



Board of Trustees Meeting

The MetroHealth System

MetroHealth Board Room (K107) - 2500 MetroHealth Dr. Cleveland, OH

44109

2026-01-28 16:00 - 17:30 EST

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The MetroHealth System Board of Trustees

FULL BOARD MEETING

DATE: Wednesday, January 28, 2026
TIME: 4:00pm – 5:30pm
PLACE: MetroHealth Board Room (K107) or via YouTube Stream:
<https://www.youtube.com/@metrohealthCLE/streams>

AGENDA

- I. Approval of Minutes**
Minutes of 12/10/2025 meeting of the Board of Trustees
- II. Mission Moment**
- III. Committee Reports**
 - A. Human Resources & Compensation Committee - J. Corlett
 - B. Facilities & Planning Committee - E. Walker, MD
 - C. Governance Committee - M. Summers
 - D. Executive Committee - E. Walker, MD
- IV. Consent Agenda**
 - A. Approval of Revisions to Board of Trustees CEO Emergency Succession Plan Policy BOT-04
 - B. Approval of CEO Official Capacity Appointments
- V. President and CEO's Report – C. Alexander-Rager, MD**
- VI. Medical Staff Report – Dr. Joseph**
 - A. Approval of Medical Staff Providers Appointments, Actions and Reappointments for December 2025
- VII. Executive Session**
- VIII. Return to Open Meeting**

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IX: Recommendation/Resolution Approvals

- A. Approval of Enterprise Resource Planning System
- B. Approval of a Settlement of a Claim

The MetroHealth System Board of Trustees

FULL BOARD MEETING

Wednesday, December 10, 2025

3:30pm – 5:00pm

MetroHealth Board Room (K107) and Virtual

Meeting Minutes

Trustees: Artis Arnold, III-I, John Corlett-R, Sharon Dumas-I, Ronald Dziedzicki-R, Dolores (Lola) Garcia (late)-R, Adam Jacobs, Ph.D.-R, Nancy Mendez-I, John Moss-I, Michael Summers-I, E. Harry Walker, M.D.-R¹

Staff: Christine Alexander-Rager, M.D.-I, Allison Poullos-R, Tamiyka Rose-I, James Wellons-I¹

Invited Guests: Mark Wallach-I

Other Guests: Guests not personally invited to the meeting by the Board Chair are not listed as they are members of the public and some were not appropriately identified.

Dr. Walker called the meeting to order at 3:30pm, 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 a motion to approve the minutes of the November 19, 2025 meeting as presented, which was given, seconded, and approved by majority vote. RESOLUTION NO. 19719

II. Committee Reports

A. Population & Community Health – N. Mendez

Dr. Walker introduced Ms. Mendez to present the Population & Community Health committee report on the meeting held earlier in the day. Ms. Mendez reported that the committee reviewed a draft of the 2026 Ambulatory Quality Goals, which are intended to shape how the system delivers outpatient care in the coming year.

Ms. Mendez then discussed the committee's deep dive into the Index of Disparity, an analytical framework that uses data to identify where inequities exist within patient populations, what underlying causes may be driving them, and what interventions should be prioritized in response. Next, an overview of 2026 Population & Community Health priority goals were discussed and how these initiatives will integrate with system-wide initiatives. The committee then reviewed its four established pillars, which anchor all Population & Community Health work:

1. Patient-Centered Workforce, led by Dr. Connie Moreland

¹ I-In-person, R-Remote

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2. Barriers to Health, led by Karen Cook
3. Quality Outcomes and Performance Improvement, led by Nisrine Khazaal
4. Community Engagement, led by Ramona Brazil

III. Other Business

A. Committee Assignments

Dr. Walker introduced Tamiyka Rose, SVP Chief of Staff and BOT Liaison, who provided more detail regarding committee assignments. The committee assignment list was updated from an Excel spreadsheet to a more accessible Word document. Ms. Rose reminded the Board that while members are welcome to attend any committee meeting, it is particularly important that Trustees attend the meetings of the committees to which they are assigned to help ensure quorum.

B. Approval of 2026 Schedule of Regular Board Meetings of The MetroHealth System

Ms. Rose next presented the proposed 2026 Schedule of Regular Board Meetings of The MetroHealth System. Ms. Rose described several improvements made to the scheduling process to enhance efficiency and minimize disruptions. For example, committee meeting times were adjusted to better align with the personal schedules of committee chairs, reducing the likelihood of rescheduling or cancellations. Ms. Rose also noted that the Finance Committee will meet two additional times in 2026, a change requested by the Interim Chief Financial Officer and approved by Finance Committee Chair. The added meetings are intended to support enhanced fiscal oversight and ensure that the System remains responsive to financial complexities. A new feature of the 2026 calendar is the use of color-coding to distinguish between different types of Board meetings:

- **Black-coded meetings** indicate full Board meetings that will definitely occur due to known action items or recurring resolution needs.
- **Green-coded meetings** indicate optional or “as needed” Board meetings, which will take place only if resolutions or approvals are required at that time.

Dr. Walker requested a motion to approve the calendar year 2026 Schedule of Regular Board Meetings of The MetroHealth System as presented, which was given, seconded and unanimously approved. RESOLUTION 19720

IV. Executive Session

Dr. Walker asked for a motion to move into executive session to discuss hospital trade secrets as defined by ORC 1333.61; and to consider the appointment, employment, dismissal, discipline, promotion, demotion, or compensation of a public employee, or the investigation of charges or complaints against a public official, and to conference with the public body’s attorney to discuss disputes involving the public body that are the subject of pending or imminent court as defined by ORC 121.22(G). Mr. Arnold made a motion and Mr. Moss seconded. The Board held

The MetroHealth System Board of Trustees

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, and the Board went into executive session to discuss the identified matters at approximately 3:37pm.

Return to Open Meeting

Following the executive session, the meeting was reconvened in open session at approximately 5:11pm and Dr. Walker welcomed back the public.

V. Recommendation/Resolution Approvals

Dr. Walker reported that, under Resolution 19696, he and the Chief Legal Officer, James Wellons were authorized to negotiate a new employment agreement with Dr. Alexander–Rager to extend her term as the System’s CEO, pending final Board approval. Dr. Walker stated that the terms had been reached in principle and shared with the Board for review. The compensation consultant confirmed the economic terms were consistent with those of chief executive officers at comparable nonprofit and public healthcare systems. Dr. Walker then requested a motion to approve the execution of the new employment agreement, which was moved, seconded, and approved by majority vote. Dr. Walker formally congratulated Dr. Alexander on securing a new contract and thanked her for her leadership.

With no further business to bring before the Board, the meeting adjourned at approximately 5:12pm.

NEXT MEETING: **Wednesday, January 28, 2026 – 4:00 pm – 5:30 pm**
 MetroHealth Board Room (K107) and Virtual

Respectfully Submitted,

E. Harry Walker, MD, Chairperson
Board of Trustees

**RECOMMENDATION FOR THE APPROVAL OF
REVISIONS TO BOARD OF TRUSTEES
CEO EMERGENCY SUCCESSION POLICY BOT-04**

Recommendation

The Governance Committee (“**Committee**”) of the Board of Trustees (“**Board**”) for The MetroHealth System (“**System**”) recommends that the Board approve revisions to policy BOT-04 (CEO Emergency Succession Plan) as described in **Exhibit A**.

Background

The Board recognizes that the position of President and Chief Executive Officer (“**CEO**”) is central to the System’s success and therefore maintains a Board policy requiring the System have an emergency succession plan in effect for the CEO. The Committee regularly reviews Board policies and has reviewed policy BOT-04 (CEO Emergency Succession Plan). The Committee now recommends revisions to policy BOT-04 (CEO Emergency Succession Plan) to memorialize non-substantive, administrative edits that ensure clarity and alignment with the System’s current leadership structure.

**APPROVAL OF REVISIONS TO BOARD OF TRUSTEES
CEO EMERGENCY SUCCESSION PLAN POLICY BOT-04**

RESOLUTION XXXXX

WHEREAS, the Board of Trustees ("**Board**") of The MetroHealth System ("**System**") has been presented a recommendation by the Governance Committee ("**Committee**") of the Board for the approval of revisions to policy BOT-04 (CEO Emergency Succession Plan) as described in **Exhibit A**;

WHEREAS, the Committee recommended revisions to policy BOT-04 (CEO Emergency Succession Plan) to memorialize non-substantive, administrative edits that ensure clarity and alignment with the System's current leadership structure; and

WHEREAS, the Committee has reviewed this recommendation and now recommends its approval to the Board.

NOW, THEREFORE, BE IT RESOLVED, the Board hereby approves the revisions to policy BOT-04 (CEO Emergency Succession Plan) as described in **Exhibit A**.

AYES:

NAYS:

ABSENT:

ABSTAINED:

DATE:

Exhibit A

BOARD POLICY

BOT-04 - CEO Emergency Succession Plan

~~Owner: General Counsel~~

Key Points

- The Board of Trustees (Board) of The MetroHealth System (MHS) recognizes that the position of President and Chief Executive Officer (CEO) is central to MHS's success, and therefore believes that diligence in exercising its governance functions requires that MHS have an emergency succession plan in effect for the CEO.
- Nothing in this policy is intended to alter or limits the rights of the CEO or MHS under the CEO's Employment Agreement, including but not limited to the provisions regarding disability contained therein.

Policy

1. This policy is intended to, in the event the CEO is unavailable to MHS for more than fourteen (14) consecutive days (an Absence), minimize any disruption to MHS's operations and performance.
2. Development of Succession Plan
 - 2.1. It is the responsibility of the of the CEO, in consultation with the Executive Committee of the Board, to review the plan on an annual basis, including any recommended amendments.
 - 2.2. The Board shall review the CEO's recommendation and update this policy as may be necessary.
 - 2.3. Copies of this policy, along with corresponding documentation, shall be maintained by the Chief Legal Officer ~~General Counsel~~ and the Chief Human Resources Officer. ~~of Staff~~.
 - 2.4. The CEO shall also maintain, and make available to the Board upon request, succession plans for all members of the Senior Executive Leadership team¹.
3. Planned Absences²
 - 3.1. For Brief Absences³ and after notice to the Board Chairperson, the CEO shall ensure that all appropriate delegations are in place to allow the Senior LeadershipExecutive team to maintain the effectiveness of MHS during the Brief Absence.
 - 3.2. For Extended Absences⁴, the Board Chairperson shall convene the Executive Committee, who shall, after consultation with the CEO, appoint a member of the Senior LeadershipExecutive team to the role of Acting CEO during the CEO's Absence.
4. Unplanned Absences⁶
 - 4.1. The Chief of Staff or the ~~General Counsel~~Chief Legal Officer shall immediately inform the Board Chairperson of any Unplanned Absence of the CEO.
 - 4.2. Within 7 days of the notification of an Unplanned Absence:
 - 4.2.1. The Board Chairperson shall, in consultation with the Executive Committee, evaluate the level and expected duration of the CEO's unavailability; and
 - 4.2.2. The Executive Committee shall assess the need for the immediate appointment of an Acting CEO and/or any other action to ensure the continued effectiveness of MHS.

5. Appointment, Authority, and Oversight of an Acting CEO
 - 5.1. If the Executive Committee determines that the appointment of an Acting CEO is warranted, the Executive Committee may elect to follow a recommended order of succession (prepared by the CEO and maintained by the ~~General Counsel~~Chief Legal Officer) or appoint any member of the Senior ~~Leadership~~Executive team to the role of Acting CEO during the CEO's Absence.
 - 5.1.1. Within 48 hours after an Acting CEO is appointed, the Board Chair and the Acting CEO shall meet to develop a communications plan including the scope of the information that will be shared regarding the CEO's Absence and the role of the Acting CEO, and with whom.
 - 5.1.2. The Executive Committee shall give immediate consideration, in consultation with the Acting CEO, to temporarily filling the management position left vacant by the Acting CEO, or reassigning priority responsibilities where help is needed to other staff. This is in recognition that, for a term of 90 days or more, it may not be reasonable to expect the Acting CEO to carry out the duties of both positions.
 - 5.1.3. The Executive Committee shall consider whether the Acting CEO should receive additional compensation, such as a salary adjustment to equate to 50% difference between current position base salary and that of the CEO. Any additional compensation shall be effective 30 days after the Acting CEO is appointed.
 - 5.2. The Acting CEO shall report to an ad-hoc committee of the Board comprised of the Board Officers (Oversight Committee).
 - 5.2.1. Within 30 days of the appointment of an Acting CEO, the Board Chair shall convene a meeting of the Board to affirm the procedures prescribed in this plan or to modify them if necessary.
 - 5.2.2. The Board Chair, in conjunction with the Chief Human Resources Officer, shall be responsible for gathering input from staff and other constituencies and providing formal performance feedback to the Acting CEO, at least every 90 days.
 - 5.3. The Acting CEO shall have the same authority for day-to-day decision making and independent action as the CEO, including authority delegated to the CEO by Board resolutions, except that the Oversight Committee shall be required to approve the Acting CEO's recommendation:
 - 5.3.1. To hire or terminate any members of the Senior ~~Leadership~~Executive Team or Vice Presidents;
 - 5.3.2. For any proposed spend greater than \$1,000,000;
 - 5.3.3. To take on substantial new projects; or
 - 5.3.4. To issue major public policy positions on behalf of MHS.
 - 5.4. The Acting CEO shall have access to all Critical Organizational Information⁷ necessary for the Acting CEO to be able to carry out the essential functions of the position. The ~~General Counsel~~Chief Legal Officer and Chief Financial Officer are responsible for ensuring the Acting CEO's access to Critical Organizational Information.

Endnotes

- ¹ The Senior ~~Leadership~~Executive team includes Executive Vice Presidents and Senior Vice Presidents who report directly to the CEO.
- ² A Planned Absence includes any scheduled and approved Absence, such as vacation, sabbatical and/or sick leave.
- ³ A Brief Absence is a Planned Absence lasting 14 to 30 consecutive days, at the end of which the CEO is expected to return to his/her position and duties.
- ⁴ An Extended Absence is a Planned Absence lasting more than 30 consecutive days, at the end of which the CEO is expected to return to his/her position and duties.
- ⁶ An Unplanned Absence includes any unexpected or unscheduled Absence of any length, such as an illness that results in temporary incapacity of the CEO.
- ⁷ Critical Organizational Information includes, but is not limited to: Legal Documents (bylaws, Board minutes, mission statement, insurance vendors and policies, legal counsel, etc.); Financial Information (employer identification number, audited financial statements, auditor contacts, tax returns, vendor records, banking information, investments, check authorities, etc.); Human Resources Information (employee records, payroll information, benefits policies/vendors, etc.); and Facilities Information (leases, building management, security system, etc.).

RECOMMENDATION FOR THE APPROVAL OF CEO OFFICIAL CAPACITY APPOINTMENT

Recommendation

The Governance Committee (“Committee”) of the Board of Trustees (“Board”) for The MetroHealth System (“System”) recommends the designation of the System’s President and Chief Executive Officer (“CEO”) to serve in her official capacity as CEO on the boards of WellLink (formerly The Center for Health Affairs), Ohio Hospital Association, and the United Way.

Background

The System has long believed its support of and participation in nonprofit and governmental partner entities is an important means to fulfilling the System’s mission of improving the health of the community. One way in which the System supports such partner entities is by approving System representatives to serve on the board of partner entities in their official capacity as a System representative.

In accordance with Board policy BOT-07 (Delegations of Authority), official capacity appointments involving the CEO must be reviewed and approved by the Board. The Committee recommends that the Board approve the appointment of the CEO to serve on the boards of WellLink, Ohio Hospital Association, and the United Way.

APPROVAL OF CEO OFFICIAL CAPACITY APPOINTMENTS

***** RESOLUTION

XXXXX

WHEREAS, the Board of Trustees (“Board”) of The MetroHealth System (“System”) has been presented a recommendation by the Governance Committee that the Board designate the System’s President and Chief Executive Officer (“CEO”) to serve in her official capacity as CEO on the boards of WellLink (formerly The Center for Health Affairs), Ohio Hospital Association, and the United Way; and

WHEREAS, the Governance Committee has reviewed this recommendation and now recommends its approval to the Board.

NOW, THEREFORE, BE IT RESOLVED, the Board, consistent with its obligations under Board policy BOT-07 (Delegations of Authority), hereby approves the System’s CEO to serve on the boards of WellLink, Ohio Hospital Association, and the United Way.

BE IT FURTHER RESOLVED, the CEO shall represent the System and the System’s interests and shall have no conflicts of interest in WellLink, Ohio Hospital Association, and the United Way.

BE IT FURTHER RESOLVED, if the CEO is unable to serve in this official capacity role with WellLink, Ohio Hospital Association or the United Way, the CEO is hereby authorized to appoint a replacement representative from System leadership with relevant expertise and experience.

BE IT FURTHER RESOLVED, the Board hereby authorizes and directs the CEO to take any action and to prepare any documentation necessary consistent with this resolution.

AYES:

NAYS:

ABSENT:

ABSTAINED:

DATE:



Christine Alexander-Rager, MD
President and CEO
The MetroHealth System
2500 MetroHealth Drive
Cleveland, Ohio 44109

January 2026 - **President's Report to the Board of Trustees**

Good afternoon, Trustees:

Happy 2026. I hope each of you had a peaceful, restful and healthy holiday season.

Thank you for your service to our system, our patients, our caregivers and our community.

We've jumped into the new year with both snow boots, so let me share some highlights. As usual, please consult your Board books for more details and updates.

- On January 15, the Cleveland Clinic announced plans to open a Level I Trauma Center on its main campus just east of downtown. We have urged the Clinic to reconsider, given the potential harm this could cause our community.

Greater Cleveland simply cannot sustain three Level I Trauma Centers. Research shows that oversaturating a region with high-level trauma programs can weaken outcomes and increase costs. We also know that these unnecessary harms would hit our community's vulnerable, at-risk and underserved populations the hardest.

What the people of Greater Cleveland deserve is an effective, coordinated and lifesaving trauma system, not unnecessary duplication.

- The safety of our caregivers, patients and visitors remains our top priority. Despite the financial crunch we face, MetroHealth continues to invest in safety and security. MetroHealth Police Chief **Joseph Greiner** recently unveiled our system's 2026 Safety and Security Plan. It includes increasing our security presence at our 24/7 Emergency Departments, hiring more MHPD officers, improving our weapons screening and much more. We are grateful to Chief Greiner and his team for keeping the MetroHealth community safe while continuing to cultivate our welcoming culture for our patients and visitors.

- We shifted the opening date for our new Outpatient Health Center to June 1 (from April 20). This 300,000-square-foot project is major investment and promises to be a game-changer for our patients and our system. We want to make sure we do this right. So we made this adjustment to ensure we meet construction milestones with an appropriate amount of time for our training and move-in activities. A delay of 40-or-so days does not diminish my excitement about this project, nor should it diminish your excitement. Designed with extensive input from front-line caregivers, the building prioritizes patient care and reflects the growing demand for outpatient services. The OPHC will bring important new offerings to Main Campus, including a comprehensive Breast Center, an Infusion Pharmacy, expanded theragnostics services, a 24/7 drive-thru pharmacy and much more.

- Earlier this month, we hosted the third of three MetroHealth Total Care Connection enrollment/health fairs. This one was at Pokrova Ukrainian Church in Parma, and the members



Christine Alexander-Rager, MD
President and CEO
The MetroHealth System
2500 MetroHealth Drive
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of the congregation made sure our caregivers were nourished with homemade Ukrainian food. The goals of these events were to connect our patients to health screenings, appointments and to our Financial Assistance Team so they could secure coverage for themselves and their families.

The results have been terrific: We enrolled 412 patients in insurance plans that will provide them with comprehensive health coverage and peace of mind. These patients had previously used charity care. The savings to us from these enrollments alone will reach into the millions of dollars, freeing up resources for patients who truly need them.

Our other Total Care Connection outreach efforts included hundreds of thousands of emails, texts and phone calls to members of our community. Thousands of patients have connected back with us for screenings and/or more information on care and coverage.

Thank you to everyone who worked so hard, so quickly, to make this effort a success.

- The Epic Systems Corporation has once again recognized MetroHealth for our sophisticated use of its electronic health record. For the eighth time, Epic named MetroHealth to its honor roll, and our system earned Summa Cum Laude status in the program, which is designed to help organizations achieve continuous improvements in patient outcomes, quality of care, workflow efficiency and financial performance. Less than 2% of Epic customers earn Summa Cum Laude status. Organizations recognized with this honor receive a credit toward their Epic invoices – in MetroHealth’s case, that figure exceeds \$1 million. Congratulations again to our wonderful Clinical Informatics and Information Services teams for this recognition!

- Finally, I want to ask you all to join me at noon on Thursday, February 5, inside Scott Auditorium on Main Campus for the 2026 State of the System. I look forward to looking back a bit at 2025 and then looking ahead to what promises to be a transformational year for our system.

Thank you again, Trustees, for all you do for MetroHealth.

With deep appreciation,

Christine Alexander-Rager, MD
President and CEO
The MetroHealth System



Report to the Board of Trustees

Christine Alexander-Rager, MD

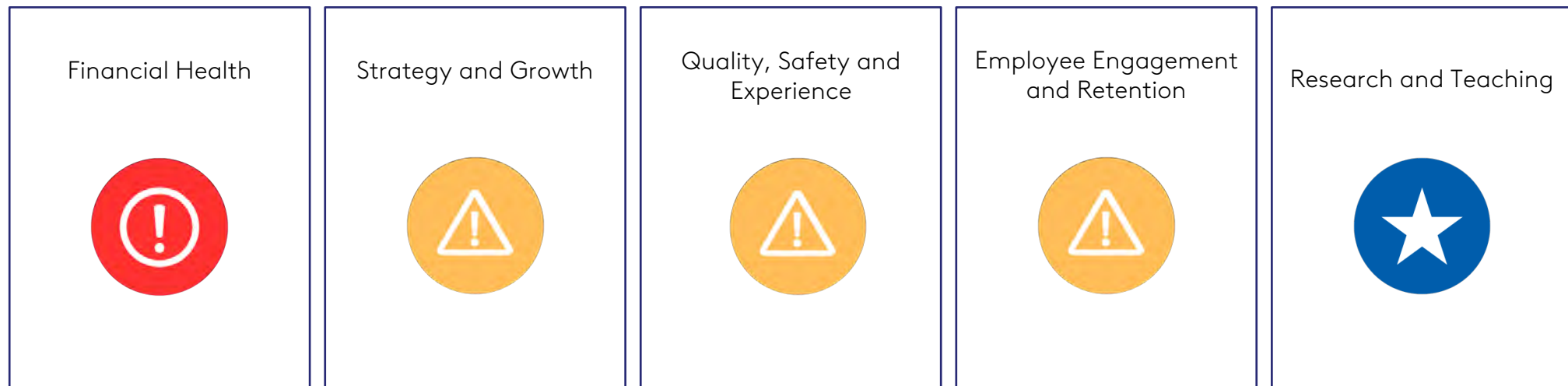
President and CEO

January 2026

System Goal Performance



Snapshot: 2025 System Goals



These goals align with and support our mission of service to our community. Achieving them allows us to continue lifting the health and improving the lives of our patients, especially those who are most at-risk. This is what we've done for Greater Cleveland since 1837.

Financial Health

Goal: Achieving 2025 Adjusted EBIDA Target

Status: **OFF TRACK**

The Measure: EBIDA – Earnings Before Interest, Depreciation and Amortization – is a key performance indicator for an organization's financial health. Figures are through November 2025 as December results are not finalized.

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.

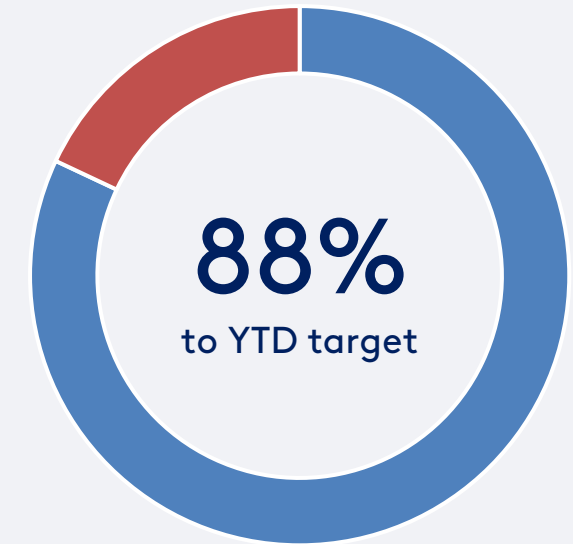
Recent highlights/initiatives:

- Strategic stabilization plan continues to be implemented to improve operational efficiency.
- Retail Pharmacy revenue has increased \$59M or 18.6% from last year. Capture rates have increased from 53.6% in prior year to 57.5% this year.
- Outpatient and Emergency visits have increased 4.1% and 3.0% respectively, from prior year.

Goal Owner: Jeff Rooney



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



YTD Actual: \$117.7 million
YTD Target: \$134.3 million
Variance: (\$16.6) million
2025 Target: \$147.2 million

*YTD as of November 30, 2025

Strategy and Growth



Goal #1: Increase Share of Wallet

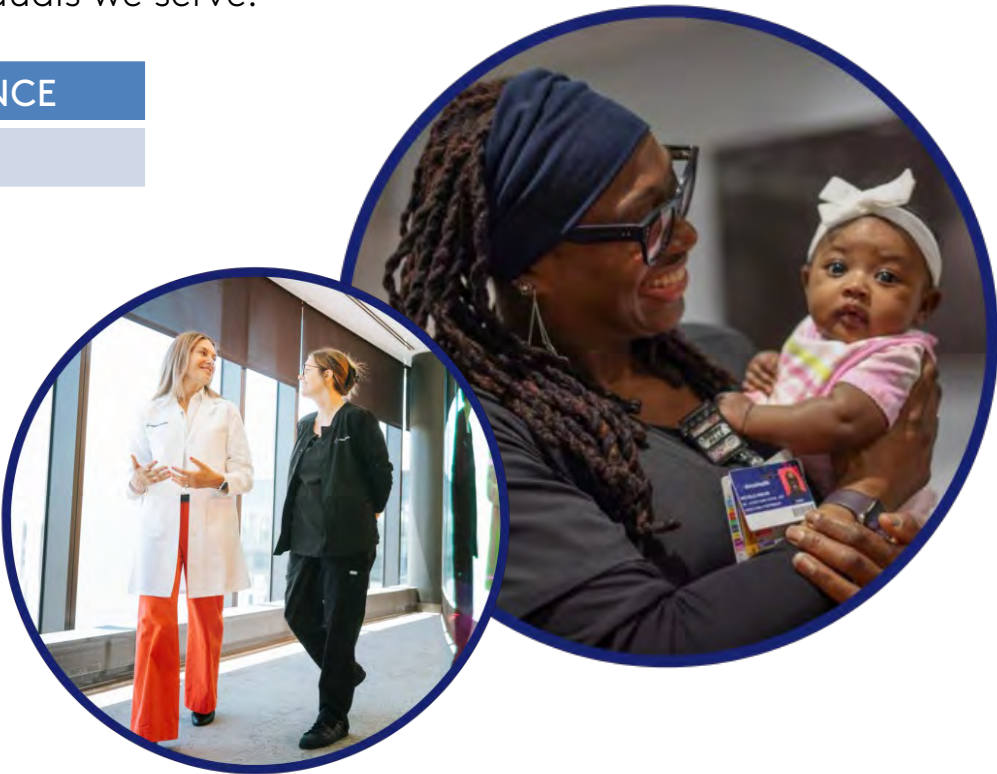
Status: **GENERALLY ON TRACK**

The Measure: *Share of Wallet* is a revenue-based measurement designed to gauge patient 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.

2025 TARGET	2025 YTD RAW PERFORMANCE
2024 baseline + .75% Improvement	51.25%

*2024 baseline is **51.58%**



Strategy and Growth



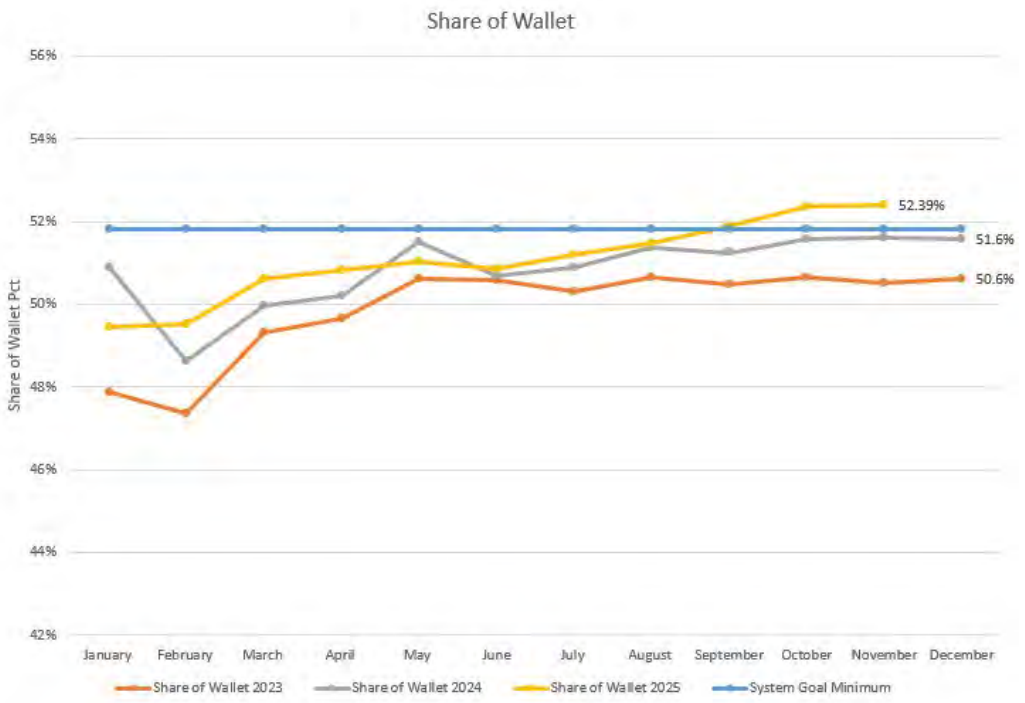
Goal #1: Increase Share of Wallet (continued)

YTD Progress

Baseline Performance: 51.58% (2024)

YTD Raw Performance: 52.39%

- Meaningful trending of performance requires at least 90 days of information.
- Share of Wallet is on track to hit Target (+0.81%).
- Patient distribution across the various segments continues to change with decreasing Medicaid patients and a shift into Health Exchange coverages (represented in both Commercial PPO and Narrow Network segments).



2025 SOW									11/30/2025
Group	November YTD								YTD SOW
	MetroHealth Pt Activity	Pt Adj	PY Pt Activity	Pot of Yr	Projected Annual Pt	Pro-rated Total Spend	Domestic Spend		
Total Medicare	58,819	1.7%	56,481	97.4%	61,440	\$ 813,540,544	\$ 378,952,884		46.6%
Medicaid	102,400	18.0%	109,428	96.3%	125,472	\$ 444,758,530	\$ 288,786,610		64.9%
Commerical PPO	97,516	0.0%	94,071	95.2%	102,381	\$ 802,853,534	\$ 375,264,218		46.7%
Commercial Narrow Network	22,036	12.0%	19,874	97.9%	25,218	\$ 140,043,796	\$ 110,171,653		78.7%
TOTAL PATIENT POPULATION	280,771		279,854		314,511	\$ 2,201,196,404	\$ 1,153,175,370		52.39%
	0.3%				-0.1%	7.2%	8.8%		22

Goal Owner: Nabil Chehade, MD

Strategy and Growth



Goal #2: New Patient Growth

Status: **OFF TRACK**

The Measure: *New patients* are defined as individuals who have not had a billable encounter with MetroHealth, Spry, Spry Senior or Lumina within three years of their 2025 encounter.

Why It Matters: New patient growth is essential to ensuring our stability and expanding our capacity to provide exceptional care and support to the community.

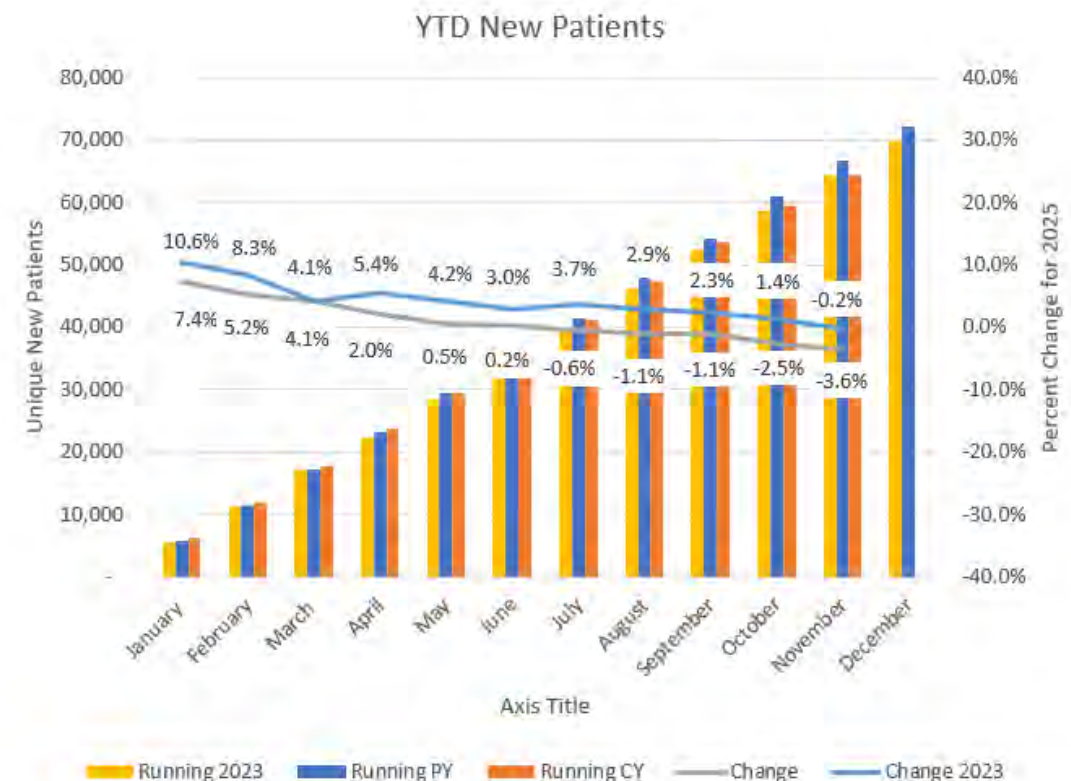
2025 TARGET	2025 YTD Performance
73,707*	64,363 ^

*2024 baseline + 2% improvement

^ through November 2025

Recent highlights/initiatives:

- New Patients are -3.6% compared to last YTD



Goal Owner: Nabil Chehade, MD

Quality, Safety and Experience



Goal #1: Elimination of Harm Goal with Sepsis Risk Adjusted Mortality

Status: **OFF TRACK**

The Measure: Patient harm is defined as any preventable condition that occurs because of medical care in a healthcare setting. This composite score covers 16 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. In addition, this measure now includes sepsis-related mortality as part of the composite score.

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.

2025 COMPOSITE TARGET	YTD HARM SCORE	YTD SEPSIS MORTALITY	YTD COMPOSITE SCORE
0.86	1.00 harms per 1,000 inpatient days	1.05 observed to expected mortality rate	0.98

Recent highlights/initiatives:

- Sepsis Observed Mortality is at an all time low- 10.22% through November, which is a 11% improvement compared to last year
- Full Annual Payment Update achieved for the CMS Outpatient Quality Reporting Program
- CMS Outpatient Quality Reporting Program Audit has achieved 92% compliance through Q2 2025



Goal Owner: Joseph Golob, MD

Quality, Safety and Experience



Goal #2: Improving the Patient Experience

Status: **GENERALLY ON TRACK**

The Measure: Our Patient Experience score is a composite of all 9 domains of the HCAHPS patient survey as well as two questions from both the Emergency Department and Ambulatory real-time surveys. This composite reflects our patients’ perception of communication with providers, staff responsiveness, cleanliness and other factors.

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.

2025 TARGET	YTD 2025 (November)
3.39	3.33

Recent highlights/initiatives:

- In 2026, Patient Experience in partnership with Nursing Professional Development will facilitate Empathy in Action for inpatient and outpatient Nurse Education Day and Service Recovery for ED Nurse Education Day.
- Patient Experience in collaboration with Internal Medicine presented Compassionate Communication in Care to Internal Medicine residents and attendings on 01-07-26.
- The system goal ED metrics are at 5-star performance Nov 2025 YTD.



Goal Owner: Joseph Golob, MD

Quality, Safety and Experience



Goal #3: Ambulatory Quality Metrics Improvement

Status: **EXCEEDING GOALS**

The Measure: As part of our commitment to elevating the level of care we provide, we are tracking 16 key ambulatory metrics that cover a variety of services and quality measures.

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.

About Composite Scoring: Each quality measure has a minimum, target and maximum performance goal: 1 point for meeting minimum; 2 for target and 3 for max.

2025 SCORING	2025 YTD COMPOSITE
Threshold: 12 pts	32 pts
Target: 20 pts	
Stretch: 28 pts	

Goal Owner: Nabil Chehade, MD

Measures	Baseline	2025 Target	Final 2025	Points
Diabetes: Hemoglobin A1c poor (lower is better) (%)	23%	23%	22%	3
Diabetic Eye Exam (%)	40%	42%	40%	1
Cervical Cancer Screening (%)	65%	66%	66%	2
Breast Cancer Screening (%)	74%	74%	75%	3
Colorectal Cancer Screening (%)	60%	60%	63%	3
Kidney Health Evaluation (%)	56%	56%	61%	3
Screening for Clinical Depression & Follow Up (%)	60%	61%	61%	2
Controlling Blood Pressure (%)	71%	72%	72%	2
Initiation/Engagement of Alcohol/Other Drug Dependence Treatment (%)	7%	8%	8%	2
Timeliness of Prenatal Care (%)	81%	82%	82%	2
Postpartum Care (%)	84%	85%	83%	0
Well-Child Visits in First 15 Months (%)	58%	58%	61%	3
Childhood Immunization Status (%)	30%	31%	29%	0
Pediatric Lead Screening (%)	78%	78%	79%	3
Completion of Medicare Wellness Visits (N)	14,593	14,500	16796	3
Improving Annual Comprehensive Assessments of Care Conditions (%)	73%	74%	69%	0
				26

Employee Engagement and Retention



Goal: Improvement of Employee Engagement Survey Participation Rate

Status: OFF TRACK

The Measure: In 2024, 78.6% of our caregivers responded to our Employee Engagement Survey – far above our initial target and exceeding our maximum goal. According to our vendor, Perceptyx, survey participation rates in the healthcare industry are typically 70%.

Why It Matters: This survey is one of the many ways our caregivers can tell us about their experience working at MetroHealth, the progress we have made, and, most importantly, how we can do better.

2024 Year-End Baseline	2025 Target Goal	2025 Year-End
78.6%	80.0%	76%

Recent employee engagement activities include:

- Q4 2025 Milestone Anniversary celebration held on November 5, 2025, at Glick Center. This event marked our largest turnout to date, with 171 attendees joining the celebration.
- Gratitude Luncheons held the week of November 17th across the System to recognize and thank employees for their outstanding contributions. Leaders from across the organization participated by helping serve meals, creating a meaningful and engaging experience for all.
- The Healthy Business Council of Ohio recently awarded platinum status (highest level achievement) to MetroHealth’s Wellness team for the 5th year in a row.



Goal Owner: Deborah Southerington

Employee Engagement and Retention



Goal: Reduction in Turnover Rate Within First Year of Employment

Status: EXCEEDING GOALS

The Measure: This measure is defined by taking the number of employees departures within first year of employment and dividing it by the number of employee departures in 2025.

Why It Matters: An organization’s ability to retain new hires is an indicator of its total rewards offerings, organizational culture and management.

2024 Year-End Baseline	2025 Target Goal	2025 Year-End**
44.0%	42.0%	35.6%

**Achievement result not yet assessed by Internal Audit.

Recent retention highlights include:

- Partnered with Tri-C to launch a five-month Leadership Development series for Lincoln-West students, focused on essential workforce skills. The program is being funded through a grant from JP Morgan Chase.
- Implemented standardized candidate shadowing and new hire training for EVS to improve retention rates.
- Introduced leadership development training for EVS supervisors and managers to strengthen people management capabilities.
- Career Planning Workshops for all employees began in January 2025. Topics covered include career mapping, essential skills, resume writing and interviewing.

Research and Teaching



Goal: Increase Grant Applications

Status: **EXCEEDING GOALS**

The Measure: This measure tracks the number of grant applications (federal, state or Foundation-level) our faculty and staff submit to public and private sources for funding to support research, education and training programs. MetroHealth/Case Western Reserve University is the primary award recipient.

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.

2024 Year-End Baseline	2025 Target Goal	YTD 2025
105 applications	85 applications	116

Recent academic highlights include:

- 2025 Grants submissions: 116, exceed maximum of 90
- 13 Senior level promotions effective January 1, 2026: 8 Associate Professors & 5 Professors
- Continued accreditation by the ACGME for the 18th consecutive year with no citation or Areas for Improvement, effective January 13, 2026.
- ACGME fellowship fill rate: 13 of 15 programs filled (86.7%); 28 of 34 positions filled (82.4%)
- Investiture of Meera Kondapaneni, MD: Louis Rakita, MD, David S. Rosenbaum, MD and Maurice Moss, MD Professor in Cardiology, January 13, 2026



Goal Owner: John Chae, MD

Please Note: The feasibility of this goal remains uncertain due to the uncertainty at the federal level. Should the government (federal or state) prevent grant application submissions for a 60-day consecutive period during 2025, the goal will be removed.

System News and Accomplishments

The MetroHealth Foundation

Fundraising Update

- Donors contributed **\$20.1 million** in philanthropic support as of **December 31**, compared to **\$12 million** during the same period last year.
- Through December, the Foundation contributed nearly **\$7.2 million** toward capital projects, programs and mission-critical initiatives - exceeding its \$7 million annual budget.

Strong Growth in Annual Giving

- Year-over-Year Growth
 - Total Raised: \$134,431 in 2025 vs. \$71,173 in 2024
 - Unique Donors: 526 in 2025 vs. 429 in 2024
- Key Strategies Driving Growth
 - Increased Outreach, Segmented Audiences and Targeted Messaging
 - Grateful Patient Acquisition Program
 - Year-End Appeal Performance (Direct Mail and e-Appeals)
 - Employee Participation
 - GIVING Newsletter (Print and Digital)

2026 Giving Priorities

This year, the Foundation is focused on addressing the needs of the community [in these critical areas](#).

Notable Gifts (\$25K+)

- \$1.5 million grant from the KeyBank Foundation in support of the Opportunity Centers at Buckeye and Via Sana
- \$102,998 gift in support of the MetroHealth Legacy Fund
- \$75,000 grant from the Dollar Bank Foundation in support of the Institute for H.O.P.E.™
- \$61,000 gift from the DiMarco Foundation Trust in support of the Electronic Muscle Simulation Fund
- \$50,000 gift in support of the Neuro Rehabilitation Research Fund
- \$35,000 gift in support of the Alfred Cyril Pinchak Research Endowment
- \$25,000 grant from PNC Foundation in support of the Pediatric Care Navigator Program



Latest Issue of GIVING



2025 Donor Impact Report

The MetroHealth Foundation



Champion of Philanthropy

[Camille Garcia](#), Manager of Cancer Center Operations and the BREAST (BRinging Education, Advocacy and Support Together)/Amigas Program, helped secure grants that remove barriers to cancer care – covering transportation, funding free mammograms and supporting outreach in neighborhoods.

Community Support

[Matt “Ogre” Whaley](#) returned for his annual delivery of stuffed animals through Ogre’s Bears for Burns. Matt, a burn survivor himself, has been bringing comfort to children at MetroHealth for 36 years. This year’s delivery filled vehicles with thousands of plush animals — each one chosen to bring joy and healing to kids facing some of their toughest moments. Over the decades, Matt has donated more than 70,000 stuffed animals, valued at nearly \$500,000.

Foundation Board Welcomes New Members – Paul Bodnar and Mike Summers

Paul Bodnar is Partner and Chief Investment Officer at CM Wealth Advisors, overseeing more than \$2 billion in assets. A former Senior Equity Analyst, he later co-founded an investment research firm. A CWRU graduate, he chairs the Sisters of Humility of Mary Investment Committee and is active in community sports.

Mike Summers joins the Foundation Board as liaison from The MetroHealth System Board of Trustees. He is a Senior Fellow at Cleveland State University’s Levin College of Urban Affairs and served as Mayor of Lakewood from 2009–2019 and 32 years as President and Owner of Summers Rubber Company. He is a Board member of First Federal Lakewood.

FreeWill Estate Planning Tool Now Available

The Foundation is offering a free resource: [FreeWill's estate planning tool](#). In 2025, the Foundation was fortunate to be included in multiple planned gifts. To continue growing and celebrating this type of giving, the Foundation has partnered with FreeWill to offer this tool.

Save the Date: 10th Annual Resiliency Run: [Saturday, June 6, 2026, at the Cleveland Metroparks Zoo.](#)



Camille Garcia



Matt Whaley



Paul Bodnar



Mike Summers

Nursing

Beacon Award Winners

Units that receive Beacon Award for Excellence through the **American Association of Critical Care Nurses** consistently report higher nurse job satisfaction, lower staff turnover and better than average patient outcomes. MetroHealth was proud to receive three:

- MICU (8 West) received Silver Beacon Designation
- NCCU (6 West – B) received Silver Beacon Designation
- Cardiac Telemetry (7 West – A) received Silver Beacon Designation

2025 Magnet Site Visit

- MetroHealth hosted representatives from the **American Nurses Credentialing Center** (ANCC) for a Magnet site visit December 9-12, 2025. Appraisers consistently complimented MetroHealth RNs and other employees for their collegial relationships and the evidence of collaboration between all disciplines, as well as a strong leadership support of nursing.
- The results of MetroHealth's application will be available in March. The Magnet Recognition Program® provides the highest credential a healthcare organization can achieve. It indicates that these organizations have met the most stringent, evidence-based standards of nursing excellence in patient care delivery.

DAISY Award Winners

Congratulations to **Jessica Schrenkel, RN, BSN** – the latest recipient of the DAISY Award for Extraordinary Nurses, a nationwide recognition program honoring nurses for exceptional care provided to patients and their families. Jessica is a nurse on 8W in The Glick Center.



Jessica Schrenkel

Community Engagement and Local Government Relations

Total Care Connection Events

- Engaged in community registration effort with partners from Zion Hill Baptist Church, LGBT Center, Hispanic Umadop, Buckeye HEAL, and
- Fairs held at Broadway Health Center (11/15), Main Campus (12/13), and Pokrova Church in Parma (1/10)
- More than 700 people registered and approximately 350 attended.

Community Events

- Annual Turkey Giveaway with Institute for H.O.P.E.
- Plexus Annual Gala
- Three Kings Gala

Local Government

- Main ED tour with County Councilman Michael Houser
- City and County Council in recess mid-Dec-mid-January



Communications



Media Highlights

- MetroHealth's Megan Raleigh, MSW, LCSW-S, is featured in Cleveland.com article, ["Cuyahoga County's jail detox unit helps offenders choose sobriety."](#)
- MetroHealth's Total Care Connection health and enrollment fair is featured in this Spectrum News piece, ["MetroHealth hosts health fair to help uninsured and underinsured."](#)
- [MetroHealth gets thousands of stuffed animals to give pediatric patients](#) – Spectrum News
- MetroHealth trauma surgeon Patrick Maluso quoted in ideastream story, ["These hidden hazards could spark a winter house fire"](#)
- Anthony Zalewski, our injury prevention coordinator, is quoted in ideastream piece, ["Walk like a penguin!: How to avoid a winter slip that lands you in the ER"](#)
- [Despite challenges, MetroHealth nears completion of \\$224M outpatient center](#) – Crain's Cleveland Business
- [Why MetroHealth meets quarterly with Judy Faulkner](#) – Becker's Hospital Review
- [MetroHealth plans renovation of main campus emergency department](#) – Crain's Cleveland



Video Storytelling Highlight: When baby Jermale arrived at just 25 weeks, his parents entered a world they never expected – MetroHealth's Neonatal Intensive Care Unit. **Charvatte Figard** was no stranger to childbirth. She welcomed three healthy baby girls before. But on Super Bowl Sunday, she sensed something was different.



2025 Community Reach & Engagement Impact

Be SimplyWell (BSW) is MetroHealth’s health education hub and sub-brand, curating trusted content, health talks, and a digital newsletter. In 2025, these efforts expanded community engagement and strengthened MetroHealth’s relationships with engaged audiences — expanding community reach, **increasing active BSW website users by 9.4%, and driving 300%+ growth in newsletter subscribers.**

2025 Impact at a Glance

- 3.47M Newsletter Sends • 1.52M Opens (44.8% open rate)
- 43K Clicks
- 63,000 Active BSW Website Users (+9.4% YoY)
- 119 Blogs Published
- 11 Health Talks Delivered (6 In-Person | 5 Virtual)

Content Driving Strongest Engagement

Yearly Blog Growth:
2022: 43 blogs; 2025: 119

- Nutrition/recipes and healthy living
- Chronic disease education (obesity, prediabetes, blood pressure)
- Practical, everyday health guidance
- Access to care and system navigation

Community Health Talks: Engagement in Action

- 11 Health Talks (6 in-person at Cleveland Metroparks | 5 virtual)
- 1,711 registrations | 399 attendees
- 24 same-day appointment requests (in-person events)
- Conversion to appointments is being tracked over time for all health talks to evaluate downstream impact beyond event engagement.

Elevating Clinical Expertise

- Nearly 100 doctors & health care experts featured in health talks and blogs

Be SimplyWell in 2026

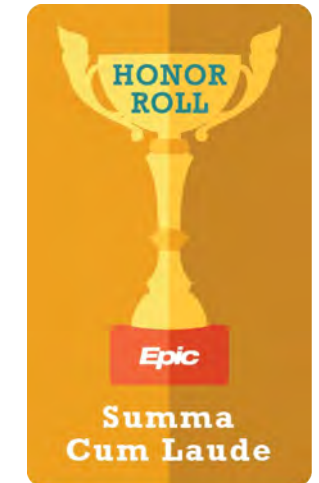
- Subscribe to our newsletter: www.besimplywell.org
- Attend a health talk: www.metrohealth.org/health-talks

“I love coming to these talks and always try to bring my two girlfriends. It’s a fun time for us and we get to learn something new.” “The information the doctor shared was really helpful and easy to understand.”

Awards and Recognition



- The MetroHealth System has been named a **2026 High Performing Hospital for Maternity Care by U.S. News & World Report**, the highest designation possible in the publication's annual Best Hospitals for Maternity Care ranking.
- For the eighth time, **Epic** named MetroHealth to its Honor Roll – a significant achievement that acknowledges the work of our Clinical Informatics and Information Services teams. The MetroHealth System earned **Summa Cum Laude** status in the program, which is designed to help organizations achieve continuous improvements in patient outcomes, quality of care, workflow efficiency and financial performance. Less than 2% of Epic customers earn Summa Cum Laude status.
- **Kevin El-Hayek, MD, MBA, FACS**, will receive the 2026 SAGES Kenneth Forde Excellence in Humanistic Clinical Care Award. The Forde Award is designated for a clinician who is recognized by the surgical/GI community for excellence in patient care and surgical practice. It's granted for significant surgical/endoscopic skills, patient care, contributions to community and volunteerism.



Kevin El-Hayek, MD

The following actions to the MetroHealth System Medical Staff will be reviewed by the Credentials Committee on December 16, 2025. The Actions will then be reviewed by the Medical Executive Committee on January 9, 2026.

Resignations

<i>Name</i>	<i>Department</i>	<i>Division</i>	<i>End Date</i>
Crandall, Marie, MD	Surgery	Trauma/Burn/Critical Care	12/10/2025-ET
Harris, Marlana, APRN-CRNA	Anesthesiology		12/1/2025-R
Kowalski Leeds, Karina, MD	Psychiatry		12/1/2025-E
Laughlin, Rachel, PA-C	Surgery	Trauma/Burn/Critical Care	12/15/2025-R
Leeds, Michael, MD	Anesthesiology		12/1/2025-R
Loejos, Anastasia, APRN-CNP	Surgery	Urology	12/7/2025-R
Mahoney, Abigail, APRN-CRNA	Anesthesiology		12/1/2025-R
Maslowski, Marcella, APRN-CNP	Psychiatry		12/7/2025-R
Resendes, Justin, DO	Emergency Medicine		12/1/2025-RL

Category Change

<i>Name</i>	<i>Category From</i>	<i>Category To</i>	<i>Date</i>
DeOreo, Elizabeth, MD	Active	Privileged Non-Member	11/21/2025

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 December 16, 2025. The appointments will then be reviewed and accepted by the Medical Executive Committee on January 9, 2026.

Associate

<i>Name</i>	<i>Department</i>	<i>Division</i>	<i>Effective</i>
Olson, Meghan, APRN-CNP	OB/GYN		12/17/2025
Zendlo, Hailee, PA-C	Medicine	Hospital Medicine	12/17/2025

Privileged Non-Member

<i>Name</i>	<i>Department</i>	<i>Division</i>	<i>Effective</i>
Molta, Charles, MD	Medicine	Rheumatology	12/17/2025

Non-Reviewable Clean List Files

Privileged Non-Member

<i>Name</i>	<i>Department</i>	<i>Division</i>	<i>Effective</i>
Caputo, Rebecca, PT	PM&R		12/17/2025
Echavez-Arroyo, Maria, MD	Medicine	Internal Medicine	12/17/2025
Thomas, Timothy, PT	PM&R		12/17/2025

DECEMBER 2025 REAPPOINTMENTS

Last Name	First Name	Degree	Department	Division
Agarwal	Arpit	MD	Pediatrics	Pediatric Cardiology
Aguanunu	Ifeoma	MD, MPH	Radiology	
Azar	Nami	MD	Radiology	
Bhardwaj	Amrita	MD	Pediatrics	Pediatric Critical Care
Cohen	Stanley	MD	Medicine	Gastroenterology
Connors	Christopher	DNP, APRN-CNP	Neurology	
Genco	Christopher	MD	Surgery	Cardiothoracic
Giambattista	Craig	PT	Physical Medicine & Rehabilitation	
Hayes	Britani	APRN-CNP	Physical Medicine & Rehabilitation	Pain Management
Hendershot	Nicholas	PA-C	Emergency Medicine	
Hillerson	Elizabeth	MD	Radiology	
Khambatta	Parvez	MD	Medicine	Gastroenterology
Kosaraju	Vijaya	MD	Radiology	
Kosmas	Christos	MD	Radiology	
Markiv	Oksana	APRN-CNP	Anesthesiology	Pre-Surgical Testing
Nash	Jessica	PA-C	Surgery	General Surgery
Rivera	Ann	MD	Radiology	
Russo	Suzanne	MD	Radiation Oncology	
Saleh	Dania	PA-C	Otolaryngology	
Sarabu	Nagaraju	MD, MPH	Medicine	Nephrology
Thakker	Sureshchandra	MD	Pediatrics	
Thomas	Bethany	PA-C	Family Medicine	
Webster	Pamela	APRN-CNP	Anesthesiology	Pre-Surgical Testing

APPROVAL OF ENTERPRISE RESOURCE PLANNING PLATFORM

RESOLUTION XXXX

WHEREAS, The MetroHealth System (“System”) issued a public bid for an enterprise resource planning (“ERP”) platform and has selected a solution as fully described in Attachment A hereto; and

WHEREAS, the President and Chief Executive Officer of the System, with the support of an ERP Executive Oversight Committee made up of members of the System’s Executive Leadership Team, has reviewed this selection and now recommends its approval.

NOW, THEREFORE, BE IT RESOLVED, the Board of Trustees of the System hereby approves the selection of the ERP platform as described in Attachment A, for costs not to exceed the amounts shown.

BE IT FURTHER RESOLVED, the System’s President and Chief Executive Officer (or designee) are hereby authorized to take necessary actions, including the negotiation and execution of agreements and other documents consistent with this resolution.

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

RECOMMENDATION FOR APPROVAL OF SETTLEMENT OF A CLAIM

Recommendation

The Executive Vice President and Chief Legal Officer recommends that the Board of Trustees (“Board”) of The MetroHealth System (“System”) approve the settlement of claim number 23-47-1219 in an amount not to exceed \$1,900,000, to be paid out of operations and submitted for reimbursement by Select Assurance Captive, LLC.

Background

The underlying facts and other considerations of claim number 23-47-1219 have been reviewed by the Board with the System’s Chief Legal Officer. The settlement of this claim does not admit liability, but expressly denies the same, and the settlement is authorized only in compromise of a disputed matter.

Approval of a Settlement of a Claim

RESOLUTION XXXXX

WHEREAS, the Board of Trustees (“Board”) of The MetroHealth System (“System”) has been presented a recommendation by the System’s Chief Legal Officer for the settlement of Claim No. 23-47-1219; and

WHEREAS, the Board has reviewed this recommendation and now recommends its approval.

NOW, THEREFORE, BE IT RESOLVED, the Board hereby approves settlement of Claim No. 23-47-1219 in an amount not to exceed \$1,900,000, to be paid out of operations and submitted for reimbursement by Select Assurance Captive, LLC.

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

AYES:

NAYS:

ABSTAINED:

DATE: