the System's performance, including the calculation of the total proposed awards and the proposed individual awards for Executives, KPMG's review, and management's responses thereto;

WHEREAS, the Board of Trustees of The MetroHealth System has been presented a recommendation to approve the System's achievements under the PBVC Program for 2023, as set forth in Attachment A; and

WHEREAS, based on its review of all of the information provided by management and KPMG, the Human Resources and Compensation Committee has recommended that the Board of Trustees approve the System's 2023 achievements under the PBVC Program with an overall performance level of ___% of target.

NOW, THEREFORE, BE IT RESOLVED, the Board of Trustees of The MetroHealth System hereby approves the System's achievements under the Performance-Based Variable Compensation Program for 2023 at the performance level of ___% of target.

BE IT FURTHER RESOLVED, the President and Chief Executive Officer or her designee are hereby authorized to take necessary actions consistent with this resolution to implement the PBVC Program for all eligible employees other than the President and Chief Executive Officer.

AYES:

NAYS:

ABSENT:

ABSTAINED:

DATE:

CONFIDENTIAL: THIS DOCUMENT CONTAINS TRADE SECRETS AND INFORMATION THAT IS CONFIDENTIAL AND PROPRIETARY PROPERTY OF THE METROHEALTH SYSTEM AND MAY NOT BE COPIED, PUBLISHED OR DISCLOSED TO OTHERS WITHOUT THE EXPRESS WRITTEN AUTHORIZATION OF AN AUTHORIZED OFFICER OF METROHEALTH.

THIS DOCUMENT MUST BE KEPT ONLY IN CONFIDENTIAL FILES WHEN NOT IN USE.

ATTACHMENT A

TO BE DISCUSSED/DETERMINED

**RECOMMENDATION TO THE BOARD OF TRUSTEES OF THE METROHEALTH SYSTEM FOR
APPROVAL OF AN AWARD OF PERFORMANCE-BASED VARIABLE COMPENSATION
FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER**

Recommendation

The Chief People Officer recommends that the Board of Trustees approve an award of Performance-Based Variable Compensation (“PBVC”) for the President and Chief Executive Officer (“CEO”) based on the terms of the CEO’s Board-approved employment agreement and the Board’s approval of the System’s accomplishments as compared to the 2023 PBVC Program metrics.

Background

In 2022, the Board of Trustees of The MetroHealth System approved a written employment agreement with the CEO that sets forth, among other things, the terms of the CEO’s compensation. Pursuant to the agreement, the CEO is eligible to receive PBVC with a target amount of 35% of the CEO’s base salary.

In 2023, the Board approved System-wide metrics to incentivize performance through the PBVC Program. In 2024, the System presented its accomplishments vis-à-vis the Board-approved metrics, which will have been approved by the Board by the time this recommendation is made.

With this foundation, the Chief People Officer calculated the proposed award of PBVC for the President and CEO based on the terms of the CEO’s written agreement and the System’s Board-approved performance for 2023. Achievement between the threshold and maximum limitations were calculated on a sliding scale. The System’s compensation consultant, Gallagher, has also reviewed the proposed calculation and agrees with it. Based on these calculations, it is recommended that the Board approve an award of PBVC to the CEO for ___% performance of the 35% base salary target. This equates to an award of PBVC in the amount of \$_____.

Approval of an Award of Performance-Based Variable Compensation for the President and Chief Executive Officer

RESOLUTION XXXXX

WHEREAS, the Board of Trustees of The MetroHealth System has previously approved the President and Chief Executive Officer’s eligibility to participate in the Performance Based Variable Compensation program (the “PBVC Program”) through a written employment agreement;

WHEREAS, the System has submitted its results against the 2023 PBVC Program metrics, which were subject to a review and validation by KPMG, MetroHealth’s internal audit provider;

WHEREAS, the Human Resources and Compensation Committee has reviewed the System’s 2023 PBVC metric performance, including the calculation of the total proposed award for the President and CEO and the terms of the CEO’s written employment agreement; and

WHEREAS, based on its review, the Human Resources and Compensation Committee has recommended that the Board of Trustees approve an award of PBVC for the President and CEO in the amount of ___% of target, which equals an award of \$_____.

NOW, THEREFORE, BE IT RESOLVED, the Board of Trustees of The MetroHealth System hereby approves the award of PBVC to the President and CEO in the amount of \$_____ for 2023.

BE IT FURTHER RESOLVED, the Chief People Officer and Chief Financial Officer, or their designees, are hereby authorized to take necessary actions consistent with this resolution.

AYES:

NAYS:

ABSENT:

ABSTAINED:

DATE:

**RECOMMENDATION TO THE BOARD OF TRUSTEES OF
THE METROHEALTH SYSTEM FOR APPROVAL OF
FINANCIAL TRIGGER FOR PERFORMANCE-BASED VARIABLE COMPENSATION FOR 2024**

Recommendation

The President and Chief Executive Officer recommends that the Board of Trustees approve a financial trigger that the System must meet or exceed in order for all eligible employees to receive Performance-Based Variable Compensation (“PBVC”).

Background

In 2014, the Board of Trustees of The MetroHealth System approved a Performance Based Variable Compensation program for certain members of senior leadership (the “PBVC Program”). Since its inception, the System has been required to meet or exceed a certain financial benchmark in order for any PBVC to be paid to eligible employees (the “Financial Trigger”). The Financial Trigger has been historically set at the System’s maximum annual debt service amount. In accordance with the amendments to Board Policy BOT-06, the Board will explicitly approve the Financial Trigger each year.

Based on the terms of the System’s bond covenants and other financial obligations, the System requires an EBIDA of \$65.8 million for 2024 in order to meet its financial obligations. Thus, it is recommended that the Board approve a Financial Trigger for PBVC in 2024 at an EBIDA of \$65.8 million. If the System does not meet the Financial Trigger, then no PBVC can be paid, regardless of the System’s accomplishments on the Board-approved goals and metrics.

Approval of Financial Trigger for Performance-Based Variable Compensation for 2024

RESOLUTION XXXXX

WHEREAS, the Board of Trustees of The MetroHealth System’s Policy BOT-06 requires the Board to approval a financial trigger that the System must meet or exceed in order for any Performance Based Variable Compensation to be paid to eligible employees (the “Financial Trigger”);

WHEREAS, the Board of Trustees has previously required that the System meet or exceed its maximum annual debt service requirement as the Financial Trigger and seeks to continue to do so for 2024;

WHEREAS, the Human Resources and Compensation Committee has reviewed the recommendation for the Financial Trigger for PBVC for 2024; and

WHEREAS, based on its review, the Human Resources and Compensation Committee has recommended that the Board of Trustees approve a financial trigger for PBVC at an EBIDA of \$65.8 million for 2024.

NOW, THEREFORE, BE IT RESOLVED, the Board of Trustees of The MetroHealth System hereby approves a financial trigger for PBVC, as called for in Board Policy BOT-06, at an EBIDA of \$65.8 million for 2024.

AYES:

NAYS:

ABSENT:

ABSTAINED:

DATE:

March 2024

Report to the Board of Trustees

Trustees,

Every day, our nearly 9,000 caregivers are working with urgency to lift the health – and wealth – of the communities we serve. As we approach the end of the first quarter of 2024, I am proud of the tremendous progress we have made on all fronts. As you will see in the following pages, we are performing well across all domains and we are setting the stage for an exceptionally strong 2024.

First, I am proud to report that S&P Global this month affirmed our BBB bond rating with a stable outlook – a testament to the strong financial stewardship of our enterprise and our potential for further growth. In its report, S&P cited our record as the region’s safety-net healthcare provider, our strong market share, our deep array of service offerings and the on-time and on-budget completion of The Glick Center project.

MetroHealth, like most healthcare institutions across the country, experienced significant financial pressures due to high inflation, the ongoing labor shortage and the lag in returning to pre-COVID levels for patient volumes. To confront these pressures and reach our financial goals, we took several immediate actions last year and launched **The MetroWAY Forward: Financial & Operational Transformation**.

In the fourth quarter of 2023, we partnered with KPMG to accelerate the impact of this transformation. To date, KPMG has integrated with MetroHealth teams across eight transformation workstreams spanning clinical, operational and administrative functions. Each workstream is comprised of key initiatives, which are designed to drive organizational growth, revenue enhancement and cost optimization. I am encouraged by the momentum we are seeing, and I am optimistic we will reach our goal of driving more than \$150 million in cost improvements and revenue enhancements. Recent accomplishments from this effort include:

- Establishing a multidisciplinary Steering Committee to advise on the selection and sequencing of opportunities, monitor program status, remove barriers to program progress, drive benefits and value achieved, and assist on communicating key decisions across the organization.
- Identifying improvement opportunities, which are expected to achieve approximately 80% of targeted improvements.
- Launching the implementation phase for multiple initiatives including:
 - Improvement of patient-appointment access to reduce the time from when a patient requests an appointment to when they are seen by a provider.
 - Expansion of perioperative services across select specialties.
 - Enhancement of the pre-authorization process to improve access to care and reduce payor denials.
 - Expansion of our Medical Assistant Training Program to develop professionals who will provide care to our patients.

Also as part of our MetroWAY Forward initiative, we conducted a comprehensive review of our organizational structure to further drive alignment and ensure we can achieve our strategic priorities. I am confident these changes will position us for continued growth and positive public impact. This reorganization streamlines our clinical and administrative functions and provides clearer oversight and direction for the enterprise’s critical areas. It also better aligns and reduces the number of direct reports to the CEO. All current employees will have positions following this restructure. We are simply moving to



2500 MetroHealth Drive, Cleveland, OH 44109

Airica Steed, Ed.D, MBA, RN, CSSMBB, FACHE, IASSC

President and CEO, The MetroHealth System

Clinical Professor, Frances Payne Bolton School of Nursing at Case Western Reserve University

a more streamlined and consolidated structure with a clear leader responsible for key areas. You will find a detailed organizational chart included in the attached report.

As we continue to live The MetroWAY Forward, we also issued a Request for Proposal (RFP) in January for partners to help us guide our strategic planning process in the year ahead. To ensure proposals are aligned with our needs, we held a bidder conference in late January. The RFP period closed on Tuesday, March 5, with nine firms responding. A multi-disciplinary selection committee with representation from the System Board of Trustees, the Foundation Board, as well clinical, academic and executive leadership is actively reviewing responses. The selection of a partner is expected by the end of April with a project kickoff in May.

Celebrating Our People

I am also happy to report that three esteemed leaders recently joined MetroHealth.

First, we welcomed **Michelle Davis-Ishmael** as Executive Director of Health Equity & Community Engagement. In this role, she will work in collaboration with Charles Modlin, MD – our Chief Health Equity Officer – to develop programming that ensures we are addressing the needs of the diverse populations we serve. That work includes managing operational plans and implementing coordinated initiatives that address the clinical, social, economic and environmental factors that impact our community's health.

We also officially swore in **Joseph Greiner** as our Chief of Public Safety at a special ceremony on Friday, March 15, at The Glick Center. We are fortunate to have a leader joining us with such a deep level of experience and an unwavering passion for serving our community. Even more important than a remarkable resumé is Chief Greiner's caregiver mindset. The MetroHealth mission of service, of healing, and of health equity is already in his heart. He is the right person at the right time for this vitally important job.

We were also thrilled to welcome **Marie L. Crandall, MD, MPH, FACS**, as Chair of the Department of Surgery. Dr. Crandall joins us from the University of Florida College of Medicine and has an international reputation as a researcher and clinical leader in surgical medicine and trauma care. She now serves as Chief of Acute Care Surgery at the University of Florida College of Medicine and has played a major role in advancing surgical innovation and trauma medicine at both the University of Florida and Northwestern University. She is the first female to hold this position in MetroHealth's nearly 200-year history and will help further our goal of enhancing representation for all in our medical leadership and provider network. Her arrival marks a wonderful conclusion to Women's History Month, and we are fortunate to have a leader of her caliber joining MetroHealth.

Earlier this month, we had the honor of showcasing the expertise of the **MetroHealth Rehabilitation Institute** and the investments we are making at our Old Brooklyn Medical Center. Because of the COVID-19 pandemic, we could not properly celebrate – and show off – these new spaces when they came online. It was an honor to bring together some of our closest partners, supporters and leaders from throughout the enterprise to celebrate the great work of our nationally recognized Rehabilitation Institute.

Every day, this team is actively engaged in work that is translating pioneering research into life-changing treatments. They are truly pushing the boundaries of medicine and ensuring that all patients – regardless of their background or ability to pay – receive world-class care.

Caring For Our Community



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Airica Steed, Ed.D, MBA, RN, CSSMBB, FACHE, IAASSC

President and CEO, The MetroHealth System

Clinical Professor, Frances Payne Bolton School of Nursing at Case Western Reserve University

We also recently received exciting news: A film that prominently features MetroHealth will have its world premiere next month at the Cleveland International Film Festival. **"American Delivery"** examines the nation's maternal mortality crisis and the nurses working to solve it. As you know, Cuyahoga County has one of the highest rates of maternal and infant mortality in the country for Black women and babies, and MetroHealth has made it a strategic priority to tackle this crisis head on.

In addition to interviewing me, the filmmakers followed MetroHealth's **Dionna Coleman**, an incredible registered nurse with our innovative Nurse-Family Partnership program, on her bi-weekly home visits with her patient, Jess. "American Delivery" promises to be an incredibly powerful and important film, and I hope you will join me at the premiere at 7:30 p.m. on April 6 at Playhouse Square's Mimi Ohio Theatre.

MetroHealth has never turned away individuals who need care because of their inability to pay – and that will never change. And this month, we were proud to announce a partnership with **RIP Medical Debt** to bring additional relief to the individuals we serve. This agreement helps erase more than \$200 million worth of medical debt for almost 300,000 of our patients in Northeast Ohio. As a health system, we are committed to tearing down barriers that prevent far too many members of our community from living their healthiest lives, and this partnership is just one of the many ways we are doing just that.

Speaking of our community, I hope you will help us spread the word about the **2024 MetroHealth Men's Health Fair**, which takes place Saturday, April 27, at Cuyahoga Community College's Metropolitan Campus and our Cleveland Heights Medical Center. This signature event is targeted at supporting the healthcare needs of these traditionally underserved and underrepresented communities in our region, providing over 30 free medical screenings, important health education and connection to a wide range of social service agencies. This critical activity furthers our institutional commitment to advance health equity and helps ensure every community has a voice in the care they receive. Please direct your friends and family to metrohealth.org/mmhf to register.

It takes all of us working together to improve the health and well-being of the communities we serve, and all of us at MetroHealth are proud to have you – our dedicated trustees – as important partners in this work. As always, thank you for your trust, support and unwavering dedication to this incredible organization.

Best,

Airica Steed, Ed.D, RN, MBA, FACHE

President & CEO

The MetroHealth System



2500 MetroHealth Drive, Cleveland, OH 44109



MetroHealth



Report to the Board of Trustees

Airica Steed, Ed.D, RN, MBA, FACHE

President & CEO

March 2024

Our Six Strategic Pillars



People-First Culture

We must put our people at the center of all we do. Without our people, there is no mission – there is no MetroHealth. We must celebrate, support and empower the talented caregivers who choose to work here.

Clinical & Academic Excellence

We will deliver care that results in the best possible outcomes for everyone in the community. Our quality of care will be reflected in our grades and rankings from national ratings agencies. We will embrace and build upon our role as an academic research and teaching institution.

Health Equity

We will ensure everyone has equal access to good health care. No one's life should be cut short because of the color of their skin, their ZIP code, their gender, sexual orientation, the language they speak or any other demographic used to make people feel "less than."

Community Engagement & Impact

We will engage with those we serve through listening tours, the development of a Community Advisory Council and other means. We will ensure all segments of our community have a voice and are partners in our work.

Innovation

We will invest in the future of health care by designing and testing new models of care and service delivery.

Accelerating Growth

We will continue to test, shape and expand our services as we collaborate strategically with others in the community. We are collaborators and partnering with others is the fastest way to success.

MARCH SCORECARD



2024 System Goal Domains



Off track; adjustments needed Generally on track with minor issues On track to meeting goals Exceeding goals; approaching stretch

Our six goal domains flow from our strategic pillars. They are designed to position MetroHealth for meaningful success and ultimately lift the health and wealth of the communities we serve.

MARCH '24 HIGHLIGHTS



2024 System Goal Domains

Financial

- Total inpatient volumes lags behind budget while showing 5.5% growth over the same period last year.
- Outpatient volumes across all service areas exceeded budget and blew past the same period last year.
- Total operating revenues achieved its budget and grew 12.6% over the same period last year.
- Total operating expenses is less than budget due to premium pay management and FTEs alignment with operating activities.
- The combination of stronger revenues and expense containment resulted in an EBIDA of \$11.8M which is 31% higher than budget.

Strategy & Growth

- January 2024 Share of Care is calculated at 46.3%.
- Share of Care methodology is subject to under reporting performance and high volatility early in a calendar year. Until at least 90 days of data is available, interpretation of the metric should be handled conservatively.

Quality, Service & Experience

- Harm elimination continues to improve. We are 20% below our 2023 baseline.
- Patient experience saw a 10% improvement in January over our 2023 baseline.
- Our spring Leap Frog score improved 7% compared to fall 2024. The corresponding letter grade will be available at the end of March.

People-First Strategy

- **396 Offers** Accepted through March 7, 2024.
- Purchased and delivered 18 massage chairs using MMO Wellness Budget, chairs located throughout all MetroHealth Campuses.
- Four Financial Wellness Seminars held and attended by 185 employees
- Contributed to two national articles highlighting the partnership between LW and MetroHealth.
- Provided Labor Relations Trainings for nursing leaders.
- Hosted 25 Howard University students as part of our mission to attract diverse talent into workforce pipelines

Clinical Transformation, Community & Health Equity

- PHII has met with system leaders to review metrics and develop interventions.
- Finalizing the development of a health equity dashboard to include clinical outcomes and access, SDOH gaps, community benefits and more.
- Screened 143,467 unique patients to date.
- Partnering with CWRU on NIH grant to support Food as Medicine intervention for pregnant women.

Research & Teaching

- 12 grant submissions
- Dr. Vrabec elected to the National Academy of Inventors.
- Drs. DiMarco and Kowalski receive \$1M Neuromodulation Prize from the NIH.
- Ribbon cutting: 23,000 square feet of Research and Education space for the MetroHealth Rehabilitation Institute at OBC.

Goal: Achieving 2024 Adjusted EBIDA Target

The Measure: EBIDA – Earnings Before Interest, Depreciation and Amortization – is a key performance indicator for an organization’s financial health.

Why It Matters: As an institution, we are committed to ensuring our caregivers have the resources they need to provide the highest level of care and capabilities necessary for eliminating health disparities in our community.

To do so, we are focused on:

- Launched the MetroWAY Forward Financial and Operational Transformation to drive more than \$150 million in margin improvements, including the continuation of our 10-point financial plan.
- Targeted approaches to hiring.
- Contract/premium labor focused mitigation
- Strategic program expansion and growth.
- Drive operating efficiencies and improvements in length of stay, clinical documentation and pharmacy capture rate.

Goal Sponsor
Derrick Hollings
Olusegun Ishmael, MD

YTD Adjusted Earnings Before Interest, Depreciation and Amortization (EBIDA)*



YTD Actual: \$12.3 million
YTD Target: \$9.0 million
Variance: \$3.3 million

Annual Goal Target: \$140 million

**YTD as of February 29, 2024*

S&P Global Ratings: March 2024 Report

S&P Global this month affirmed our BBB bond rating with a stable outlook. According to the report, the rating and outlook reflects S&P's view of MetroHealth's:

- Essentiality as the region's safety net provider with stable market share, high level service array and a track record of receiving support from Cuyahoga County.
- Recently completed large campus transformation project that was on time and on budget and provides for volume growth.
- Steady unrestricted reserve position following completion of major capital projects.

The report also cites MetroHealth's solid standing in a competitive marketplace as well as our strategies around furthering value-based reimbursement, diversifying revenue streams, generating clinical and operational efficiencies, and seeking growth opportunities.



Goal: Improving Share of Care

The Measure: *Share of Care* is a revenue-based measurement designed to gauge customer loyalty. It is a calculation that reflects the total spend of a patient on their healthcare services at a particular institution.

Why It Matters: Our goal is to ensure our patients receive as much of their care as possible at MetroHealth. Ensuring this continuity of care will lead to better health outcomes for the individuals we serve.

To do so, we are:

- Leveraging the MetroWay Forward Initiatives (KPMG)
- Access and Referral Management





Goal Sponsors
 Nabil Chehade, MD
 William Lewis, MD

	Share of Care #	Incremental Change	Domestic Revenue *	Revenue Change
Baseline	50.6%	0.0%	\$1.080B	\$0
Minimum	50.9%	+0.25%	\$1.085B	+\$5.3M
Target	51.4%	+0.75%	\$1.095B	+\$16.0M
Maximum	51.9%	+1.25%	\$1.106B	+\$26.7M

Previous reported baseline calculations have been adjusted to reflect updated reimbursement models by MH Finance

*Domestic revenue does not reflect adjustments for 2024 inflation

Legend

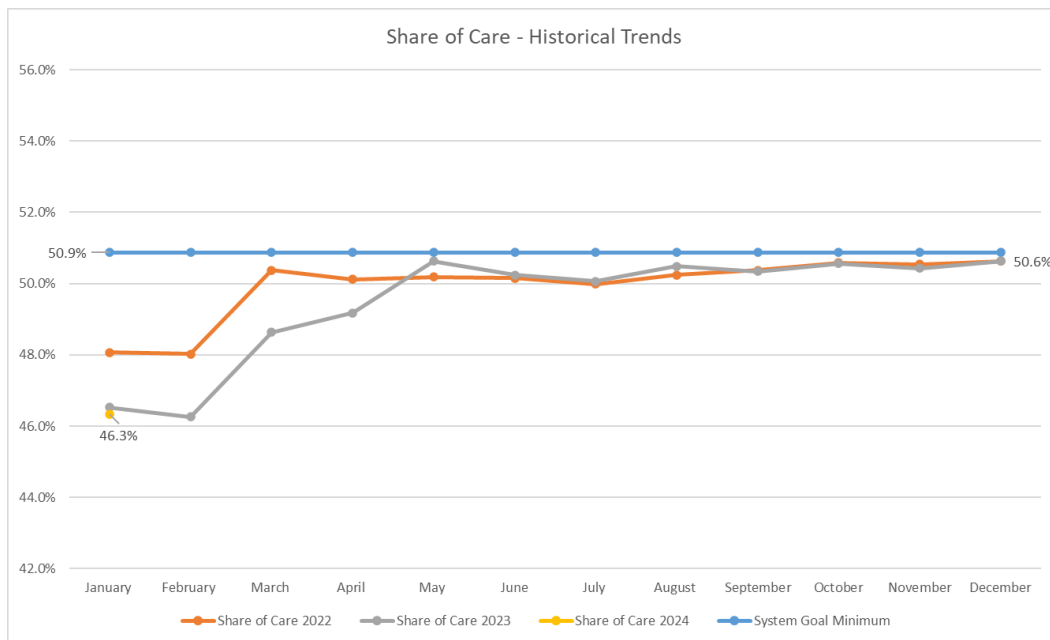
-  Off track; adjustments needed
-  Generally on track; adjustments needed
-  On track
-  Exceeding goals, approaching stretch



Goal: Improving Share of Care

The Measure: Share of Care looks to evaluate and anticipate annual costs for patients. As such, meaningful trending of performance requires at least 90 days of information. Early in the year, Share of Care calculations are usually lower than year-end results because of the small sampling and timeframe for individuals seeking care at MetroHealth. Below is shown the Share of Care trends over the last 2 years.

YTD Progress: January 2024 TYD Share of Care is calculated at 46.3%, down from 46.5% in January 2023. However, there was a strong increase year-over-year in unique patients and anticipated domestic (MetroHealth) revenue from these patients. As noted, the volatility of this metric is seen early in the year as larger data samples are needed to provide meaningful trending assessments (usually at least 90 days).



Legend

- Off track; adjustments needed
- Generally on track; adjustments needed
- On track
- Exceeding goals, approaching stretch

2024 SOC					01/31/24
January YTD					
Group	MetroHealth Pt Activity	Projected Annual Pt	Pro-rated Total Spend	Domestic Spend	YTD SOC
Total Medicare	23,391	67,402	\$ 740,138,435.2	\$ 31,751,113	42.9%
Medicaid	31,995	150,793	\$ 48,911,276	\$ 28,579,080	58.4%
Commercial PPO	23,934	111,671	\$ 69,469,333	\$ 25,642,280	36.9%
Commercial Narrow Network	7,765	26,534	\$ 11,690,727	\$ 8,600,411	73.6%
TOTAL PATIENT POPULATION	87,085	356,401	\$ 204,085,179	\$ 94,572,884	46.3%
	6.3%			7.0%	
All Geographies 2023 SOC					01/31/23
January YTD					
Group	MetroHealth Pt Activity	Projected Annual Pt	Pro-rated Total Spend	Domestic Spend	YTD SOC
Total Medicare	21,543	62,077	\$ 68,166,399	\$ 28,275,279	41.5%
Medicaid	32,067	151,133	\$ 49,021,344	\$ 27,292,309	55.7%
Commercial PPO	21,564	100,613	\$ 62,590,319	\$ 25,015,010	40.0%
Commercial Narrow Network	6,728	22,991	\$ 10,129,454	\$ 7,784,216	76.8%
TOTAL PATIENT POPULATION	81,902	336,814	\$ 189,907,515	\$ 88,366,813	46.5%

Goal: Elimination of Patient Harm

The Measure: Patient harm is defined as any preventable condition that occurs because of medical care in a healthcare setting. This composite score covers 18 publicly reported preventable harms, including pressure ulcers, post-operative sepsis, in-hospital falls with hip injury and hospital-acquired infections like MRSA and C-diff.

Why It Matters: In addition to simply being the right thing to do, our performance in this area is reflected in our CMS Care Compare Star Ratings, Leapfrog grades and CMS performance-based penalty and incentive programs.

To achieve this goal, we are:

- Focusing on each individual harm and developing action plans for improvement to drive goal achievement and lead to an increase of our publicly reported values.
- Our Spring 2024 Leapfrog score has improved 7% compared to the fall 2023 score. Data making up this score dates to 2020 performance, however the hospital-acquired infections included some 2023 data that drove this score increase. Official letter grade for this score will be available at the end of March 2024.

Goal Sponsor
Joseph Golob, MD

2023 Year-End Baseline	2024 Target Goal	YTD 2024 (February)
1.25	1.19	0.99

Legend

-  Off track; adjustments needed
-  Generally on track; adjustments needed
-  On track
-  Exceeding goals, approaching stretch



Goal: Improving the Patient Experience

The Measure: Our Patient Experience score is a composite of all 10 domains of the HCAHPS patient survey as well as two questions from both the Emergency Department and Ambulatory real-time survey. This composite reflects our patients' perception of communication with providers, staff responsiveness, cleanliness and other factors.

- 8 of 10 HCAHPS dimensions have reached 4-star performance

Why It Matters: Every person at MetroHealth contributes to the patient experience, and this measure reflects our commitment to ensuring everyone receives high-quality and compassionate care.

To achieve this goal, we are:

- Continuing to educate both inpatient and outpatient areas on service excellence and recovery.
- Using visual management to share experience data progress with frontline staff
- Educating patient experience best practices with training aimed at our provider enterprise.
- Concentrating on areas of improvement while introducing sustainment practices.

Please note, due to the nature of the metrics, patient experience scores are 1.5 months behind in reporting

2023 Year-End Baseline	2024 Target Goal	YTD 2024 (January)
3.05	3.20	3.35

Legend

-  Off track; adjustments needed
-  Generally on track; adjustments needed
-  On track
-  Exceeding goals, approaching stretch

Goal Sponsor
Joseph Golob, MD



Goal: Improving Employee Engagement

Measures taken to improve Employee Engagement this quarter were :

- 2023 Engagement Survey Results and Action Planning underway.
- Retention Strategies developed for areas with high turnover or difficult to recruit roles.
- Hosted final Efficacy Program, in conjunction with the Power of Choice, which is designed to enhance career advancement goals of MetroHealth employees, had 86 participants of which, 40 candidates in two cohorts graduating March 18, 2024.

Accomplishments

- Launched our T-shirt contest where employees can design the next MetroHealth shirt.
- Hosted Employee Milestone Anniversary Breakfast and celebrated an employee with 50 years of service.
- Recruitment Team attended 26 events connecting with approximately 400 attendees.
- ED RN Job Fair held in February; five RN offers extended.
- Radiology Scholarship awarded to two-second year Radiology Technology Students.
- Launched new MetroHealth Careers page that included a newly focused Social Media strategy.



Goal Sponsor
Dalph Watson, JD



Goal: Addressing Infant and Maternal Health

The Measure: We measure our progress in this area by tracking three key metrics – **timeliness of prenatal care, postpartum care visit rates and the percentage of children attending a well-child visit** in their first 15 months.

In reporting our overall progress, we take into consideration our efforts to close the **care and equity gap** and weight our results appropriately.

Why It Matters: As part of our efforts to build healthier – and more equitable communities – one of our primary focuses is on infant and maternal health. Cuyahoga County has one of the highest rates of maternal and infant mortality in the country, especially for Black women and babies. One way we are trying to eliminate these disparities is by making it easier for patients to access care.

Measures	2023 Baseline	2023 Disparity (P Value)	Year-End Target	2024 Disparity (P Value)	YTD 2024
Timeliness of Prenatal Care	81%	0.03	79%	0.15	81%
Postpartum Care Visit	79%	<0.0001	79%	0.0066	78%
Well-child Visits in First 15 Months	56%	<0.0001	57%	0.3	55%
YTD Progress Composite					6

Goal Sponsors
 Charles Modlin, MD
 Nabil Chehade, MD



Legend

- Off track; adjustments needed
- Generally on track; adjustments needed
- On track
- Exceeding goals, approaching stretch



Goal: Addressing Infant and Maternal Health and Other Health Equity Initiatives

What is Happening:

- Increase the utilization of the Community Health Worker role in locations of need for pregnant mothers.
- Opening a clinical site at the Cleveland Food Bank for prenatal and postpartum care. I4HOPE data indicates that surrounding communities have high disparity rates.
- Implemented a new nursing video visit with OB patients to educate and establish care.
- Re-entry program expansion for people post incarceration (jail and prison) is possible in the next two years. In preparation for the potential of expansion PHII, I4HOPE, Correctional Care and Government Relations are developing options for the expansion. Government Relations is partnering with county leaders in building a state coalition for an 1115 waiver to fund the program. PHII, I4HOPE and Correctional Care will be designing more partnerships in the community to create value for this under resourced group.
- PHII Quality has partnered with Informatics to develop a dashboard that will track performance for all 14 Ambulatory Quality Measures by Race, Ethnicity and Gender.
- The CICIP ED Utilization Taskforce is continuing the growth of Medicaid Red Carpet as a major tool to decrease ED utilization. They are evolving the MVP [Multi-visit ED Patients] program to assist connecting patients to resources that address SDOH needs. They are also working with Pediatrics to expand non-ED resources for lower acuity urgent pediatric patient needs.



Goal Sponsors
 Charles Modlin, MD
 Nabil Chehade, MD

Legend

- Off track; adjustments needed
- Generally on track; adjustments needed
- On track
- Exceeding goals, approaching stretch



Goal: Improved Ambulatory Quality Value-Based Care Metrics

The Measure: As part of our commitment to elevating the level of care we provide, we are tracking 14 key ambulatory metrics that cover a variety of services and quality measures.

Measures	Baseline	Target	Max	YTD 2024	Met Baseline	Target or Better
Diabetes: HbA1c	31%	30%	29%	67%	✗	✗
Cervical Cancer Screening	58%	59%	60%	63%	+	+
Breast Cancer Screening	68%	69%	70%	70%	+	+
Colorectal Cancer Screening	52%	53%	54%	48%	✗	✗
Diabetic Eye Exam	39%	40%	41%	37%	✗	✗
Controlling Hypertension	69%	70%	71%	59%	✗	✗
Kidney Health Evaluation	15%	20%	25%	12%	✗	✗
Clinical Depression & Follow Up	56%	57%	58%	34%	✗	✗
IET Alcohol & Other Drug Dependence	7%	8%	9%	5%	✗	✗
ADHD Medication and Follow Up	38%	39%	40%	45%	+	+
Pediatric Immunizations	34%	35%	36%	19%	✗	✗
Pediatric Lead Screening	76%	77%	78%	75%	✗	✗
Completion of Medicare Wellness	12500	13000	13500	1950	✗	✗
Improving Assessment of Conditions	73%	74%	75%	56%	✗	✗
To achieve our target in this area, 9 of the 14 metrics must meet baseline and 7 of the metrics must achieve target performance or better.					3/9	3/7

Goal Sponsors
 Nabil Chehade, MD
 Joseph Golob, MD



Why It Matters: Our performance on these metrics are important for the health and well-being of our patients but also our value-based arrangements with key payers. They are also reflected in our quality scores and rankings.

Legend

- Off track; adjustments needed
- Generally on track; adjustments needed
- On track
- Exceeding goals, approaching stretch



Goal: Completion of Medicare Wellness Visits

The Measure: This measure shows the number of patients who had a completed Medicare Wellness Visit in the calendar year.

Why It Matters: Medicare Wellness visits are intended to focus on a patient's total well-being and not a specific condition. Providers are able to learn more about patients and to identify and prevent problems from occurring later.

Areas typically evaluated in a Medicare Wellness Visit include:

- Evaluation of fall risk
- Measure height, weight and blood pressure
- Offer referrals to other preventative services
- Advance care planning
- Screening for dementia and depression
- Update medical and family histories

What is Happening:

- Developing new workflows to complete required Health Risk Assessment question (26 questions) prior to the patient visit. This improves efficiencies to add the Medicare Wellness visit to follow-up appointments.
- Initiating a new video visit type for Medicare Wellness in 2024.
- Exchanging the neurologic screening to a more robust one that could be administered via MyChart by the patient prior to the Wellness visit.



Goal Sponsors

Nabil Chehade, MD

Joseph Golob, MD



Goal: Increasing Grant Application Submissions

The Measure: This measure tracks the number of applications our faculty and staff submit to public and private sources for funding to support research, education and training programs.

Why It Matters: As an academic medical center, research and education are at the heart of what we do. One of our strategic priorities as a System is to build upon our role as an academic institution, and securing funding from outside sources is an important component of that work.

2023 Baseline	Year-End Target	YTD 2024
70*	75	12

Academic Spotlight:



Tina Vrabec, PhD, Research Scientist in the Department of Physical Medicine and Rehabilitation (PM&R) and the MetroHealth Center for Rehabilitation Research, has been elected to the prestigious [National Academy of Inventors](#) (NAI). Dr. Vrabec is one of 124 researchers selected for the NAI's Class of 2024.

[CLICK HERE](#) to learn more.



Goal Sponsor
John Chae, MD



Legend

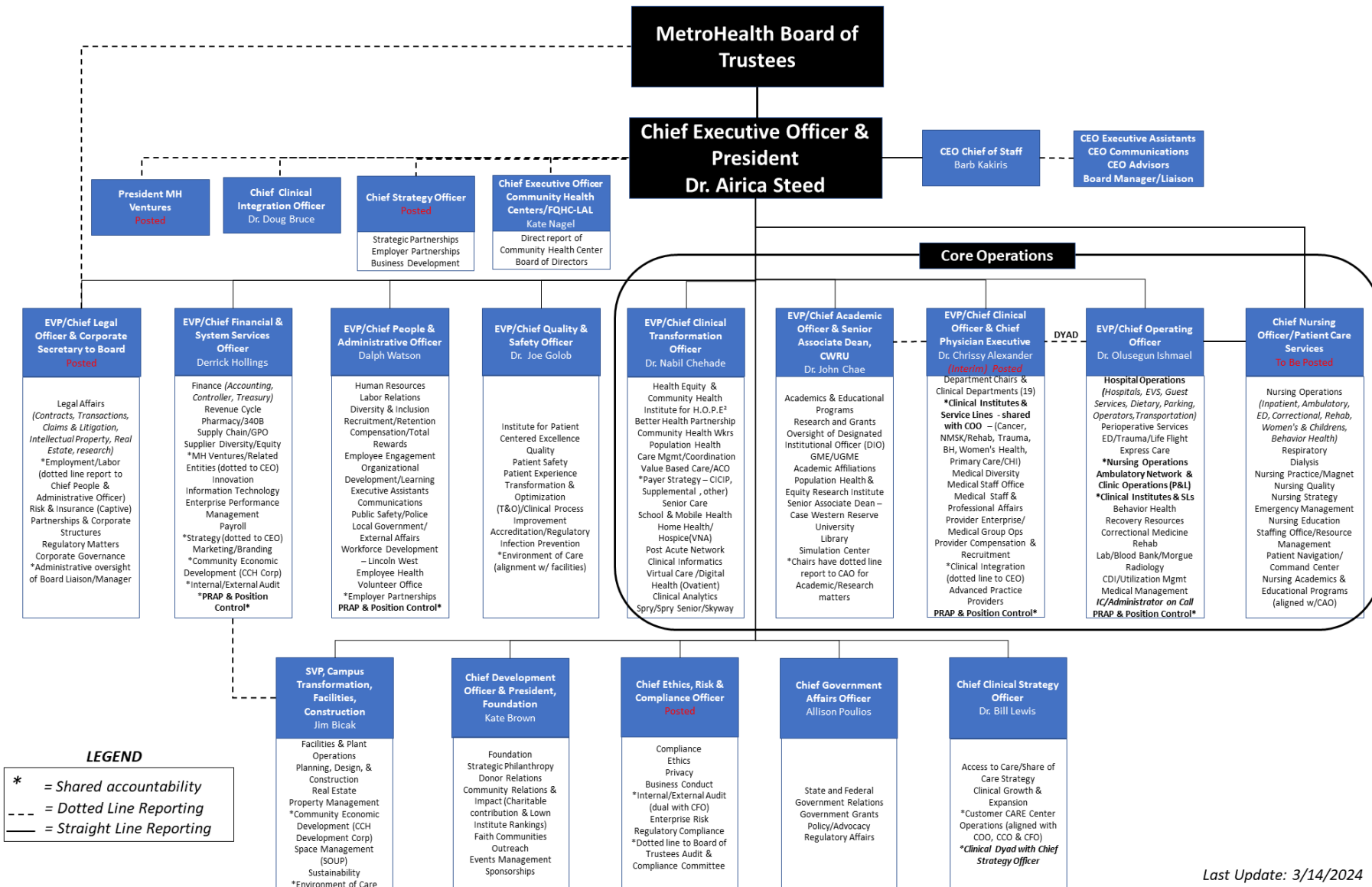
- Off track; adjustments needed
- Generally on track; adjustments needed
- On track
- Exceeding goals, approaching stretch



System News and Accomplishments



Updated Organizational Structure



Last Update: 3/14/2024

Sights Around the System

On March 6, we hosted our latest milestone anniversary event.

Organized by the Office of Employee Engagement, these in-person milestone anniversary events are held quarterly to recognize colleagues celebrating five-year increment years of service with MetroHealth: five, 10, 15, 20, etc.

Thank you to our caregivers who joined us, including [Diane Schuerger, RN](#), who celebrated her 50th year with the System.



Sights Around the System

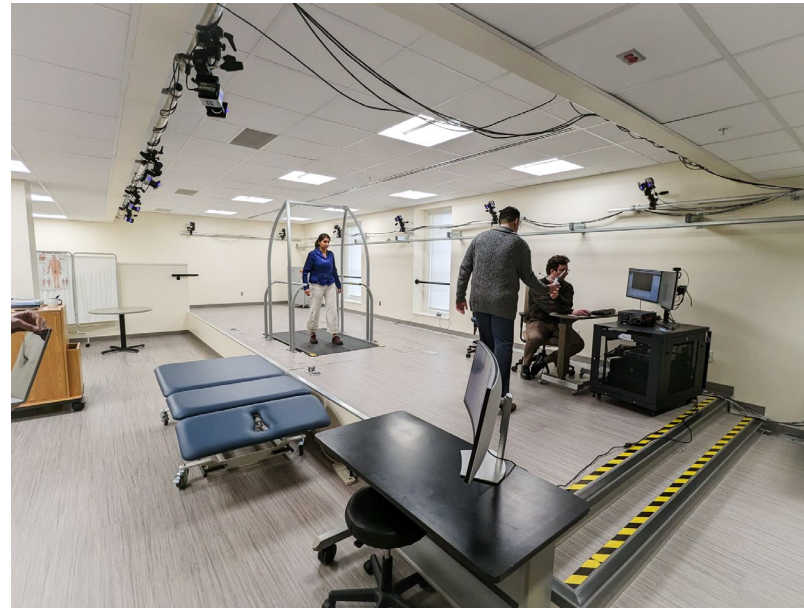
On Friday, March 15, we had the honor of formally welcoming our new Chief of Public Safety, **Joseph Greiner**, during a swearing-in ceremony at The Glick Center. In this role, Chief Greiner will oversee the MetroHealth Police Department and ensure our organization is the safest possible environment for our 9,000 caregivers and the individuals we serve. Chief Greiner was sworn in by his wife, Cuyahoga County Court of Common Pleas Judge Deena Calabrese, and his two children.



Sights Around the System

On Wednesday, March 13, we showcased expertise of the **MetroHealth Rehabilitation Institute** and the investments we're making at our Old Brooklyn Medical Center. We brought together some of our closest partners and leaders from throughout the enterprise to celebrate the great work of our nationally recognized Rehabilitation Institute.

Recent upgrades include an 11,000-square-foot ambulatory center for faculty and therapy practices; an 11,000-square-foot stroke rehabilitation unit with 14 spacious patient rooms; and two floors of research and education space – equaling 23,000 square feet – with state-of-the-art laboratories.



Events

- The MetroHealth Foundation partnered with the [MetroHealth Rehabilitation Institute](#) to host a Points of Pride Reception at MetroHealth's Old Brooklyn Heath Center on Wednesday, March 13, that offered more than 50 guests an exclusive behind-the-scenes visit to learn more about how our experts transform care from research to real life.
- [Airica Steed, Ed.D, RN, MBA, FACHE](#), hosted her first "Beyond Medicine" lunch conversation of 2024 with donors at The Glick Center. These intimate conversations have become signature events for Dr. Steed to engage with donors and help grow support for MetroHealth.

Gifts

- MetroHealth received a \$23,125 donation from the [Howard Hanna Children's Free Care Fund](#) to support Child Life. Howard Hanna has supported MetroHealth for more than 16 years – donating a total of \$327,000.
- [The American Cancer Society](#) awarded MetroHealth a \$20,000 grant in support of patient transportation.
- MetroHealth received \$50,000 from the [William Bingham Foundation](#) and \$10,000 from the [PNC Charitable Trust](#) in support of Food as Medicine.
- The [Cebul family](#) gave the first major gift to the Randall D. Cebul, MD, Visiting Professor Endowed Lectureship for an annual visiting professor lecture in the Population Health and Equity Research Institute.



Media Highlights

- [Dr. Steed named one of Modern Healthcare's Women Leaders](#)
- [Dr. Steed quoted in News-Herald story about Richmond Heights Health & Wellness Fair \(News-Herald\)](#)
- [Rare Disease Day recognized on rare the rarest day \(Spectrum News\)](#)
- [Dr. Steed quoted in Becker's about financial transformation efforts](#)
- [MetroHealth, Cleveland cancel medical debt for 133K residents \(Signal Cleveland\)](#)
- [Around \\$200 million medical debt erased for Cleveland MetroHealth patients \(News Channel 5\)](#)
- [MetroHealth agrees to clear more than \\$200 million in patient medical debt \(ideastream\)](#)
- [\\$200 million of debt erased for MetroHealth patients \(Becker's Hospital Review\)](#)
- [MetroHealth to streamline organ, tissue donations \(19 News\)](#)
- [Meera Kondapaneni, MD, quoted in Cleveland.com story, "Strokes and heart attacks typically increase after annual time change"](#)
- [Michael Kelly, MD, featured in Becker's about Rehab Institute's shorter-than-average wait time for spinal surgery](#)

Press Releases

- [Tina Vrabec, PhD, Elected to National Academy of Inventors](#)
- [Lumina Partners With Multiple Sclerosis Association to Expand Access to Imaging Services](#)
- [MetroHealth CEO Named Among Modern Healthcare's Women Leaders](#)
- [MetroHealth Recognized for Excellence in Obstetric Anesthesia](#)
- [MetroHealth Featured in Documentary That Tackles Maternal & Infant Health Crisis](#)
- [HIMSS Recognizes MetroHealth for Advanced Electronic Health Record Use](#)
- [RIP Medical Debt partners with MetroHealth, Cleveland City Council to Eliminate Medical Debt](#)
- [MetroHealth Collaborates with Lifebanc to Streamline Organ and Tissue Donation Process](#)

WOMEN LEADERS IN HEALTHCARE - 2024



Airica Steed
President and CEO,
MetroHealth System

TWEET SHARE MORE

Steed has spearheaded efforts to improve quality and patients' experience of care at the four-hospital safety-net system serving Ohio's

county, all while promoting and community wellness. Being a \$1 billion multi-patient health center on the th hospital in Cleveland gural Multicultural

MetroHealth to streamline organ, tissue donations



More than \$200 million in medical debt erased for Cleveland MetroHealth patients

Medical financial burdens to be lifted for more in the coming months

Donate life (KXCO/KACT)

By Jeff Slavson

Published: Feb. 27, 2024 at 10:28 PM EST

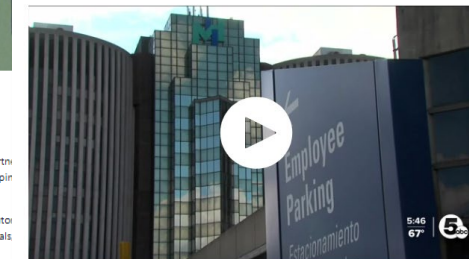
Facebook Twitter LinkedIn Email

CLEVELAND, Ohio (WOIO) - MetroHealth is partni organ donation process. These changes are hopin been waiting years for.

Essentially the new process would allow for "auto consuming process that requires manual referrals: a match.

"This effort builds on MetroHealth's long partners recipients, allowing literally thousands of individuals across the region to live happy and healthy lives," says MetroHealth President and CEO Airica Steed, Ed.D. RN, MBA, FACHE. "By collaborating with InVita we can augment that effort by using technology to ensure we can properly identify all potential organ donors and efficiently match them with needy recipients."

The process is streamlined and designed to work with MetroHealth's existing IT systems, ensuring a seamless transition.

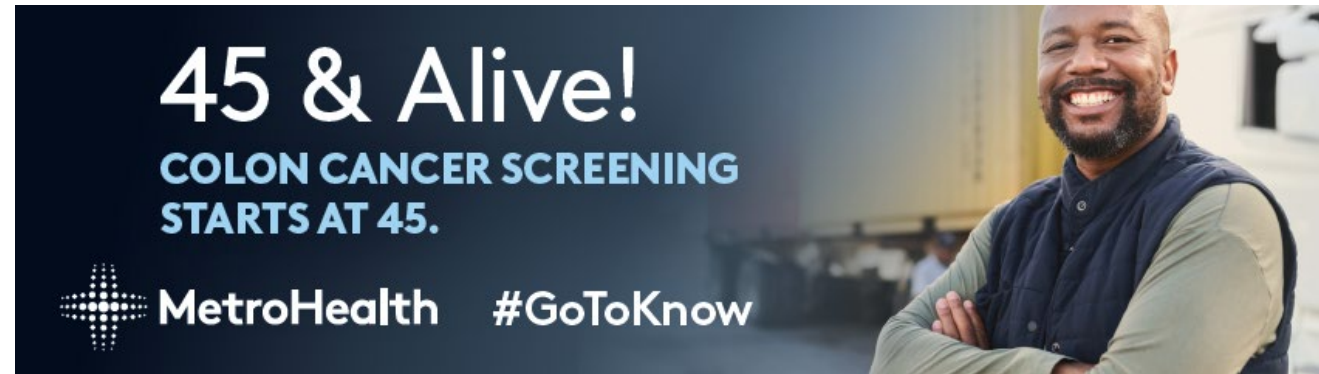


Click here to see how we follow through

March is [Colorectal Cancer Awareness Month](#). Colorectal cancer is one of the deadliest cancers in the US. Last year, the recommended age for screenings dropped from 50 years of age to 45. Screenings help to identify and remove precancerous growths as well as detect cancers early for the most effective treatment.

To build awareness around important health topics throughout the month, the Marketing team will leverage multiple new and existing elements including outdoor billboards, Virtual Health Talk, Radio One interview, Simply Well blogs, email and a Fox 8 MH Minute:

- Be Simply Well Blog: [“Five Screenings All Men Need”](#) by Marcus Germany, MD
- Be Simply Well Blog: [“45 and Alive! Colon Cancer Screenings Start at 45”](#) by Joseph Daprano, MD
- [Colon Cancer Screening Video](#) featuring Dr. Daprano
- [WKYC Good Company](#) interview with Dr. Daprano
- [Radio One](#) interview with Adrian Lindsey, MD
- [Virtual Health Talk](#) with Dr. Lindsey (airs March 28)



- MetroHealth has been recognized as a Center of Excellence by the [Society of Obstetric Anesthesiology and Perinatology \(SOAP\)](#) – a distinction afforded to a select number of programs around the world for their commitment to the highest standards of practice in obstetric anesthesia.
- [Lindsay Davidson, RN](#), is the latest recipient of the DAISY Award for Extraordinary Nurses. As part of her work in the Intensive Care Unit (ICU) Resource Pool, she wants to ensure that her patients are comfortable as they recover. Lindsay has worked at MetroHealth for four years and has been a part of the ICU Resource Pool for a year and a half.
- A team led by [Anthony DiMarco, MD](#), Staff Scientist in the MetroHealth Center for Rehabilitation Research and the Department of Physical Medicine and Rehabilitation (PM&R), has been awarded a \$1 million Neuromod Prize from the National Institutes of Health (NIH) to study the use of high-frequency spinal cord stimulation in reducing respiratory tract infections and improvement in bowel management in people with neurological impairment.
- [MetroHealth President & CEO Airica Steed, Ed.D, RN, MBA, FACHE](#), has been recognized by *Modern Healthcare* as one of the Women Leaders for 2024. This prestigious recognition acknowledges and honors women executives from all sectors of the healthcare industry for their contributions to care delivery improvement, health equity, policy and gender equity in healthcare leadership.
- The Ohio Attorney General's Office recently awarded MetroHealth a \$200,000 grant for its human trafficking initiative, part of which will be used to hire an additional forensic nurse to enable the [Sexual Assault Nurse Examiner \(SANE\)](#) team – led by [Anna Becks, RN](#) – to provide 24-hour coverage to meet the needs of human trafficking victims who might come through the Emergency Department.



Lindsay Davidson, RN



Anthony DiMarco, MD



Anna Becks, RN

The following actions to the MetroHealth System Medical Staff will be reviewed by the Credentials Committee on February 27, 2024. The Actions will then be reviewed by the Medical Executive Committee on March 8, 2024.

Resignations

<i>Name</i>	<i>Department</i>	<i>Division</i>	<i>End Date</i>
Badgaiyan, Rajendra, MD	Psychiatry		1/30/2024-ET
Brookens, Todd, DO	Emergency Medicine	Life Flight	2/22/2024-R
Eleff, Scott, MD	Anesthesiology		2/13/2024-R
Friedman, Joshua, MD	Pediatrics		1/29/2024-R
Hottois, Michael, MD	Psychiatry		2/23/2024-R
Lowery, Andrea, APRN-CNP	Medicine	Palliative Care	1/15/2024-RT
Lyons, Katherine, MD	Medicine	Internal Medicine	2/6/2024-RL
Mookerjee, Susmita, MD	Medicine	Hospital Medicine	2/9/2024-ET
O'Regan, Catherine, APRN-CNP	Emergency Medicine		2/14/2024-R
Zeng, Ming, MD	Medicine	Radiation Oncology	2/27/2024-R

CC=Contract Complete, Fellowship Complete

R=Resigned

RL-Relocated

RT-Retired

ET-Employment Terminated

CT-Contract Terminated

The following Appointments to the MetroHealth System Medical Staff will be reviewed by the Credentials Committee on February 27, 2024. The appointments will then be reviewed and accepted by the Medical Executive Committee on March 8, 2024.

Active

<i>Name</i>	<i>Department</i>	<i>Division</i>	<i>Effective</i>
Crandall, Mary, MD	Surgery	Trauma/Burn/Critical Care	2/28/2024
Dooley, Mary, Ph.D.	Psychiatry	Psychology	2/28/2024

Bioscientific

<i>Name</i>	<i>Department</i>	<i>Division</i>	<i>Effective</i>
Hughes, Ashley, Ph.D.	Medicine	Research	2/28/2024

Associate

<i>Name</i>	<i>Department</i>	<i>Division</i>	<i>Effective</i>
Bradbury, Amy, PA-C	Family Medicine		2/28/2024

Privileged Non-Member

<i>Name</i>	<i>Department</i>	<i>Division</i>	<i>Effective</i>
Brown, Jeffrey, MD	Radiology		2/28/2024
Gonzalez Feldman, Edgard, MD	Medicine	Endocrinology	2/28/2024
Guedes Riberio, Bianca, MD	Radiology		2/28/2024
Imam, Ala, MD	Medicine	Gastroenterology	2/28/2024
Jenkins-Garrett, Rachelle, APRN-CNP	Psychiatry		2/28/2024
McPherson, Paul, MD	Pediatrics		2/28/2024
Rabinowitz, Jeffrey, MD	Emergency Medicine	Life Flight	2/28/2024
Zeid, Ahmed, MD	Pediatrics	Pediatric Nephrology	2/28/2024

Non-Reviewable Clean List Files

<i>Name</i>	<i>Department</i>	<i>Division</i>	<i>Effective</i>
Joo, Janice, MD	Neurology		2/28/2024
Kohler, Anna, PT	PM&R		2/28/2024

FEBRUARY 2024 REAPPOINTMENTS

Last Name	First Name	Degree	Department	Division
Astley	Brendan	MD	Anesthesiology	Pain Management
Avram	Anca	MD	Radiology	
Bafus	Blaine	MD	Orthopaedics	
Baig	Farnaz	LPCC	Psychiatry	
Barco	Tanja	APRN-CNP	Medicine/Pediatrics	
Bardaro	Sergio	MD	Surgery	General Surgery
Berry	Shanail	MD	Medicine/Pediatrics	
Beverley	Laurel	MD	Orthopaedics	
Blossom	Marie	MD	Obstetrics & Gynecology	
Boyer	Jaime	PA-C	Orthopaedics	
Brichacek	Tracey	LISW-S	Medicine	Infectious Disease
Buckley	Erin	APRN-CNP	Surgery	Urology
Campbell	Patricia	MD	Geriatric Medicine	
Canestraro	Massimo	CCP	Surgery	Cardiothoracic
Cappaert	William	MD	Surgery	Ophthalmology
Cehade	Nabil	MD	Surgery	Urology
Chepla	Kyle	MD	Surgery	Plastic Surgery
Clark	Tanya	DNP, APRN-CNP	Psychiatry	
Conroy	Kara	PA-C	Otolaryngology	
Crider	Pamela	APRN-CNP	Geriatric Medicine	
Davis	Raeneisha	APRN-CRNA	Anesthesiology	
Di Lorenzo	David	MD	Radiology	
Dunlap	Mark	MD	Medicine	Cardiology
Dutta	Rachna	MD	Radiology	
Emerman	Charles	MD, FAAEM	Emergency Medicine	
Falls	Garietta	MD	Surgery	Vascular Surgery
Farina	Thomas	CCP	Surgery	Cardiothoracic
Finizia	Anthony	MD	Medicine/Pediatrics	
Finkelhor	Robert	MD	Medicine	Cardiology
Fischer	Christine	MD	Geriatric Medicine	
Fitch	Kristina	APRN-CNP	Pediatrics	Neonatology
Foglio	Jenna	OD	Surgery	Optometry
Francis	Sean	PA-C	Emergency Medicine	Correctional Medicine
Frank	Thomas	MD	Obstetrics & Gynecology	
Gibson	Kelly	MD	Obstetrics & Gynecology	Maternal/Fetal Medicine
Gillespie	Christopher	MD	Family Medicine	
Ginley	Thomas	DO, MS	Medicine/Pediatrics	
Glaab	Jonathan	MD	Radiology	
Godfrey	William	MD	Radiology	
Golob	Joseph	MD	Surgery	Trauma/Burn/Critical Care
Grabowski	Robert	DNP, APRN-CNP	Emergency Medicine	Life Flight
Gulati	Reema	MD	Pediatrics	Pediatric Gastroenterology
Gultekin	Ebru	MD	Pediatrics	
Gunder	Christen	APRN-CNP	Family Medicine	
Haase	Kristen	DO	Family Medicine	
Haubrich	Barbara	APRN-CNP	Geriatric Medicine	
Haxhiu-Erhardt	Lendita	MD	Psychiatry	
Hecht	Bryan	MD	Obstetrics & Gynecology	Reproductive Endocrinology
Hellmer	Meredith	LISW-S	Psychiatry	Social Work
Hendryx	Paula	MD	Obstetrics & Gynecology	
Jenkins	Melissa	MD	Medicine	Infectious Disease
Johnson	Kiara	APRN-CNP	Emergency Medicine	
Joseph	Natalie	MD	Surgery	Oncology
Kaelber	David	MD	Medicine/Pediatrics	
Kaniecki	David	DNP, APRN-CNP	Emergency Medicine	Life Flight

FEBRUARY 2024 REAPPOINTMENTS

Karim	Saima	DO	Medicine	Cardiology
Katona	Chad	MD	Surgery	Trauma/Burn/Critical Care
Kaufman	Elizabeth	MD	Medicine	Cardiology
Keith	Michael	MD	Orthopaedics	
Kim	Chong	MD	Physical Medicine & Rehabilitation	
Koehl	Edward	MD	Radiology	
Komuravelly	Arpitha	MD	Medicine/Pediatrics	
Konys	Kara	MD	Obstetrics & Gynecology	
Kopelowitz	Gail	LISW-S	Psychiatry	Social Work
Kreiner	Laura	MD	Surgery	Trauma/Burn/Critical Care
Kuentz	David	DO, MBA	Medicine/Pediatrics	
Lam	Mildred	MD	Medicine	Nephrology
Lamphear	Diana	PA-C	Obstetrics & Gynecology	
Leahy	Candice	APRN-CNS	Geriatric Medicine	
Leake	Tiffany	APRN-CNP	Geriatric Medicine	
Lee	Adrienne	MD	Orthopaedics	
Lenox	Madeleine	MD	Otolaryngology	
Lewis	Michael	MD	Medicine	Hospital Medicine
Liu	Raymond	MD	Orthopaedics	
Ludlow	David	MD	Otolaryngology	
Lukens	Thomas	MD, Ph.D., MS	Emergency Medicine	
Mackall	Jane	MA CCC-A, FAAA	Otolaryngology	Audiology
Magliola	Ronald	MD	Medicine/Pediatrics	
Mansour	David	MD	Medicine/Pediatrics	
Markowski	Todd	APRN-CNP	Anesthesiology	Pain Management
Martino	Derlis	MD	Surgery	Cardiothoracic
Masters	Marie	APRN-CRNA	Anesthesiology	
Matalavage	Anthony	DPM	Orthopaedics	Podiatry
McHenry	Christopher	MD	Surgery	General Surgery
McLoney	Mark	MD	Family Medicine	
Meaney	Kevin	CCP, BS	Surgery	Cardiothoracic
Miller	Brian	MD	Emergency Medicine	
Milliner	Lynn	MD	Pediatrics	Express Care
Milner	Louise	MD	Radiology	
Minotti	Anthony	MD	Radiology	
Moore	Kristin	APRN-CRNA	Anesthesiology	
Moran	Rocio	MD	Pediatrics	Genetics
Morscher	Arnold	MD	Anesthesiology	
Mullin	Katheryn	APRN-CNP	Medicine/Pediatrics	
Murphy	Pamala	MD	Medicine	Internal Medicine
Murray	Marsheena	Ph.D.	Psychiatry	
Myers	Brittany	Ph.D.	Psychiatry	
Narra	Ammaji	MD	Medicine	Internal Medicine
Needlman	Robert	MD	Pediatrics	
Ng	Ranier	DO	Family Medicine	
Nguyen	Carvell	MD	Surgery	Urology
Nielsen	Britt	Psy.D.	Psychiatry	
Niu	Bolin	MD	Medicine	Gastroenterology
Obi	Gabriel	MD	Medicine	Internal Medicine
Ogbogu	King	MD	Physical Medicine & Rehabilitation	
Ondecker	Chanel	APRN-CNP	Pediatrics	Neonatology
Oprea	John	CCP	Surgery	Cardiothoracic
Osysko	Alyssa	APRN-CNP	Medicine	Internal Medicine
Pagel	Shauna	APRN-CNP	Obstetrics & Gynecology	
Papp	Joan	MD, FACEP	Emergency Medicine	
Parsons	Lisa	APRN-CNP	Medicine	Internal Medicine

FEBRUARY 2024 REAPPOINTMENTS

Patel	Swati	MD	Pediatrics	
Patel	Nimitt	MD	Surgery	Trauma/Burn/Critical Care
Petruzzi	Anthony	PA-C	Family Medicine	
Phipps	Karla	APRN-CNP	Pediatrics	Neonatology
Placeway	Jared	DO	Physical Medicine & Rehabilitation	
Prada	Cristian	MD	Anesthesiology	
Prochoroff	Andre	MD	Pediatrics	Pediatric Neurology
Pron	Lilia	APRN-CNP	Psychiatry	
Purses	Anna	APRN-CNP	Surgery	Oncology
Rainey	Heather	MD	Physical Medicine & Rehabilitation	
Rajesh	Fnu	MD	Family Medicine	
Rhoads	Barbara	MD	Obstetrics & Gynecology	
Rizkala	Elie	MD	Pediatrics	Pediatric Neurology
Roberts	David	MD	Pediatrics	
Robinson	Monique	MD	Family Medicine	Express Care
Rodak	Maria	CAA	Anesthesiology	
Rowe	David	MD	Surgery	Plastic Surgery
Rowland-Seymour	Anastasia	MD	Medicine	Internal Medicine
Rubin	Benjamin	LISW-S	Psychiatry	Social Work
Runner	Jennifer	LISW-S	Psychiatry	Social Work
Rutherford	James	APRN-CNP	Emergency Medicine	Life Flight
Ryan	Martin	MD	Medicine	Internal Medicine
Ryan	Thomas	CCP	Surgery	Cardiothoracic
Saab	Georges	MD	Medicine	Nephrology
Sadlon	Stephanie	MD	Medicine/Pediatrics	Express Care
Saker	Souheir	MD	Pediatrics	
Sanders	Kimberly	APRN-CNP	Psychiatry	Correctional Medicine
Schwartz	Krystle	CCP-C	Surgery	Cardiothoracic
Shah	Zahid	MD	Radiology	
Shefner	Laura	MD	Pediatrics	
Shekhawat	Prem	MD	Pediatrics	Neonatology
Siff	Jonathan	MD, MBA, FACEP	Emergency Medicine	
Spirnak	John	MD	Surgery	Urology
Stegmoyer	Robert	MD	Otolaryngology	
Sterbank	Julie	DO, MPH	Pediatrics	Allergy/Immunology
Stewart	Ralph	MD	Surgery	Ophthalmology
Sundback	Susan	APRN-CNP	Emergency Medicine	
Suster	Maureen	MD	Obstetrics & Gynecology	
Tagliaferro	Joseph	DO	Emergency Medicine	
Tamarkin	Stephen	MD	Radiology	
Telmanik	Susann	APRN-CNP	Family Medicine	
Thomas	Biju	MD	Pediatrics	Neonatology
Thompson	Elva	APRN-CNP	Emergency Medicine	
Timberlake-Kwit	Lucinda	CAA	Anesthesiology	
Tinio	Joaquin	MD	Medicine	Internal Medicine
Todia	William	MD	Obstetrics & Gynecology	
Tolentino-Nogueria	Rumilia	MD	Family Medicine	
Torres	Augusto	MD	Anesthesiology	
Tracy	David	MD	Emergency Medicine	
Tully	Erika	CAA	Anesthesiology	
Vales	Kimberley	APRN-CNP	Anesthesiology	Pre-Surgical Testing
Vang	Meng	MD	Radiology	
Waghray	Nisheet	MD	Medicine	Gastroenterology
Walsh	Keara	APRN-CNP	Geriatric Medicine	
Warnock	Rebecca	MA CCC-A, FAAA	Otolaryngology	Audiology
Weight	Steven	MD	Obstetrics & Gynecology	

FEBRUARY 2024 REAPPOINTMENTS

Werner	Sandra	MD, MA, FACEP	Emergency Medicine	
Wheatley	Brian	CAA	Anesthesiology	
White	Jecika	APRN-CNP	Pediatrics	
Whitehair	Victoria	MD	Physical Medicine & Rehabilitation	
Wilson	Richard	MD, MS	Physical Medicine & Rehabilitation	
Zach	Sarah	APRN-CRNA	Anesthesiology	
Zalevsky	Daniel	PA-C	Orthopaedics	

THE METROHEALTH SYSTEM
 MEDICAL EXECUTIVE COMMITTEE
 March 8, 2024
 Virtual

CHAIRPERSON: Natalie Joseph, MD



CALLED TO ORDER: 7:00 AM
 ADJOURNED: 8:33 AM

RECORDER: Trish Gallagher, CPCS, CPMSM

Attendance:



MEC Attendance
 Sheets-place on ME

ITEM	TITLE/PRESENTER	RECOMMENDATION/ACTIONS/MISCELLANEOUS COMMENTS	EVALUATION-Follow-up
Call to Order	Natalie Joseph, MD	<ul style="list-style-type: none"> • Dr. Joseph open the meeting with a welcome and overview of the agenda 	N/A
Minutes of the Previous Meetings	MEC minutes, Credentialing Committee minutes and Medical Record Committee Minutes were reviewed and approved	 February Minutes MEC.docx	Minutes approved/ Present the MEC Minutes to BOT
Presentation	Thomas Collins, MD Credentials Committee Chairperson	Presentation: <ul style="list-style-type: none"> • Clinical Research Faculty Certificate: Clinical Research Faculty Certificate State Board (ohio.gov) • Certificate of Conceded Eminence: Certificate of Conceded Eminence State Board (ohio.gov)  MEC conceded eminence.pptx	MEC Reviewed and found to be in favor of credentialing providers who hold a certificate. The MEC approved moving forward to the BOT for awareness. and approval of the radiologist under contract with UH.

Medical Staff
Appointment
s and Actions

All medical staff appointments were carefully reviewed and presented by the Department Chairpersons. Each candidate is being presented after approval from the Credentials Committee from the previous month. Each Candidate's file was reviewed for any actions or sanctions, clinical competency, work history. All gaps were accounted for and presentation of the practitioner's education and training was discussed. The committee reviewed the requested privileges and verified the provider will function within their scope of education and license. The NPDB reports, malpractice cases and any health issues were discussed, and a legal representative was present at the Credentials Committee.

All additional privileges were discussed and verified ongoing monitoring of NPDB is being performed.



















Actions Board February 2024 Appointments
 Report February.doc Reappointments.xls Board Report Febru:

All providers reviewed by the Credentials Committee were approved to move forward to the BOT. All providers were brought forward by their chairpersons and reviewed in great detail.

Motion carries
to approve.
Present to
BOT

<p>APP Update</p>	<p>Megan Flannery, APRN-CNP</p>		<p>No action required</p>
<p>Policies</p>	<p>Ellen Gelles, MD MEC at Large Member</p>	<ul style="list-style-type: none"> Medication Reconciliation PC-48  <p>PC-48 Medication Reconciliation.pdf</p> <p>Ellen Gelles, MD, MEC Member at Large, presented the proposed changes to the MEC. MEC approved the changes to move to Policy Committee</p>	<p>Policy sent to the Policy Committee on March 8, 2024.</p>
<p>Order Sets</p>		<ul style="list-style-type: none"> Prolonged Intermittent Renal Replacement Therapy (to be used in ICU) (Submitted by Dr. Georges Saab, Sandra Duke)  <p>NxStage - PIRRT without Anticoagula</p> <p>(PIRRT Order set approved)</p> <ul style="list-style-type: none"> Behavioral Health Psych ED: (Submitted by Sandra Duke, Michael Dondero and Victoria Bowden - deferred from January 2024 MEC Meeting) <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  BH PSYCH ED PEDIATRIC [4866] Sign </div> <div style="text-align: center;">  BH PSYCH ED AGITATION [4837].pdf </div> <div style="text-align: center;">  BH PSYCH ED AGITATION [4837] Sign </div> <div style="text-align: center;">  BH PSYCH ED ADULT [4862].pdf </div> </div> <div style="display: flex; justify-content: space-around; align-items: flex-end; margin-top: 10px;"> <div style="text-align: center;">  BH PSYCH ED ADULT [4862] Sign </div> <div style="text-align: center;">  BH PSYCH ED CPEDIATRIC [4866].pdf </div> </div> <p>(Behavioral Order Sets have been deferred since December. At this time the motion to approve carries.)</p> <ul style="list-style-type: none"> IP: Cardiac Telemetry Admission (Submitted by Sandra Duke and Victoria Bowden) 	<p>See comments below each order set</p>

		<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  IP Card Telemetry Admission with revis </div> <div style="text-align: center;">  IP. Cardiac Telemetry Admissior </div> </div> <p>(Cardiac Telemetry Order Sets currently in place. This represents only very minor changes. Motion to approve carries.)</p> <ul style="list-style-type: none"> L&D Diabetic Ketoacidosis Admission (Submitted by Sandra Duke, Victoria Bowden, Christina Wadsworth and Emily Gonzales) <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  L&D Diabetic Ketoacidosis Admiss </div> <div style="text-align: center;">  L&D Diabetic Ketoacidosis Admiss </div> </div> <p>(L&D Order Sets -motion to approve carries)</p>	
<p>Therapy Plans</p>		<ul style="list-style-type: none"> Pediatic and Adult Iron Therapy Plans – approval needed: Submitted by Christina Wadsworth and Faith Lilly <div style="text-align: center;">  ThP Iron Plan Adult and Pediatic Updat </div>	<p style="color: red;">Deferred to March MEC</p>
<p>Presentation</p>		<p>SIGC Proposal for MEC approval to proceed with Specialty Infusion Governance Council (SIGC) with authority to approve therapy plans related to Medical Specialties . Presented by Raymond Hong, MD, Department of Medicine, Division of Rheumatology</p> <div style="text-align: center;">  SIGC MEC presentation 2.9.24.ppt </div> <p style="background-color: yellow;">Discussion- SIGC Committee will need to report their order sets to the MEC to approval.</p>	<p>SIGC Proposal needs to be sent to the By-Laws Committee.</p>
<p>Meeting Adjourned</p>			

Executive Session MEC Members only		Executive Session: FPPE Update-S. Mookerjee FPPE ended January investigation update-January approved investigation not approved by BOT, provider voluntarily relinquished the privilege due to low volume.	
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Graduate Medical Education The MetroHealth System

Abdulla Ghori, MD
Associate Dean for GME, SOM, CWRU
DIO, The MetroHealth System
Professor of Pediatrics



Topics

- I. GME Programs
- II. Accreditation status
- III. Scholarly Activity of Residents
- IV. Recent Site Visits
 - i. 10-yr accreditation
 - ii. Self Study
 - iii. CLER
- V. IDE data in GME

I. GME Programs in MHS

- ACGME Accredited Residencies (13 with 351 positions)

1. Anesthesiology-27
2. Dermatology-9
3. Emergency Medicine*-39
4. Family Medicine-27
5. Internal Medicine-82
6. Medicine/Pediatrics-24
7. Obstetrics & Gynecology-20
8. Pathology – Anatomical & Clinical-9
9. Pediatrics-20
10. Physical Medicine & Rehabilitation-24
11. Psychiatry-32
12. Radiology – Diagnostic-20
13. Surgery-18

I. GME Programs in MHS

- ACGME Accredited Fellowships (19 with 82 positions)

1. Addiction Medicine-6
2. Brain Injury Medicine-1
3. Cardiovascular Disease- 12
4. Clinical Cardiac Electrophysiology-2
5. Clinical Informatics-6
6. Cytopathology-1
7. Developmental-Behavioral Pediatrics-1
8. Emergency Medical Services-1
9. Endocrinology, Diabetes, and Metabolism-2

I. GME Programs in MHS

- ACGME Accredited Fellowships (19 with 82 positions) contd..

10. Gastroenterology-9

11. Geriatric Medicine-3

12. Hospice and Palliative Medicine-2

13. Maternal Fetal Medicine-6

14. Neonatal – Perinatal Medicine*-9

15. Pain Medicine-4

16. Pulmonary Disease & Critical Care Medicine-9

17. Rheumatology-4

18. Spinal Cord Injury-2

19. Surgical Critical Care-2

Total ACGME accredited – 32 programs with 433 positions

I. GME Programs in MHS

- Shared Programs (12)
 - Shared with Cleveland Medical Center (11)
 1. Female Pelvic Medicine and Reconstructive Surgery
 2. Hematology – Oncology
 3. Infectious Disease
 4. Nephrology
 5. Neurosurgery
 6. Orthopedic Surgery
 7. Orthopedic Trauma
 8. Otolaryngology
 9. Plastic Surgery
 10. Sleep Medicine
 11. Urology
 - Shared with Cleveland Clinic (1)
 1. Hand Surgery

I. GME Programs in MHS

- Non-ACGME fellowship (3)
 - Emergency Medicine Ultrasound-1
 - Population Health-2
 - Breast Imaging - 1
- ADA Accredited Programs (2)
 - General Practice Residency - GPR (8)
 - Advanced Education in General Dentistry – AEGD (2)
- Psychology Programs (1)
 - Health Service Psychology (11)

***We have trainees in 50 programs and ~ 458 positions!
GME is one of the largest departments in MHS***

Other Learners in MHS

- 354 Rotating Residents from 35 + different institutions
- 1602 students including medical, podiatry, bioethics, informatics, anesthesia assistants, advance practice nurses, and observers
- 121 students from other medical schools for electives

Some More Learners in MHS

- Physical Therapy, OT
- Social Work Trainees
- Pharmacy Students and Residents
- Chester Scholars
- Radiology Techs – Ultrasound, ECHO
- Respiratory Therapy trainees
- Ophthalmology techs
- OR techs
- Dental Hygienists
- Speech therapy trainees
- Medics
- Nursing students/Residents
- Etc...

Our Affiliations

■ Core Rotations:

- Case Western Reserve University
- Northeast Ohio Medical University
- Ohio University College of Osteopathic Medicine

■ Other Affiliations:

- 401 current affiliation agreements for residents/fellows

***When we account for all the learners in MHS,
we are almost as big as Baldwin Wallace University***

II. Accreditation Status

Institutional Accreditation

- Institutional Performance is reviewed annually by ACGME
- ACGME issues citations
 - There are 886 ACGME accredited institutions
 - 2022 – 889 citations
 - 2023 - 1102 citations

We have been free of any citations for the past 16 consecutive years!

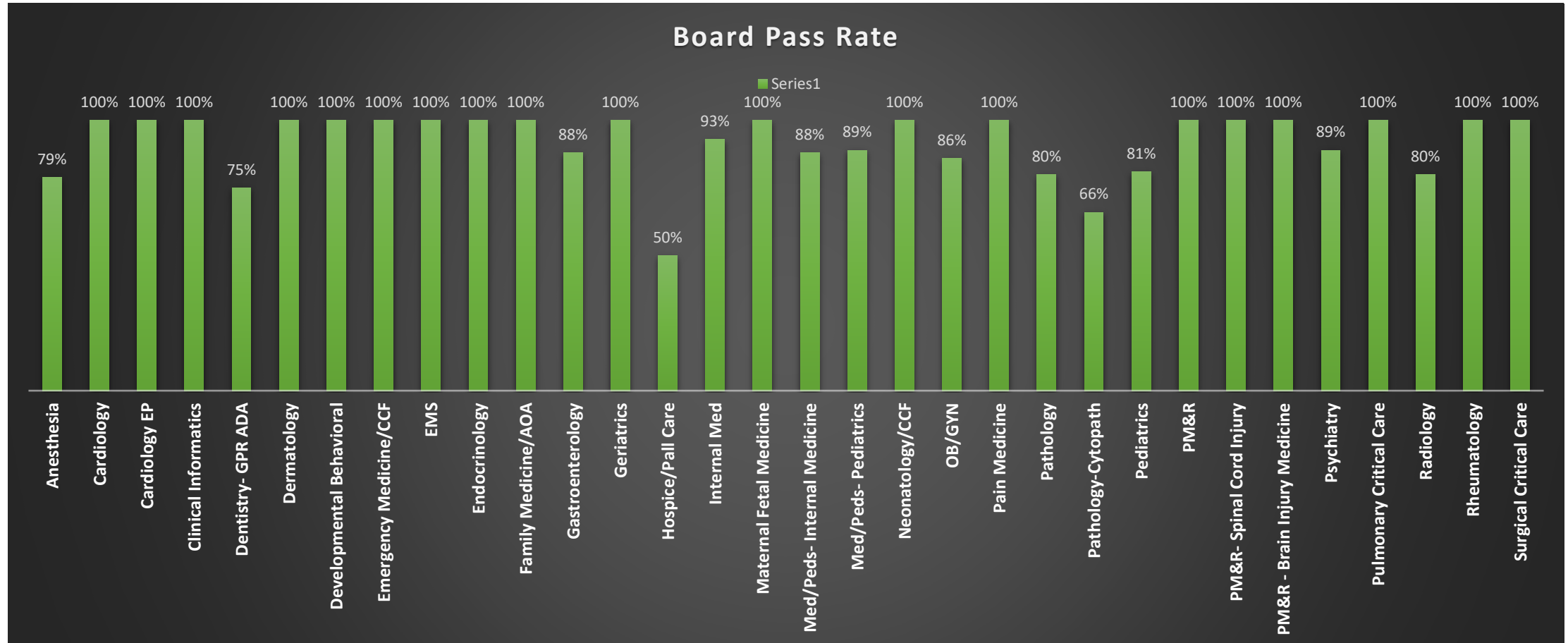
II. Accreditation Status

Accreditation of Programs

- Highest level of accreditation – Continued Accreditation
- All 32 programs are in Continued Accreditation
- 28 programs have no citations !!!
- Only 4 programs have citations

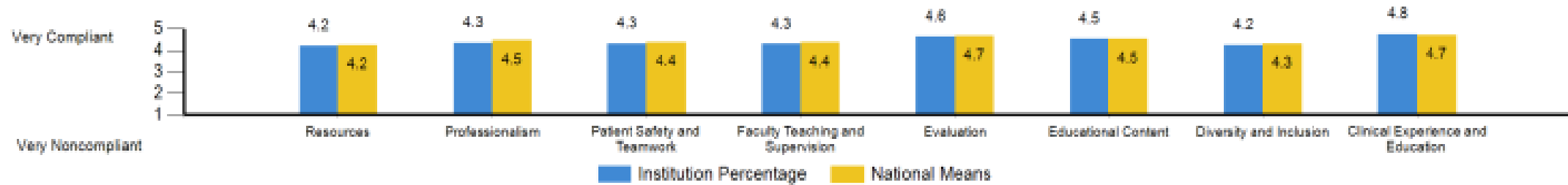
MetroHealth's GME is in good standing

First Time Board Pass Rate



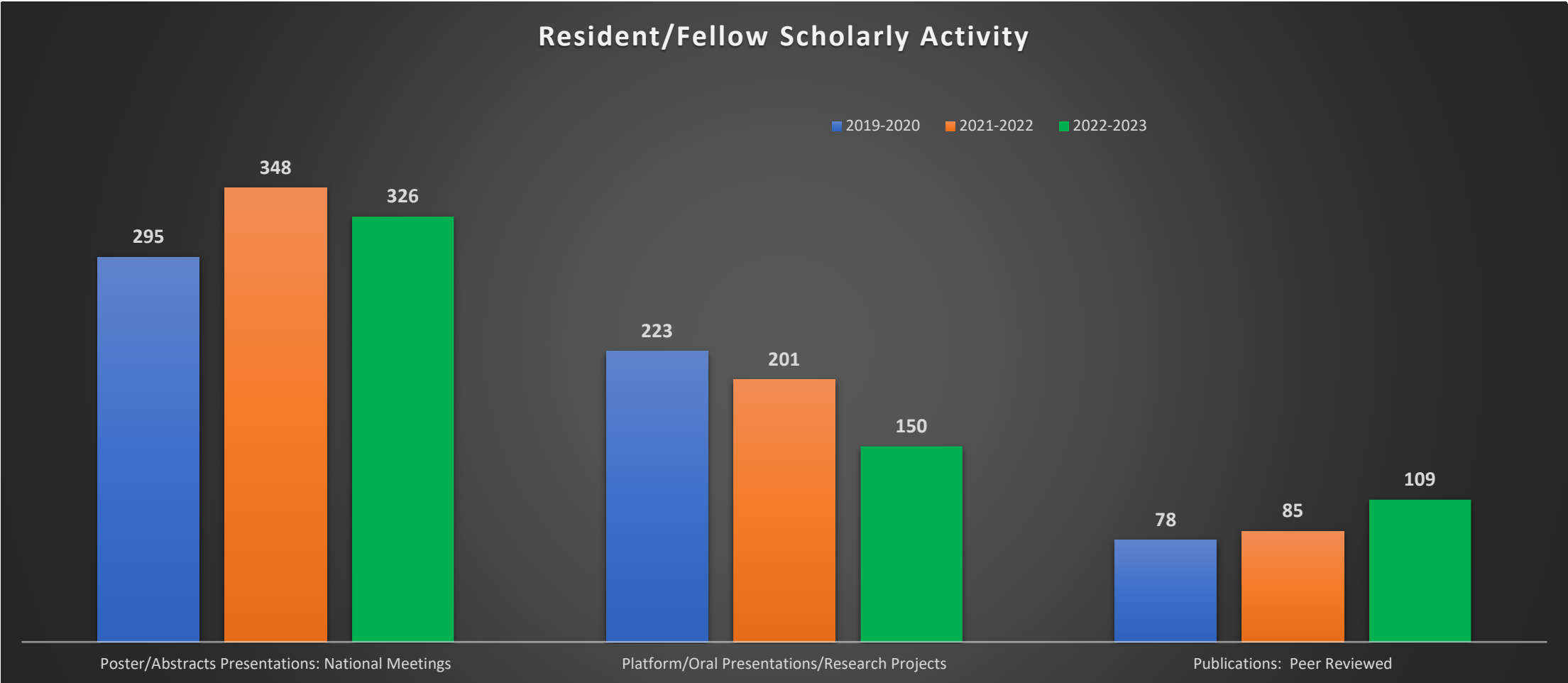
ACGME Surveys

ACGME Resident Surveys 2022-23



MetroHealth's GME is in good standing

III. Scholarly Activity of Residents

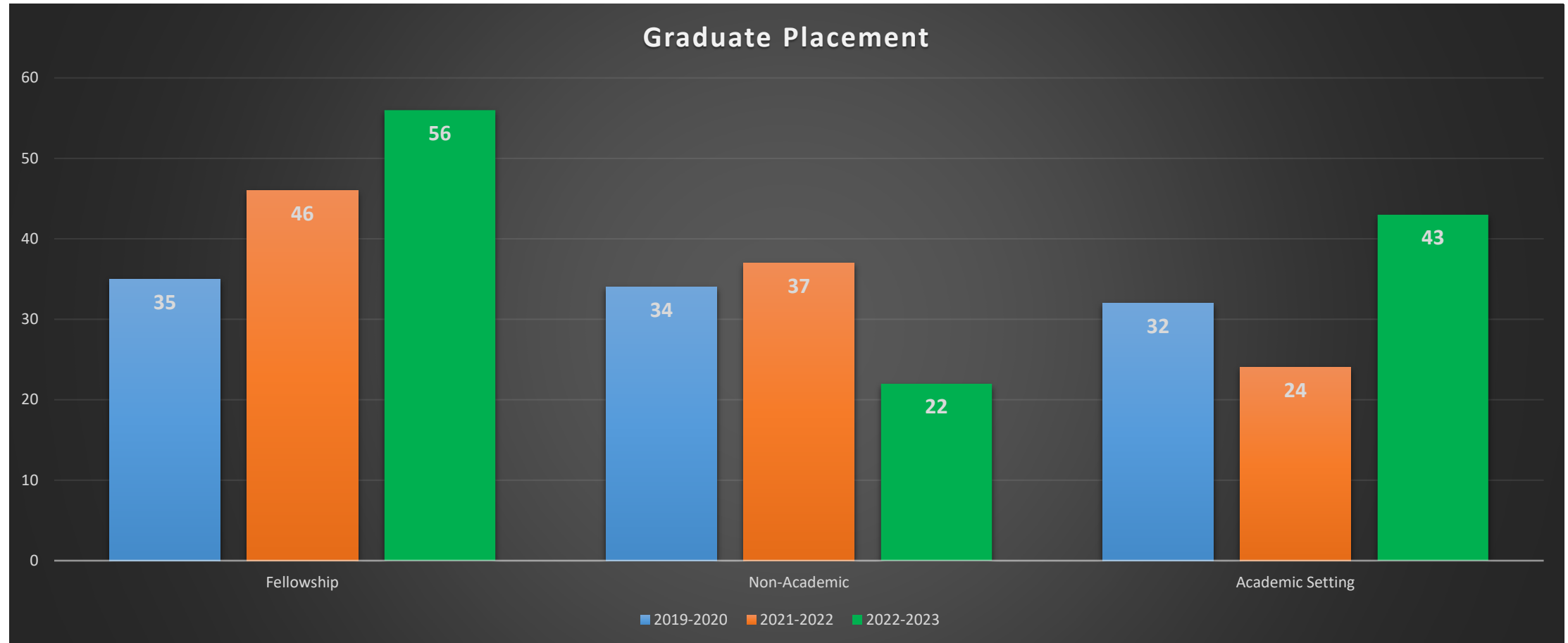


III. Scholarly Activity of Residents

QI Projects conducted by Residents in 2022-23



Graduate Placement



IV. Recent Site Visits

1. Ten Year Accreditation Site Visit Oct 31, 2023



What's a 10-year Accreditation Site Visit?

- Collection and Aggregation of Data on Compliance with (~1700 pages):
 - Institutional requirements – 18 pages
 - Common Program Requirements for Residencies – 48 pages
 - Common Program Requirements for Fellowships – 45 pages
 - Common Program Requirements for One Year Fellowships – 42 pages
 - Specialty specific Program Requirements for each of the 32 programs !!
50-60 x 32



Documents they required

- Institutional Review Questionnaire (333 pages)
 - Sponsoring Institution Information – 12 pages
 - Program Citations – 12 pages
 - Org Charts – 4 pages
 - Statement of Commitment – 3 pages
 - GMEC Membership – 4 pages
 - Annotated GMEC minutes for 12 months – 110 pages
 - Annual Institutional Review Summaries – 111 pages
 - Special Review Protocol – 3 pages
 - Special Review Reports – 71 pages



Documents they required

- Attestation Form
- Documentation of Patient Care for Participating Sites that Are Hospitals (31 sites) – 164 pages
- Written Policies (16) – 63 pages
- Annotated Resident Contract, with attachments – 73 pages
- Professional Liability Coverage – 3 pages
- Supplemental Documentation – 5 pages



Verbal Report

- Applauded us for a well organized and clear submission
- Invited us to present some of our innovative approaches to ACGME and the national GME forum

What's next

Waiting for Official Site Visit Accreditation Letter



2. Self-Study Site Visit

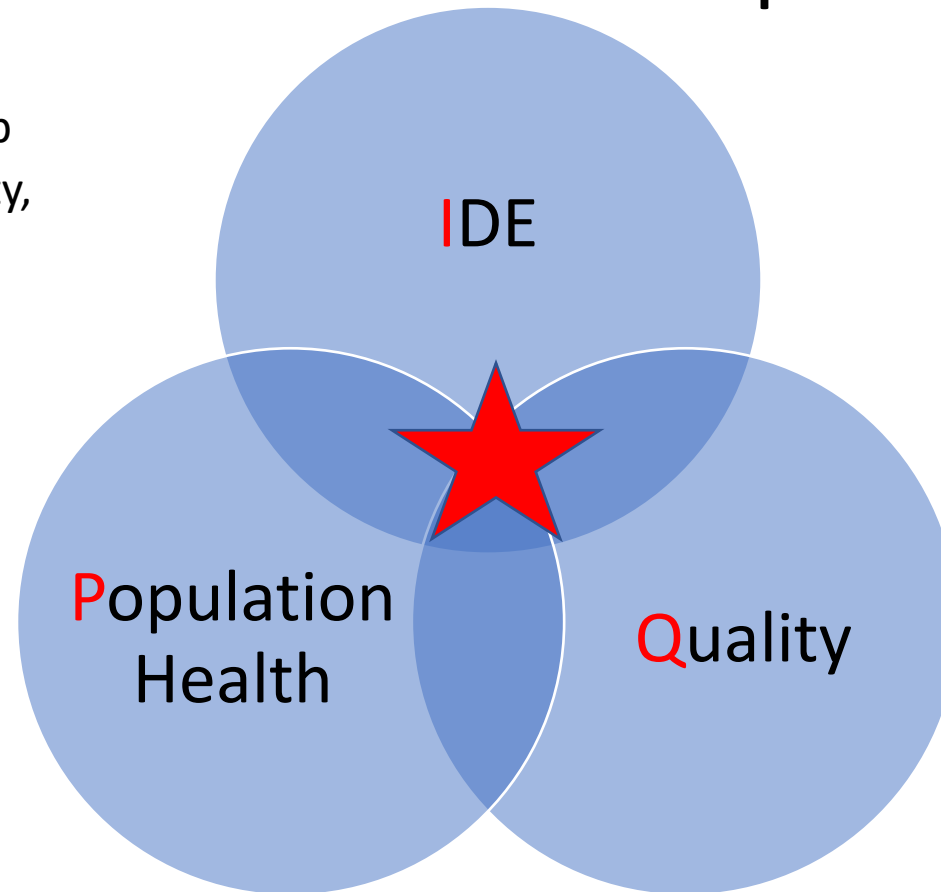
- We started our required Self Study Project in 2021
- Prepared Curriculum on IDE, Population Health, QI, Informatics
- Trained 25 champions who trained ~250 categorical residents

Outcome

Resulted in 13 QI Projects on Health Care Disparities, impacting Population Health



=PIQ-Required Pop Health, IDE, Quality, Project



3. Clinical Learning Environment Review (CLER) Site Visit

Feb 2024

(3 site visitors on site, 2 + days)



Clinical Learning Environment Review (CLER)

What is the “Clinical Learning Environment”?



- All the people with whom residents and fellows interact
- All the places they go
- All the devices and technology they use
- while learning and providing patient care

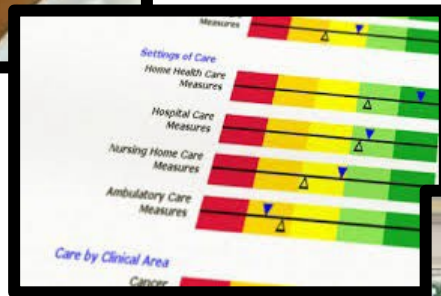
CLER Focus Areas

Patient Safety

Professionalism



Well-being



Supervision



Healthcare Quality and Disparities



Teaming

Focus Areas, Pathways and Properties

The CLER Pathways document presents **6 Focus Areas**, **34 pathways**, and **139 properties**

1. Patient Safety (7 pathways)
2. Health Care Quality (7 pathways)
3. Teaming (4 pathways)
4. Supervision (5 pathways)
5. Well-being (6 pathways)
6. Professionalism (5 pathways)



CASE WESTERN RESERVE
UNIVERSITY
School of Medicine

Requested Documents

- CLER Site Visit Agenda
- CLER Attestation Statement
- Organizational Chart for Senior Leadership of the Sponsoring Institution
- Organizational chart for Senior Leadership of the Participating Site being visited (if different from Sponsoring Institution)
- Organizational chart for quality and safety departments within the site
- Organizational chart for the GME Leadership
- Participating Site's Patient safety plan/strategy
- Participating Site's Quality plan/strategy
- Quality and safety committee membership roster(s)
- Ambulatory Sites document
- Sponsoring Institution's supervision policy
- Most recent executive summary of the Annual Institutional Review
- Completed Patient Safety and Quality Leadership Questionnaire



CLER Report

- Report came in 2 days back!
- 22 pages descriptive report
- No benchmarks to compare
- Overall, very positive
- We are expected to figure out how to use the report to our advantage
- Does not influence accreditation

CLER Report

- Very positive
 - Patient safety
 - Healthcare Quality and Disparities
 - Teaming
 - Supervision
- Area for improvement
 - Professionalism
 - Wellbeing

V. IDE in GME

IDE	Metro Match 2023%	Metro Match 2024%	National Data JAMA Mensah et al 2023	All Trainees 2023-24
Female	51%	52%	44.90%	53.00%
Male	49%	48%	52.70%	
Asian	30%	38%	19.70%	29.98%
White	50%	42%	45.40%	46.52%
Other	8%	4%	4.40%	
N/A	2%	11%	17.50%	
African American	3%	2%		5.04%
Hispanic	7%	3%		5.04%
URiM	10%	5%	11.70%	10.08%

Conclusion

- GME is a strategic asset
- Resource to meet healthcare needs
- Trainees are tech and media savvy
- Front line problem solvers
- Scholarly and QI productivity
- Pipeline for recruitment
 - 85 of our current faculty were trained at MHS
 - 33 recruited in last 5 years

Thank You All for

Supporting the educational mission

Growing our educational activities

Facilitating a conducive learning environment

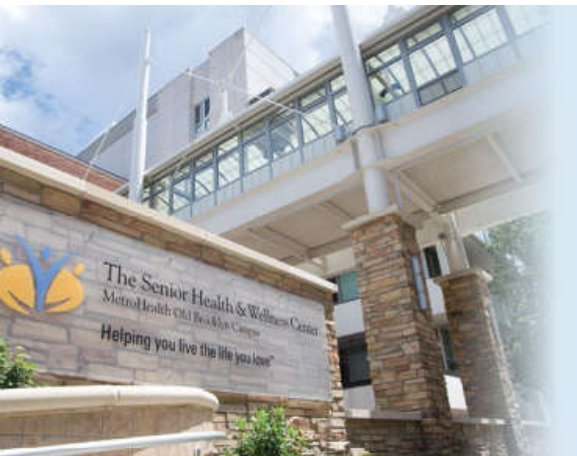
Approving competitive stipends

And much more

Abdulla Ghori, MD

aghor@metrohealth.org



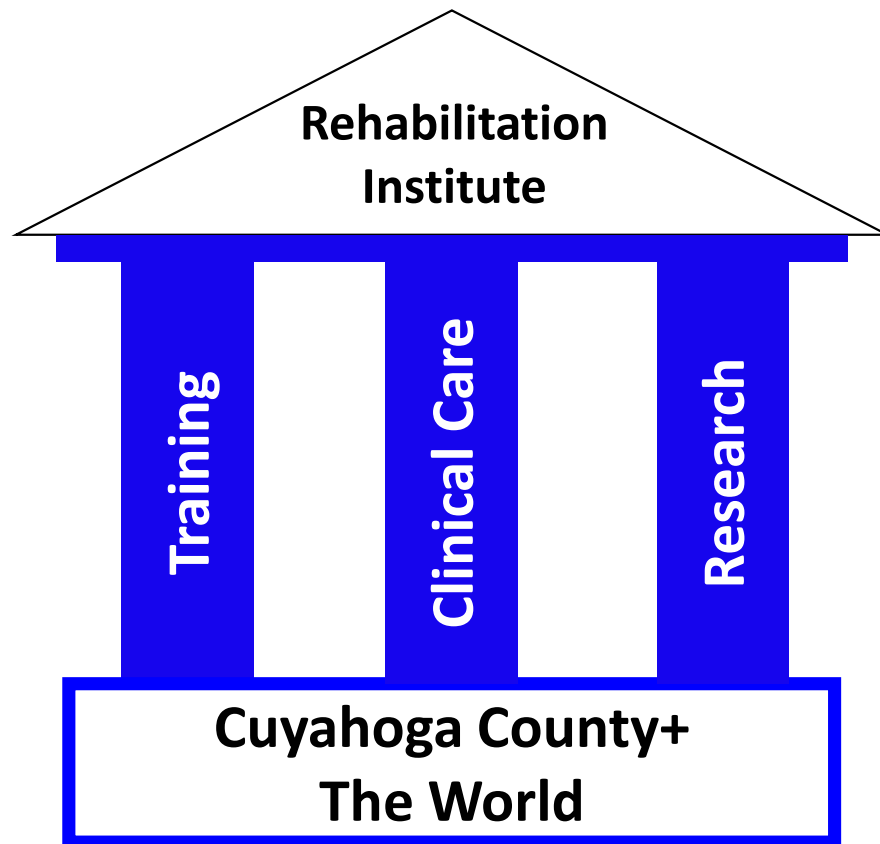


MetroHealth

Rehabilitation Institute

Board of Trustees
March 27, 2024





Mission

To **Restore Function and Societal Participation** for Persons with Severe Impairments & Disabilities through a **transdisciplinary** approach that:

- **Provides Outstanding Rehabilitation Care**
- **Trains** the next generation of healthcare professionals and scientists
- **Discovers** new knowledge that translates to clinical practice.

Vision

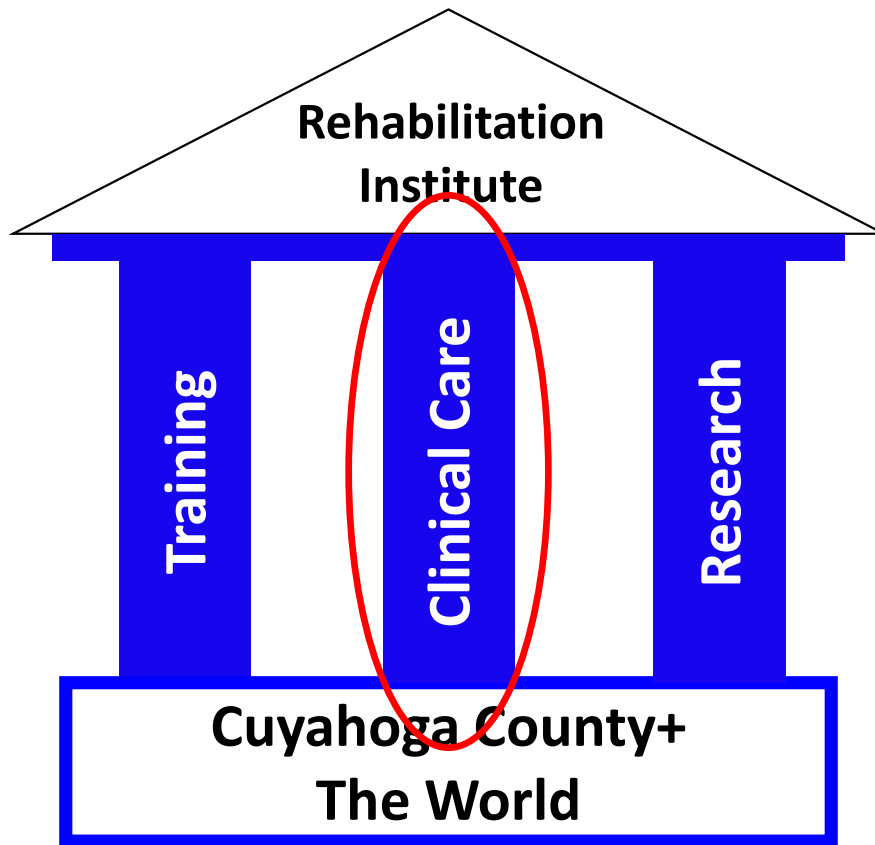
- **Leadership in Rehabilitation:**

- Northeast Ohio
- Nation
- World

- **What does this mean?**

- The MetroHealth System will be the ***System of choice*** for comprehensive inpatient and outpatient rehabilitation in Northeast Ohio
- The MetroHealth System will be ***nationally*** and ***internationally recognized*** for outstanding clinical rehabilitation, premier rehabilitation training programs, and world-class rehabilitation research





Mission

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- **Provides Outstanding Rehabilitation Care**
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Inpatient Rehabilitation – 71 Years

- 3 floors, 57 beds – Age 13 years+
- Intense, multi-disciplinary rehabilitation, physician oversight
- Traumatic injuries (brain, spinal cord), stroke
- Goal: Increase function, increase independence
- After discharge: Comprehensive Outpatient Rehabilitation



Victoria Whitehair, MD
Director, Neuro Rehab
Med Director



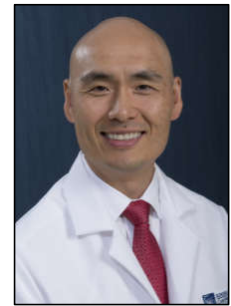
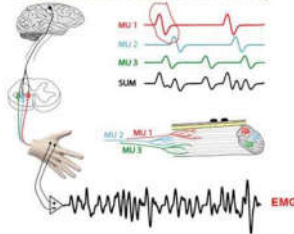
Jacy Zakel, MD
Assoc Director, Neuro
Rehab

Musculoskeletal Rehabilitation

- General Musculoskeletal
 - Acute/Chronic
 - Diagnostic and Interventional US
- Amputee
- Cancer
- Electrodiagnostic Medicine
 - Neurology based
 - PM&R based
- Industrial Medicine
 - Worker's Comp
 - Vocational Rehabilitation
- Pain
 - Acute/Chronic
 - Interventional/noninterventional
- Sports
 - Office based
 - Sideline coverage



EMG as a measure of motor unit activity



Chong Kim, MD



Erin Barnes, MD

Psychology in Rehabilitation

- Rehabilitation Psychology- 3 providers
 - Brain Injury
 - Stroke
 - Spinal Cord Injury

- Neuropsychology - Adults



Ketrin Lengu, PhD



PT, OT, Speech

- 215 clinicians, 25 non-clinical
- Glick- Adult and Peds, every unit + ED
- IRF: 3-hours of therapy/day
- Ambulatory- 11 locations, 2 soon
 - MSK
 - Neuro
 - Pelvic
 - Lymphedema
 - TMJ
 - Driver's Evaluations
 - Developmental Peds
 - Swallowing
 - Cognition/Communication



Vocational Rehabilitation

- CARF accredited vocational rehabilitation services
- Work Matters
- Career Counseling
- Employment
- Driver Rehabilitation

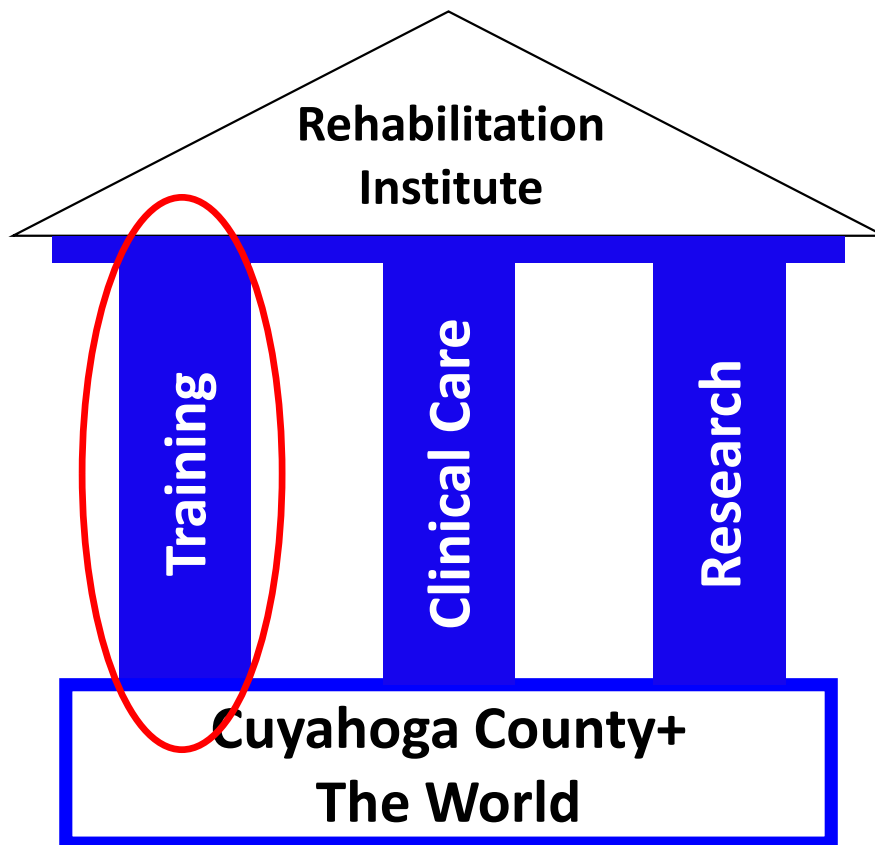


Meggan Few, MA, CRC
Vocational Rehabilitation

US News and World Report

**Nationally ranked
Top Rehabilitation**



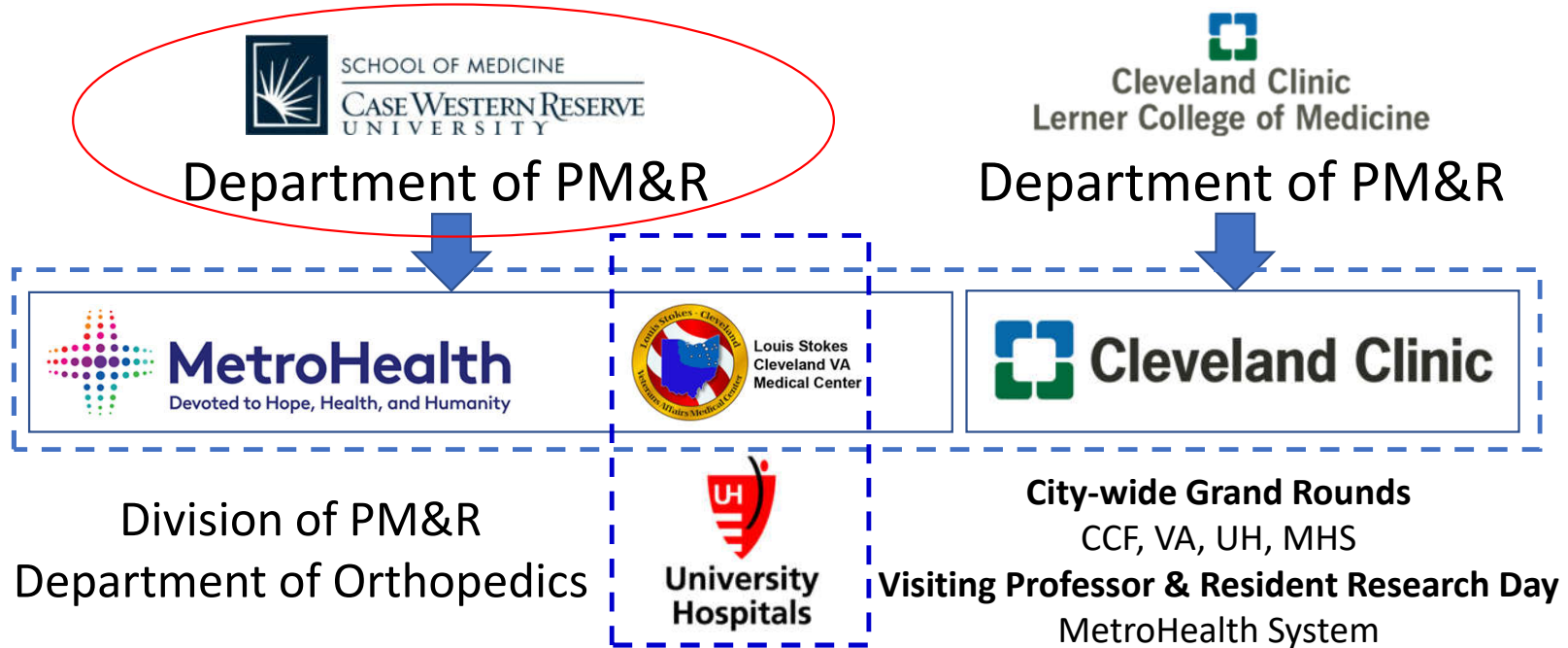


Mission

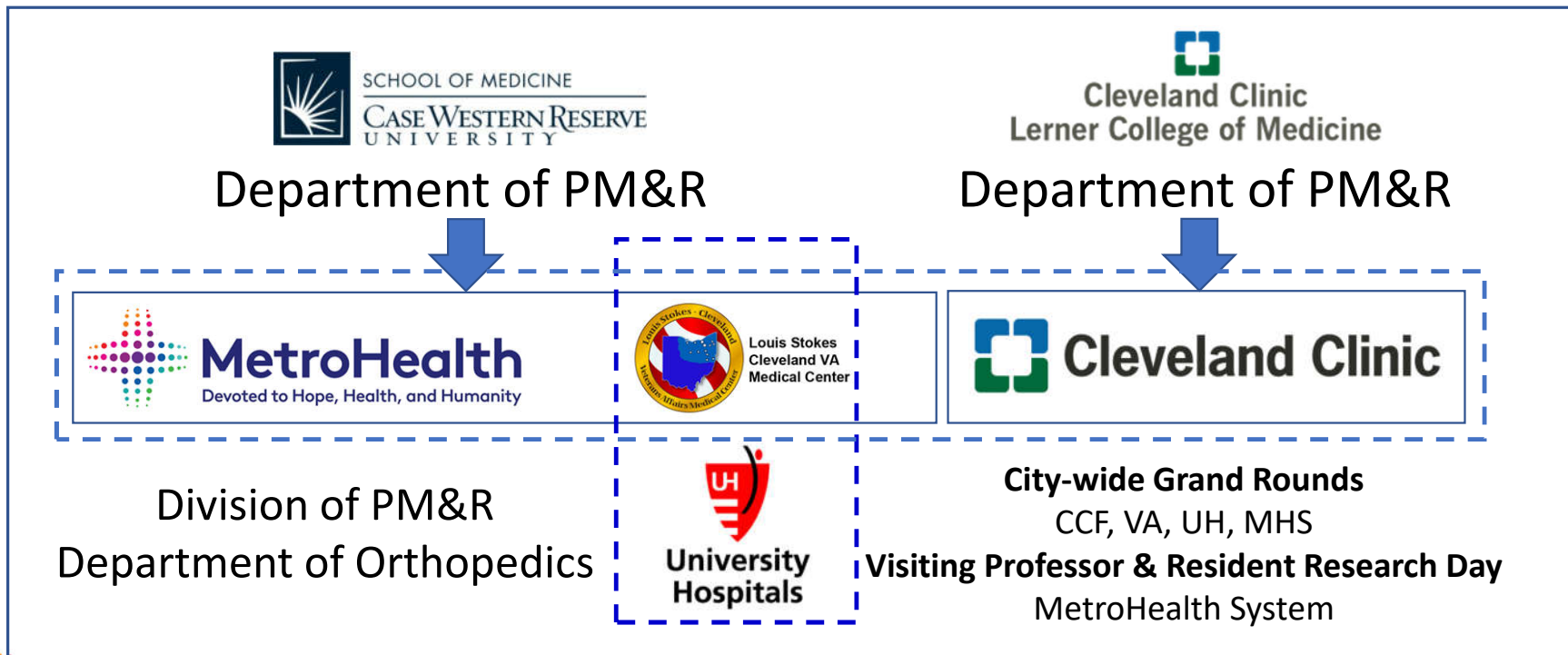
To **Restore Function and Societal Participation** for Persons with Severe Impairments & Disabilities through a **transdisciplinary** approach that:

- **Provides Outstanding Rehabilitation Care**
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- **Discovers** new knowledge that translates to clinical practice.

Didactics for all 3 Programs



Cleveland City-wide PM&R Collaborative



Education and Training

- PM&R Residency: 6 categorical/yr
- Fellowships:
 - Brain Injury Medicine: 1/yr
 - Pain Medicine: 4/yr
 - Spinal Cord Injury Medicine: 2/yr
- Neurotherapy (PT) residency
- Medical student training
- Plan:
 - Hand Therapy (OT) Fellowship



Richard Wilson, MD



Jared Placeway, DO



Juliet Zakel, MD



James Begley, MD



Chong Kim, MD



James Wilson, DO



Scott Sinick, DPT

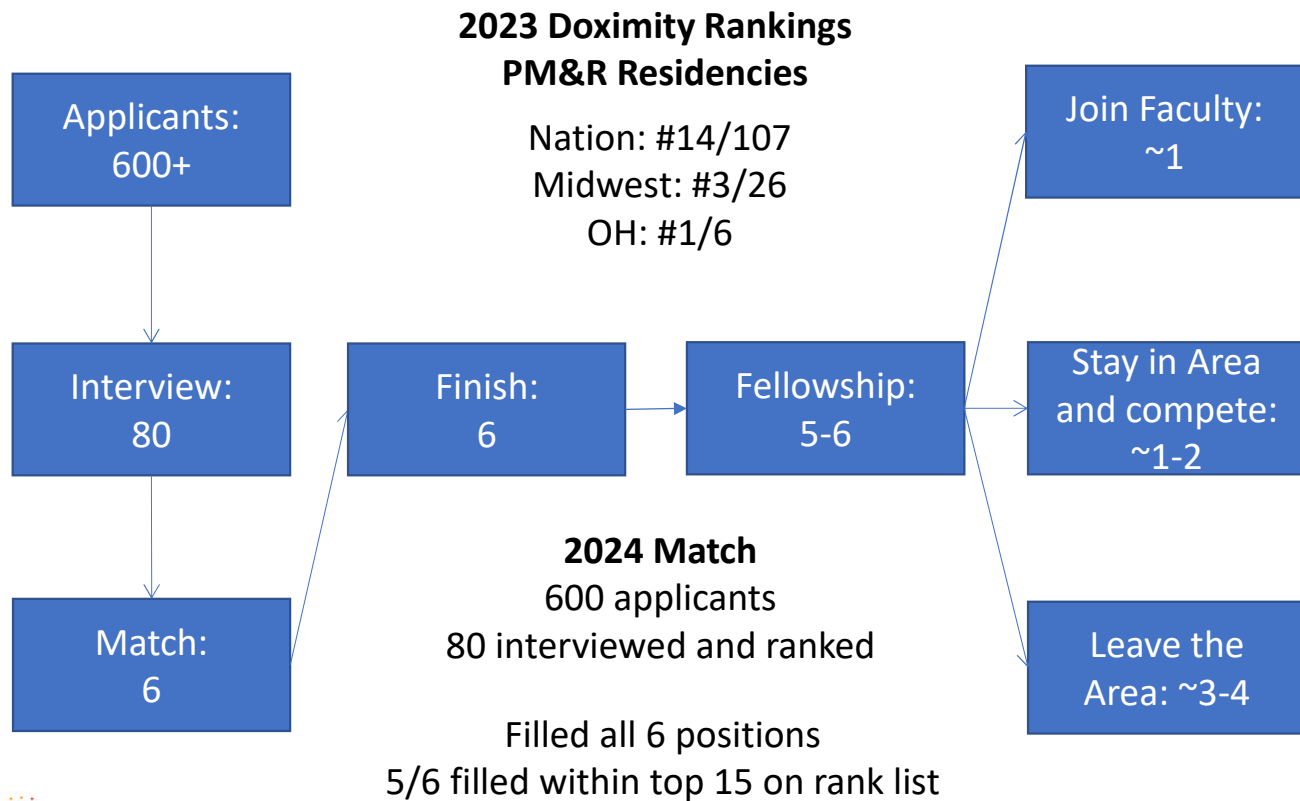


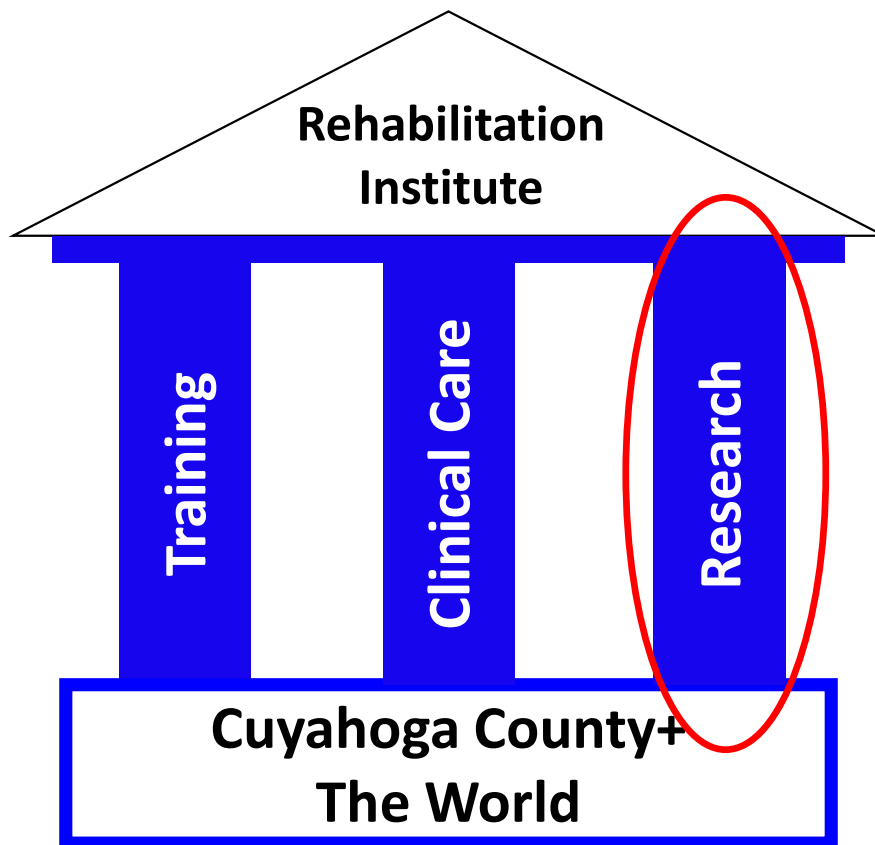
Daniela Mehech, MD



CASE WESTERN RESERVE UNIVERSITY
School of Medicine

PM&R Residency





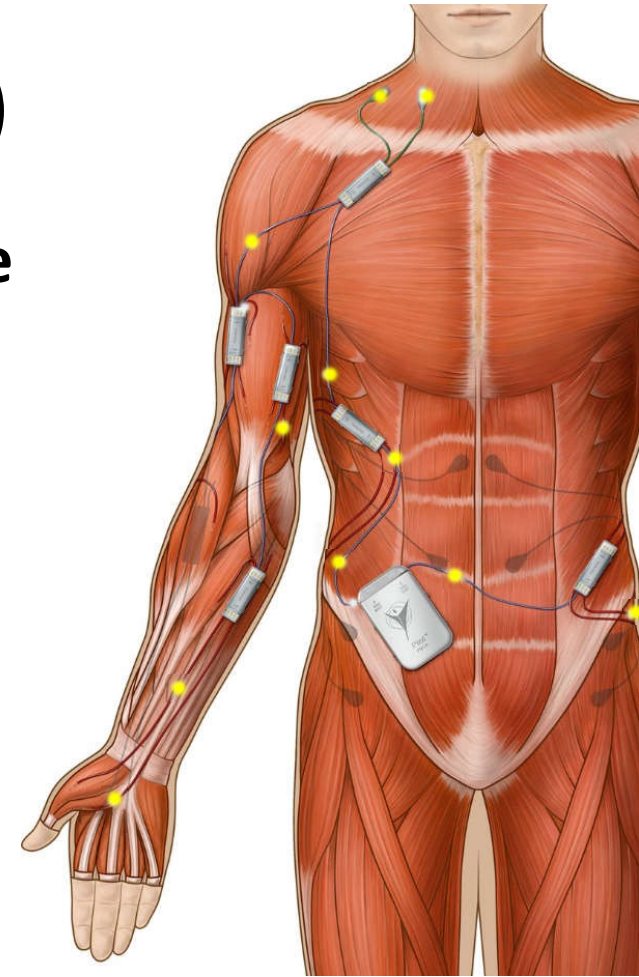
Mission

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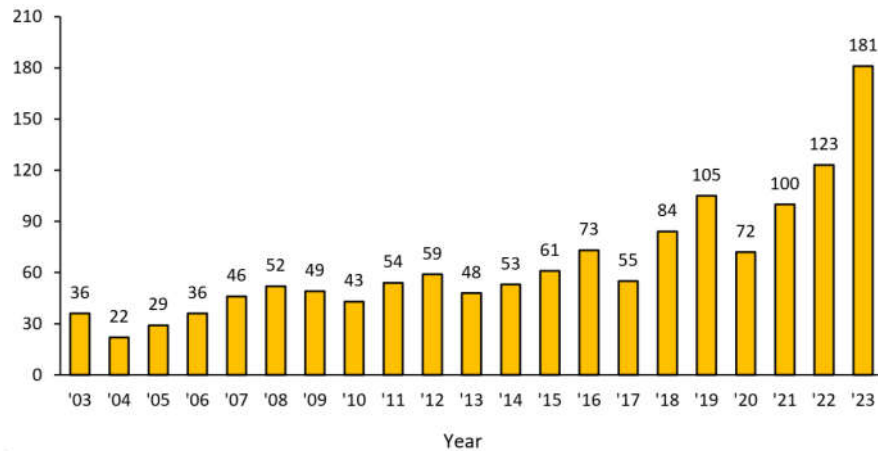
Functional Electrical Stimulation (FES)

- Applying **low levels of electrical current to the nervous system**
- Paralysis and organ dysfunction caused by neurological injury, e.g., **stroke & spinal cord injury**
- **The global leader** in the development and implementation of FES

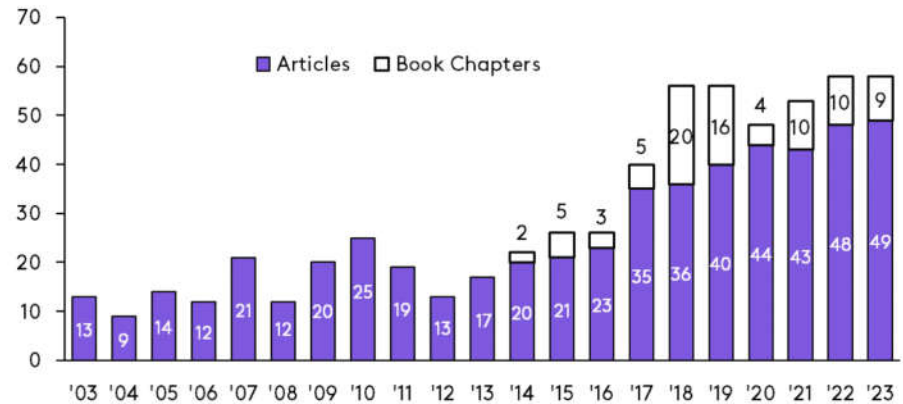


Center for Rehabilitation Research Presentations and Publications

Abstracts & Presentations

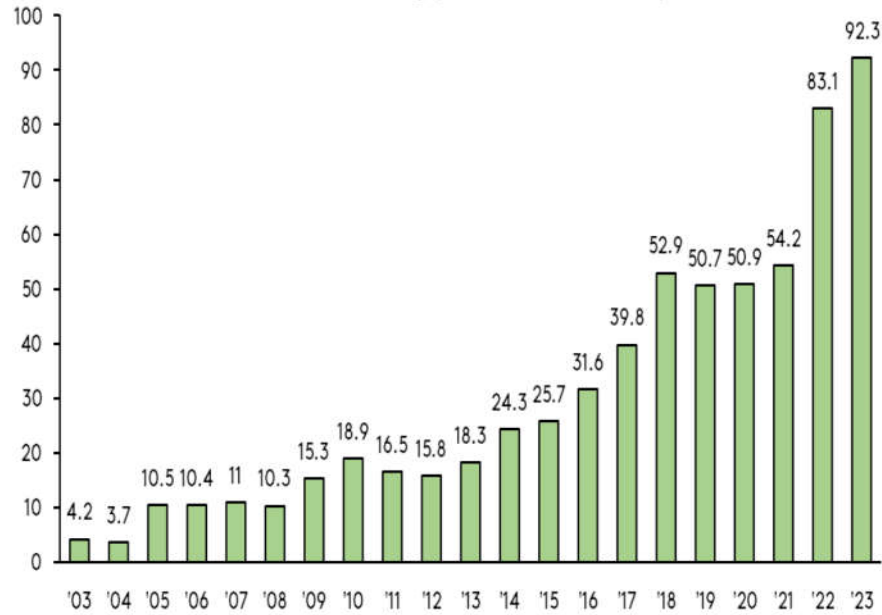


Peer-reviewed Articles and Chapters

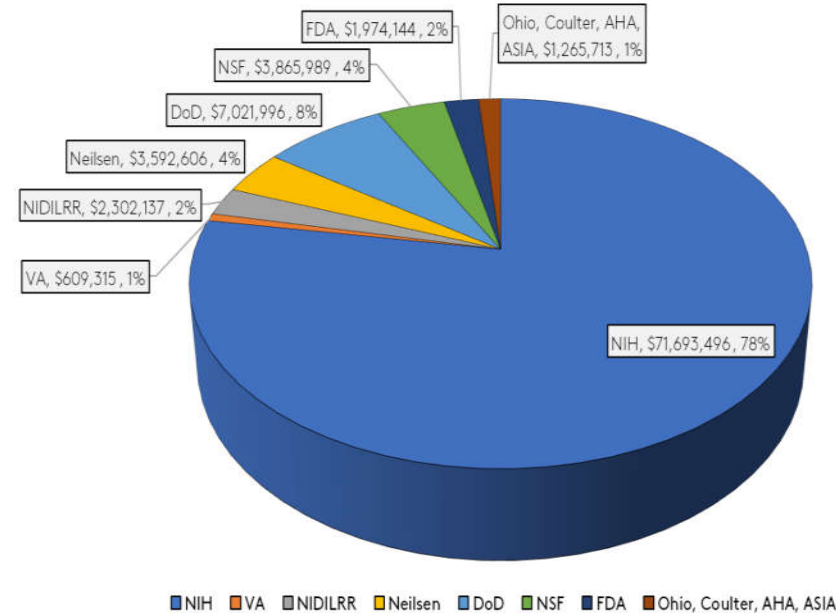


Center for Rehabilitation Research Grants

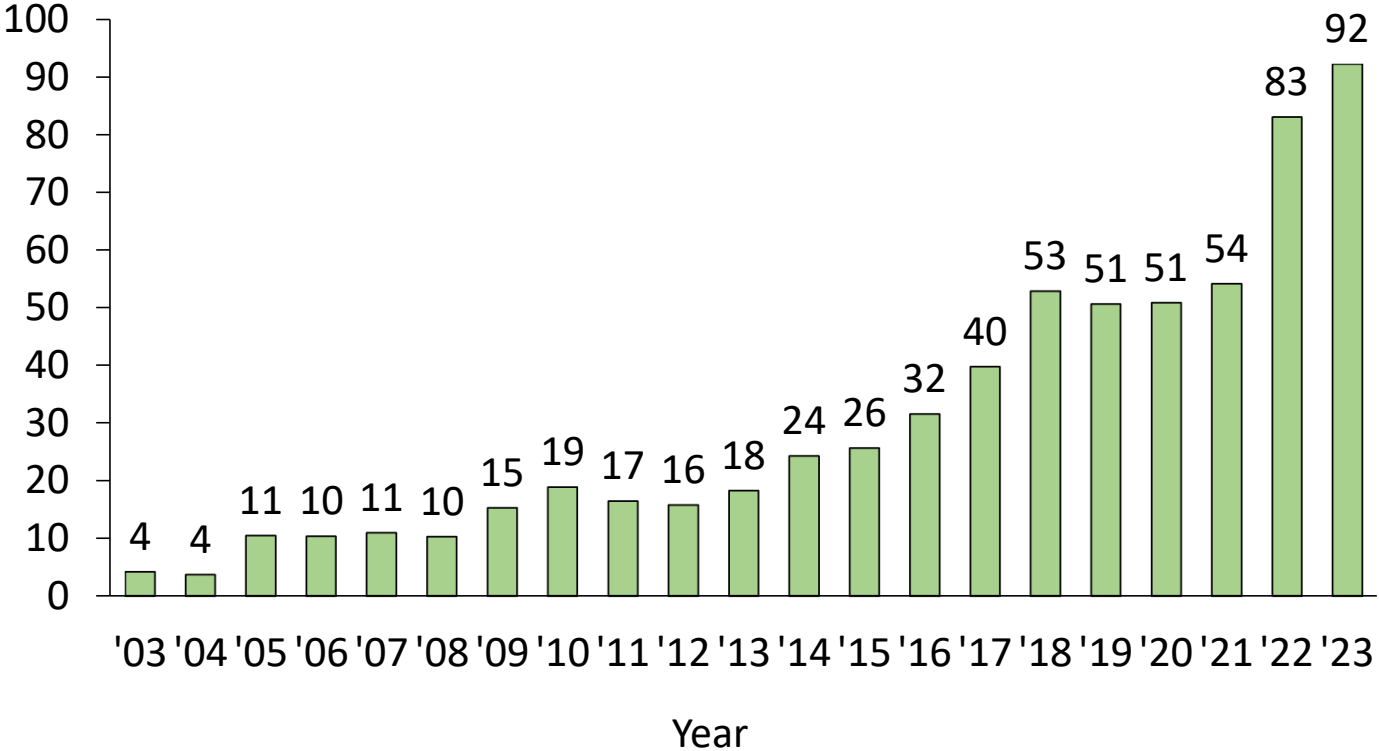
Grant Funding (total \$ in millions)



Funding Sources



Grant Funding (\$ in Millions): *\$92.3 M*



PM&R* Ranked #2 in NIH Funding Blue Ridge

**2023
National**

Rank	Name
1	NORTHWESTERN UNIVERSITY CHICAGO
2	CASE WESTERN RESERVE UNIVERSITY
3	UNIVERSITY OF PITTSBURGH
4	UNIVERSITY OF MICHIGAN ANN ARBOR
5	OHIO STATE UNIVERSITY
6	MOUNT SINAI ICAHN SCHOOL OF MEDICINE
7	COLUMBIA UNIVERSITY HEALTH SCIENCES
8	GEORGETOWN UNIVERSITY
9	UNIVERSITY OF CALIFORNIA SAN FRANCISCO
10	EMORY UNIVERSITY
11	UNIVERSITY OF WASHINGTON SEATTLE
12	UNIVERSITY OF PENNSYLVANIA
13	UNIVERSITY OF TEXAS SOUTHWESTERN DALLAS
14	NEW YORK UNIVERSITY SCHOOL OF MEDICINE
15	JOHNS HOPKINS UNIVERSITY
16	UNIVERSITY OF COLORADO DENVER
17	PENNSYLVANIA STATE UNIV MED CTR HERSHEY
18	INDIANA UNIV-PURDUE UNIV INDIANAPOLIS
19	UNIVERSITY OF CALIFORNIA DAVIS
20	MEDICAL COLLEGE OF WISCONSIN

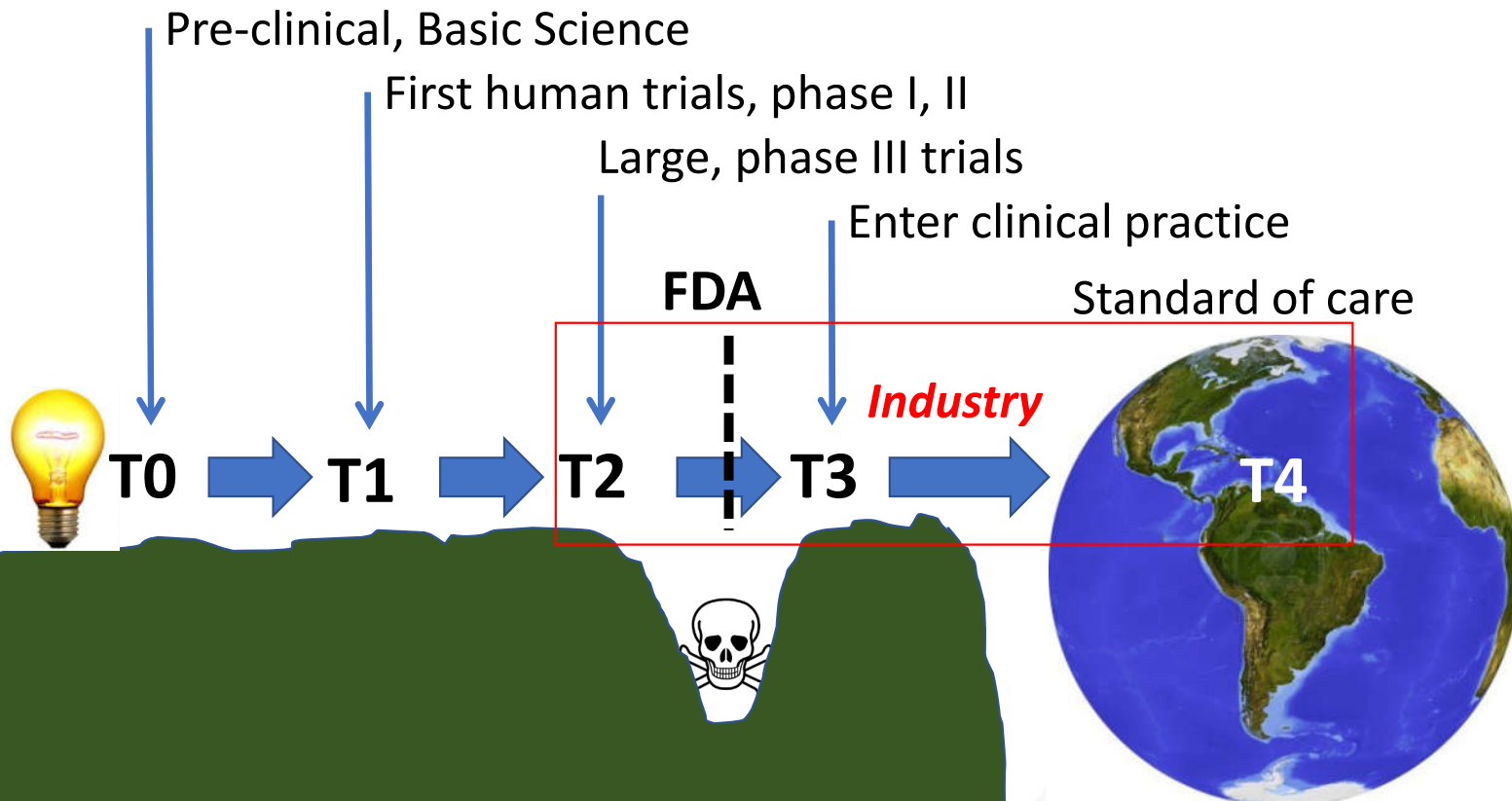
2023

Case Western Reserve University

Rank	Name
2	Physical Medicine and Rehabilitation
11	Pathology
19	Urology
20	Ophthalmology
22	Public Health
23	Pediatrics
25	Dermatology
26	Family Medicine
28	Medicine
28	Radiology
34	Anesthesiology
38	Orthopedics
40	OBGYN
44	ENT
44	Surgery
54	Neurology
61	Psychiatry
	Emergency Medicine
	Neurosurgery

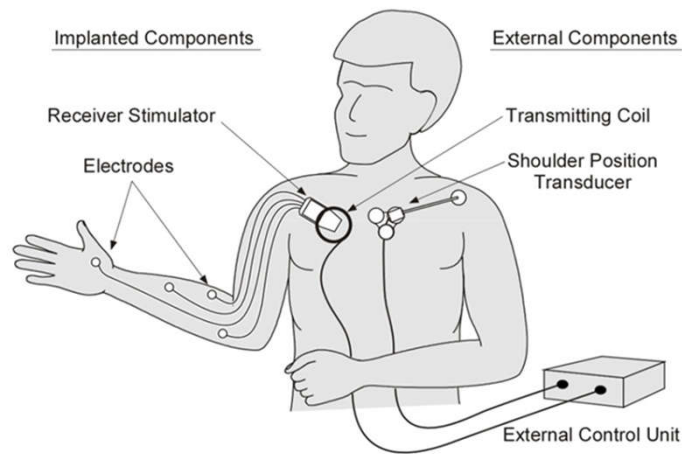


Translation to Clinical Practice



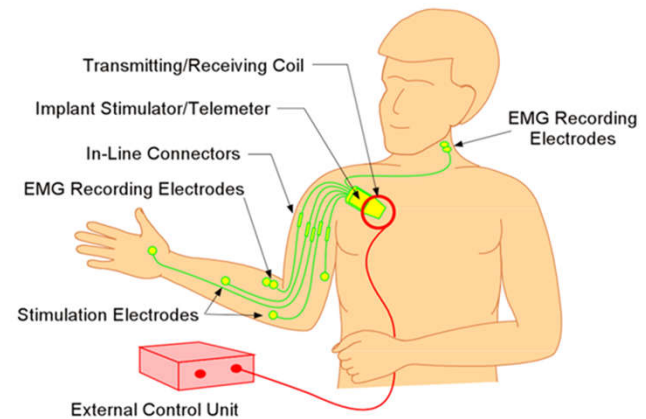
SCI: Upper Extremity Function

8 – Channel System



12 – Channel System

Implantable Stimulator and Telemetry System



SCI: Upper Extremity Function

C6 ASIA A Tetraplegia

Stimulation Off



Stimulation On

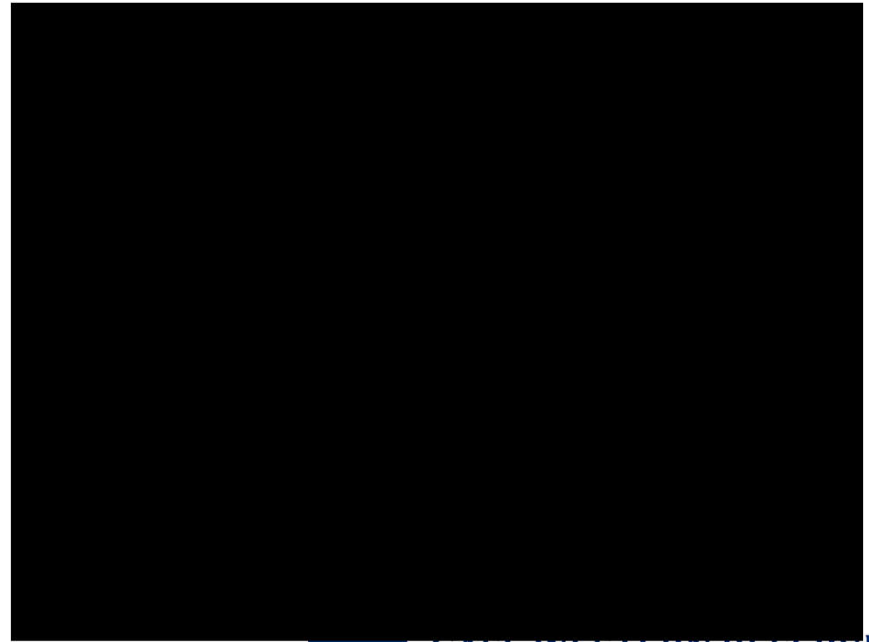


SCI: Trunk System

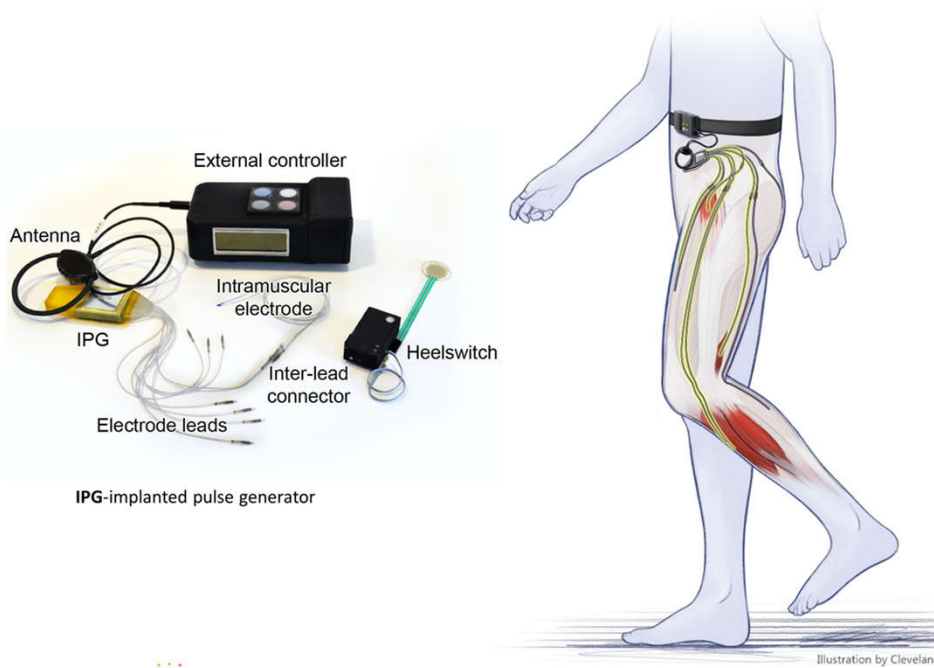
Stimulation Off



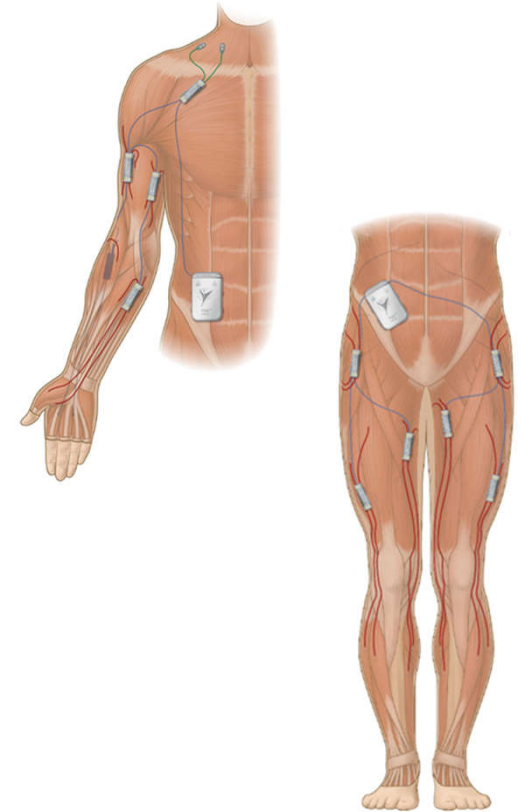
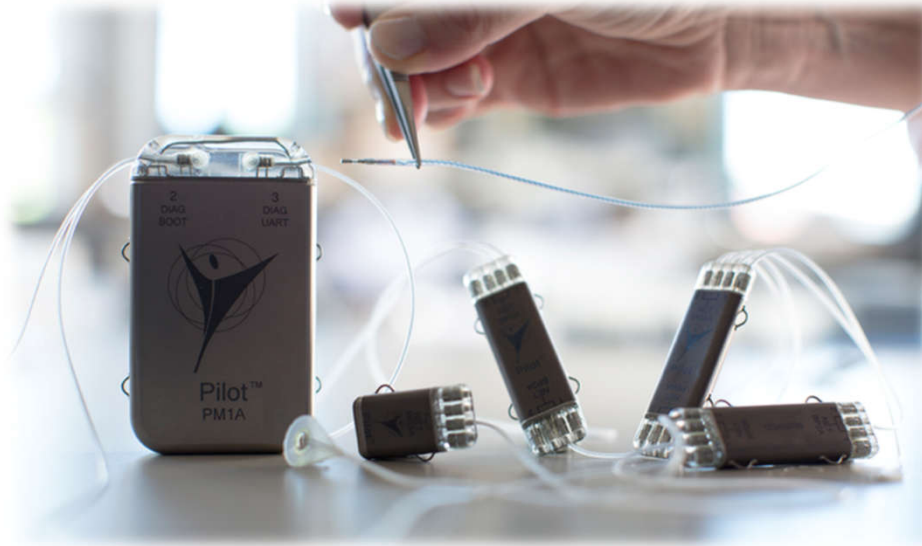
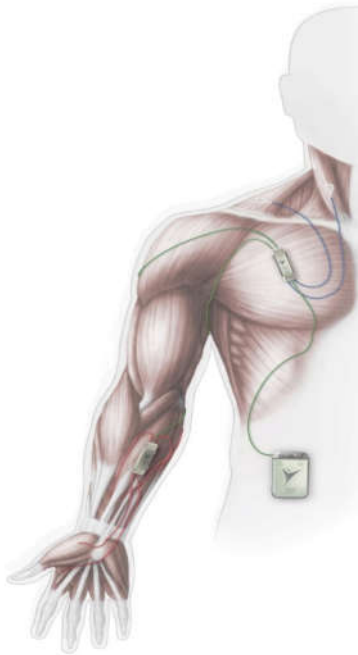
Stimulation On



Stroke: Walking System



Networked Neuroprosthesis (NNP)



Single Function

Multi-Function



SCI: Hand and Trunk System – NNP

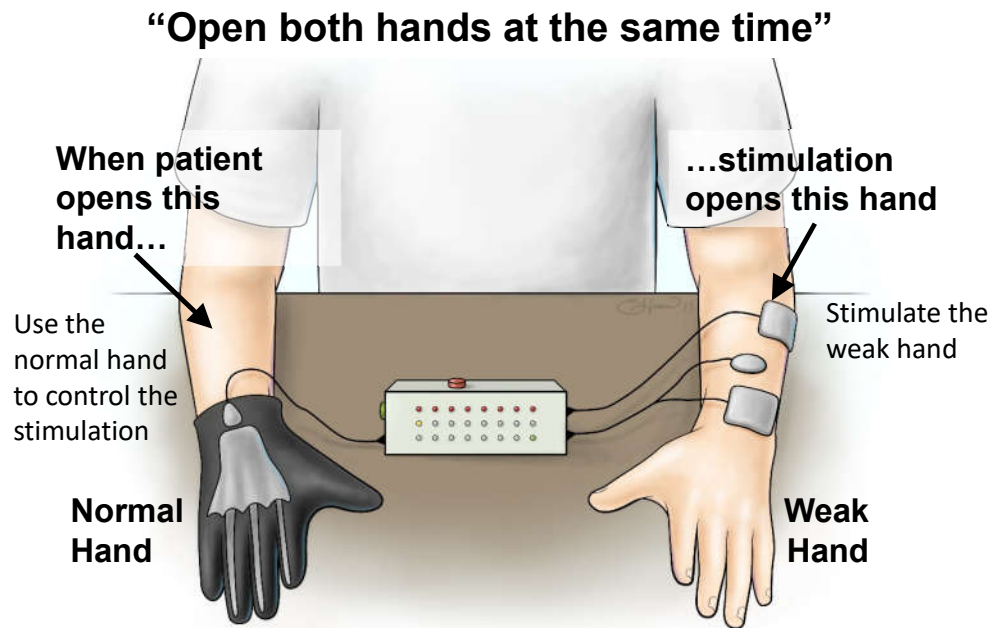


SCI: Hand and Trunk System – NNP



FES for Stroke Recovery

Contralaterally Controlled FES (CCFES)



- Helps the weak hand open
- Intensity of stimulation is controlled by how wide the normal hand is open
- The *patient* **controls** their hand opening
- Retrains the brain to open the hand

FES for Stroke Recovery

CCFES Functional Training

Contralaterally
Controlled FES Therapy
Lab Sessions

FES for Stroke Recovery Before and After Treatment



Baseline

After 12-wks of Treatment

Grasp-Release Test
at
Baseline

Subject 5
10/11/06

Grasp-Release Test
at
End of 12-Week
Treatment

Subject 5
1/11/07



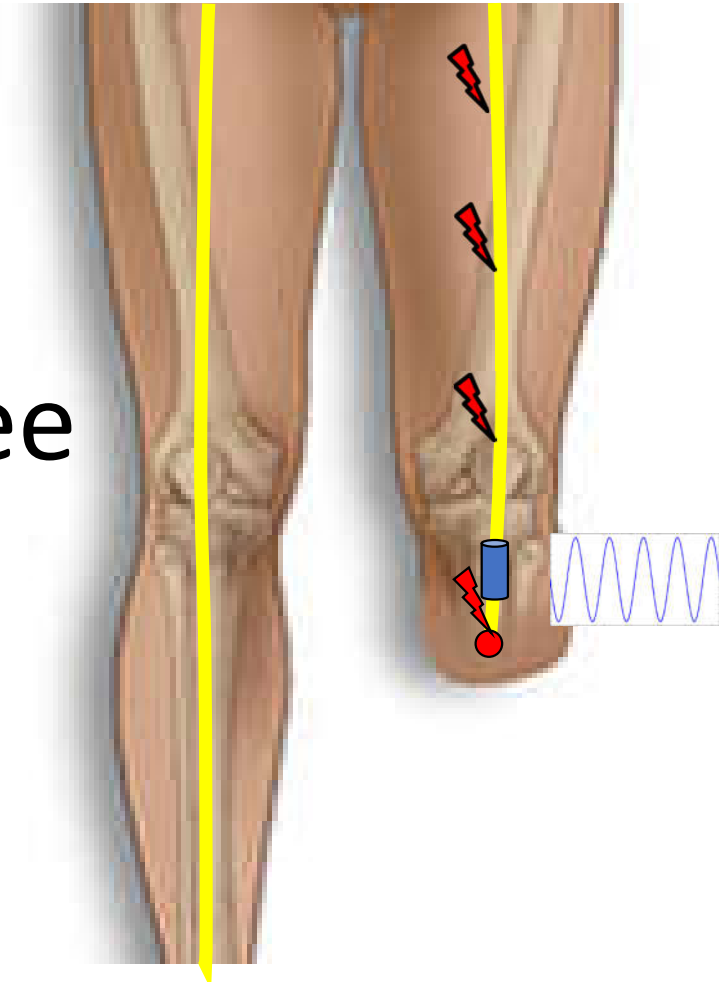
Pain and Opioid Epidemic: Non-opioid Treatment

Approach 1: Block pain signals

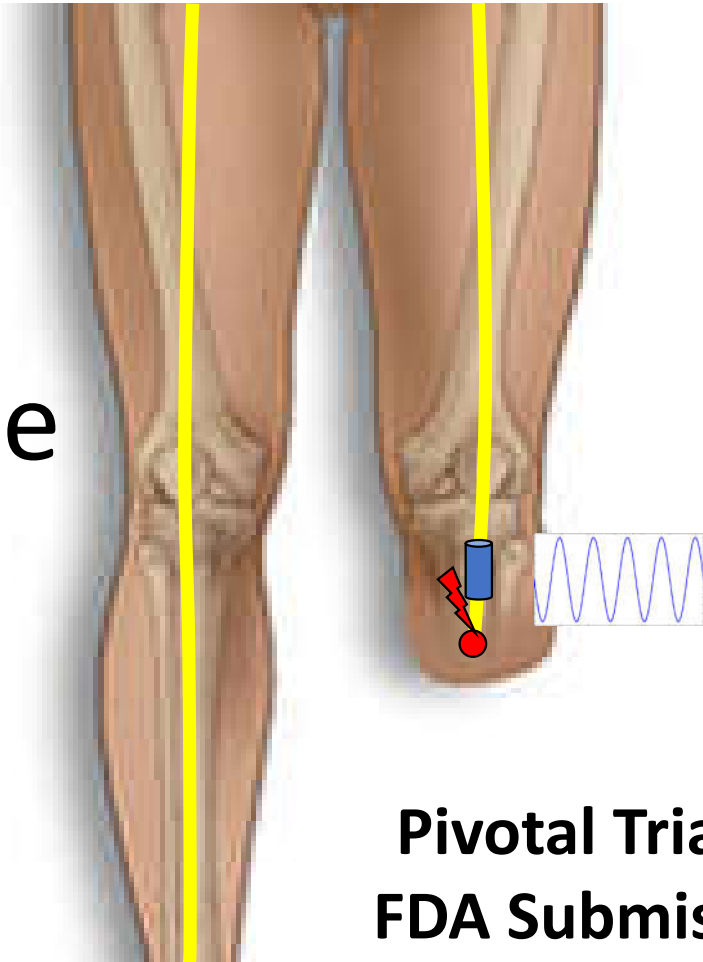
Approach 2: Exercise modulation



Amputee Pain



Amputee Pain

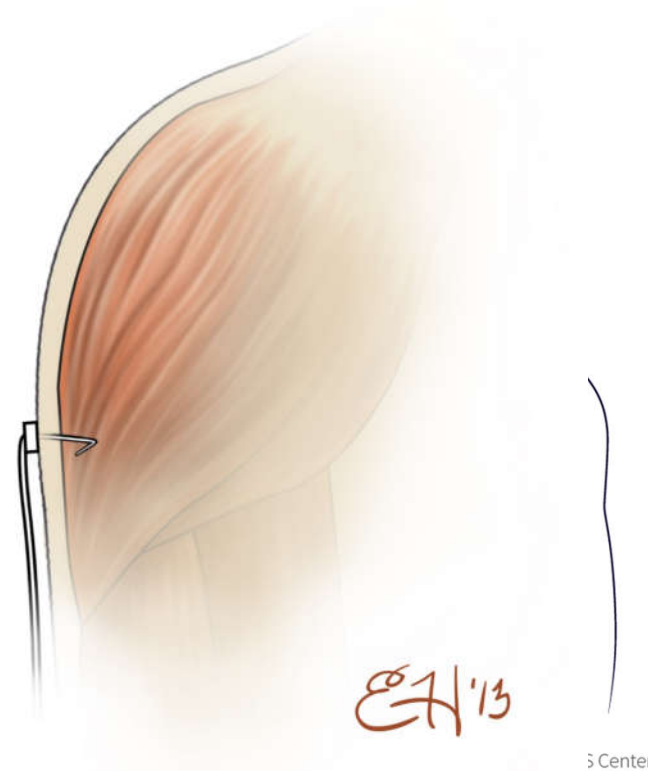


**Pivotal Trial Completed
FDA Submission for PMA**



Percutaneous Peripheral Motor Nerve Stimulation

- Percutaneous electrode(s)
- Anchored in deltoid, No Migration
- External stimulator
- **Muscle contraction**



Percutaneous Peripheral Motor Nerve Stimulation: Pain in Able-bodied Persons



Dashboard



Ownership	MetroHealth	Select Medical (for-profit)	LifePoint Health (for-profit)
Inpatient Beds	57	150	100
Federal Model System	Spinal Cord Injury	None	None
US News & World Report	Top 5%	Top 5%	NR
National Academies	3	None	None
National Academy of Inventors	3	None	None
Accredited Residencies	PM&R (24), Neurotherapy (1)	PM&R (6)	PM&R (12)
PM&R Residency Rank	#14/107	#27/107	#77/107
Accredited Fellowships	BI (1), SCI (2), Pain Medicine (4)	None	None
NIH Rank	#2	NR	NR



Thank you!

