



Hope Lives Here.



MetroHealth

2020 ANNUAL REPORT

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When we are courageous, hope happens.

2020

It was a year that might have been our undoing, a year that threatened our health, stole jobs, laid bare the bitter hatred of racism.

A year that left us exhausted and challenged our ability to cope.

A year that hit those with the least the hardest.

There were so many reasons to lose hope in 2020.

But at MetroHealth we found more hope than ever before.

In the end, 2020 became a year of listening, connecting and healing. A year of beauty.

Like always, we cared for the sick with remarkable skill and compassion.

But we did a lot more, too — more than anyone asked.

As the world around us changed almost by the hour, we adapted just as quickly.

We traveled to nursing homes, churches and homeless shelters to ease fear with free COVID-19 tests, to move those who often find themselves at the end of the line to the front, where they belong.

We delivered food to the hungry, provided hospital care in people’s homes and elevated our fight for inclusion, diversity and equity until hope radiated throughout MetroHealth and into the homes and onto the streets of our 7,900 employees.

When other organizations instituted furloughs and cut pay, we raised salaries so families could cross one more stress off their list, so they could survive the year’s angst.

And we never stopped fighting addiction and mental illness or rebuilding our hospital, strengthening our West 25th Street neighborhood and building a future that empowers our neighbors to become all they’re meant to be.

In 2020, we found hundreds of ways to defeat fear and frustration. In its place, we created futures that glimmer.

At MetroHealth, 2020 was a year of hope.

And our promise is to continue building and sharing that hope until every person in Greater Cleveland can wake knowing that hope does indeed live here.

Warm regards,

Akram Boutros, MD, FACHE
President and CEO
The MetroHealth System

Vanessa L. Whiting
Chair, Board of Trustees, The MetroHealth System
President, A.E.S. Management Corp.





THE STORY OF 2020

We can overcome this

As Greater Cleveland flipped its calendars from 2019 to 2020, there was no reason to expect anything but another year of the typical ups, downs and adventures of life. Yes, there was news of an emerging disease in China, a novel coronavirus, but reports were patchy, vague, ambiguous – and any danger seemed, well, an ocean away.

Still, we left nothing to chance.

After all, we’d been here before. MetroHealth was created in 1837 in the wake of a cholera epidemic, one of the first public-health emergencies to hit the young city of Cleveland. Other crises followed: malaria, smallpox, tuberculosis, polio and later AIDS and Ebola. Each time, we stepped up to embrace our responsibility as front-line defender of community health. We treated and comforted the sick, vaccinated the healthy and provided lifesaving information, guidance and education to the community, always with compassion and kindness.

So, in January 2020, months before the first local case of COVID-19, Director of Infection Prevention Dr. Amy Ray and her team prepared for the possible arrival of this new coronavirus. They established care protocols, planned for a surge and launched a screening process for patients.

At the same time, MetroHealth’s supply-chain team assembled a “strike force” to source, secure and manage personal protective equipment. This prescient action allowed us to build and preserve adequate stockpiles of PPE before shortages paralyzed the world.

MetroHealth President and CEO Akram Boutros, MD, FACHE, then activated the Hospital Incident Command System and a 24/7 command center. He also reactivated MetroHealth’s 183-year-old role as the community’s trusted leader during crisis.

During those dark, distressing days early in the pandemic, Dr. Boutros’ messages to staff, patients and the community were earnest, honest and supportive.

“We know we can overcome this,” he said repeatedly. He ended these communications with another refrain: “Be kind to each other.”

The message was clear: We are calm, we are committed, we are qualified. And we refuse to part ways with hope.

And then we got to work proving it.

“We are calm, we are committed, we are qualified. And we refuse to part ways with hope.”

On March 13, hours after the first COVID-19 cases in Ohio, we launched a free 24/7 COVID hotline, open to anyone. The community, anxious and in need of help and information, began dialing.

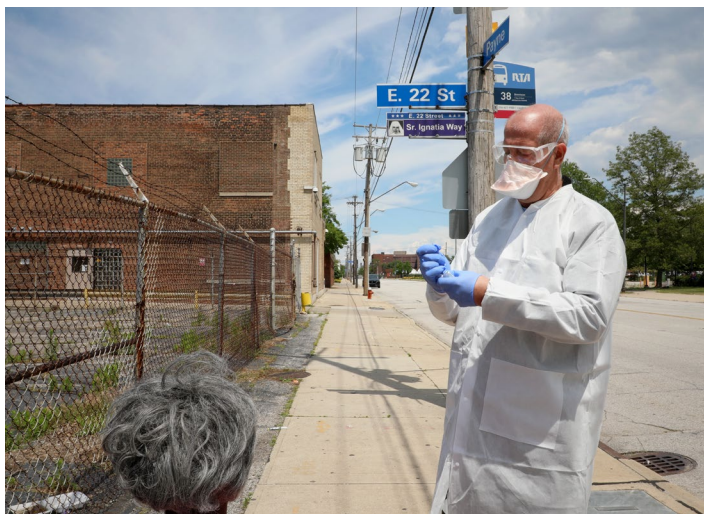
By the end of the year, the hotline had answered more than 66,000 calls and guided more than 33,000 people to virtual health visits – over the phone or on video chat – keeping those individuals safely at home and quarantined, reducing spread and saving an immeasurable number of lives.

Before 2020, we were far from experts in virtual health. Systemwide, we averaged only 30 of these phone/video visits a day. As we rushed to temporarily shutter locations in March to keep patients and staff safe, we worked quickly to become the experts. By April, we were averaging 2,200 virtual visits a day, giving members of our community uninterrupted access to care.

During those harrowing early days of the crisis, the availability of COVID tests and the speed and accuracy of their results were monumental concerns. Again, with hope, expertise and innovation, we led the way. In March, our immunology lab quickly repurposed testing equipment to launch and validate an in-house PCR test for COVID. This meant that we could go from swab to results – results from the gold-standard testing method – in just two hours. It took weeks for other hospitals and testing facilities to match that speed and accuracy.

In the weeks that followed, we expanded testing to four labs around the county and handled over 1,000 specimens a day. The capacity allowed us to offer walk-up/drive-thru community testing events at sites across the county, often in neighborhoods where health disparities are at their worst. By the end of 2020, we'd served more than 14,000 patients during these events.

Our work in the community went even deeper. Starting in the early days of the pandemic and continuing through today, a community-health team regularly visited homeless encampments and congregate-living facilities – nursing homes, homeless shelters, group homes and more – to screen, test and educate individuals who were most at risk. (To tears of joy, the caregivers provided vaccines at these sites in early 2021.)



Our **Institute for H.O.P.E.™** was launched in 2019 to help fix the non-medical root causes of our community's health problems, factors like housing, food insecurity, access to transportation and more. In other words, it will help us reach our goal of not just delivering medical care but delivering health. The pandemic put a spotlight on health disparities and gave an espresso shot to the new Institute. It was time to get to work.

In the early days of COVID, we noticed that many of our patients and neighbors were being asked to quarantine without access to necessities like food, personal hygiene items and cleaning products. The Institute sprang into action. With support from donors, teams went into neighborhoods to deliver these basic goods at no cost. During the first months of the pandemic, the Institute distributed more than 145,000 pounds of fresh produce and shelf-stable food. Hundreds of care packages and hygiene kits also made their way to those at high risk for COVID-19, including those living with HIV, individuals experiencing homelessness, new mothers and more.

For those in our community home alone, isolated amid a pandemic, the Institute offered a comforting new program called Calls for HOPE. More than 1,200 at-risk individuals began receiving regular "warm" phone calls from volunteers, not to talk about their health but about anything they wanted to chat about, from grandkids to grand slams to grand pianos.

By September 2020, the Institute helped launch Unite Ohio, an ambitious program that promises to be a game-changer for how people in need are connected to the services that can improve their health, well-being and quality of life. Unite Ohio allows us to refer patients in need to community social service partners using a new electronic system that allows for continuous tracking and communication between the health system and social service provider. Patients are helped quickly, efficiently and effectively – and no one falls through the cracks.

How extraordinary (and overdue) was this idea? In its first six months, Unite Ohio had grown to include over 70 local partners providing services, and real hope, to over 900 MetroHealth patients. In early 2021, the Cleveland Clinic announced that it, too, would join the Unite Ohio network.

As we mark 184 years serving the community, we realize that if we want to continue our mission, we need to be caretakers of our caregivers. The coronavirus crisis put immeasurable stress on our people, from the dedicated team that kept patient rooms spotless and sanitized to caregivers who welcomed sick and scared patients in the Emergency Department, looked into their eyes as they intubated them, held their hands as they faced death without visitors, and steadied tablets and phones so relatives could say goodbye.

Faced with an unthinkable situation, our caregivers bore witness, preserved dignity and took on the emotional weight of refusing to let patients suffer or die alone. And they did it all while risking their own lives to the virus.

Our award-winning Medical Staff Assistance Program, already taking an aggressive approach to eliminating burnout, quickly moved to care for our staff as COVID arrived. Efforts included daily rounds in inpatient units, one-on-one sessions with providers, virtual counseling, massages, meals and giveaways, resilience/healing circles, meditation and relaxation tools, and much more.

We even partnered with nearby Urban Community School to provide school-aged children of our staff with in-person supervision and school assistance during the workday.



And while other health systems around the nation laid off or furloughed their employees, we gave more than 4,000 of our front-line workers pay raises.

The community carried us, too. We were humbled and inspired by food deliveries, cards, letters, phone messages, signs, even chalk drawings on the sidewalks outside our buildings. It kept us going.

Hope never left our side, even when it felt as if it might, when the world witnessed the horror of the killing of George Floyd in Minneapolis.

The uprising and reckoning against racial injustice that followed – millions in the streets, millions more awakened – made it clear that this time, it is different.

We will not go back.

At MetroHealth, we realized that even our aggressive efforts to improve diversity, equity and inclusion were not enough. We needed to do more to end the racism, bias and unfairness that was doing incalculable harm to our staff, our patients and our community.

2020 marked the moment when we went from making diversity, inclusion and equity one of our values to making it a part of everything we do.

We will no longer launch a program or initiative, offer a new service or invest in any effort that does not improve equity or reduce health disparities. We are examining how we recruit, hire, retain, promote and compensate our people. And every policy on our books is being examined through a lens of fairness, justice and equity.

At the same time, we've begun facilitating honest, difficult conversations among our staff about race, and we are providing challenging, eye-opening training to every one of our almost 8,000 employees.

In a letter to staff and the community last June, Dr. Boutros made a promise, to come together, to heal, to do better, to be better.

"History will judge us by our actions," he wrote, "or our silence."

It's been said that a crisis is a test that reveals one's true character. In 2020, we did everything we could to pass.

The past year also revealed that we have an ally, always with us, always at our side – an ally that doesn't have to stay six feet away.

Hope.

RESULTS

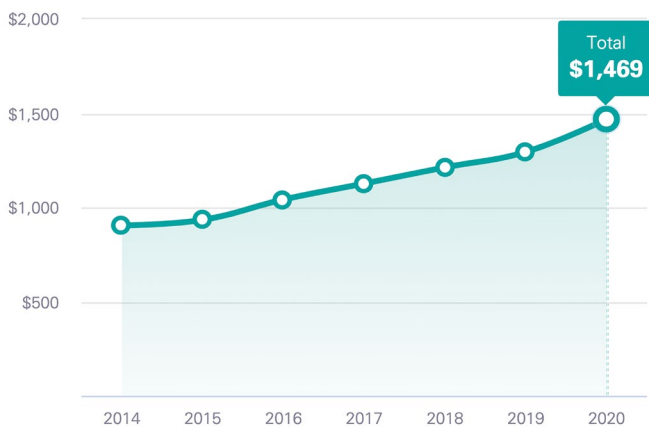
Continuing Strong Performance During a Year of Adversity

In 2020 The MetroHealth System faced unimaginable challenges that included halting elective surgeries and nonemergency doctor visits. In spite of it all, our performance remained strong.

Finances

In 2020, The MetroHealth System continued its strong financial performance, bringing in \$1.47 billion in revenue. Earnings topped \$221 million thanks to careful management and innovation.

Operating Revenue



STATS: (In millions)

- 2014** Operating Revenue \$905
- 2015** Operating Revenue \$934
- 2016** Operating Revenue \$1,042
- 2017** Operating Revenue \$1,127
- 2018** Operating Revenue \$1,213
- 2019** Operating Revenue \$1,295
- 2020** Operating Revenue \$1,469

Cuyahoga County Taxpayer Support: \$32.4 million
 Cuyahoga County Taxpayer Support: 2.2% of total operating revenue
 Funds designated for care of Cuyahoga County residents without health insurance.

Operating Revenue: 62% Increase in 6 Years

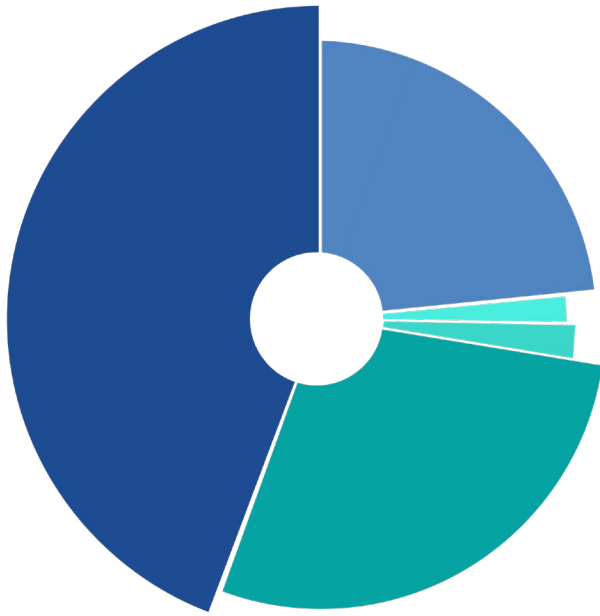
Earnings* \$221 million | Operating Income** \$161 million

*Earnings before interest, depreciation and amortization, which excludes the non-cash actuarial pension and OPEB adjustment (GASB 68 & 75)
 ** Operating Income which excludes the non-cash actuarial pension and OPEB adjustment (GASB 68 & 75)

Community Benefit

Delivering On Our Promise

We're investing in Cuyahoga County by addressing social determinants of health, increasing access to health care and improving overall community health, equity and sustainability.



STATS: (In millions)

- **Uncompensated Care \$84.8**
- **Medicaid Shortfall \$53.7**
(difference between what Medicaid pays for health care services and the cost of care)
- **Medical Education \$44.9**
- **Research \$4.2**
- **Outreach Programs \$3.5**

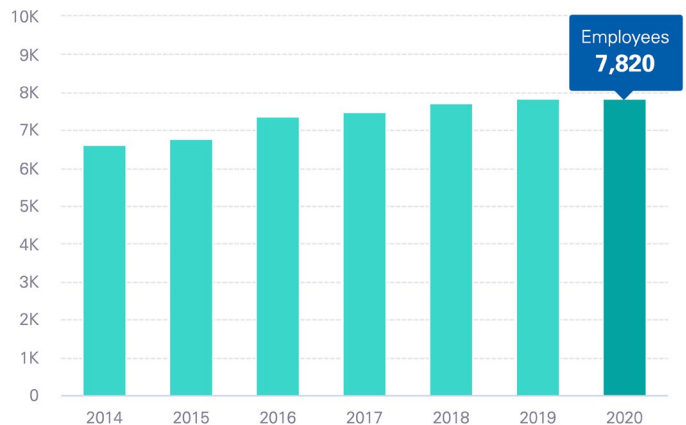
\$191.1 Community Benefit (Total)

Employee Growth

Expanding to meet your needs.

Total Number of Employees:
Increase of more than 18% in 6 years

- 2014** 6,617
- 2015** 6,759
- 2016** 7,376
- 2017** 7,467
- 2018** 7,731
- 2019** 7,837
- 2020** 7,820



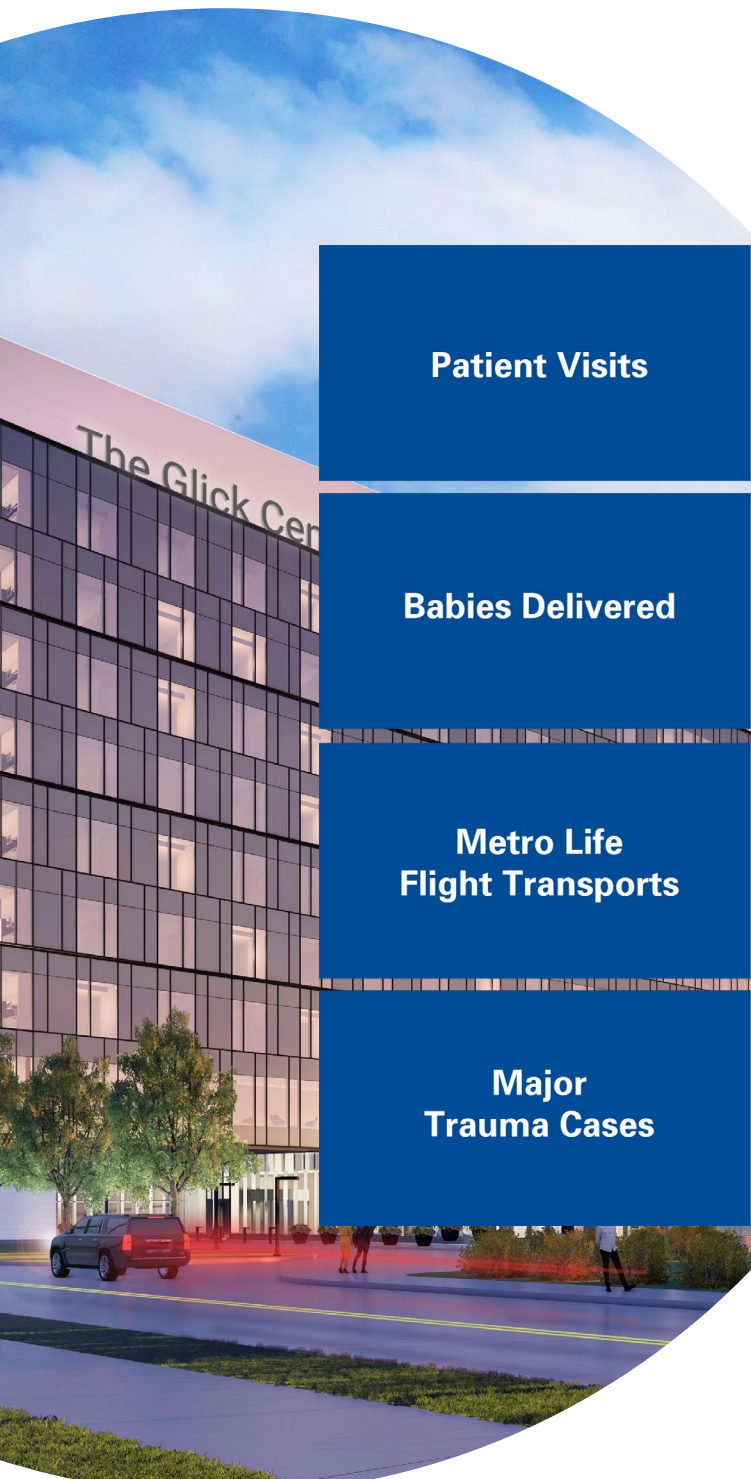
Inclusion and Diversity: We are committed to reflecting the diverse community we serve. In 2020, 39% of our new hires were racially/ethnically diverse.

- Physicians: 639***
- Nurses: 2,163**
 - 1,917 Registered nurses
 - 246 Advanced practice registered nurses
- Residents & Fellows: 397**
- All Other Employees: 4,081**

*All MetroHealth active physicians are faculty of Case Western Reserve University School of Medicine

Statistical Highlights

Being there whenever and wherever you need us.



Patient Visits

Patient Visits: 1,427,161
Inpatient: 24,277
Outpatient: 1,280,264
Emergency Department: 122,620*

Babies Delivered

Babies Delivered: 2,729

Metro Life Flight Transports

Metro Life Flight Transports: 3,853
Helicopter: 834
Ground: 3,019

Major Trauma Cases

Major Trauma Cases: 5,304

* Includes our West 25th Street verified Level I Trauma and Burn Center, our Parma verified Level 3 Trauma Center and our emergency departments in Brecksville and Cleveland Heights.



Watch the video to see how fast action from MetroHealth doctors and nurses stopped the spread of COVID-19 inside the Cuyahoga County jail. vimeo.com/metrohealth/jail

MetroHealth Prevents a COVID-19 Crisis, Provides Hope to Those Behind Bars

MetroHealth never stopped caring for the men and women living in the Cuyahoga County jail, no matter what was happening around them.

In 2020, MetroHealth doctors and nurses spent day after day caring for thousands of patients in our little-known health center in downtown Cleveland. The one inside the county jail.

The story of how we fought COVID there is a plot from a “Mission: Impossible” movie. Threat after threat could have destroyed us. But just like the movie’s hero, Ethan Hunt, we conquered them all.

First it was COVID.

Weeks before the coronavirus hit Ohio, our doctors knew what to do to protect the 2,000 people living in the overcrowded jail. They briefed Cuyahoga County judges, explained the catastrophe that waited if nothing was done and, faster than anyone imagined, the judges cut the jail population in half.

That foiled the virus. For a while. Eventually though, COVID found a way in. And the staff went on the counterattack.

Covered in protective equipment, they tested patients, sometimes hundreds a day. They delivered case after case of water and Gatorade morning and night. And they took on extra work when co-workers found themselves sick, too.

That was on top of the care they provide in

the jail every day, to patients with diabetes or cancer, patients who need surgery or dialysis, patients who are pregnant, in wheelchairs, are paralyzed.

Like all of us, they were exhausted. And they were afraid. Afraid of getting sick. Afraid of taking the virus home to their children, their spouses, their elderly parents. Afraid that today’s recommendations would be tomorrow’s bad advice. Afraid this would never end.

“If we started folding, that would have made everybody fold.”

Then came May 25 – the day George Floyd was murdered. Five days later, protestors filled the streets of downtown Cleveland, the streets surrounding the jail. And the MetroHealth team faced a new challenge.

From four or six stories up in the Justice Center, they watched as protestors hurled water bottles and bricks or uprooted parking meters and officers responded with pepper spray and mace.

They heard cars being smashed and glass shattering as torched police cruisers exploded like bombs.

Inside, corrections officers’ walkie talkies crackled with updates. A charge nurse announced a lockdown. Prisoners were ordered out of day rooms and into their cells where they banged on bars, kicked at doors and cheered on protestors. One screamed that he was going to commit suicide as nurses ran to help him and more than a dozen officers in full riot gear ran through the halls to stop whoever was trying to break in through first-floor windows.

At 7 p.m., when it came time for shift change, MetroHealth staff knew what no one was saying: they weren’t going home. The chaos had closed roads into downtown. The next shift couldn’t get to work. So, the first shift stayed. One hour, then two, and three or more.

“Everybody was terrified,” says Alisha Luke, a mental health charge nurse who worked that day. “It was like Babylon out there when we got ready to leave. Like Beirut on TV back in the day. It didn’t even look like Cleveland.

“But you had to have a straight face for everyone. If we started folding, that would have made everybody fold.”



When the medical staff finally headed home at 11 that night, officers escorted them to their cars through underground tunnels and into the stench of burning tires and lingering smoke that clouded their vision.

But they were back the next day, doing everything they could to fight the spread of COVID in the jail. By June 11, they were winning the war. The number of cases had dropped. To two.

For the MetroHealth jail staff, it wasn't an impossible mission at all. In all of 2020, only one patient was so sick with COVID he needed a hospital. But just for a night. And not one inmate died.

That in a year when more than 130 people died of COVID in Ohio prisons – 35 in one prison alone.

That in a year when COVID killed thousands of people living behind bars in the United States.

That in a year when our jail staff, like nurse Christine Allen, remained as committed as ever.

“Our job is to comfort, to be compassionate, to care,” she says. “If we were to leave, who would have been here to help? Who would’ve taken care of them?”

Providing hope to everyone. No matter where they are. At MetroHealth, that’s Mission: Possible.



To watch the video go to vimeo.com/metrohealth/w25

How a Harrowing Story Inspired Hope on Seymour Avenue

With just a little help from MetroHealth, developer Rick Foran has taken a once-chilling corner of the West Side and transformed it into a center for the arts, healing and hope.

In 2020, we found some ingenious ways to outwit COVID-19. But that 24/7 lifesaving work never slowed the \$1 billion transformation of our West 25th Street campus.

We kept going because our patients deserve a hospital that’s as cutting edge as the care we provide. Something else motivated us, too: Our hospital turnaround – in the heart of Northeast Ohio’s Hispanic community – was sparking dozens of other turnarounds.

One of the most dazzling, hands down, was the Pivot Center for Art, Dance and Expression.

The four-building complex at the corner of West 25th Street and Seymour Avenue had been vacant for a handful of years when Rick Foran decided to work his magic on the more-than-100-year-old awning plant, transforming it into a dazzling, light-filled center for healing and the arts. The Cleveland developer was determined to lead another kind of turnaround – of Cleveland’s image.

Back in 2013, Rick was filled with anger as he drove home from work, past that intersection, and saw satellite trucks from around the world, news crews that had come to Cleveland to tell the story of three young women who had gone missing 10 years earlier and had been found alive. A Cleveland man had held them captive all

those years in his prison of a home on Seymour Avenue, six blocks from MetroHealth’s main campus. The women had finally escaped. And people everywhere began to associate Cleveland with the nightmare on Seymour Avenue.

“This city had done so much to turn its image around,” Rick says. “And suddenly, this is what the world thinks of Cleveland? I had to do something.”

“This is what the world thinks of Cleveland? I had to do something.”

So, he acquired the buildings two doors from the now-raised house on Seymour Avenue and launched his plan to reclaim the image of Cleveland.

MetroHealth is proud to have played a role in that dream.

“One of the things that made our financing viable,” Rick says, “was the fact that MetroHealth was moving forward with its big project. That gave the lenders a sense that there was positive movement, a positive energy, in this neighborhood. It made a difference.”

It wasn’t just the \$1 billion investment in our main campus, it was all of our plans: to build affordable apartments and a career center, to move our police department out of the hospital and on to West 25th Street, to invite grocery stores, coffee shops and art galleries to join us.

As Rick went in search of tenants, another news story stopped him. This one was about the Cleveland Family Center for Missing Children & Adults.

The organization belonged in this new building, he thought. Not just because of the work it was doing to support those searching for loved ones who had disappeared. Because of its founder. Gina DeJesus.

Gina was one of the three women held captive all those years on Seymour Avenue. She could have chosen another location for the nonprofit she founded with her cousin, Sylvia Colon, but the Pivot Center seemed perfect.



“The memories are still going to be there,” Gina says, “but why not make them positive? It’s time to move on. Let’s not let this happen to other families.”

Gina is working with fellow Pivot Center tenants – The Cleveland Rape Crisis Center, Inlet Dance Theater, LatinUS Theater, the Cleveland Museum of Art and others – to do even more for the families of those who go missing. To help them rebuild their lives through art, dance and expression, too.

“In the next three to five years, I’d like this little 2,500-square-foot space to be a place full of life,” Sylvia says, “a place people really feel belongs to them, not us. A place where they can breathe. And for this to be a place we can replicate all across the country.”

A place that will turn around thousands more lives. And create even more places for hope to live.





To watch the video go to vimeo.com/metrohealth/behavioralhealth

MetroHealth Announces 110-Bed Hospital to Bring Hope to Those Battling Mental Illness and Addiction

While COVID-19 was a primary concern in 2020, it didn't stop MetroHealth from announcing plans to build a 110-bed hospital.

Louvell Crawford was homeless for 30 years.

"I slept where I could sleep at, mostly vacant houses," he says.

His transient life was shaped by an unhappy childhood, a dysfunctional family.

Louvell took his first sip of alcohol at age 4 and his first puff of marijuana at 13. He started using crack cocaine in his 40s. But then he stopped, vowing to get sober. That promise didn't last long. He relapsed.

On November 4, 2014, Louvell, 59, took his biggest step toward sobriety, leaving drugs and alcohol behind once and for all. He tried to get into a residential detox program in Cleveland but was turned away; no beds were available. It took a while, but he eventually found a treatment program that would take him in.

Louvell had other issues to tackle. It wasn't until his early 50s, after he had begun getting treatment for his drug and alcohol use, that Louvell was diagnosed with schizophrenia.

Had his mental health issues been addressed earlier, his road to sobriety might have happened sooner – and without a relapse.



Last year's announcement of plans to expand MetroHealth Cleveland Heights Medical Center will mean 110 inpatient behavioral health and addiction beds when work is completed in 2022. The three-story space will serve adolescents, adults and seniors suffering from drug and alcohol addiction and behavioral health issues. The facility will include a psychiatric urgent care center as part of the Emergency Department and a high-acuity unit for patients requiring specialized care.

"Since reopening the former HealthSpan location at Severance Town Center in 2015, MetroHealth has been a good community partner," says Cleveland Heights Mayor Jason Stein. "This expansion is just the latest example of MetroHealth making it easier for people to access the care they need.

"MetroHealth isn't afraid to tackle society's toughest challenges," the mayor says. "By focusing on behavioral and addiction services,

they're investing in the long-term health of this region."

For years, the availability of spaces in inpatient programs for people battling mental health issues and sobriety – people like Louvell – have been woefully inadequate. Lengthy waiting lists are the norm in Cleveland.

The few dual treatment programs that exist often focus less on mental health, says Bobbye Bailey, a licensed social worker who offers behavioral health counseling at MetroHealth partner Recovery Resources. "Prioritizing mental health as much as sobriety is crucial to getting people the help they need.

"Oftentimes, mental health issues are exacerbated from drug use. Being able to address them at the same time would definitely be helpful in someone's recovery. People might feel like they're ready to tackle sobriety – but their mental health is not ready to handle that.

"To be able to get those services under one roof, early in their treatment? The need is there, for sure."

Louvell's weekly appointments with the social worker have helped him cope with his depression and schizophrenia.

"It released a lot of things bugging me, deep things inside of me," he says. "It made me find more about myself."

Today, he lives alone in an apartment in East Cleveland, the place that he can call his own. He works occasionally in his church's food pantry. He wants to help others in recovery.

"I use that as my testimony," he says. "I really want to help people understand why we need to hold on, and I want to keep focused on my recovery. It's the most important thing I've got."





To watch the video go to vimeo.com/metrohealth/hospitalhome

MetroHealth Spreads Hope Moving Patients from Hospital to Home

MetroHealth’s plans to offer hospital care at home were in the works long before the pandemic of 2020, but the urgency of COVID-19 fast-tracked those plans. MetroHealth quickly ramped up its “Hospital in the Home” program.

Troy Bird had just returned to work as a chef after being laid off for more than four months when he started having flu-like symptoms. But it was August and he had gotten the flu shot.

He immediately thought of the worst-case scenario – COVID-19. Five years removed from a cancer diagnosis and successful treatment, Troy had been reluctant to go back to work because of the pandemic. But he needed the steady income.

“When I got sick, it hit me like a snowplow,” he says. “I slept for 24 hours straight. I had chills. My bed was saturated with sweat.”

Troy’s wife ordered some wonton soup – a favorite – thinking that would kick his appetite back into gear. But he couldn’t taste anything.

Early in the evening on August 10, Troy traveled from his home in Euclid to the Emergency Department at MetroHealth Medical Center. He wasn’t there 10 minutes before a nurse summoned him into a room and tested him for COVID-19. She sent him home and told him to check his email later for the results.

The test came back negative.

The next morning, a nurse called Troy and told him to be on the lookout for a delivery. He was



being enrolled in the Hospital in the Home program and would be monitored from home. The nurse told him that once the package arrived, someone from MetroHealth’s Virtual Care department would call and walk him through the equipment setup.

An hour later, a messenger delivered a box with an iPad, thermometer, blood pressure cuff and a pulse oximeter to measure his oxygen levels. Three times a day, Troy would send readings directly to a program nurse with the iPad, which also would be used for virtual visits.

Once everything was set up, Troy was told that a doctor would call him around noon each day, starting that day.

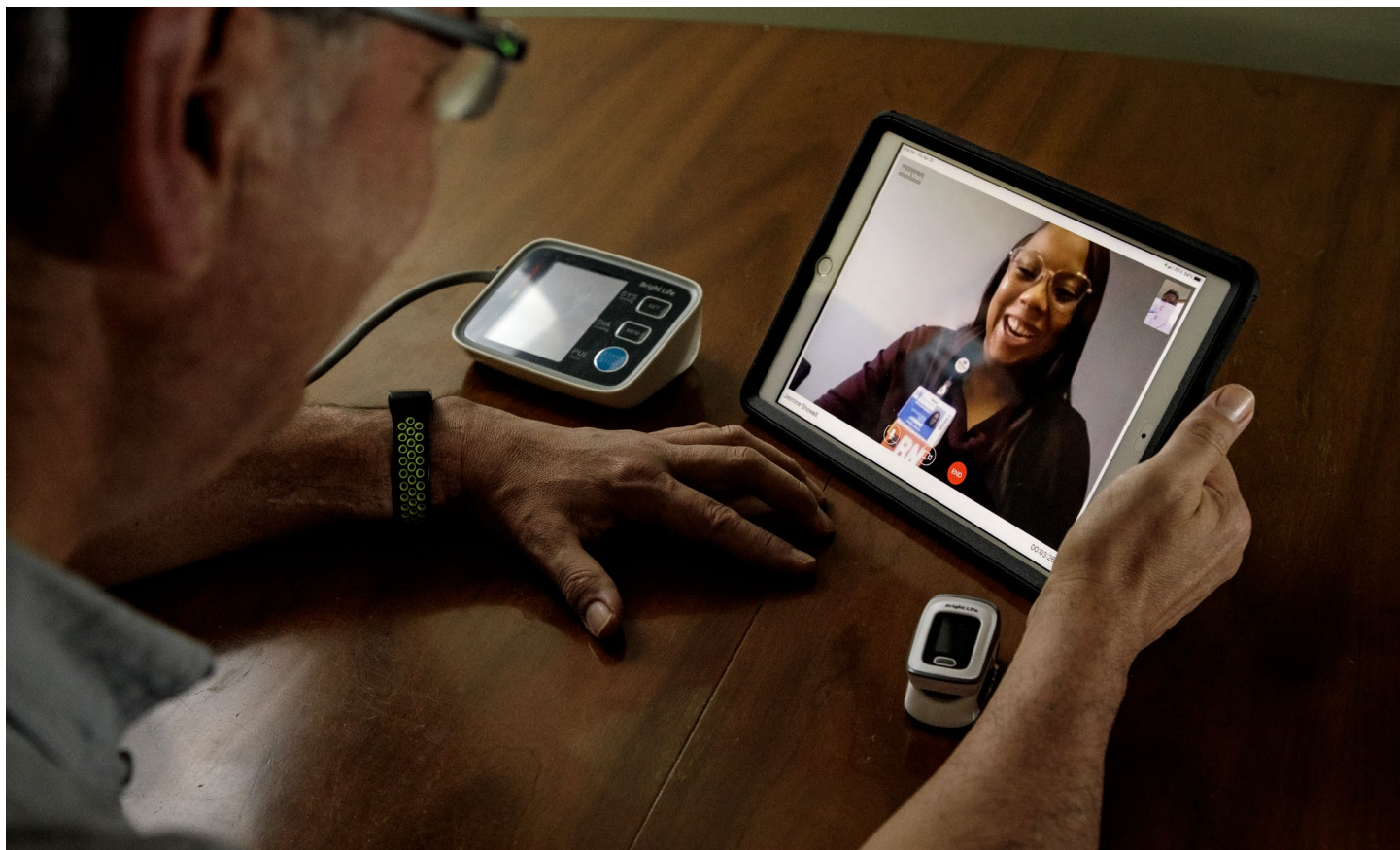
“Very nice to meet you, Mr. Bird,” he says, recounting the doctor’s first few words during their virtual visit. “I was very impressed. It was 12 o’clock sharp, and I wasn’t sitting around wondering if they were really going to call me.”

At 8:30 a.m. the next day, Troy had the first of two daily virtual visits with a nurse. He had measured his oxygen level and sent in the results before the call. The low numbers concerned the nurse. She called in a prescription for an inhaler; the MetroHealth pharmacy delivered it to Troy’s house in the afternoon.

Troy remained in the Hospital in the Home program through August 20 until his symptoms of extreme fatigue, labored breathing and gastrointestinal issues had improved.

“The doctors and nurses, they made sure that everything was going forward instead of backwards,” he says. “It was very assuring. That’s the best medicine when someone tells you you’re getting better.”

What Troy says impressed him the most about Hospital in the Home was that he was enrolled in it even after his test revealed that he didn’t have the coronavirus.



“When people get COVID, the last thing you want is to have to go to the store.”

All along, that was the mission of Hospital in the Home – to be able to provide high-touch care for patients with the help of technology and where patients are most comfortable. The planning behind the program started several years ago, but the heightened reliance on virtual visits in the wake of the COVID pandemic sped up the program’s launch.

Troy was one of 281 patients, either with COVID-19 or at high risk for contracting the virus, who were enrolled in the program in 2020.

“It’s not just the Hospital in the Home patients who have benefited,” says Michael Dalton, Vice President, Virtual Care Enterprise. “During the most challenging medical crisis in history, MetroHealth was able to reduce the strain on our frontline staff, and make sure our sickest patients who had to be in the hospital had the resources they needed.”

Troy says he appreciated the intense personal care he received.

“It was their promptness and their honesty,” he says. “They’d say, ‘This is concerning, but we’re going to take care of it.’ And they did. They made me better.”



To see powerful stories of racism and bias and how to end it, watch all of our Healing Begins With Listening videos. metrohealth.org/listening

Fighting Hate With Hope. MetroHealth Heals by Listening

“Healing Begins with Listening” asks employees to tell frank, painful stories of racism they’ve endured.

Tell me about a time you felt you were treated differently, less than or unfairly – based on your culture or race – when receiving health care at MetroHealth.

How did it influence the next time you needed care?

Did it cause you to leave your doctor?

We promised employees, our patients and the community that MetroHealth would tackle the other deadly pandemic – of racism – head on.

In the end, we tackled it with heart, too.

And courage – the courage to ask hard questions like the ones above. Questions about racism, intentional or not, that our patients might have experienced while in our care.

We did this so we could share what they said with our doctors, nurses and other employees; so they could hear, maybe for the first time, what they might be doing that appears prejudiced, disrespectful or indifferent. And they could begin to change.

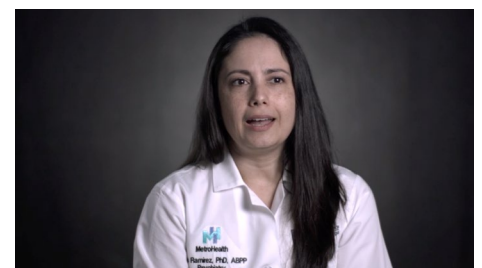
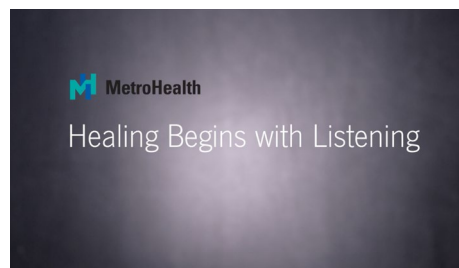
They couldn’t do that if they didn’t know there was a problem in the first place. And we wouldn’t have known there was a problem if we hadn’t asked. And listened.

It’s listening that makes the difference.

It’s why, in 2020, we launched Inclusion, Diversity and Equity training with six to 12 hours of education for our Board of Trustees and senior leaders, who passed on what they learned to their teams, their friends, their families.

It’s why we held lunchtime forums and invited employees to tell stories of bias they’ve experienced throughout their lives. And why those who hadn’t experienced discrimination came to listen and learn.

It’s why departments throughout The MetroHealth System began monthly racism and bias sessions, viewing videos such as Emmanuel Acho’s “Uncomfortable Conversations with a Black Man” or visiting websites such as the Smithsonian’s “Talking About Race,” then candidly sharing their





experiences and feelings afterward.

It's why we offered employees a free screening of the powerful documentary "Black Men in White Coats" and why we held a book club discussion on "Just Medicine: A Cure for Racial Inequality in American Health Care."

And it's why we started our Healing Begins with Listening video series after George Floyd was murdered.

Watch just one of those videos and see the anguish on our colleagues' faces when they describe the bigotry they experienced and you begin to understand the pain of racism and cultural bias.

"They just didn't want me because of the color of my skin," Dwight Lee says of a family he was volunteering to help through MetroHealth's No One Dies Alone program. "And that just tore my heart apart."

We didn't stop there.

"This created in me an awareness that what I thought I knew maybe wasn't what was happening."

We recorded equally powerful videos that show the beauty of supporting those who don't look like us. And some of our employees, without being asked, decided to share even more.

Taj Hussein, a social work coordinator in our HIV clinic, is a perfect example. Drawing inspiration from the YWCA, Taj created a 21-Day Racial Equity Challenge with a list of books and other materials on equity and inclusion and invited all 70 Infectious Disease colleagues to join her.

Together, they discussed topics such as the voter suppression of Native Americans, misconceptions about Asian Americans, barriers that minorities face in attaining college degrees and the impact of toxic stress on people of color.

"I was floating afterward," Taj says, "because no one had to do this. But people really engaged."

One of them was fellow social worker Rachel Calhoun.

"Creating this safe space to be aware and to be vulnerable was pivotal to me," Rachel says. "It made it OK to say, 'I don't get this.' Now I get it a little more. And it's made me a better social worker."

"I've been able to bring up conversations with my patients that I previously would have hesitated to initiate. I feel a closer bond and rapport with them when it comes to sensitive issues."

"That makes our patients feel comfortable and engage a little more with us."

And that makes us all better off.



To watch the video go to vimeo.com/metrohealth/donation
 To hear from JoAnn and Bob Glick about their historic donation, go to vimeo.com/metrohealth/whywegive

JoAnn and Bob Glick Turn a Passion for the Community Into a \$42 Million Donation to MetroHealth

Inspired by MetroHealth’s mission, programs and people, JoAnn and Bob Glick made the largest donation in our history. Generations of Clevelanders will benefit from their generosity.

JoAnn and Bob Glick wanted a partner that aligned with their passions.

As a nurse in inner-city hospitals in Philadelphia and Cleveland, JoAnn had seen America’s health injustices up close: So many of her patients struggled with chronic health problems – diabetes, hypertension, obesity – that hit poor and urban folks the hardest.

“I saw us using all these resources in an uphill battle treating the sick,” she says. “Why weren’t we focusing on keeping people healthy?”

As JoAnn developed her passion for community health, Bob was building a retail concept that offered women, mostly in urban areas, stylish, well-made clothing and accessories. Best of all, most items were \$10 or less.

The concept, called Dots, was a hit. By 2011, he had 430 stores in 26 states and a loyal workforce of 5,000, made up of 99% women and three-quarters minorities.

“Our best associates and store managers came from the neighborhoods where our stores were,” Bob remembers. “They knew what our customer base wanted, because they were a

part of it.”

The payoff came in 2011, when Bob signed the paperwork to sell Dots to a private equity firm. The sale gave the Glicks, who’d always supported local charities, the means to do something transformative and the time to be strategic about it.

They wanted a partner that shared JoAnn’s

passion for community health and Bob’s desire to focus on the Dots customer and associate base: women and their families.

Around that time, they began seeing articles about MetroHealth’s dynamic and visionary President and CEO, Akram Boutros, and hearing about the system’s plans to shift greater focus and resources toward keeping patients healthy.





They were intrigued and embarked on a fact-finding mission. They learned the county provides only a tiny fraction – 2.2% – of MetroHealth’s revenue. They asked physician friends about the system and researched MetroHealth’s history, mission, programs, people and its plans for the future. They visited, engaged with caregivers and employees, and observed how patients were cared for.

“Look what they’re doing,” Bob remembers thinking. “Look who they’re serving. Look where their beds are. Look at the passion and commitment of everybody working there.” They’d found their partner.

To make sure, the Glicks made two significant “test gifts” in 2019, to the MetroHealth Autism Assessment Clinic and to the SAFE (Students Are Free to Express) Project, an arts- and school-based mental health initiative.

Then they decided to go big.

On December 1, 2020, the Glicks announced a historic \$42 million investment in The MetroHealth System, by far the largest gift in the institution’s 183-year history. It’s the third-largest gift from individuals to a public hospital in the United States.

In honor of the Glicks’ powerful philanthropic statement, MetroHealth’s new main campus hospital, now under construction, will be named **The MetroHealth Glick Center**.

None of the gift is being used for construction of the building. Instead, the donation will create two funds, one supporting the role of nurses in community health and the other promoting the health and well-being of the underserved in Greater Cleveland, especially programs that address the needs of women and children.

“We’d like this gift to inspire others,” Bob says. “For decades, MetroHealth has stepped up to serve our community – and we saw it again with COVID. Now it’s time for all of us to step up and support MetroHealth (<https://www.metrohealth.org/foundation>). It’s time.”

“I’d like our gift to change the dynamics of health care in our community,” JoAnn says. “We need a strong Cleveland, with healthy children and families. That’s our passion, and that’s MetroHealth’s mission.”

And that’s a perfect partnership.

“For decades, MetroHealth has stepped up to serve our community – and we saw it again with COVID. Now it’s time for all of us to step up and support MetroHealth”