



The MetroHealth System Board of Trustees Meeting

The MetroHealth System

MetroHealth Board Room (K107) - 2500 MetroHealth Dr. Cleveland, OH
44109

2026-06-24 15:00 - 17:30 EDT

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The MetroHealth System Board of Trustees

FULL BOARD MEETING

DATE: Wednesday, June 24, 2026
TIME: 3:00pm – 5:30pm
PLACE: MetroHealth Board Room (K107) or via YouTube Stream:
<https://www.youtube.com/@metrohealthCLE/streams>

AGENDA

- I. **Approval of Minutes**
Minutes of 5/27/2026 meeting of the Board of Trustees
- II. **Mission Moment**
- III. **Committee Reports**
 - A. Executive Committee - E. Walker, MD
 - B. Governance Committee - M. Summers
 - C. Human Resources & Compensation Committee - J. Corlett
 - D. Audit & Compliance Committee - J. Moss
- IV. **Consent Agenda**
 - A. Approval of Strategy Committee Charter
 - B. Approval of Naming of Medical Staff Wellness and Resource Center in Glick Center in Recognition of Robert L. Smith, PhD
- V. **President and CEO's Report – C. Alexander-Rager, MD**
- VI. **Medical Staff Report – J. Tagliaferro, MD**
 - A. Approval of Medical Staff Providers Appointments, Actions and Reappointments for May 2026
- VIII. **Executive Session**
- IX: **Return to Open Meeting**
- X: **Recommendation / Resolution Approvals**
 - A. Approval of a Claim Settlement
 - B. Approval of a Claim Settlement

The MetroHealth System Board of Trustees

FULL BOARD MEETING

Wednesday, May 27, 2026

3:00pm - 5:30pm

MetroHealth Board Room (K107) / Virtual

Meeting Minutes

- Trustees:** Artis Arnold, III-I, James Campbell, M.D.-I, John Corlett-I, Ronald Dziedzicki-I, Dolores (Lola) Garcia-I, Gail Long-I, Nancy Mendez-I, John Moss-I, Michael Summers-I, E. Harry Walker, M.D.-I¹
- Staff:** Christine Alexander-Rager, M.D.-I, James Bicak-I, Kate Brown-I, Robert (Doug) Bruce, M.D.-I, John Chae, M.D.-R, Cindy Gallespie-I, Joseph Golob, M.D.-I, Dr. Candy Mori-I, Kate Nagel-I, Sarah Partington-I, Allison Poullos-I, Jeff Rooney-I, Tamiyka Rose-I, Aparna Roy, M.D.-I, Deborah Southerington-I, David Stepnick, M.D.-I, Joseph Tagliaferro, M.D.-I, James Wellons-I¹
- Invited Guests:** None
- 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 3:05pm, 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.)

At the onset of the meeting, Dr. Walker introduced and welcomed newly appointed members to the Board, Dr. James Campbell and Gail Long. Remarks were made acknowledging the experience and prior contributions of the new members, including professional and community engagement, and expressing confidence in their future contributions to Board deliberations and governance.

I. **Approval of Minutes**

Dr. Walker requested a motion to approve the minutes of the April 29, 2026 meeting as presented, which was given, seconded, and approved by unanimous vote.
RESOLUTION NO. 19748

¹ I-In-person, R-Remote

The MetroHealth System Board of Trustees

II. Mission Moment

Dr. Walker invited Dr. Alexander-Rager to present the Mission Moment video, focused on the experience of a patient undergoing significant physical and emotional trauma following the loss of mobility. The narrative described the patient's initial feelings of despair and loss of purpose, followed by a transformative interaction with a peer support specialist who had experienced a similar life event. Through shared lived experience and empathetic engagement, the peer supporter was able to provide emotional reassurance, foster hope, and encourage active participation in recovery. The patient described a shift from hopelessness to a renewed sense of possibility, illustrating the broader role of peer support services in enhancing overall patient outcomes.

III. Committee Reports

A. Strategy Committee – A. Arnold

Strategy Committee Chair, Mr. Arnold, reported that the Committee held a virtual meeting on May 13, 2026. During the meeting, the Committee approved minutes from its February meeting and discussed proposed revisions to the Strategy Committee Charter, which have been forwarded to the Governance Committee for further review. The Committee then entered executive session, during which discussions included updates on primary care marketing, a refresh of the MetroHealth 2030 strategic plan, and government relations initiatives, including trauma-related efforts.

B. Quality, Safety & Experience Committee – R. Dziejicki

Quality, Safety & Experience Committee Chair, Mr. Dziejicki, reported that the Committee met earlier in the day. The meeting began with a patient experience story, followed by a review of the antibiotic stewardship program in compliance with regulatory requirements. Presentations were provided regarding ongoing initiatives aimed at improving quality of care, reducing costs, and enhancing patient outcomes. An annual nursing quality update was also presented, addressing both nurse-sensitive and non-nurse-sensitive indicators and their impact on patient care. The Committee subsequently entered executive session, where it reviewed the annual quality update, supplemental payment programs tied to performance, system goal performance metrics, and progress toward a "Quality First" initiative. Additional updates were received concerning recent regulatory surveys and pending legal matters. The Committee returned to open session and adjourned with no additional business.

The MetroHealth System Board of Trustees

C. Finance Committee – J. Moss

Finance Committee Chair, Mr. Moss reported on the Finance Committee meeting held earlier in the day. The Committee reviewed financial performance for April 2026. Mr. Moss reported that while certain patient volume metrics, including discharges, observation cases, emergency and outpatient visits were below budget, overall financial performance reflected improvement due to supplemental funding. Specifically, the System reported a positive income relative to a budgeted loss and a favorable variance compared to the prior year. The Committee also spent a portion of its meeting in executive session discussing supplemental payment matters.

IV. President and CEO's Report – C. Alexander-Rager, MD

Dr. Alexander-Rager presented brief highlights from the written President and CEO's report. Dr. Alexander-Rager welcomed the newly appointed Board members and noted that the Board was at full membership. The President & CEO's report highlighted recent financial improvements and a corresponding decision to implement wage adjustments for employees, reflecting reinvestment in the workforce. Additional remarks included notice of forthcoming updates regarding the Outpatient Health Center opening timeline and a summary of a recent meeting with Secretary Kennedy along with other hospital CEO's to discuss healthcare delivery models emphasizing prevention and value-based care.

V. Medical Staff Report

Dr. Walker introduced Dr. Joseph Tagliaferro to present the medical staff report. The Medical Staff report included updates on the ongoing election for President-Elect of the Medical Staff, with results to be announced in June 2026, for a term beginning July 1, 2026. The Board was informed of planned adjustments to Medical Staff meeting scheduling to improve attendance and engagement. Dr. Tagliaferro also noted the forthcoming results of a physician burnout survey, which would be shared with the Board upon receipt. Dr. Walker requested a motion to approve the Medical Staff Providers Appointments, Actions and Reappointments for April 2026, which was given, seconded and unanimously approved. RESOLUTION NO. 19749

VI. 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. Mendez made a motion and Mr. Moss seconded. The Board held a roll call vote with all Trustees in attendance voting to approve the motion to go into executive

The MetroHealth System Board of Trustees

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 3:21pm.

Return to Open Meeting

Following the executive session, the meeting reconvened in open session at approximately 4:13 pm and welcomed back the public virtually and those members of the public who remained in-person.

With no further business to bring before the Board, the meeting adjourned at approximately 4:14pm.

NEXT MEETING: Wednesday, June 24, 2026 – 3:00 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 STRATEGY COMMITTEE CHARTER UPDATES

Recommendation

The Governance Committee of the Board of Trustees (“**Board**”) for The MetroHealth System (“**System**”) recommends that the Board approve updates to the Strategy Committee charter as described in **Exhibit A**.

Background

The Strategy Committee of the Board has updated its charter to clarify how it will support the enterprise strategic plan’s execution as described in **Exhibit A**.

APPROVAL OF STRATEGY COMMITTEE CHARTER UPDATES

RESOLUTION XXXX

WHEREAS, the Board of Trustees ("Board") of The MetroHealth System ("System") and the Governance Committee of the Board recommends that the Board approve updates to the Strategy Committee charter as described in **Exhibit A**;

WHEREAS, the Governance Committee of the Board has reviewed the modifications to the Strategy Committee charter and now recommends their approval to the Board.

NOW, THEREFORE, BE IT RESOLVED, the Board hereby approves the modifications to the Strategy Committee charter as described.

AYES:

NAYS:

ABSENT:

ABSTAINED:

DATE:

Exhibit A



The Strategy Committee of the MetroHealth Board of Trustees

Charter

Purpose

The Strategy Committee (“Committee”) partners with The MetroHealth System’s -Board of Trustees (“Board”) to support the strategic vision, deployment of the enterprise strategic plan and provide -guidance on key strategic initiatives impacting MetroHealth. The Committee will engage with support the Board to ensure that all enterprise strategic imperatives enable MetroHealth to be strategically viable, financially sustainable plan’s execution by monitoring progress toward strategic goals, reviewing and are aligned with our mission recommending adjustments to strategic priorities as needed, and the needs of the encouraging organizational agility in response to evolving market conditions, care delivery methods, regulatory environments, and community we serve. –needs.

The Committee will have four critically important core strategic functions present on the Committee:

- Strategy
- Marketing
- Communications
- Government Relations

Each of these four strategic functions will have equal representation on the Committee as they play an important role in the strategic success for MetroHealth. Additionally, they work closely to ensure the mission and vision are achieved. The Committee may add representation from additional functional areas as needed to meet its purpose.

Responsibilities

In fulfilling its charge, the Committee is responsible for supporting the following activities and functions across the four core strategic functions:

I. Strategy

- Actively Provide input and recommendations to the Board for the annual review of the enterprise strategic plan.
- Review industry trends, market needs, regulatory changes and competitive landscapes to actively participate in the assessment of program and/or market expansion, real estate investment and new market/ programmatic opportunities.



- ~~Review/Evaluate~~ and provide feedback/insights into any proposed partnerships, joint ventures, acquisitions or system-level divestitures in clinical programs and/or sites of service.
- ~~Provide input and recommendations for the annual review and revisions of the enterprise Strategic Plan (MetroHealth 2030).~~
- Review and recommend approval to other Board Committees regarding strategic priorities for the institution, such as real estate investments both on main campus and in key markets.
- Participate in the strategic assessment and review/selection of outside vendors and consulting firms, service providers, and advisors being considered to ensure alignment to support the mission and design or execution of the enterprise strategic objectives of MetroHealth plan.

II. Marketing

- ~~Provide relevant and timely feedback on all strategic marketing campaigns for MetroHealth including clinical programs and services.~~
- ~~Participate in impacting the enterprise strategic assessment and review of outside vendors and consulting firms, service providers, and advisors to ensure alignment to the mission and strategic objectives of MetroHealth plan.~~
- Champion MetroHealth's brand outside in the community and with key external stakeholders.
- Actively participate in support the refinement and updating ~~process for of~~ MetroHealth's website, social media campaigns, and marketing initiatives as content pertains to the enterprise strategic plan.

III. Communications

- Establish a strong awareness of the key messages and campaigns/priority messaging on strategy for the year being undertaken by MetroHealth including, but not limited to, key-internal messaging to employees and external stakeholders, local, state, and federal political leaders, messaging to communications mediums, including print, online, television, social media, etc.
- Review and provide feedback on joint marketing and communication campaigns/initiatives to ensure key metrics and performance measures are being met and they are aligned to MetroHealth's mission. ~~Participate in the strategic assessment and review of outside vendors and consulting firms, service providers, and advisors to ensure alignment to the mission and strategic objectives of MetroHealth.~~

IV. Government Relations

- Gain timely/Obtain insights into the key policy positions or standings and pending legislation relevant to MetroHealth.



- ~~In partnership with~~When recommended by MetroHealth’s Government Relations’ team, advocate at the local, state and federal level on key issues and position~~positions~~ impacting MetroHealth.
- ~~Assess the management of each advocacy campaign, including judgment on campaign work plans, approaches, deliverables, phasing of activities, internal team resourcing, progress in implementation, fulfillment of committed deliverables and the exercise of leadership within the organization.~~
- ~~Participate in the strategic assessment and review of outside vendors and consulting firms, service providers, and advisors to ensure alignment to the mission and strategic objectives of MetroHealth.~~

Composition

The Strategy Committee shall be led by a board member with an interest and background in strategy, marketing, communications and /or government affairs and will consist of additional board members, as identified by the Board Chairperson.

The Committee shall be staffed by the Chief Strategy Officer, Chief Marketing Officer, Vice President of Communications, Vice President, Strategy and the Senior Vice President of External Affairs and other relevant members of the executive team.

All Trustees are invited to attend Strategy Committee meetings, but only members of the Strategy Committee may vote on matters before the Committee.

Meeting Schedule

The Committee shall meet at least quarterly ~~starting in February 2026.~~

**Approval of Naming of Medical Staff Wellness and Resource Center in Glick
Center in Recognition of Robert L. Smith, PhD**

RESOLUTION XXXXX

WHEREAS, the Board of Trustees ("Board") of The MetroHealth System ("System") has been presented a recommendation from the President and Chief Executive Officer of the System for the naming of the Medical Staff Wellness and Resource Center located in the Glick Center in recognition of Robert L. Smith, PhD, who is known throughout the System as "Dr. Bob";

WHEREAS, Dr. Bob first joined the System in 1983, and during his initial 14-year tenure, he directed the System's alcohol and drug treatment program, chaired the Impaired Professional Committee, and created the System's award-winning Employee Assistance Program;

WHEREAS, Dr. Bob returned to the System in 2012 to lead the System's Medical Staff Assistance Program, and in that role, he has provided support to countless employees across the System, becoming one of the System's most relied-upon resources during times of personal and professional challenge, and he has helped to shape a culture that prioritizes caregiver well-being, emotional resilience, human connection, and compassionate support; and

WHEREAS, the mission and purpose of the Medical Staff Wellness and Resource Center closely align with Dr. Bob's lifelong commitment to supporting the well-being, resilience, and professional sustainability of caregivers.

NOW, THEREFORE, BE IT RESOLVED, the Board hereby approves the naming of the Glick Center's Medical Staff Wellness and Resource Center as the "Robert L. Smith, PhD Medical Staff Wellness and Resource Center", in recognition of Dr. Bob's extraordinary contributions to the System, his enduring impact on the well-being of its employees, and his lasting legacy of compassion, service, and support.

AYES:

NAYS:

ABSENT:

ABSTAINED:

DATE:



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

June 2026

President's Report to the Board of Trustees

Good afternoon, Trustees:

Thank you for your service to our system, our patients, our caregivers and our community. Here are a few highlights to share since we last met:

● **OPHC ribbon-cutting and community celebration:** Thank you, Trustees, for joining us on Saturday, June 13, and helping us cut the ribbon on MetroHealth's new Outpatient Health Center. What a powerful celebration of what our system means to our community.

As we were designing this state-of-the-art facility, we listened closely to what our patients and their families told us mattered most. They asked for shorter trips between appointments and more services under one roof. They asked for warm spaces and welcoming faces, and they asked for easy-to-navigate buildings. The new Outpatient Health Center will deliver it all.

And we listened closely to our Medical Staff, who told us what mattered most to them and what they needed to best serve our patients.

The result is a beautiful 300,000-square-foot building made up entirely of clinical space – more than a dozen departments, including our Center for Breast Health, Pediatric Medical Care, Cancer Center, Heart and Vascular, Internal Medicine, OB-GYN and a drive-thru retail pharmacy that will be open 24 hours a day, seven days a week.

During his invocation, Pastor **Luis Vizcarrondo** from Iglesia Refine Church beautifully summed up what this project means: "A place of healing is measured not by the height of its towers but by how short the distance is between its doors and its neighbors. ... Trust is the first medicine."

● **Pediatric trauma care update:** We have chosen not to pursue recertification of our Level II Pediatric Trauma Care Program after our American College of Surgeons (ACS) verification ends in January 2027. While this may sound like a big deal, almost nothing will change about how we provide emergency care for our youngest patients. We will remain the region's premier Level I Adult Trauma Center and still treat pediatric emergencies in our Emergency Departments.

This decision was driven, in part, by an acute nationwide and regional shortage of pediatric neurosurgeons, who are essential to operating an ACS-verified pediatric trauma center. (Recent research measured *only* 298 certified pediatric neurosurgeons practicing in the United States.) After closely evaluating this and other factors, it became clear that what was best for our region's children and their families was not to seek reverification.

When it comes to what's best for the children and families of Greater Cleveland, MetroHealth will always choose the difficult right over the easy wrong and do what is best for the community.



Christine Alexander-Rager, MD

President and CEO
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Cleveland, Ohio 44109

When serious injuries happen to children, we trust our region's EMS professionals to determine the best destination for a patient. These first responders are trained to match the severity of an injury with the appropriate level of care. Currently, many pediatric trauma patients in Greater Cleveland are being transported directly to UH Rainbow Babies & Children's, the region's only Pediatric Level I Trauma Center.

As plans have been announced to open additional Level I adult and pediatric trauma centers across the region, we have been warning about what the research has clearly shown: adding unneeded trauma centers dilutes the talent of care teams, dulls their skills, strains the trauma workforce, raises healthcare costs for everyone, and increases patient mortality.

Some other important points:

- o This decision changes very little about how we care for sick and injured children. Except in cases of very complex and serious injuries, we will continue to have the ability, capacity, and expertise to provide emergency care for children.
- o Our four Emergency Departments – Main Campus, Brecksville, Cleveland Heights and Parma – will continue to treat children for emergency needs.
- o MetroHealth will remain a Comprehensive Burn Care Center for both children and adults, providing the highest level of specialized burn care in the region.
- o This decision will not result in any employee layoffs.
- o If complex pediatric trauma cases arrive at MetroHealth, patients will be stabilized and transferred to UH Rainbow Babies & Children's to ensure they receive the highest level of specialized pediatric care.

● **Fireside Chat:** On June 17, I held another lunchtime Fireside Chat open to all MetroHealth employees. I was able to share information and open the floor to caregivers to answer their questions, voice their concerns and share their ideas.

These events are essential to keeping the lines of communication open – in both directions – between system leadership and the front-line caregivers fulfilling our mission every day.

● **Out and about:** Since we last met, I've had the honor of representing our system in some interesting and inspiring ways:

- o On June 5, I welcomed attendees to MetroHealth's 3rd Annual Gun Violence Awareness Day event. This event brought together community partners, advocates and those impacted by gun violence for a day of awareness, support and action.
- o On June 6, I had the honor of welcoming a record crowd of more than 1,200 participants at MetroHealth's 10th Annual Resiliency Run. It was so inspiring to see that many people, early on a Saturday morning, coming together to support trauma patients, families, friends and caregivers.
- o On June 11, I was honored to participate in "Hormones Across the Lifespan: Puberty, PMOS, Perimenopause & More," a community health event in Richmond Heights organized by the Cuyahoga County Women's Health Commission. I joined MetroHealth providers **Dr. Connie Moreland**, Vice President of Provider Pipeline Development & Engagement, and **Tracy Hardy, MSN, WHNP-BC**, Women's Health Nurse Practitioner, during an engaging panel discussion. These community events focusing on women's



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health issues have been a powerful safe space for women in our community to share their questions, concerns and real-life experiences. We will do all we can to support them.

- o On June 18, I was one of a dozen local women honored by Crain's Cleveland Business as a 2026 Crain's Woman of Influence. The luncheon in the Flats was a great opportunity to connect with other local leaders and share more about our essential mission and the wonderful work of MetroHealth caregivers.

Thank you to everyone who worked behind the scenes to make these events possible.

And, thank you again, Trustees, for all you do for MetroHealth.

With deep appreciation,

Christine Alexander-Rager, MD

President and CEO
The MetroHealth System



MetroHealth

Report to the Board of Trustees

Christine Alexander-Rager, MD

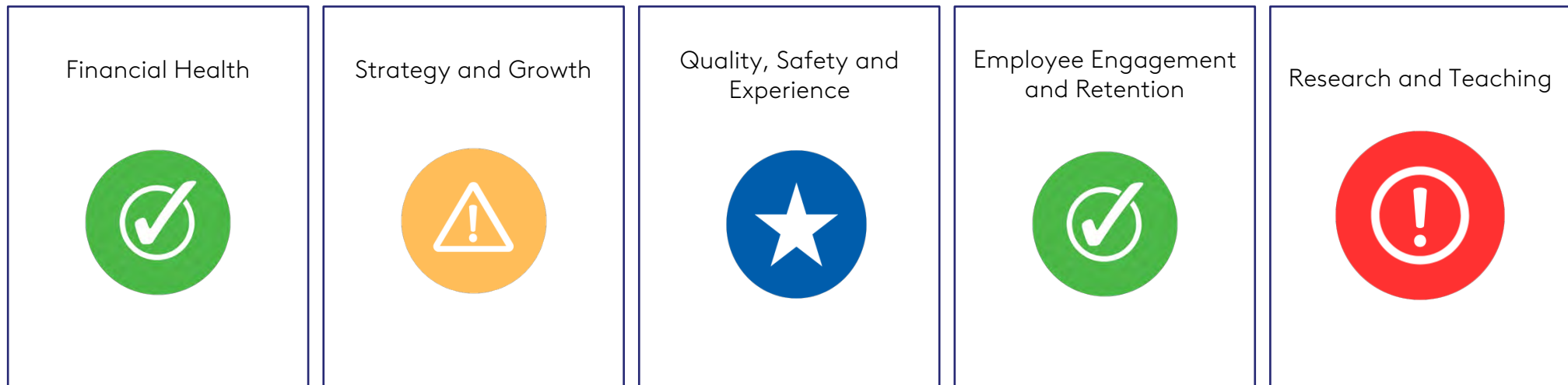
President and CEO

June 2026

System Goal Performance



June Snapshot: 2026 System Goals



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

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 2026 Adjusted Operating Income (Loss)Target

Status: ON TRACK

The Measure: Operating Income (Loss) is a key performance indicator for an organization's financial health.

Why It Matters: As an institution, we are committed to ensuring our caregivers have the resources they need to provide the highest level of care.

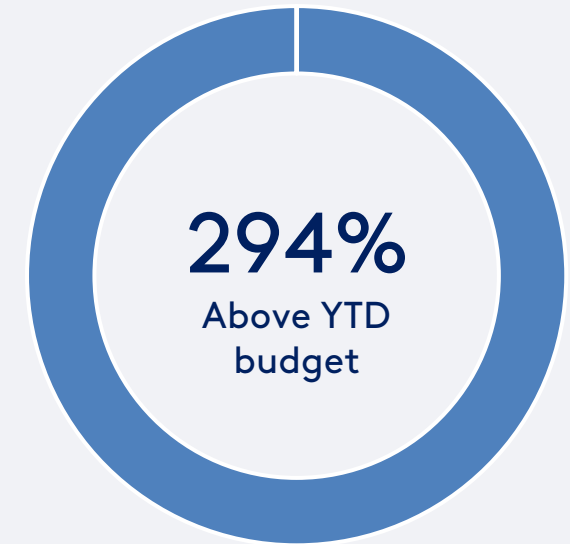
Recent highlights/initiatives:

- YTD Operating Expenses were \$10.6M below budget through May 2026 due to improved cost management
- Hospital State Directed Payment (Canoe) received in April for a net of \$62.8M

Goal Owner: Jeff Rooney



YTD Adjusted Operating Income (Loss)



YTD Actual: \$32.4M
YTD Budget: (\$16.9M)
Variance: \$49.3M
2026 Target: \$0 (Break-Even)

*YTD as of May 31, 2026

Strategy and Growth



Composite: Access and Strategic Growth Performance

Status: **GENERALLY ON TRACK**

The Measure: Composite score of components that represent proxies for Access, Share of Wallet, Market Share, and sustainable growth.

2026 COMPOSITE TARGET	Component Weight	Min	Target	Max	YTD Performance	Tracking
Share of Wallet #	50%	BL + 0.25%	BL + 0.75%	BL + 1.25%	LY + 0.1%	GENERALLY ON TRACK
Ambulatory Clinic Visits	40%	1,441,519	1,461,261	1,481,273	584,611 (-2.6% from Target)	GENERALLY ON TRACK
New Patient Growth	10%	66,977	70,502	74,027	26,235 (-9.8% from Target)	OFF TRACK



2025 Baseline performance was recasted with the StrataJazz financial software migration. The baseline recast results are listed in following slides.

Strategy and Growth



Component 1: Increase Share of Wallet Over Prior Year

2026 COMPOSITE TARGET	Component Weight	Min	Target	Max	YTD Performance	Tracking
Share of Wallet	50%	BL + 0.25%	BL + 0.75%	BL + 1.25%	LY + 0.1%	GENERALLY ON TRACK

Status: **GENERALLY ON TRACK**

The Measure: Improvement on the amount of medical revenue received by MetroHealth compared to the total patient medical expenditures. Share of Wallet metric is Domestic Spend/Total Spend.

Why It Matters: Share of Wallet reflects the organization's ability to serve the medical and care needs of existing patients. This provides continuity of care and a proxy measure of patient experience and access.

Recent highlights/initiatives: 2025 Baseline performance was recasted with the StrataJazz financial software migration. Results are listed below:

Baseline – 51.83%

Minimum (BL+0.25%) – 52.08%

Target (BL+0.75%) – 52.58%

Maximum (BL+1.25%) – 53.08%

Goal Owner: Nabil Chehade, MD

Strategy and Growth



Component 1: Increase Share of Wallet Over Prior Year

Status: **GENERALLY ON TRACK**

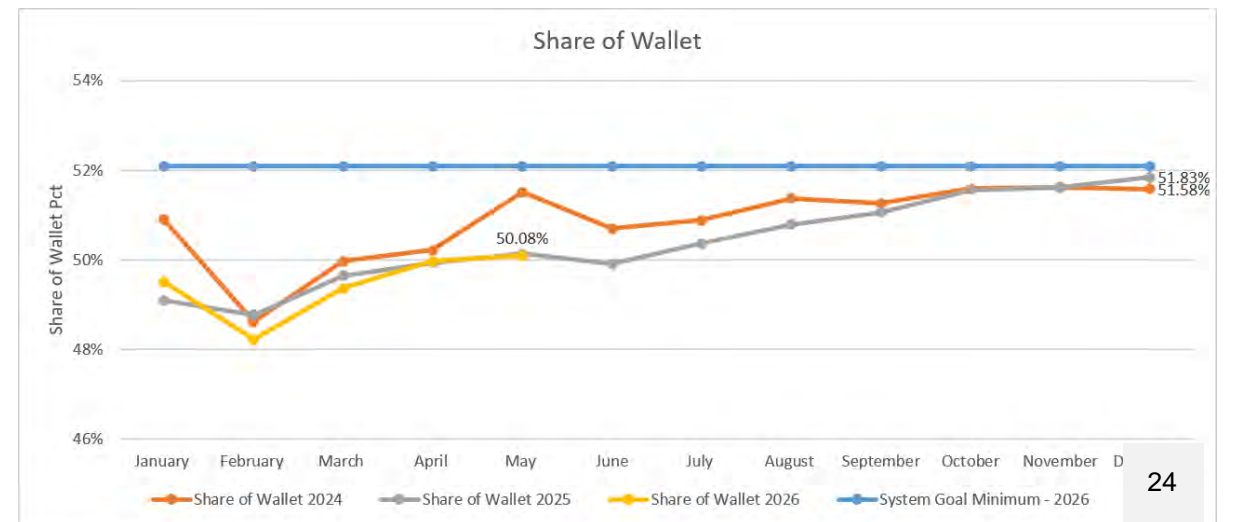
The Measure: Improvement on the amount of medical revenue received by MetroHealth compared to the total patient medical expenditures. Share of Wallet metric is Domestic Spend/Total Spend.

Why It Matters: Share of Wallet reflects the organization's ability to serve the medical and care needs of existing patients. This provides continuity of care and a proxy measure of patient experience and access.

Recent highlights/initiatives: Year-to-Date performance is nearly identical to last year's performance through May (+0.1%).

2026 SOW									5/31/2026
May YTD									
Group	MetroHealth Pt Activity	Pt Adj	PY Pt Activity	Pct of Yr	Projected Annual Pt	Pro-rated Total Spend	Domestic Spend	YTD SOC	
Total Medicare	47,033	1.7%	46,352	75.6%	63,298	\$ 380,973,460	\$ 182,039,566	47.8%	
Medicaid	67,977	18.0%	69,739	64.9%	123,512	\$ 197,249,626	\$ 121,067,293	61.4%	
Commercial PPO	61,606	0.0%	65,132	60.3%	102,165	\$ 367,225,013	\$ 152,206,368	41.4%	
Commercial Narrow Network	15,864	12.0%	17,170	74.1%	23,962	\$ 57,405,273	\$ 46,959,309	81.8%	
TOTAL PATIENT POPULATION	192,480		198,393		312,937	\$ 1,002,853,372	\$ 502,272,536	50.1%	
	-3.0%				-3.3%	-2.6%	-2.6%		

2025 SOW									5/31/2025
May YTD									
Group	MetroHealth Pt Activity	Pt Adj	PY Pt Activity	Pct of Yr	Projected Annual Pt	Pro-rated Total Spend	Domestic Spend	YTD SOC	
Total Medicare	46,352	1.7%	43,855	75.5%	62,471	\$ 375,994,163	\$ 176,780,368	47.4%	
Medicaid	69,739	18.0%	76,367	65.0%	126,680	\$ 202,308,826	\$ 129,488,049	61.1%	
Commercial PPO	65,132	0.0%	59,931	60.1%	108,407	\$ 389,664,589	\$ 160,166,856	44.5%	
Commercial Narrow Network	17,170	12.0%	15,412	74.1%	25,953	\$ 62,174,980	\$ 49,011,303	81.7%	
TOTAL PATIENT POPULATION	198,393		195,565		323,511	\$ 1,030,142,559	\$ 515,446,575	50.0%	



Goal Owner: Nabil Chehade, MD

Strategy and Growth



Component 2: Improvement of Ambulatory Clinic Visit Volumes

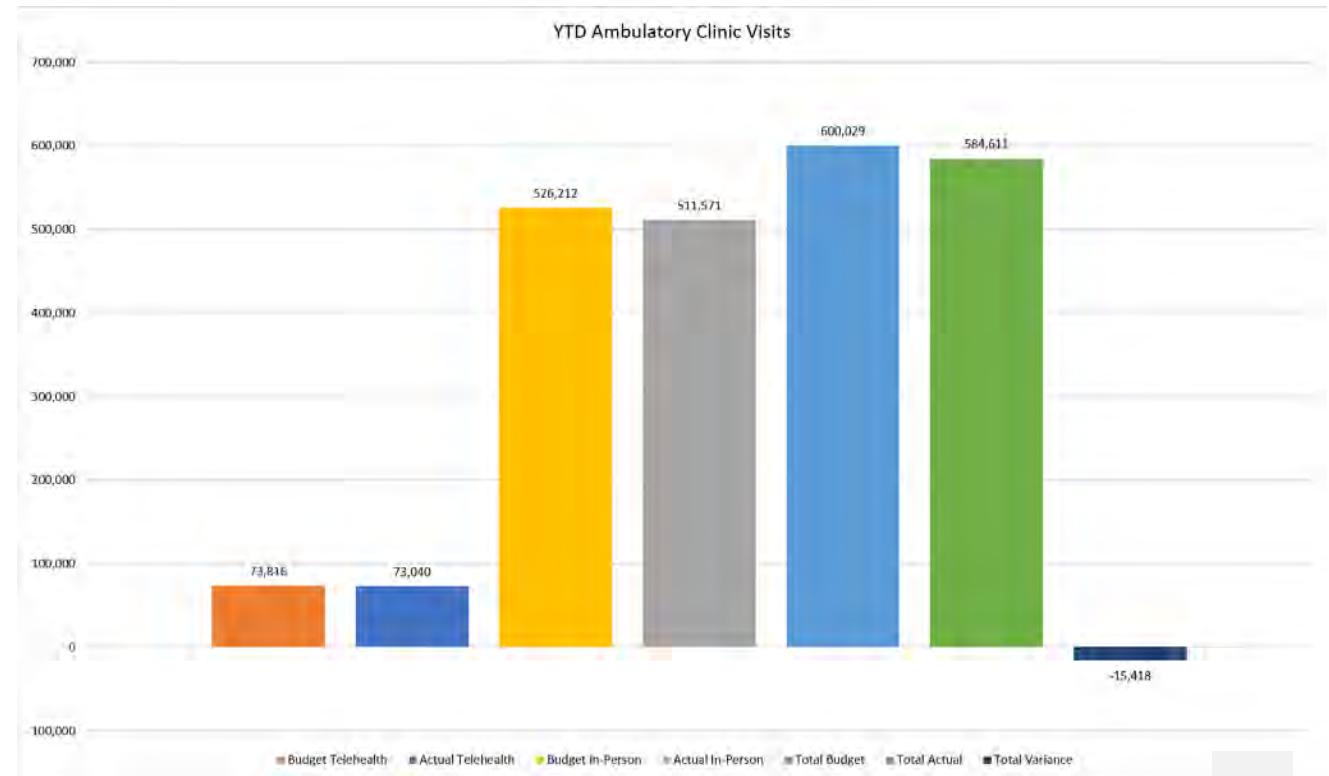
2026 COMPOSITE TARGET	Component Weight	Min	Target	Max	YTD Performance	Tracking
Ambulatory Clinic Visits	40%	1,441,519	1,461,261	1,481,273	584,611	GENERALLY ON TRACK

Status: **GENERALLY ON TRACK**

The Measure: Reported Ambulatory Clinic Visits completed between January 1, 2026 through April 30, 2026.

Recent highlights/initiatives:

- Total Ambulatory Clinic visits is 584,611 compared to Target (2026 Budget) of 600,029. This is 15,418 visits below Target.
- In-Person Clinic Visits are 2.8% below target (-14,641 visits) while Telehealth is 1.1% below target (-776 visits).



Strategy and Growth



Component 3: New Patient Growth Over New Baseline

2026 COMPOSITE TARGET	Component Weight	Min	Target	Max	YTD Performance	Tracking
New Patient Growth	10%	66,977	70,502	74,027	26,235	OFF TRACK

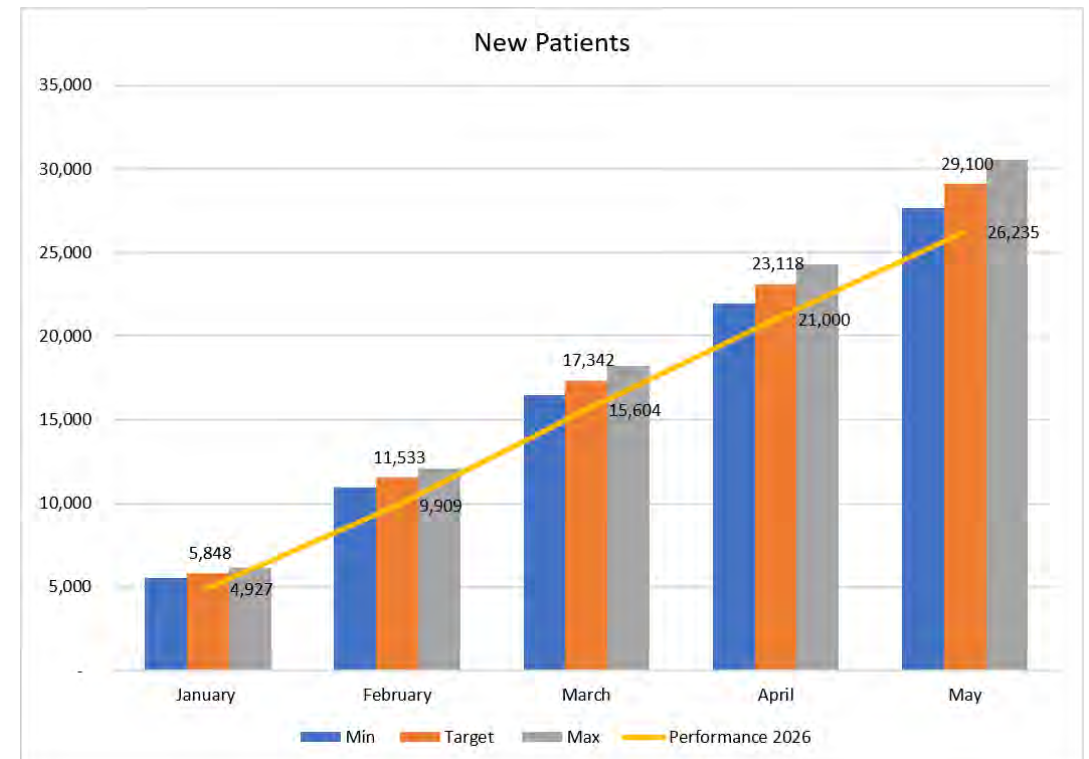
Status: **OFF TRACK**

The Measure: Improvement to the number of new patients seen in 2026 from Baseline (prior 3-yr historical average). New Patients are individuals that have not had a financial transaction with The MetroHealth System in the prior 3 years.

Why It Matters: New patients are required for sustainability and growth of our patient population as natural churn occurs.

Recent highlights/initiatives:

- Current patient trend is 9.8% below Target and 5.1% below Min.
- This is 2,865 new patients below Target.



Goal Owner: Nabil Chehade, MD

Quality, Safety and Experience



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

Status: EXCEEDING GOALS

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.

2026 COMPOSITE TARGET	YTD HARM SCORE	YTD SEPSIS MORTALITY	YTD COMPOSITE SCORE
0.98	0.80	1.23	0.80

Recent highlights/initiatives:

- Our May year-to-date performance is currently 23% better than our 2025 end of year performance
- Due to great collaboration between our nursing department and infection prevention team we are seeing improvements in our CLABSI and CAUTI rates with May have none of these critical hospital acquired infections.
- We scored 95.8% on our CMS Hospital Outpatient Quality Reporting (OQR) audit. Failing this audit would have resulted in a 2% reduction to MetroHealth's Annual Outpatient Prospective Payment update.

Quality, Safety and Experience



Goal #2: Improving the Patient Experience

Status: **EXCEEDING GOALS**

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 survey. 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.

2026 TARGET	YTD 2026 (April)
3.0	3.17

Recent highlights/initiatives:

- MetroHealth saw a 22% increase in grievances during Q1 but thanks to our Patient Relations team collaborating with all areas of the system, we continue to meet CMS requirements with a 30-day closure of 100%.
- Outpatient and Ambulatory Surgery (OAS) CAHPS achieved a 2.8% higher "overall rating" and 2.9% higher "would recommend" score compared to other safety net hospitals' average scores.
- Compassionate Communication in Care training, co-created by ENT leadership and facilitated by Patient Experience was incorporated into the ENT retreat to reinforce the power of listening, tools for connecting, communication strategies and the importance of empathy in healthcare.

Quality, Safety and Experience



Goal #3: Ambulatory Quality Metrics Improvement

Status: **ON TRACK**

The Measure: As part of our commitment to elevating the level of care we provide, we are tracking 13 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.

2026 SCORING	2026 YTD COMPOSITE
Threshold: 14 pts	5 pts
Target: 18 pts	
Stretch: 22 pts	

Measures	Baseline	2026 Target	YTD 2026	Points
Cervical Cancer Screening (%)	66%	67%	67%	2
Breast Cancer Screening (%)	75%	76%	74%	0
Colorectal Cancer Screening (%)	63%	64%	61%	0
Kidney Health Evaluation (%)	61%	62%	31%	0
Diabetes: Glycemic Status Assessment Greater Than 9% (Lower is Better) (%)	22%	21%	37%	0
Controlling Blood Pressure (%)	72%	73%	71%	0
7 Day Follow Up for SUD ED Patients (%)	11%	13%	12%	1
Timeliness of Prenatal Care (%)	82%	83%	83%	2
Well-Child Visits in First 15 Months (%)	61%	62%	57%	0
TFU for Inpatient Discharges (7 day) (%)	52%	53%	51%	0
Pharmacy Capture Rate (%)	57%	61%	59%	0
Completion of Medicare Wellness Visits (N)	16796	17500	6205	0
Improving Annual Comprehensive Assessments of Care Conditions (%)	69%	72%	57%	0

Employee Engagement and Retention



Goal: Improvement of Employee Engagement Survey Engagement Index Score

Status: n/a (survey has not launched)

The Measure: The Engagement Index is a composite measure that reflects employees' motivation, commitment and connection to the organization. Perceptyx builds the index from a small set of core engagement items that assess intent to stay, pride, advocacy and willingness to give extra effort.

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.

2026 Target Goal	2026 Performance
81.4%	n/a - Survey has not yet launched

Recent employee engagement activities include:

- In recognition of Hospital Week (May 10–16), all employees received an eCard with a monetary points deposit on behalf of the CEO, acknowledging their valuable contributions to the System. Points can be redeemed for gifts from our online storefront. The message also included a “Save the Date” for the upcoming August employee appreciation event.
- HR kicked off summer appreciation efforts on June 8 by providing lunches to the decentralized WIC teams during their All-Staff meetings.
- HR and the MetroHealth Foundation teams partnered together for the OPHC Open House event on June 11, offering employees the opportunity to tour the space. Participants received a commemorative pin and a postcard featuring a small copy of the mural displayed in the Pediatrics Department.



Employee Engagement and Retention



Goal: Reduction in Turnover Rate Within First Year of Employment

Status: ON TRACK

The Measure: This measure is defined by taking the number of employee departures within first year of employment and dividing it by the number of employee departures in 2026.

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

2025 Year-End Baseline	2026 Target Goal	Q1 2026
35.6%	33.8%	32.6%

Recent retention highlights include:

- 0 Inpatient PCNAs exited MetroHealth in the month of May.
- Talent Acquisition's recent visit to the University of Akron resulted in 5 students interested in Respiratory Therapy Assistant roles.
- 18 Radiology staff members were hired during first half of 2026, with another 9 set to start in the near future. This will reduce staff burnout and decrease the reliance on travel staffing.
- HR held workshops and training sessions throughout the month of May with caregivers at an ambulatory site to improve cross-departmental communication and collaboration, establish accountability and role clarity, rebuild trust, and create sustainable engagement throughout the team and their leaders. One leader noted they are already seeing improved teamwork and employee engagement.

Research and Teaching



Goal: Increase Grant Applications

Status: **OFF TRACK**

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.

2025 Year-End Baseline	2026 Target Goal	YTD
116 applications	90 applications	33 [Annualized 79]

Recent academic highlights include:

- May 20, 2026: Medtronic announced their intention to acquire SPR Therapeutics, a Cleveland biotech company commercializing percutaneous peripheral nerve stimulation (PNS), for \$650 million. Percutaneous PNS was developed by investigators at MetroHealth, CWRU and the Cleveland FES Center.
- **March 12, 2026: First-in-human implantation of the KeyGrip System, the most recent iteration of an implanted upper limb neuroprosthesis system for SCI.**
- Grants are slowly trickling in! These grants have notice of award.
 - HRSA: Primary Care Training and Enhancement – Residency Training in Street Medicine; PI: Adebambo; \$2.5 million; start 5/13/26
 - NSF: The COSMIIC Open-Source Neuromodulation Ecosystem; PI: Fu; 1.5 million; start 9/1/26
 - OH Department of Higher Education: Launching a minimum viable product robotic caregiving system for people with cervical SCI; PI: Schearer; \$488K; start 6/1/26
 - VA grants awarded to investigators based at MHS with joint appointment at the Cleveland VA:
 - Wearable monitoring of post-stroke arm movement quality; Investigators: Pulliam, Bryden, Pundik; \$342K, Start 1/1/27
 - Enabling MRI compatibility for a modular neuroprosthesis; PI: Makowski; \$1.28 million
 - Noninvasive electrical stimulation device to improve bladder control for men with SCI; \$963K

System News and Accomplishments

Gun Violence Awareness Day

On June 5, caregivers, community leaders, local organizations and survivors of gun violence gathered for our **3rd Annual Gun Violence Awareness Day**, part of National Gun Violence Awareness Month. As the region's premier Level I trauma center, MetroHealth and our caregivers know too well the impact gun violence has on our communities. Nearly 130 people are killed with guns every day, and about twice as many people are shot and injured.

These deaths and injuries are preventable, but prevention takes all of us working together.

The event's featured panel discussion – “The Ecosystem of Violence Prevention” – was moderated Myesha Watkins, Administrator of the Cuyahoga County Office of Violence Prevention, and featured Ohio Rep. Darnell Brewer; Shanell Harris, MSSA, LSW, TICP, Manager of the MetroHealth Trauma Recovery Center; and Giovanni Sanchez, survivor of gun violence.

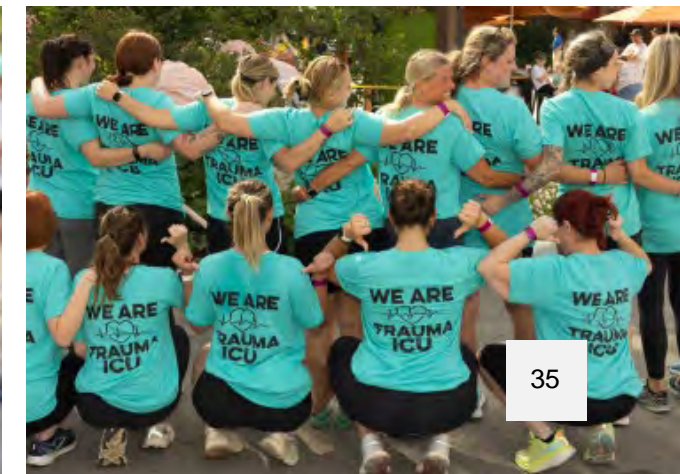


Resiliency Run

More than 1,250 members of our MetroHealth family, survivors, caregivers and community partners came together at the Cleveland Metroparks Zoo on Saturday, June 6, for our 10th annual **Resiliency Run**.

Participation climbed 10% over last year, setting a record and making this our most successful run yet.

This event continues to honor the strength and determination of trauma and burn survivors, as well as the caregivers who support them during their recoveries.



Outpatient Health Center

Earlier this month, we marked an exciting milestone with two special events honoring the opening of our new **Outpatient Health Center**, which will welcome its first patients on July 27.

On Thursday, June 11, employees got a first look during an open house that featured self-guided tours through key areas on the ground level and 5th floor. Along the route, subject matter experts were on hand to answer questions at stations highlighting the Cancer Center, Center for Breast Health, Pediatrics, the 24/7 drive-thru Retail Pharmacy and more.

We continued the celebration on Saturday, June 13, with a ribbon cutting and community open house attended by elected officials and local leaders.



The MetroHealth Foundation



Notable Gifts (\$25,000+)

- A bequest of \$1,000,000 in support of Emergency Medicine.
- A grant of \$33,000 from The Shannahley Foundation in support of the Benjamin Gerson Family Endowment.

2026 Communications Strategy

- Integrating strategy, storytelling and data-driven, multi-channel outreach to ensure the right message reaches the right audience – and inspires engagement and giving.
- Advancing a consistent, integrated communications approach across platforms to strengthen donor engagement and reinforce MetroHealth’s mission.

Storytelling Initiative

- Expanding Foundation Board storytelling efforts to help members clearly articulate why MetroHealth matters to them.
- Providing tools and training to support 90-second personal stories that connect individual experiences to system priorities.
Equipping Board members to navigate complex conversations.

GIVING Magazine (Spring 2026)

- Theme: “Where Compassion Begins: With You.”
- Reinforces alignment with 2026 priorities through compelling, mission-driven storytelling.



[Read this issue.](#)



Partners in Good Health

- **Experian:** Renewed investment in MetroHealth's School Health Program, expanding access to care for more than 6,200 students across Cleveland schools. [Read the press release.](#)
- **National EMS Week | Miller Family Support:** Hosted system-wide cookouts to recognize first responders as vital partners in trauma care. Special thanks to Barb and Abe Miller for their generosity in making this recognition possible.
- **Buhrer Dual Language Academy + America SCORES Cleveland:** Students (grades 3–5) participated in a Soccer/Poetry program, building confidence on and off the field. Led a spring service project benefiting MetroHealth's Child Life Department. Buhrer is a School Health Program partner site.
- **Perspectus Architecture:** Recognized as a [2026 Humanity Corporate Partner.](#)

Foundation Board Engagement

Annual Meeting & Retreat | MidTown Collaboration Center

- Focused on the evolving healthcare landscape and MetroHealth's path forward.
- Emphasized the role of storytelling, connection and engaged board leadership in strengthening philanthropic impact.
- Featured discussion with **Christine Alexander-Rager, MD.**

Foundation Board Transitions

- **Renewing Terms:** John Chae, MD; Bill Clawson; Jade Davis; Eric Fiala; JoAnn Glick; Terry Stancin, PhD; Jacke Wiedemer.
- **New Members:** Ann Aber; Luis Cartagena, CPA; R. Justin Mistovich, MD, MBA; Candace Mori, PhD, RN, APRN, ACNS-BC, NEA-BC, ONC.
- **Concluding Service:** John Grech; Melissa Kline, DNP, RN, NEA-BC; Marcy Levy Shankman, PhD; Sherrie Dixon Williams, MD; Aaron B. Witwer.

Mark Your Calendars

- **The Clyde L. Nash, Jr., MD Professorship in Orthopaedic Education Installation of Harry Hoyen, MD** - Tuesday, July 14 | 4:30–6:30 p.m. at The Glick Center, Main Campus.



Nursing

- The Postpartum Unit celebrated **365 days without a parental baby drop** — a major patient-safety milestone. This success reflects focused prevention efforts, stronger education for new parents and a unit-wide commitment to safety. The team’s work also contributed to broader quality initiatives, including MetroHealth’s recent Magnet designation with distinction.
- MetroHealth’s **Patty Pawlak, Nate Albright** and **Katie Davis Bellamy** attended the American Organization for Nursing Leadership’s advocacy day in Washington, D.C. Advocacy Day is AONL's premier two-day event that brings nurse leaders together to influence policy and elevate nursing leadership at the national level.
- A long-stay patient praised PCNA **Barbara “Barbie” Siegel** for her exceptional, compassionate care, nominating her for the BEE Award — which recognizes ancillary staff who demonstrate outstanding teamwork, compassion and daily excellence. Barbie is known for treating every patient like family and consistently going above and beyond to support their needs.



Government Relations

- STRIDES by Ryan Johnson at the First Suburbs Consortium meeting.
- Attendance at ADAMHS Board Annual Meeting and City Club Forums for CMSD CEO Warren Morgan and Mayor Justin Bibb
- Brecksville Mayor Darryl Kingston visit to Brecksville Health Center for EMS week cookout.
- Cuyahoga County Press Conferences on Water Safety (Dr. Escajeda) and Gun Violence (Anthony Zalewski)
- Chief Greiner, Deb Southerington, Romona Brazile testimony at the Cleveland City Council Public Safety Committee on Healthcare Workplace Violence Menacing Ordinance.
- Community Violence Listening Session with Councilwoman Jasmin Santana at Via Sana
- Dr. Alexander introductory meetings with Westlake Mayor Dennis Clough and Cleveland Heights Mayor Jim Petras
- Cuyahoga County Women's Health Commission Community Conversation- Dr. Alexander, Dr. Connie Moreland, and Tracy Hardy
- Cuyahoga County Board of Health Nursing tour of Birthing Center



Community Relations

- Sponsorships
 - National Medical Association Region IV Conference
 - Asian Festival- Health Pavillon Sponsor
 - Senior Transportation Connection
 - SafePlace
 - WellLink- ConnectNEO
 - Pride in the CLE
 - Honey from the Rock Foster Care Awareness Month Luncheon
 - Bikur Cholim Safety Fair
 - Positive Plus Violence
 - La Placita



Communications

Pediatric Trauma Care Highlights

- [MetroHealth to scale back pediatric trauma care, citing lack of need](#) – Signal Cleveland
- [MetroHealth to close pediatric trauma center](#) – Cleveland.com/Plain Dealer.
- [MetroHealth won't reverify its pediatric trauma center](#) – ideastream
- [MetroHealth will no longer have a pediatric trauma care center](#) – ideastream
- [MetroHealth to end Level II pediatric trauma center designation](#) – WKYC
- [MetroHealth declines reverification of pediatric trauma center](#) – Spectrum News

Cleveland Clinic plans to pursue Level I Trauma:

- [Ohio lawmakers say Cleveland Clinic hasn't shown need for new Level I Trauma Center](#) – Cleveland.com/Plain Dealer.
- Dr. Gary Tinkoff's op-ed was published in Crain's Cleveland [Opinion: Northeast Ohio already has enough trauma centers - Crain's Cleveland Business](#)

Communications



OPHC employee and community open houses

- [MetroHealth debuts outpatient facility amid cost pressures - Cleveland Business Journal](#)
- <https://vimeo.com/1201513622/171688d17b?share=copy&fl=sv&fe=ci>

Internal Communications

- Managed employee communications, which included some of the following:
 - Pediatric Trauma update
 - OPHC opening updates/parking
 - Dr. Robert Smith retirement tribute
 - Fireside Chat with Dr. Alexander
 - Emergency Road Repairs



Marketing

Emergency Care Campaign

Objective: Build awareness and drive patient volume into MetroHealth Emergency Departments by reinforcing expert, close-to-home care for patients of all ages.

Strategy

- Geo-targeted, multi-channel campaign focused on community locations surrounding Brecksville, Parma and Cleveland Heights
- Emphasizes expertise, proximity and care for the entire family

Multi-Media Campaign

- Paid: Search, social media, streaming radio, outdoor, print, direct mail
- Owned: Email, social, web content, internal messaging, [Be SimplyWell](#) and [FieldBrief](#) newsletters
- Earned: Media outreach, thought leadership, EMS/community partnerships, Cleveland Metroparks partnership channels



Cuyahoga County Fresh Water Institute Joins Partner Agencies to Promote Water Safety Month

[Watch the Water Safety press conference with Dr. Escajeda, emergency medicine](#)



Social media

Awards and Recognitions



- **Barbara "Barb" Riley**, Cuyahoga County Women, Infants, and Children (WIC) Director, has been elected treasurer of the National WIC Association (NWA) Executive Board of Directors. The NWA is the nonprofit voice of the 12,000 public health nutrition service provider agencies who serve over 6.7 million mothers, babies and young children served by the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).
- **Aliza Bartunek, APRN**, a nurse practitioner with MetroHealth's Foster Care Program, was recently honored for her leadership in ensuring children entering foster care are met with compassion and dignity. Bartunek received the Impact Award on May 22 during a Foster Care Awareness Month luncheon hosted by the city of Cleveland and Honey from the Rock, a local nonprofit, volunteer-run foster care closet.
- **Jill Evans, MSN, RN, NI-BC**, Chief Nursing Informatics Officer, has been named to Becker's Hospital Review's "170 Women in Health IT to Know" list. This recognition honors leaders who are advancing healthcare through innovation and technology.
- The 2026 GME Awards honored outstanding trainees and leaders who exemplify excellence in education, mentorship and patient care. This year's recipients include Resident Excellence Award winner **Thomas Lampeter, MD**; Fellow Excellence Award winner **Riya Kalra, MD**; Program Coordinator Award recipient **Katie Shergalis**; and Program Director Excellence Award honoree **Sirisha Kundrapu, MD**.



Barb Riley



Aliza Bartunek, APRN



Jill Evans, MSN, RN, NI-BC



Thomas Lampeter, MD



Riya Kalra, MD



Katie Shergalis



Sirisha Kundrapu, MD

The following actions to the MetroHealth System Medical Staff will be reviewed by the Credentials Committee on May 26, 2026.
 The Actions will then be reviewed by the Medical Executive Committee on June 12, 2026.

Resignations

<i>Name</i>	<i>Department</i>	<i>Division</i>	<i>End Date</i>
Hamilton, Lauren, MD	Radiology		5/15/2026-ET
Khambatta, Parvez, MD	Medicine	Gastroenterology	4/30/2026-R
Schaublin, Greg, MD	Neurology		5/26/2026-R

Category Change

<i>Name</i>	<i>Category From</i>	<i>Category To</i>	<i>Date</i>
Gates Ely, Jacqueline, APRN-CRNA	Associate	Privileged Non-Member	5/6/2026
Jiang, Ailin, APRN-CRNA	Associate	Privileged Non-Member	5/1/2026
Opaskar, Kristin APRN-CRNA	Associate	Privileged Non-Member	5/15/2026

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 May 26, 2026. The appointments will then be reviewed and accepted by the Medical Executive Committee on June 12, 2026.

Active

<i>Name</i>	<i>Department</i>	<i>Division</i>	<i>Effective</i>
Ashraf, Muhammad, MD	Medicine	Hospital Medicine	7/1/2026
Bullock,-Mowoh, Danielle, MD	Family Medicine		6/15/2026
Potter III, Richard, MD	Emergency Medicine	Addiction Medicine	7/1/2026
Sanfilippo, Matthew, DO	Pediatrics	Neonatology	7/27/2026
Sullivan, David, MD	Medicine	Hospital Medicine	7/1/2026
Yoho, Somer, PsyD	PM&R	Rehab Psychology	5/27/2026

Associate

<i>Name</i>	<i>Department</i>	<i>Division</i>	<i>Effective</i>
Lamar-Martina, Antoinette, APRN-CNP	Psychiatry		5/27/2026

Privileged Non-Member

<i>Name</i>	<i>Department</i>	<i>Division</i>	<i>Effective</i>
Abott, Kalen, MD	Emergency Medicine		5/27/2026
Carvey, Matthew, MD	Emergency Medicine		5/27/2026
Lanh, Sothivin, MD	Emergency Medicine		5/27/2026
Ortiz Flores, Edgardo, MD	Medicine	Hematology/Oncology	5/27/2026

Non-Reviewable Clean List Files

Privileged Non-Member

<i>Name</i>	<i>Department</i>	<i>Division</i>	<i>Effective</i>
Kafer, Cyrene, LPCC	Psychiatry	Social Work	5/27/2026
Wenger, Matthew, RA	Radiology		5/27/2026

MAY 2026 REAPPOINTMENTS

LastName	First Name	Degree	Category	Department1	Division
Adoni	Andrea	APRN-CNP	Associate	Surgery	Trauma/Burn/Critical Care
Alter	Jonathan	MD	Active	Anesthesiology	
Alto	Kathleen	Ph.D.	Active	Psychiatry	Psychology
Atassi	Tarik	DO	Active	Medicine	Hospital Medicine
Baranoski	John	MD	Active	Medicine	Hospital Medicine
Bell	Jennifer	MD	Active	Medicine	Hospital Medicine
Budziak	Ryan	PA-C	Privileged Non Member	Neurosurgery	
Dedhia	Nikita	MD	Active	Neurology	
Escajeda	Jeremiah	MD	Active	Emergency Medicine	
Fibbi	Meghan	DO, MPH, AAHIVS	Active	Family Medicine	
Galvin	Jeffrey	MD	Active	Medicine	Internal Medicine
Guay	Daniel	MD	Active	Anesthesiology	
Hager	Dorothy	APRN-CNP	Associate	Neurology	
Hoeprich	David	MS	Privileged Non Member	Radiology	
Hoshi	Malcolm	MD	Active	Emergency Medicine	
Kondapaneni	Meera	MD	Active	Medicine	Cardiology
Kornyushenko	Natalya	APRN-CNP	Associate	Family Medicine	
Kumar	Manjusha	MD	Active	Medicine	Internal Medicine
MacDougall	Kelsey	Psy.D.	Active	Psychiatry	Psychology
Majors	Eric	PA-C	Privileged Non Member	Surgery	Cardiothoracic
Mellen	Dannielle	APRN-CNP	Associate	Geriatric Medicine	
Mostafa	Gamal	MD	Privileged Non Member	Surgery	Trauma/Burn/Critical Care
Parikh	Krupa	MD	Active	Medicine	Internal Medicine
Pinto	Andres	DDS, DMD	Privileged Non Member	Dental Medicine	Oral & Maxillofacial Surgery
Pirela Araque	Daniela	MD	Active	Medicine	Endocrinology
Pounds-Lewis	Carolyn	APRN-CNP	Associate	Geriatric Medicine	
Price	Jessica	APRN-CNP	Associate	Family Medicine	
Rowe	Amanda	APRN-CNP	Associate	Emergency Medicine	Life Flight
Rupani	Sawan	MD	Active	Medicine	Endocrinology
Scarpino	Andrea	APRN-CNP	Associate	Physical Medicine & Rehabilitation	Pain Management
Senko	Lillian	APRN-CNP	Associate	Pediatrics	Foster Care
Settemires	Sheena	APRN-CNP	Privileged Non Member	Anesthesiology	Pre-Surgical Testing
Sitzenstock	Susan	DNP, APRN-CNP	Associate	Family Medicine	Express Care
Song	Gengqing	MD	Active	Medicine	Gastroenterology
Speice	Michael	PA-C	Associate	Emergency Medicine	
Stegemiller	Hayley	AuD.CCC-A	Privileged Non Member	Otolaryngology	Audiology
Suguness	Arvind	MD	Active	Medicine	Pulmonary Medicine
Talbott	Patrick	MD	Active	Medicine-Pediatrics	
Wannemacher	Jason	DNP, APRN-CNP	Privileged Non Member	Emergency Medicine	Life Flight
Weaver	Jeffrey	APRN-CNP	Associate	Medicine	Nephrology
Winfield	Harry	MD	Active	Dermatology	

**RECOMMENDATION TO THE PRESIDENT AND CHIEF EXECUTIVE OFFICER
OF THE METROHEALTH SYSTEM
FOR APPROVAL OF A CLAIM SETTLEMENT**

Recommendation

The Executive Vice President & Chief Legal Officer recommends that The MetroHealth System approve the settlement of claim number 24-33-0723 in an amount not to exceed \$3,750,000 for The MetroHealth System, to be paid out of operations and to be submitted for reimbursement by Select Assurance Captive, LLC.

Background

The Board has reviewed this claim with the Chief Legal Officer. This authorization does not admit liability in this claim but expressly denies the same, and the settlement is authorized only in compromise of a disputed matter. The underlying facts and other considerations have been previously discussed with the Board of Trustees.

Approval of a Claim Settlement

RESOLUTION XXXXX

WHEREAS, the Board of Trustees of The MetroHealth System has been presented a recommendation for the settlement of Claim No. 24-33-0723; and

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

NOW, THEREFORE, BE IT RESOLVED, the Board of Trustees of The MetroHealth System hereby approves settlement of Claim No. 24-33-0723 in an amount not to exceed \$3,750,000 to be paid out of operations and to be 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:

**RECOMMENDATION TO THE PRESIDENT AND CHIEF EXECUTIVE OFFICER
OF THE METROHEALTH SYSTEM
FOR APPROVAL OF A CLAIM SETTLEMENT**

Recommendation

The Executive Vice President & Chief Legal Officer recommends that The MetroHealth System approve the settlement of claim number 25-0268 in an amount not to exceed \$1,500,000 for The MetroHealth System, to be paid out of operations and to be submitted for reimbursement by Select Assurance Captive, LLC.

Background

The Board has reviewed this claim with the Chief Legal Officer. This authorization does not admit liability in this claim but expressly denies the same, and the settlement is authorized only in compromise of a disputed matter. The underlying facts and other considerations have been previously discussed with the Board of Trustees.

Approval of a Claim Settlement

RESOLUTION XXXXX

WHEREAS, the Board of Trustees of The MetroHealth System has been presented a recommendation for the settlement of Claim No. 25-0268; and

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

NOW, THEREFORE, BE IT RESOLVED, the Board of Trustees of The MetroHealth System hereby approves settlement of Claim No. 25-0268 in an amount not to exceed \$1,500,000 to be paid out of operations and to be 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: