



# The MetroHealth System

## Board of Trustees

Wednesday, January 24, 2024

3:30 - 5:30 pm

The MetroHealth System K-107 or via Zoom

## Board of Trustees

## Regular Meeting

# The MetroHealth System Board of Trustees

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## FULL BOARD REGULAR MEETING

**DATE:** January 24, 2024  
**TIME:** 3:30 – 5:00 pm  
**PLACE:** The MetroHealth Board Room (K-107) or via Zoom  
<https://us02web.zoom.us/j/88675402788>

### AGENDA

- I. **Approval of Minutes**  
Minutes of December 20, 2023, regular meeting of the Board of Trustees
  - II. **Mission Moment**
  - III. **Committee Reports**
    - A. Facilities and Planning Committee – I. Chappell
    - B. Governance Committee – I. Chappell
  - IV. **Consent Agenda**
    - A. Approval of Amended and Restated Bylaws for the Board of Trustees
    - B. Approval of Continuing Official Roles with Certain Partner Entities
  - V. **President and CEO’s Report – A. Steed**
  - VI. **Medical Staff Report – Dr. Joseph**
    - A. Approval of Medical Staff Provider Appointments, Actions and Reappointments for January 2024
    - B. Acceptance of Medical Executive Committee Minutes of December 8, 2023
  - VII. **Information Items**
    - A. Annual Report on Donations – K. Brown
    - B. Update on Strategic Planning Process – Dr. Steed and D. Hollings
  - VIII. **Executive Session**
- Return to Open Meeting**
- IX. **Recommendations/Resolutions**
    - A. Approval of Performance-Based Variable Compensation Plan System Goals for 2024
    - B. Approval of Support of a Nonprofit Affiliate

# The MetroHealth System Board of Trustees

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## FULL BOARD REGULAR MEETING

Wednesday, December 20, 2023

5:00 – 7:00 pm

The MetroHealth System Board Room (K-107) and Via Zoom

### Meeting Minutes

**Trustees:** Inajo Chappell-I, John Corlett-I, Maureen Dee-I, Robert Hurwitz-R, JB Silvers-I, E. Harry Walker, M.D.-R, Vanessa Whiting-I <sup>1</sup>

**Staff:** Airica Steed, Ed.D,-I Christine Alexander, M.D.-R, Laura Black-I, Richard Blinkhorn, M.D.-I, Kate Brown-I, Nabil Chehade, M.D.-I, Joseph Golob, M.D.-I, Joseph Frolik-I, Betty Halliburton-I, Derrick Hollings-R, Melissa Kline-I, William Lewis, M.D.-I, Charles Modlin, M.D.-I, Alison Poullos-I, Sonja Rajki-I, Deb Southerington-R, Maureen Sullivan-I, Dalph Watson-I, Adam Winston-I,

**Guests:** Jasmine Boutros-R, Suzanne Aral-Boutros-I, Tess Boutros-I, Sal DiFonzo-AJG-R, Jerrod Holloway-KPMG-R, Gail Long-I, Sabrina Roberts-I, Craig Strom-AJG-R, William Tarter-R, Julie Washington-I

Dr. Walker called the meeting to order at 5:14 pm, in accordance with Section 339.02(K) of the Ohio Revised Code with a quorum present.

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

### **I. Approval of Minutes**

The minutes of the November 20, 2023, regular Board Meeting were unanimously approved as submitted. RESOLUTION NO. 19594

### **Public Comment**

Dr. Walker opened the floor for a comment by a member of the public, Ms. Sabrina Otis. Ms. Otis informed the group that there are a few things she would like the Board to consider as the new year begins, (1) there are not enough pediatric physicians; (2) she asked if there could be a clinic created to mimic the Geriatric Clinic on the eastside of Cleveland, and (3) Ms. Otis asked if the size, seats and headroom of the shuttle be reconsidered for the comfort of larger individuals.

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<sup>1</sup> I-In-person, R-Remote

# The MetroHealth System Board of Trustees

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Dr. Walker thanked Ms. Otis for her time and extended his appreciation for her comments and wished her and her family a happy holiday season.

## **Proclamation for Walter Jones**

Dr. Walker acknowledged the recent passing of Walter Jones and read into the record a formal Proclamation and Mr. Jones' service to The MetroHealth System.

Dr. Walker asked for a motion to support the proclamation which was unanimously approved

Dr. Walker related that Dr. Steed is working to put together a more formal acknowledgement within Glick for Mr. Jones and Dr. Walker extended his deepest sympathies on behalf of The MetroHealth Systems Board of Trustees to Mr. Jones' wife and family.

## **II. Mission Moment**

Dr. Walker shared that today's Mission Moment is a video highlighting the first-year anniversary of Dr. Airica Steed as The MetroHealth System President and CEO. The video was viewed.

Dr. Steed commented that she's had an incredible year with an amazing team. Dr. Steed continued by indicating MetroHealth is truly a tremendous organization with a powerful mission and a formidable focus on community and stated that she would not have been able to accomplish these tasks without the assistance of the amazing leadership team here today; in addition to the other many leaders, caregivers, and all who are a part of our organization who are completely dedicated to mission. Dr. Steed extends thanks to the Board of Trustees, all the team members for giving her this opportunity and she expressed her appreciation stating how honored she is to serve in her role.

## **III. Committee Reports**

### **A. Equity, Inclusion and Diversity – V. Whiting**

Ms. Whiting summarized the committee meeting held earlier today. The Committee's Charter has been updated with a new direction and vision, including a name change from Equity, Inclusion and Diversity to the Health Equity and Diversity Committee. This name change is meant to align with the System's focus on equity and diversity work particularly in addressing health outcomes. The committee will oversee and champion the Systems activities related to health equity and diversity. Ms. Whiting believes that MetroHealth may be the first board to have a committee to focus on health equity and indicated the board is proud of this and it is the hope that other boards would follow. Ms. Whiting further informed the group of a report presented by Dr. Steed and Dr. Modlin, a report from Mr. Chagin, Mr. Kaufmann and Dr. Chehade on review of the Lown Institute Rankings.

# The MetroHealth System Board of Trustees

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## IV. President and CEO's Report

Dr. Steed wished everyone a happy, safe and healthy holiday season and a joyful and prosperous New Year. Dr. Steed also took a moment to honor, remember and celebrate our dear colleague, Walter Jones. In the short period of time of her tenure, Walter had a monumental impact on her, and he will be forever remembered.

Dr. Steed noted her written President and CEO's report as distributed in the meeting books. Last week Dr. Steed held her first State of the System presentation here at MetroHealth. Dr. Steed, along with the members of the leadership team had the opportunity to share updates from this past year, to showcase the vision for 2024 and beyond. There were thousands of colleagues who were able to participate in the presentation either live or in-person at various MetroHealth locations. Dr. Steed informed the group that she has committed to hosting these types of sessions on a quarterly basis and they are working to having quarterly engagement sessions which could be hosted where members of the community would be encouraged to attend, ask questions and share in our accomplishments and but also contribute to our vision and our strategy as we continue to move forward.

Dr. Steed informed the group that MetroHealth has had many challenges, although at the same time, MetroHealth has been able to demonstrate who we are in the in the face of adversity and has remained strong and resilient. The financial situation at the beginning of the year was very daunting; although as we continue to move forward, it has dramatically improved as we approach year end and the closing of the books, we are on task to hit our targets. Because of the team's hard work, we are slated to go from a \$1.6B organization, when Dr. Steed arrived a year ago, to a \$2B organization when the books close by year end 2024. This would be a \$400M increase. This rate of improvement, in the wake of what all healthcare organizations are going through, is almost unprecedented and Dr. Steed applauded the team for their hard work and diligence in accomplishing this task for the System.

Dr. Steed reported that performance on the quality and clinical side are showing major improvements. We have been able to exemplify our strategic focus on Clinical and Academic excellence which is one of our Strategic Pillars, and this year, we have been able to achieve a 40% reduction in patient harms in comparison to 2022, a nine percent increase in Patient Experience scores, and a 50% reduction in patient grievances. These are just a few of the improvements that have us on the path of becoming a five-star, A-rated organization, which reflects the best level performance improvement in in a five-year history of MetroHealth.

Lastly, Dr. Steed reported on the completion and approval of the biennial budget process with the Cuyahoga County Council, with MetroHealth's HHS Levy allocation being approved

# The MetroHealth System Board of Trustees

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to be raised from \$32.4M per year to \$35M per year, with this being our first increase since the 2016/2017 and this represents a strong sense of confidence in the work we are doing here at MetroHealth in serving the people of Cuyahoga County.

## **V. Medical Staff Report**

Dr. Alexander pointed the Board to the MEC meeting minutes and the appointments, reappointments, and actions of the Credentialing Committee that were included in the meeting materials. The medical staff were very excited to be able to have an in-person holiday celebration just this past weekend. Over half of the medical staff attended this function, a little more than 100 more people that typically attend the usual holiday celebration.

Dr. Alexander continued by informing the group that the medical staff Award Ceremony was moved into the holiday celebration. This involves presenting Medical Staff Excellence Awards, where each department nominates one physician and one advance practice provider for this recognition, which could be based on clinical excellence, leadership, or administrative duties. There were also two recipients chosen for the Joe Carter Care and Compassion Award, named for Dr. Cater who was a phenomenal physician in terms of his intelligence, compassion and died suddenly and these awards are in recognition of him. The names of the recipients are listed in packets.

The Board considered the Medical Staff Appointments, Reappointments and MEC Minutes from November 2023. The Board unanimously approved the same via RESOLUTION 19595.

## **VI. Information Items**

### **A. Notice of Impending Changes to the Bylaws**

Dr. Walker informed the group that the Board will be receiving notice of proposed changes to the Board of Trustees Bylaws. The Bylaws changes will also be reviewed at the Governance Committee, prior to be presented at the meeting in January 2024.

## **VII. Recommendations/Resolutions Approvals**

### **A. Approval of 2024 Board Schedule of Meeting**

Dr. Walker noted that the Trustees received the 2024 proposed Board Schedule of Meetings and opened the floor up for discussion of the schedule. With none, Dr. Walker asked for a motion to approve the resolution which was approved unanimously. RESOLUTION NO. 19596

# The MetroHealth System Board of Trustees

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## VIII. Executive Session

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

Members of the public were excused. The Board went into executive session to discuss the identified matters at 5:52 pm.

Following the executive session, the meeting reconvened in open session at approximately 7:19 pm and welcomed back the public via Zoom and those members of the public who remained in-person.

There being no further business to bring before the Board, the meeting was adjourned at 7:19 pm.

THE METROHEALTH SYSTEM

E. Harry Walker, MD, Chairperson

**RECOMMENDATION FOR THE APPROVAL OF  
AMENDED AND RESTATED BYLAWS FOR THE BOARD OF TRUSTEES**

**Recommendation**

The Chair of the Board of Trustees of The MetroHealth System recommends that the Board of Trustees approve Amended and Restated Bylaws for the Board, as set forth in Exhibit A attached hereto and as previously distributed to the Board.

**Background**

The Board conducts ongoing reviews of its Bylaws to identify the need for any updates or changes. The proposed amendments were provided to the Board in advance.



**APPROVAL OF THE AMENDED AND RESTATED BYLAWS  
FOR THE BOARD OF TRUSTEES**

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**RESOLUTIONXXXXX**

WHEREAS, the Board of Trustees of The MetroHealth System has been presented a recommendation to approve Amended and Restated Bylaws; and

WHEREAS, the Board's Governance 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 the Amended and Restated Bylaws for the Board of Trustees in the form attached hereto as Exhibit A.

AYES:

NAYS:

ABSENT:

ABSTAINED:

DATE:

THE METROHEALTH SYSTEM  
BOARD OF TRUSTEES BYLAWS

Amendments and Revisions through January 2024



THE METROHEALTH SYSTEM BOARD OF TRUSTEES BYLAWS

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## THE METROHEALTH SYSTEM

### BOARD OF TRUSTEES BYLAWS

#### PREAMBLE: SOURCE AND AUTHORITY

The MetroHealth System has been established as a county hospital and operates and is governed by Chapter 339 of the Ohio Revised Code. These Bylaws have been adopted by the Board of Trustees (the "Board") pursuant to Chapter 339 of the Ohio Revised Code. Any reference to the Ohio Revised Code shall mean the Code as now in effect or as may hereafter be amended and to the corresponding provisions of any similar laws subsequently enacted to those sections and provisions.

#### ARTICLE I: NAME

The name of this organization shall be The MetroHealth System. The MetroHealth System is the governing authority for an integrated system of health care facilities and programs operated by the organization. The term "organization" when used hereinafter may refer to the entire system or an individual component thereof as the context indicates.

#### ARTICLE II: ROLE AND PURPOSE

##### Section 1. Role and Purpose.

The role and purpose of the organization shall be to provide any or all health care or medical services, whether inpatient or outpatient services, diagnostic, treatment, care or rehabilitation services; wellness services; services involving the prevention, detection and control of disease; home health services or services provided at or through various facilities; education, training and other necessary and related services for the health professions; promote and carry on biomedical, health services and other related research; management or operation of any hospital facilities and the management, operation or participation in programs, projects, activities and services useful to, connected with, supporting or otherwise related to the foregoing health, wellness and medical services; wellness programs; and such other activities in furtherance of the foregoing health, wellness and medical services that may be in the best interests of the organization or the persons served by the organization or necessary to perform its mission and functions and respond to change in the health care industry as determined by the Board of Trustees.

Section 2. Mission Statement.

In order to provide a concise statement of the purposes and objectives of the organization for internal and external dissemination, the Board of Trustees shall develop and, from time to time, review and revise as necessary, a Mission Statement which shall be considered an addendum to these Bylaws when approved by the Board.

ARTICLE III: RESPONSIBILITY AND DUTIES

Section 1. Responsibility.

In accordance with the applicable provisions of the Ohio Revised Code, the Board shall have the authority and responsibility for the entire management and control of the organization, and shall establish such rules for its governance and the delivery of health care services as are necessary and expedient. Nothing in these Bylaws shall be construed to limit the statutory authority of the Board in the conduct of the affairs of the organization. The Board shall retain the right to rescind any assignment, referral, or delegation of authority.

Section 2. Education and Orientation.

Trustees of the Board shall understand and fulfill their responsibilities. New Trustees shall participate in an orientation program. Administrative leadership will offer continuing education programs to and share ongoing information with Trustees to assist them in understanding and fulfilling their responsibilities.

Section 3. Standard of Care; Duties.

A Trustee shall perform the duties of a Trustee, including the duties as a member of any committee of the Trustees upon which the Trustee may serve, in good faith, in a manner the Trustee reasonably believes to be in or not opposed to the best interests of the organization, and with the care that an ordinarily prudent person in a like position would use under similar circumstances.

In performing the duties of a Trustee, a Trustee is entitled to rely on information, opinions, reports, or statements, including financial statements and other financial data, that are prepared or presented by the following:

- (1) One or more Trustees, officers, or employees of the organization who the Trustee reasonably believes are reliable and competent in the matters prepared or presented;
- (2) Counsel, public accountants, or other persons as to matters that the Trustee reasonably believes are within the person's professional or expert competence; and/or

- (3) A committee of the Trustees upon which the Trustee does not serve, duly established in accordance with a provision of the Bylaws, as to matters within its designated authority, which committee the Trustee reasonably believes to merit confidence.

For purposes of this section, in determining what a Trustee reasonably believes to be in or not opposed to the best interests of the organization, a Trustee shall consider the purposes of the organization and may consider any of the following:

- (1) The interests of the employees, suppliers, creditors, and customers of the organization;
- (2) The economy of this state and of the nation;
- (3) Community and societal considerations; and,
- (4) The long-term and short-term best interests of the organization, including, but not limited to, the possibility that those interests may be best served by the continued independence of the organization.

#### ARTICLE IV: BOARD OF TRUSTEES

##### Section 1. Appointments.

Trustees shall be appointed pursuant to the provisions of Ohio Revised Code Section 339.02.

##### Section 2. Term of Office.

The number of members of the Board shall be ten (10) as provided in Ohio Revised Code Section 339.02 and each Trustee shall serve a term of office of six (6) years or such shorter term as may be required by the provisions of Ohio Revised Code Section 339.02.

##### Section 3. Conflict of Interest and Qualification.

A policy of the Board relative to conflict of interest, consistent with the applicable provisions of the Ohio Revised Code, shall be adopted by the Board.

Pursuant to Ohio Revised Code Section 339.02, no more than two Trustees shall be electors of the area served by the organization that is outside Cuyahoga County. Each Trustee shall be qualified to vote on any issue that may properly come before any meeting of the Board and to hold any office of the Board to which such Trustee may be elected or appointed, subject to the conflict of interest policy of the Board and the provisions of the Ohio Revised Code.

Section 4. Vacancies; Removal; Resignation.

All vacancies which occur on the Board by reason of expiration of term, death, resignation or removal from office shall be filled by the appointment of a new Trustee to fill the unexpired term, in accordance with the Ohio Revised Code. Any Trustee may be removed from office in accordance with the provisions of the Ohio Revised Code. Any Trustee may resign at any time by giving written notice of such resignation to the Chairperson of the Board.

Section 5. Principal Office.

The principal office of the Board shall be located at The Glick Center, 2500 MetroHealth Drive, Cleveland, Ohio 44109-1998 unless the Board designates another location.

ARTICLE V: REGULAR AND SPECIAL MEETINGS

Section 1. Regular Meetings and Open Meetings Policy.

The Board shall hold regular meetings at its principal office, or other convenient location as designated by the Chairperson of the Board, no less frequently than four times per year. A Schedule of Board and committee meetings for the coming year shall be adopted by the Board at its last regular meeting of the preceding year, and such schedule shall be made available to the general public upon request, in accordance with the Ohio Revised Code.

A policy of the Board relative to the open meetings law, consistent with the requirements of the Ohio Revised Code, shall be adopted by the Board.

Section 2. Quorum.

The number of Trustees that constitutes a quorum for regular and special meetings of the Board shall be the number required by Section 339.02 of the Ohio Revised Code or any successor provision thereto.

Section 3. Agendas and Procedures for Meetings.

Agendas for regular meetings of the Board shall be prepared by the President and Chief Executive Officer of the organization in consultation with the Chairperson of the Board. In addition to such items of current business as may be presented by the Chairperson for consideration at Board meetings, the following matters shall be considered by the Trustees at each regular meeting of the Board:



- a. Approval of minutes of previous meeting;
- b. Approval of expenditures for capital improvement above certain limits as may be established by the Board from time to time and such operating expense approvals as may be required by the Board from time to time;
- c. Approval of privileges for clinical practitioners and appointments of privileged practitioners as members of the medical staff of the organization and review of Medical Executive Committee minutes; and
- d. Such other matters as may be properly brought before the Board.

Any Trustee may cause an item to be included on the agenda of the next meeting of the Board by submitting it to the Chairperson of the Board at least ten days before the Board meeting.

#### Section 4. Special Meetings.

Special meetings of the Board shall be held upon the call of the Chairperson of the Board or upon the request, in writing, of any three Trustees. Pursuant to such notice, the Chairperson shall call a special meeting of the Board within ten days of the receipt of such request.

Written notice of a special meeting shall be transmitted to each Trustee at least forty-eight (48) hours before the date of such special meeting. This notice shall state the business for which the special meeting has been called, and no business other than that stated in the notice shall be transacted at such special meeting. The Trustees may waive such notice with the waiver effective only upon receipt of a written waiver from each Trustee.

#### Section 5. Emergency Meetings.

When a situation requires immediate official action, an emergency meeting of the Board may be held upon the call of any Officer of the Board or upon the request, in writing, of any three Trustees. Pursuant to such notice, the Chairperson shall call an emergency meeting of the Board immediately. Written notice of the emergency meeting shall be transmitted to each Trustee as soon as practicable before the emergency meeting. This notice shall state the business for which the emergency meeting has been called, and no business other than that stated in the notice shall be transacted at such emergency meeting.

#### Section 6. Annual Meeting/Election of Officers.

The regular March meeting of the Board shall be the Annual Meeting of the Board. At the meeting, Officers of the Board shall be elected and assume office.

Section 7. Special Meeting to Evaluate Mission and Board's Performance.

The Board shall hold a special meeting not less than once biennially to review the organization's mission and to evaluate the Board's role and performance related to achieving that mission unless the Board has otherwise accomplished such review and evaluation through regular meetings and/or Board retreats.

Section 8. Meeting by Authorized Communications Equipment.

Trustees or any member of a committee of the Board may participate in and act at any meeting of such Board or committee by means of authorized communications equipment if all persons participating in the meeting can hear each other simultaneously. Participation by such means shall constitute attendance and presence in person at the meeting and any such member shall be counted for purposes of determining whether a quorum is present and shall be permitted to vote. The Board shall maintain a record of any vote or other action taken at a Board or committee meeting conducted by means of authorized communications equipment and such records shall identify the members attending by means of authorized communication equipment. "Authorized communications equipment" means any communications equipment that provides a transmission, including, but not limited to, by telephone, telecopy, or any electronic means, from which it can be determined that the transmission was authorized by, and accurately reflects the intention of, the member or director involved and, with respect to meetings, allows all persons participating in the meeting to contemporaneously communicate with each other.

ARTICLE VI: OFFICERS OF THE BOARD

Section 1. Officers and Term of Office.

The Officers of the Board may include a Chairperson, a Chair-Elect (elected to serve for the final year of the Chairperson's service in such office), a Vice Chairperson, and a Secretary. All Officers shall be elected by the Board from among its own membership and shall hold office for a period of three years and until their respective successors shall have been duly elected and qualified. If the Chairperson serves two consecutive terms, she/he cannot serve as Chairperson for a minimum of three years from the end of the most recent term.

Section 2. Responsibility of Chairperson.

The Chairperson shall preside at all meetings of the Board, whether regular, special, or emergency, and shall be, ex-officio, a member of all committees of the Board. The Chairperson leads the Board and is the key liaison between the Board and the CEO and also shall have responsibility for the other duties of the office as designated by the Board, set forth in applicable policies and as hereinafter described.

### Section 3. Responsibility of the Chair-Elect.

The Chair-Elect shall act as the Chairperson in the absence of the Chairperson and, when so acting, shall have the power and authority of the Chairperson and shall preside at all meetings of the Board, and perform such duties as may be assigned by the Board or by the Chairperson.

The Chair-Elect shall:

- Become the MetroHealth Board of Trustees Chairperson at the next annual meeting of the Board of Trustees, unless a majority of the Board of Trustees elects otherwise; or in the event that the current Chair position becomes vacant for any reason;
- Participate in all Board and Committee meetings, as available;
- Co-Chair the Executive Committee;
- Be called upon to make official appearances and presentations, such as media briefings and community meetings, to supplement the efforts of the Chairperson;
- Attend briefing sessions between the Chairperson and the President and Chief Executive Officer;
- Be responsible for planning the next year's activities as Chairperson, including completion of committee appointments; and,
- Otherwise work with the Chairperson to develop a transition process where the Chair-Elect becomes familiar with the duties and functions of the Chairperson and assume such other duties and functions as delegated from time to time.

### Section 4. Responsibility of Vice Chairperson.

The Vice Chairperson shall act, when there is no Chair-Elect, as Chairperson in the absence of the Chairperson and, when so acting, shall have the power and authority of the Chairperson.

### Section 5. Responsibility of Secretary.

The Secretary shall have the responsibility for assuring that records of all Board meetings and actions, including minutes, journals and other legally required documents, are adequately kept and properly reported.

### Section 6. Signature Authority

Any Officer of the Board is authorized to sign any document requiring the signature of an Officer of the Board. The Chairperson shall have signature authority for the System as set forth in applicable policy and/or as designated by the Board.

## ARTICLE VII: COMMITTEES OF THE BOARD

### Section 1. Committee Structure.

Committees of the Board shall be either standing or special. Standing committees shall include: Executive Committee; Governance Committee; Facilities and Planning Committee; Finance Committee; Audit and Compliance Committee; Quality, Safety and Experience Committee; Equity, Inclusion & Diversity Committee; Human Resources and Compensation Committee; and such other standing committees as the Board may authorize. Standing committees may meet jointly.

Special committees may be appointed by the Chairperson of the Board for such special tasks as circumstances warrant. A special committee shall limit its activities to the accomplishment of the task for which it is appointed and shall stand discharged upon completion of said task. The Appellate Review Committee shall be a special committee.

Each Committee shall ensure that the Board is informed about the range of Committee activities and shall make recommendations for necessary action in their respective areas. The committee Chairperson, or other Trustee member in the absence of the Chairperson, shall report actions, recommendations, and information of the committee to the Board at the regular meeting of the Board immediately following such committee meeting.

Committees shall meet as often as deemed necessary by the committee Chairperson. Committee meetings shall be held at the organization's principal office or other convenient location as designated by the committee Chairperson.

### Section 2. Committee Membership and Assignments.

Each standing committee shall have at least two Trustees on its membership. Committee assignments shall be made by the Chairperson of the Board, who shall also designate the Trustee to serve as Chairperson of the committee. The Chairperson of the Board shall designate any additional assignments to the standing committees. Appropriate administrative and medical representatives to the committees shall be recommended by the President and Chief Executive Officer. These representatives shall offer information and advice as requested but shall not have a vote.

### Section 3. Committee Quorum.

At any duly called committee meeting, two designated committee members shall constitute a quorum of that committee. Each committee meeting shall have an agenda and minutes of the meeting shall be kept on file.

#### Section 4. Committee Charters.

Each standing committee of the Board shall develop and review a committee charter from time to time as considered appropriate by the committee, subject to approval of the Board. Any modifications to the charter must be approved by the Governance Committee and the Board of Trustees.

### ARTICLE VIII: STANDING COMMITTEES

#### Section 1. Executive Committee.

The Executive Committee shall consist of the Officers of the Board: Chairperson, Chair-Elect (as applicable), Vice-Chairperson and Secretary and may also include additional Trustees as determined by the Officers.

The Committee shall appoint a search committee for a President and Chief Executive Officer, recommend removal of a Trustee if necessary, and take action, subject to Board ratification, on behalf of the Board in an emergency situation when the Board cannot be convened. The Committee shall be responsible for coordinating evaluation of the President and Chief Executive Officer's performance, which evaluation shall be completed by the full Board. The Committee shall consider any other items it deems appropriate.

#### Section 2. Facilities and Planning Committee.

The Facilities and Planning Committee shall be responsible for reviewing new construction, remodeling and major maintenance projects, master plan for the organization, and other programs designed to maintain or improve the capital facilities, consistent with the strategic direction of the Board.

#### Section 3. Finance Committee.

The Finance Committee shall be responsible for reviewing the annual operating and capital budgets and routine financial statements of operating funds. The Committee shall review expenditures of operating funds as required by law or above certain limits set by the Board from time to time. The Committee shall be informed of and review any matter materially affecting the finances of the organization.

#### Section 4. Audit and Compliance Committee.

The Audit and Compliance Committee shall be responsible for: (i) oversight of the quality and integrity of the organization's financial statements, (ii) oversight of the audit and review of the organization's financial statements by the independent auditors, (iii) oversight of the

organization's compliance with legal and regulatory requirements and the independence and performance of its independent auditors, (iv) recommending to the Board of Trustees the appointment of the independent auditors, and (v) performing all other functions prescribed by the Board of Trustees and permitted by applicable law.

#### Section 5. Quality, Safety and Experience Committee.

The Quality, Safety and Experience Committee shall be responsible for reviewing reports and discussing plans in the areas of clinical quality assurance and patient service improvement. The Committee shall ensure that the Board is informed about and involved in clinical and administrative activities geared toward continually improving the quality of services at the organization and promoting and enhancing patient experience and engagement. The Committee also shall be responsible for establishing and maintaining quality, safety and patient service metrics and for overseeing policies regarding clinical risk management and professional claims.

#### Section 6. Governance Committee.

The Governance Committee shall be responsible for overseeing and supporting the Board's governance effectiveness, including by organizing board retreats and board training, conducting assessments of the full Board and Trustees at least biannually, and the development of Board policies for the Board's discussion and action. The Committee shall have primary responsibility for matters pertaining to Trustee orientation, training, and evaluation, and for assisting the Board in making recommendations to the County Executive and County Council regarding the appointment and reappointment of Trustees. The Committee is charged with reviewing all committee charters from time to time or as requested by the Board.

The Committee also shall have responsibility for overseeing and recommending appropriate policies in the legal and contractual affairs of the institution, including, but not limited to, (non-clinical) claims management and insurance programs. The Committee shall be responsible for reviewing the bylaws, and requests for changes thereto, for the Medical Staff or other self-governing bodies authorized by the Board.

#### Section 7. Health Equity & Diversity Committee.

The Health Equity & Diversity Committee will assist the board in promoting and ensuring health equity and diversity within The MetroHealth System and the communities served. The committee will work collaboratively with administration, staff, and community stakeholders to identify and oversee the System's activities addressing health disparities, developing strategies to improve health outcomes, and advocating for equitable healthcare access and delivery across the continuum of care. In addition, the Committee will work to oversee the

System's activities to advance diversity, representation, and inclusivity for employees, patients, and the community, as well as foster and support an equitable and inclusive economy by addressing employment, income and wealth gaps.

Section 8. Human Resources and Compensation Committee.

The Human Resources and Compensation Committee shall be responsible to oversee matters pertaining to the employment, review, and compensation of the President and CEO, and reviewing the total compensation program for other executives and highly compensated employees, with the goal of ensuring compliance, recognizing the competitive nature of the organization's operations, and appropriately reflecting the organization's public status and mission. The Committee shall be responsible for carrying out the Board's policies and procedures regarding the compensation of the President and CEO. The Committee also shall be responsible for recommending and maintaining a program for performance-based variable compensation for other eligible employees. The Committee shall ensure that the Board is informed about the range of Committee activities and shall make necessary action recommendations to the Board in these areas.

ARTICLE IX: SPECIAL COMMITTEES

Section 1. Appellate Review Committee.

The Appellate Review Committee shall be composed of at least three members of the Board and shall be appointed by the Chairperson when required by the appellate review procedures of Part II, Section 7 of the Medical Staff Bylaws. The Committee shall perform the review function as outlined in Part II, Section 7 of the Medical Staff Bylaws and make a recommendation to the Board.

Section 2. Expedited Credentialing Committee.

The Expedited Credentialing Committee shall be composed of at least two members of the Board and shall be appointed by the Chairperson. The Committee shall perform the review function as outlined in Part III, Section 3.3.2 of the Medical Staff Bylaws and Article X of these Bylaws to consider clinical privileges that meet the requirements for such an expedited process between regularly scheduled meetings of the Board. Any decision by the Expedited Credentialing Committee shall be reviewed and ratified by the full Board at the Board meeting next following the Committee's action.

## ARTICLE X: INDEMNIFICATION AND INSURANCE

### Section 1. Indemnification.

The organization shall defend and indemnify, to the full extent now or hereafter permitted by law, any person who was or is a party or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that such person is or was a Trustee, officer, employee or agent of the organization, or is or was serving at the request of the organization as a trustee, officer, employee, member, manger, or agent of another corporation, domestic or foreign, nonprofit or for-profit, limited liability company, partnership, joint venture, trust or other enterprise; provided such person acted in good faith in what he/she reasonably believed to be in or not opposed to the best interest of the organization and, in the case of any criminal action or proceeding, had no reasonable cause to believe that his/her conduct was unlawful. As used in this Section, the terms "liability" and "expense" shall include, but shall not be limited to, counsel fees and disbursements, court costs, judgments, fines, penalties or excise taxes against and amounts paid in settlement by a director, officer, employee, member, manager, or agent other than amounts paid to the organization itself. The termination of any civil or criminal claim, action, suit or proceeding by judgment, order, settlement (whether with or without court approval), or conviction, or upon a plea of guilty or of nolo contendere, or its equivalent shall not create a presumption that the person did not meet the standards of conduct set forth in this Section. This Article shall be interpreted in all respects to expand such power to indemnify to the maximum extent permissible under Ohio law with regard to the particular facts of each case, and not in any way to limit any statutory or other power to indemnify or right of any individual to indemnification.

However, the organization shall defend and indemnify any such agent (as opposed to any Trustee, officer, or employee) of this organization to an extent greater than that required by law only if and to the extent that the Board may, in its discretion, so determine. The defense and indemnification provided hereby shall not be deemed exclusive of any other rights to which those seeking defense and indemnification may be entitled under any law, the articles of incorporation or any agreement, or otherwise, both as to action in official capacities and as to action in another capacity while such person is a Trustee, officer, employee or agent of the organization, and shall continue as to a person who has ceased to be a Trustee, officer, employee or agent and shall inure to the benefit of the heirs, executors and administrators of such a person.

Expenses incurred in defending any civil or criminal action, suit or proceeding or any issue therein, including attorneys' fees, may be paid by the organization in advance of the final disposition of such action, suit or proceeding as authorized by the Board in each specific case, upon receipt of an undertaking by the Trustee, officer, employee, member, manager, or



agent to repay such amounts unless it shall ultimately be determined that he/she is entitled to be indemnified by the institution as authorized in this Article.

### Section 2. Insurance.

The organization may, to the full extent then permitted by law and authorized by the Board, purchase and maintain insurance on behalf of any person described in Section 1 of this Article VIII against any liability asserted against and incurred by such person in any capacity defined in Section 1, or arising out of said person's status as described in Section 1, whether or not the organization would have the power to indemnify such person against such liability.

### Section 3. Bonding.

In accordance with the Ohio Revised Code, the organization shall bond each Trustee for the proper performance of his/her duties.

## ARTICLE XI: CHIEF EXECUTIVE OFFICER

### Section 1. Appointment of Chief Executive Officer.

The Board shall select and appoint a chief executive officer who shall be its representative in the management of the organization. The chief executive officer shall have the title of President and Chief Executive Officer. The President and Chief Executive Officer shall be given the necessary authority and responsibility to operate the organization in all its activities and departments, subject only to such policies as may be issued by the Board or by any of its Committees to which it has delegated power for such action. The President and Chief Executive Officer shall act as the duly authorized representative of the Board in all matters in which the Board has not formally designated some other person to so act.

### Section 2. Responsibility of President and Chief Executive Officer.

The authority and responsibility of the President and Chief Executive Officer shall be as defined by the Board from time to time consistent with the provisions of Ohio Revised Code Chapter 339.

### Section 3. Review of Chief Executive Officer Performance.

The Board shall review the performance of the President and Chief Executive Officer, which shall include the institutional objectives and goals established by the Board, from time to time as the Board deems appropriate.

## ARTICLE XII: MEDICAL STAFF

### Section 1. Organization and Bylaws.

The Board shall organize the physicians, dentists, podiatrists, psychologists, optometrists, advanced practice providers and appropriate other persons granted practice privileges in the organization into a Medical Staff under Medical Staff Bylaws approved by the Board.

The Medical Staff Bylaws and Rules and Regulations shall be periodically reviewed and amendments, thereto, shall be recommended by the Medical Staff for approval by the Board; provided, however, that nothing contained in the Medical Staff Bylaws or in these Bylaws is intended to limit the statutory powers granted to the Board by the Ohio Revised Code.

All privileged practitioners on the Medical Staff shall abide by the Medical Staff Bylaws and the Medical Staff Rules and Regulations.

The President of the Medical Staff shall represent the Medical Staff at meetings of the Board.

### Section 2. Appointments.

The Board shall appoint, in numbers not exceeding the organization's needs, privileged practitioners who meet the qualifications for such privileges as set forth in the Medical Staff Bylaws.

All applications for appointments of Medical Staff privileges shall contain full information concerning the applicant's education, licensure, practice, previous hospital experience, and any unfavorable history with regard to licensure and hospital privileges. The organization shall verify the authenticity of the applicant's credentials and the appropriateness of the proposed appointment.

All initial appointments and reappointments to the Medical Staff shall be for a period of not more than two years.

The Medical Executive Committee, representing the Medical Staff, shall make recommendations through the President of the Medical Staff to the Board or, if applicable, the Expedited Credentialing Committee, concerning granting of clinical privileges; disciplinary actions; and all matters as may be referred to it by the Board.

Section 3. Authority and Responsibility for Care.

The Board shall, in its exercise of its overall responsibility, assign to the Medical Staff reasonable authority for ensuring appropriate professional care to the organization's patients.

Each privileged practitioner appointed to the Medical Staff shall have appropriate authority and responsibility for the care of his or her patients, subject to such limitations as are contained in the Medical Staff Bylaws and Rules and Regulations and subject, further, to any limitations attached to his or her appointment.

Section 4. Evaluation of Care.

The Medical Staff shall conduct an ongoing review and appraisal of the quality of professional care rendered in the organization and shall report such activities and their results to the Board or its authorized committee.

Section 5. Hearings.

When an appointment is not to be renewed, or when privileges have been or are proposed to be reduced, altered, suspended, or terminated, the privileged practitioner involved shall be afforded the opportunity of a hearing and appellate review as set forth in the Medical Staff Bylaws. Procedures for such hearings and appeals shall be defined in the Medical Staff Bylaws, approved by the Board, and shall ensure due process and afford full opportunity for the presentation of all pertinent information. If the reason for the action is determined to be purely administrative in nature and not involving the individual's clinical competence, the organization shall follow its usual personnel processes.

ARTICLE XIII: VOLUNTARY ORGANIZATIONS

The Board welcomes the assistance of all voluntary organizations affiliated with the organization to aid in the advancement of the goals and purposes of the organization. All voluntary organizations shall adopt a formal statement of purpose and planned activities either in the form of bylaws, rules and regulations, or other suitable documentation. Such documents and any amendments to these documents shall be submitted to the Board for approval.

#### ARTICLE XIV: AMENDMENTS

These Bylaws of the Board may be amended by affirmative vote of a majority of the total membership of the Board, provided that the text of any such proposed amendments shall have been provided to each member of the Board at least ten days prior to the meeting at which action is to be taken. When action to amend or revise the Bylaws is taken, the date of such amendment or revision shall be noted in an addendum to these Bylaws.

## ADDENDA

### MISSION STATEMENT

Leading the way to a healthier you and a healthier community through service, teaching, discovery and teamwork.

## ADDENDUM

### AMENDMENTS AND REVISION TO THE METROHEALTH SYSTEM BYLAWS

Approved: March 2, 1955  
Amended: October 28, 1959  
Amended: June 18, 1968  
Revised: January 22, 1975  
Amended: April 23, 1975  
Amended: March 23, 1977  
Amended: August 23, 1978  
Amended: November 24, 1981  
Revised: April 25, 1984  
Revised: May 29, 1985  
Revised: May 25, 1988  
Amended: June 29, 1988  
Amended: December 20, 1989  
Amended: March 27, 1991  
Revised: July 28, 1992  
Revised: August 25, 1993  
Revised: June 29, 1994  
Revised: May 29, 1996  
Revised: December 2005  
Revised: May 2007  
Revised: November 2007  
Amended: August 2008  
Amended: August 2009  
Amended: September 2011  
Amended: June 28, 2017  
Revised: March 28, 2018  
Amended: July 25, 2018  
Amended: July 24, 2019  
Amended: May 26, 2021  
Amended: June 22, 2022  
Amended: December 14, 2022  
Amended: January 23, 2024

## Approval of Continuing Official Roles with Certain Partner Entities

\*\*\*\*\*

### RESOLUTION XXXXX

WHEREAS, the Board of Trustees of The MetroHealth System (the “System” or “MetroHealth”) has been presented a recommendation to approve the continuing official roles with certain nonprofit and governmental entities (the “Partner Entities”); and

WHEREAS, MetroHealth’s participation in these Partner Entities is an important means to fulfill MetroHealth’s mission of improving the health of the community, including by addressing social determinants of health; and

WHEREAS, the Board’s Governance 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 the designation, on a continuing basis, of the following MetroHealth representatives to the governing boards of the Partner Entities identified below:

<b>Nonprofit/Governmental Entity</b>	<b>MetroHealth Representative(s)</b>
340B Health	Senior Executive
America’s Essential Hospitals	Chief Executive Officer
American Red Cross of Northeast Ohio	Senior Executive
First Year Cleveland	Senior Executive
Global Cleveland	Chief Executive Officer
Greater Cleveland Partnership	Chief Executive Officer
HealthComp, Inc.	Two Senior Executives
Ohio Hospital Association	Chief Executive Officer
The Center for Health Affairs	Two Senior Executives
United Way of Greater Cleveland	Member, Board of Trustee; Senior Executive

BE IT FURTHER RESOLVED, each MetroHealth representative so designated shall represent the System and the System’s interests and shall have no other conflict of interest in the Partner Entity;

BE IT FURTHER RESOLVED, should any identified representative become unable or unavailable to serve in the role with any partner entity on behalf of the System, the President and Chief Executive Officer is hereby authorized to appoint a replacement representative from among the members of System leadership with relevant expertise and experience; and

BE IT FURTHER RESOLVED, the Board hereby authorizes and directs the President and Chief Executive Officer to take any act and to prepare any documentation necessary consistent with this resolution.

AYES:

NAYS:

ABSENT:

ABSTAINED:

DATE:



January 2024

Trustees,

As we embark on 2024, I want to extend my heartfelt wishes to each of you on behalf of The MetroHealth System's almost 9,000 caregivers. We are so thrilled about the prospects for the coming year and the opportunities it holds for continued collaboration in our journey to lift the health and wealth of our community.

During Dr. Martin Luther King's famous "I Have a Dream" speech in 1963, he reminded us – all of us – of the "fierce urgency of now." And as I told our caregivers earlier this month, MetroHealth is wholly committed to the "fierce urgency of now" as we work to eradicate health disparities and achieve health equity. Service to others is our prime purpose.

This year, as outlined in our proposed 2024 goals, we will remain focused on that purpose.

- We will continue to center our focus on creating a people-first culture and best place to work.
- We will continue to widen our front and back doors to improve healthcare access for our community.
- We will continue to elevate the already-impressive level of care we provide with an intentional focus on quality, safety, and patient experience.
- We will build upon our efforts to improve infant and maternal health and mental health.
- We will continue to grow our academic enterprise through patient-focused research.

In 2023, despite considerable headwinds, we established a tremendous amount of momentum. As you will see in this month's report, we continue to perform well across all domains, including our finances. Despite significant challenges at the start of 2023, we achieved our financial target, which is no small feat considering the pressures facing health systems nationwide. This reflects the collective efforts of our team throughout the year, and I am deeply grateful for everyone's hard work.

And as you will see in the following pages, it is not just our finances that are performing well. We have seen stunning improvements in our quality and patient experience metrics. The demand for our services – in all settings – continues to grow. Our academic enterprise continues to flourish, and we are conquering the workforce challenges that have held us back for too long.

This strong performance sets the stage for an even stronger 2024. I am incredibly excited about our plans to grow and accelerate the impact we are having in this community.

In particular, we will prioritize our work around behavioral health and addiction care. While we have made impressive strides expanding access to this life-saving care, we owe it to our community to do everything we can to heal the wounds we cannot see and end the mental-health crisis. We look forward to building upon our partnerships with University Hospitals, St. Vincent Charity and the ADAMHS Board in this important work.



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

President and CEO, The MetroHealth System

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

As you well know, good health depends on so much more than access to medical care, and MetroHealth continues to be known as a thought leader in this space. This month, for example, several MetroHealth leaders testified before the Ohio Senate Select Committee on Housing about the importance of access to safe housing to the health and well-being of the individuals we serve. During the presentation, we offered insight into how we track non-clinical factors, such as housing, and how they impact the communities we serve. In 2023, we screened more than 42,000 individuals for their health-related social factors– a 36% increase over the prior year. The presentation was well received and just another example of our commitment to eradicating health disparities.

The community will continue to be at the center of *all* we do. That is why we have put such a focus in 2024 on growing our Multicultural Health Fairs and partnering with other organizations through our Institute for H.O.P.E. to address and solve the root causes of poor health in our community.

I also wanted to make you aware of an important leadership change: Richard Blinkhorn, MD, who has ably served as our Executive Vice President/Chief Physician Executive and Clinical Officer, has made the decision to step down due to personal reasons. Since my arrival, Dr. Blinkhorn has been a true friend and a trusted adviser. He has been a fierce champion for MetroHealth and the communities we serve.

I am pleased to share that Christine Alexander, MD, Chair of Family Medicine, has agreed to step into this role on an interim basis as we conduct a national search for a permanent replacement. In addition to her role in Family Medicine, Dr. Alexander has served as President of the Medical Staff and played an important role in advancing our medical enterprise.

Lastly, I hope you will join me at noon on Friday, February 9, at The City Club of Cleveland. I will be participating in an intimate fireside chat with Emmy Award-winning Cleveland journalist Danita Harris about our vision for the future of MetroHealth and for the nation's healthcare system – a vision to eradicate health disparities, to widen the front door to access, to eliminate the glaring gap in life expectancies and to make this organization a national model in how a health system serves its staff, patients, and community.

As always, thank you for your unwavering support, which is helping bring this vision to life. I remain grateful for your counsel and your commitment to this institution.

Sincerely,

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

President & CEO

The MetroHealth System





**MetroHealth**



# Report to the Board of Trustees

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

President & CEO

January 2024

# Our Six Strategic Pillars



## People-First Culture

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

## Clinical & Academic Excellence

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

## Health Equity

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

## Community Engagement & Impact

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

## Innovation

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

## Accelerating Growth

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

# 2023 PERFORMANCE



## 2023 System Goal Domains

### Financial

- Exceeded 2023 forecasted EBIDA by \$24M through increased recruitment and retention resulting in lower labor premium cost.
- Grew revenue by \$25M through achieving the quality standards established for the CICIP, Care Assurance and Franchise Fee Programs.
- Retail pharmacy revenue increased \$150 million with total prescriptions filled increasing over 380,000 as compared to prior year.
- First full year of Glick Medical Center and Cleveland Heights Behavioral Hospital operations which added \$30M in fixed costs while expanding capabilities and capacities for future growth.



### Strategy & Growth

- 5.6% increase in YTD ED visits compared to 2022 and 8.6% increase in YTD ED admissions.
- 6.1% increase in YTD Total System Discharges.
- 3.0% increase in YTD Total System Average Daily Census.
- Average Length of Stay: 5.65 ALOS for December 2023 is a 7.5% decrease compared to December 2022. Year-to-date ALOS has decreased 4.6% compared to 2022 (5.70 vs. 5.98)
- 8.4% increase in YTD Total Surgical Cases



### Quality & Service

- 4 of 7 2023 ambulatory metrics met stretch performance with the remaining 3 meeting target
- Through November 2023 we are seeing a 32% reduction in inpatient preventable harms per 1000 inpatient days
- We continue to see a 9% improvement in our patient experience scores
- Increase collaboration with Ambulatory teams facilitated achieving stretch goal in 2023 for ambulatory metrics.
- IPCX and PHII worked with Primary Care to develop new HCC dashboard and education. This resulted in a 6% improvement in HCC scores in 2023.



### Clinical Transformation, Health Equity & Community Impact

- Over 137,000 unique SDOH screens have been completed since inception. 42,245 of these screens were completed in 2023, a 36% increase over 2022.
- 67% of patients that have social needs, want assistance and can be contacted, are successfully connected to services and resources.
- Work through the HUB and increasing patient enrollment and connecting them with Community Health worker showed improved completion of postpartum visits.



### Culture & Diversity

- Final 2023 turnover rate was 17.7%, exceeding our maximum performance level of 18.6%.
- New hire year-over-year comparison:  
2023: 2,250 (+217)  
2022: 2,033
- For the 4<sup>th</sup> year in a row, our MetroHealthy Wellness Program received Platinum Award from Healthy Business Council of Ohio.
- The People Division and senior leaders met to kick off the Caregiver Retention Strategy initiative.
- Financial Health training series scheduled for Jan. 23<sup>rd</sup> will cover Credit Repair and provide employees with tools and resources to improve their financial health.
- NorthCoast 99 awarded MetroHealth its Best Place to Work Award for the 19<sup>th</sup> time.



### Innovation, Education & Research

- 104 Grant Submissions
- The LifeFlight Operation at ProMedica exceeded 2023 goals, reaching annual targeted volumes in October.
- Cleveland Vector and Cellular Incubator JV with University Hospital, Cleveland Clinic Foundation, Charles River Laboratories, and Case-Western Reserve University creates first international commercial drug manufacturing organization in Ohio.





MetroHealth, like most health care institutions across the country, experienced significant financial pressures due to continued **high inflation**, the **ongoing labor shortage** and the **lag in returning to pre-COVID levels** for patient volumes.

Immediate actions included:

- More targeted approach to hiring.
- Reducing expenses with travel and outside vendors.
- Contract/premium labor focused efforts.
- Targeted program growth.
- Driving efficiencies and improvements in length of stay, clinical documentation and our pharmacy capture rate.

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



**Preliminary Actual: \$136.8 million**  
**Budget: \$134.0 million**  
**Variance: \$2.8 million**

*\*Preliminary December 31, 2023 results as of January 16, 2024*

# JANUARY '24 SCORECARD



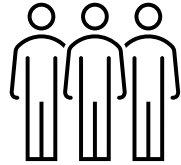
## 2023 System Goal Domains



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

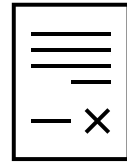
Our six goal domains flow from our strategic pillars. They are designed to position MetroHealth for meaningful success and ultimately lift the health and wealth of the communities we serve.

To be proactive and ensure we meet our financial and operational goals, here are the initiatives we are immediately instituting until the end of this year and beyond.



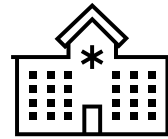
## Workforce Optimization

**Executive Champions**  
Dalph Watson, JD  
Richard Blinkhorn, MD  
Olusegun Ishmael, MD  
William Lewis, MD  
Julia Mason, DNP, RN



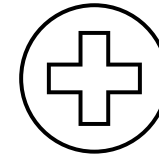
## Supply Chain and Purchased Services Optimization

**Executive Champions**  
Justin Gallo



## Targeted Volume Growth

**Executive Champions**  
Olusegun Ishmael, MD  
William Lewis, MD  
Richard Blinkhorn, MD



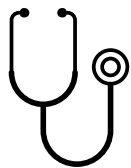
## Inpatient/Acute Care Optimization

**Executive Champions**  
Olusegun Ishmael, MD  
Richard Blinkhorn, MD



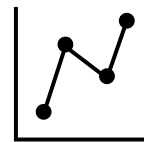
## Pharmacy Capture Rate Improvements

**Executive Champions**  
William Lewis, MD  
Richard Blinkhorn, MD  
Nic Sukalac  
Ryan Mezinger



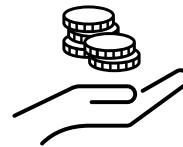
## Access and Share of Care Improvements

**Executive Champions**  
William Lewis, MD  
Nabil Chehade, MD



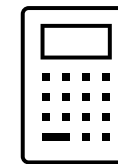
## Service Planning Optimization

**Executive Champions**  
Julie Jacono  
Sonja Rajki  
Derrick Hollings  
Richard Blinkhorn, MD



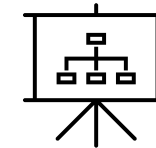
## Enhancing Philanthropic and Government Support

**Executive Champions**  
Kate Brown  
Allison Poullos  
John Chae, MD



## Revenue Cycle Improvements

**Executive Champions**  
Brad Schwartz  
Nikki Davis  
Olusegun Ishmael, MD



## Organizational Design and Clinical Alignment

**Executive Champions**  
Dalph Watson, JD  
Richard Blinkhorn, MD  
Olusegun Ishmael, MD  
William Lewis, MD







## AMBULATORY DIVISION HIGHLIGHTS

- Through December 2023, the Ambulatory Division saw 1.1 million outpatient in person visits, 4.4% over budget and 8.8% over 2022.
- Compared to 2022, the MetroHealth System performed 12% more echocardiograms and stress tests and 53% more home sleep tests and 16% in lab sleep tests.
- Under the leadership of Kelly Seabold, the first cohort of nine interns from the MetroHealth Medical Assistant Training Program will graduate on Monday, January 15th. Most of these individuals will begin work in the System on January 16th.
- Under the leadership of Sheila Atkins, in 2023, medical infusions moved to a new space, added 6 chairs and increased the number of infusions by 89%. Cancer Care infusions under the leadership of Jennifer Bocci also had significant gains. Kathleen Rizer oversees both operations. These improvements have laid the groundwork for the new infusion spaces in the new Outpatient Health Center.

### System Goal: Unique Ambulatory Patients

2022 Year-End Baseline	2023 Target Goal	YTD 2023
247,643	250,000 patients	251,748

#### Legend

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





## HOSPITAL DIVISION HIGHLIGHTS

### Key KPI Highlights for 2023:

- There was a 5.6 % increase in Year to Date (YTD) ED visits compared to 2022 and 8.6 % increase in YTD ED admissions compared to 2022
- There was a 6.1 % increase in YTD Total System Discharges compared to 2022.
- There was 3.0 % increase in the Average Daily Census compared to 2022.
- There was a 4.6 % decrease in YTD Average Length of Stay - 5.7 ALOS compared to 6 in 2022
- Total surgical volumes increased by 8.4 % compared to 2022

### Key Focus Areas for 2024 Success are:

- Improve and stabilize nurse staffing on Med-Surg and the ED
- Improve processes in the Perioperative areas – to increase OR utilization to 75%
- Expand surgical volumes in certain specialties e.g., Bariatrics, General Surgery, Vascular and Urology
- Continued process improvement on throughput in the ED and the Inpatient
- Process Improvement on UM, clinical documentation and Case Management
- Identify new growth opportunities and partnerships

### System Goal: Inpatient Net Revenue Growth

2022 Baseline*	2023 Target Goal*	YTD 2023*
-	2%	2.2%
\$360,476,208	\$367,685,733	\$368,335,375

#### Legend

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





## System Goal: Patient Experience Composite

Every person at MetroHealth contributes to the patient experience, and our efforts continue to pay off. To date, we have seen a **9% improvement** in our patient experience scores compared to 2022. Some highlights:

- 5 of 10 HCAHPS dimensions reached 5-star performance in November, our best performing month to date:
  - Nurse Communication
  - Communication About Meds
  - Cleanliness
  - Quietness
  - Hospital Rating
- Compliance with grievance resolution within 30 days achieved 100% for the 7th consecutive month (May – November)
- Service excellence training in ambulatory and ED settings continues

2022 Baseline	2023 Target Goal	YTD 2023 (Through Nov)
2.80	2.96	3.05



### Legend

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

## System Goal: Elimination of Preventable Harm

- It is a **MetroWAY Forward** True North Goal to eliminate patient harm and through November 2023, we have seen a **31% reduction** in the number of inpatient harms per 1,000 inpatient days.
- In an effort to increase transparency and communication related to patient safety events, Patient Safety launched a quarterly newsletter.
- Collaboration and notification of pressure ulcers to the wound care team has helped to reduce PSI-3 -Pressure Ulcers by **57%** through November.
- Sepsis coordinator reviewing patients in real time to ensure sepsis bundle compliance is met in the Emergency department and providing feedback to providers.

2022 Baseline	2023 Target Goal	YTD 2023 (Through Nov)
1.69	1.62	1.26



### Legend

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





## System Goal: Top Performer on CMS Universal Foundation Ambulatory Measures

- To measure our success on this front, we introduced new metrics in our System goals – based on CMS recommendations – that outline our performance among seven key measures covering both pediatrics and adults.
- 6 of 7 metrics have reached stretch performance!
- See the next slide for information on our efforts to improve the diabetes treatment for our patient population

Measures	Status 2023 – Through December
Diabetes Treatment	23.10%
Colorectal Cancer Screening	62.39%
Breast Cancer Screening	77%
Screening for Depression	69%
Statin Therapy	66%
Pediatric Lead Screening	76%
Pediatric Immunizations	34%
<b>TOTAL PROGRESS</b>	<b>20.9Points</b>



### Legend

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



## Ambulatory Enterprise Goal: Improvements of Diabetes Care

76% of MetroHealth diabetic patients have a hemoglobin A1c < 9% which puts our performance at the 73 percentile of all Epic customers.

We have achieved this performance through the interventions below:

- We have implemented HbA1c Point of Care (POC) testing at four sites this year with a plan to implement at seven more sites in 2024.
- A new nursing order process for HbA1c POC testing has been developed and will be implemented in 2024.
- Collaboration with CareSource to develop a pharmacy-based referral program for diabetic patients.
- Implemented a new program to notify patients via text/voice when there are overdue labs.





## System Goal: Social Drivers of Health Screenings

MetroHealth aims to screen all patients for their health-related social needs – things like access to food, safe housing, transportation, job opportunities and the like.

- These figures represent **total screenings** since we launched the initiative in September 2019.
- We continue to monitor and expand the methods by which we screen. This year, for example, we started screening by mail and are working on plans for Inpatient screening in 2024.

Year-End 2022	2023 Target Goal	YTD 2023
95,542	125,000	137,374

## System Goal: Making Meaningful Connections

Screening our patients is only one piece. This figure, which we are tracking for the first time, represents the percent of patients screened who requested help, can be contacted and are connected to a resource – internally or externally – to help with their needs.

2023 Target Goal	YTD 2023
55%	67%







## System Goal: Addressing Infant and Maternal Health

As part of our efforts to build healthier – and more equitable communities – one of our primary focuses is on infant and maternal health. Cuyahoga County has one of the highest rates of maternal and infant mortality in the country, especially for Black women and babies. One way we are trying to eliminate these disparities is by expanding access for this patient population.

- In 2024, offering new OB patients virtual RN education/intake visits within 7 days of their initial call with a goal to identify Social Determinants of Health, arrange transportation for OB provider appointments, place referrals such as social work, Community Health Worker, etc. as needed.
- 2023 data analysis of patient enrollment in the HUB by Community Health Workers showed increased postpartum appointment completion within 7-84 days of delivery.

Measures	2022 Baseline	2022 Disparity (P Value)	Year-End Target	2023 Disparity (P Value)	YTD 2023
Timeliness of Prenatal Care	79.74%	0.2	77%	0.03	81%
Postpartum Care Visit	76.37%	<0.0001	77%	<0.0001	79%
Well-child Visits in First 15 Months	n/a	<0.0001	55%	<0.0001	56%*
YTD Progress Composite					9

\*Actual value 55.54%

**Equity Measure:** In reporting our overall progress, we take into consideration our efforts to close the care and equity gap, and weight our results appropriately. We are making movement on this front, especially when it comes to the timeliness of prenatal care.

**Legend**

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







## System Goal: Access to Care Composite

- We are exceeding our System goal concerning **patient access in primary care**. Through the concerted efforts of a multidisciplinary team, we have worked to improve customer service as well as coordinating with providers to expand appointment opportunities.
- To measure our efforts in this area, **we introduced new metrics in our System goals**. We measure the percentage of patients who receive a Primary Care appointment within 7 days and 14 days of their requested dates.

### Received an Appointment Within 7 Days of Requested Date

2023 Target Goal	YTD 2023
63.5%	68.7%

### Received an Appointment Within 14 Days of Requested Date

2023 Target Goal	YTD 2023
71.2%	75.2%



## System Goal: Slowing Employee Turnover

One of the ways we are building a people-first culture at MetroHealth is by putting an intentional focus on reducing turnover within the System.

- Compared to last year, our 2023 turnover rate reduced by 15%.
- In 2023, the People Division made significant improvements to recruitment and onboarding processes to meet the System’s evolving staffing needs. This included streamlining and automating several onboarding requirements, redesigning our external jobs site, and implementing proactive recruitment strategies.
- These improvements to the candidate and new hire experience resulted in MetroHealth’s strongest hiring year ever, in which we welcomed 2,250 new hires to our organization.
- As a continuation of this effort, New Employee Orientation will be brought back on-site to Main Campus starting February 5, 2024.

2022 Baseline	2023 Target Goal	2023 Turnover
21.44%	19.5%	17.7%



### Legend

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



## Employee Engagement Survey

This year's survey launched **October 23**. The final completion rate result was **77%**. The typical response rate in the healthcare industry is 70%.





2022 Baseline	Target for 2023	2023 Participation - FINAL
62%	68%	77%

### Survey Highlights

- All manager relationship metrics increased significantly.
- Pride in Company: 80.7% (up 2 percentage points)
- 19 of 42 metrics increased significantly – intention to stay at MetroHealth for next 12 months, sufficient effort to get opinion of workforce, career opportunities, employees are treated fairly, etc.
- Most favorable scores relate to employees' awareness to report ethical concerns; the organization's commitment to diversity and inclusion; collaboration and manager respect.
- Opportunities for improvement are around pay equity and employee appreciation.



#### Legend

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

## System Goal: Improving Supplier Equity

MetroHealth is committed to providing contracting opportunities to a diverse range of businesses and persons. We are exceeding our goals with women business enterprises (WBE) but facing challenges with minority business enterprises (MBEs).

2022 Baseline	WBE 2023 Target	YTD 2023
14.74%	12%	24%

2022 Baseline	MBE 2023 Target	YTD 2023
14.62%	15%	5%

### What are we doing to increase our MBE spend?

- Increasing the number of MBEs with healthcare experience in the supplier portal
- Reviewing any change orders on current projects to identify possible opportunities
- Conducting departmental spend reviews to educate department heads and purchasing managers about the importance of supplier equity



**Legend**

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



## System Goal: Commercialization Efforts

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

These efforts include Lumina Imaging & Diagnostics, Spry Senior, Spry Personal Primary Care, LifeFlight Operation at ProMedica, Vector CAR-T Production, Ovatient and Skyway.

Our composite goal is based on these innovations, related companies or operations achieving their financial goals. Our target is that 5 of these 7 initiatives meet their goals.

2023 Target Goal	YTD 2023
5	5

### Action Plans

- Marketing focus on Lumina's new Westlake location and imaging services overall
- Marketing and support for Spry Senior



#### Legend

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

## System Goal: Grant Applications

We are committed to embracing and building upon our role as an academic research and teaching institution. One way we are doing this is by actively pursuing public and private dollars to support our mission as a research enterprise.

2022 Baseline	Year-End Target	YTD 2023
61	70	104

### 2023 Highlighted Research:

- **MetroHealth and CWRU PM&R:** Nation's Top NIH funded PM&R department, Blue Ridge (Feb)
- **Kevin Kilgore, PhD:** Elected to the National Academy of Inventors (Feb)
- **Jino Park, PhD, William Tse, MD:** Opening of Vector and Cellular GMP Lab (March)
- **Tamila Kindwall-Keller, MD, William Tse, MD:** First bone marrow transplant (April)
- **Research Faculty, Erin Fogarty and Staff:** 2022-2023 Case academic year - Record Research Dollars received (July)
- **Kimberly Anderson, PhD:** Elected to National Academy of Medicine (Oct)
- **Bingcheng Wang, PhD and Team,** *Science* article "Time-resolved live-cell spectroscopy reveals EphA2 multimeric assembly" (Dec)
- **Research Faculty, Erin Fogarty and Staff:** Record number of grants submissions (Dec)



#### Legend

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



# Recent System News and Accomplishments



## Social Media

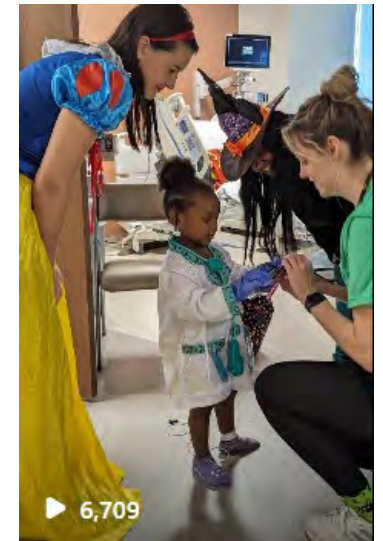
MetroHealth's social media platforms saw tremendous growth in 2023, particularly on Instagram because of our increased use of video.

Across all platforms – Facebook, X (formerly Twitter), LinkedIn and Instagram, we saw:

- Total Impressions: 7.7 million (+3.3%)
- Engagements: 384K (+6.8%)
- Post Link Clicks: 142K (+57.5%)
- Engagement Rate: 5% (+3.4%)

### Instagram Highlights:

- The number of Instagram videos increased by **108.3%**
- Instagram video views are up **198.2%**
- **9 of the top 10** highest performing posts in 2023 were video.





## Media Highlights

- [Holidays give parents, college students a chance to talk mental health](#) – ideastream
- [Trauma doctors see younger victims who suffer greater injuries from gunfire](#) – Cleveland.com
- [MetroHealth rethinks outpatient center to meet future healthcare needs](#) – Cleveland.com
- [Travel safety tips for the holidays](#) – Cleveland Jewish News
- [7 Cancer Leaders on their Goals for 2024](#) – Becker's Hospital Review
- [What viruses to look out for in December](#) – 3 News
- [President and CEO of MetroHealth elected to Ohio Hospital Association board](#) – Crain's
- [CWRU, MetroHealth nurse scientists discuss role in improving patient care](#) – Crain's
- [MetroHealth, Cuyahoga DD partner on new dental sedation clinic](#) – Crain's
- [Cleveland Clinic, MetroHealth, University Hospitals address food insecurity](#) – Crain's
- [Walter Jones Of MetroHealth, Parkland Dies At 69](#) – Healthcare Design

## Press Releases

- [New Dental Sedation Clinic Opens at MetroHealth](#)
- [MetroHealth CEO Named Among 100 Most Influential People in Health Care](#)
- [Community Partners Come Together to Address Hunger in Greater Cleveland](#)
- [MetroHealth Names Director of Cancer Institute](#)



December 22, 2023 11:06 AM

### MetroHealth's Airica Steed elected to board of Ohio Hospital Association

PAIGE BENNETT

EMAIL SHARE TWEET IN SHARE



Airica Steed, president and CEO of the MetroHealth System, has been elected to serve as a trustee-at-large on the board of the Ohio Hospital Association.

MOM SQUAD



### What viruses to watch out for in December: Mom Squad with News' Maureen Kyle

...s sick season! And its a safe bet someone in your household has already come down with a virus. A doctor talks about what symptoms need to be taken seriously.



# 2024 Marketing Campaign: be seen + be heard + be well



be  
seen  
be  
heard  
be  
well

Halloween 2023  
A future doctor  
checks Dr. Airica  
Steed's heart.

**We're building a new kind of hospital system—one intentionally structured to serve every person.**  
And to serve every person, we make sure you're seen: for who you are, for what you're feeling, and for your unique needs. We don't just listen. We make sure you're heard by taking action both within our hospital walls and in our community to help every person be well.  
**Be seen. Be heard. Be well.**

216-MY-METRO

Crain's Cleveland Business Book of Lists 12/25/23 — 12/24/24  
Cleveland Jewish News Source Guide 12/31/23 — 12/30/24  
Black Professionals Magazine 01/15/24 — 03-14-24  
Lamar Outdoor Digital Network

be seen

Cleveland Jewish News Weekly Email Newsletter Banner

December 2022  
Dr. Airica Steed visits  
fellow nurses in her  
first month at  
MetroHealth.

nurses  
lead here

When a nurse leads a hospital system, the hours of seeing people—for who they are, for what they feel, and for what they need—is the experience needed to build a new kind of hospital system, intentionally structured to serve every person. **Be seen. Be heard. Be well.**

216-MY-METRO

Cleveland Magazine January 2024 Issue Cleveland's Most Interesting People

With our renewed commitment to health equity, focused on eradicating disparities that exist because of systemic inequities, the “Be Campaign” presents MetroHealth as a system willing to be present and recognize each person's needs as a fundamental tenet of the care model.

- Being seen is about more than getting an appointment. It's about providers who fully recognize each person's identity, emotions, and needs each time they seek care. It's also about the spark a patient feels when they are fully seen.
- Being heard is about more than listening. It's about taking action to find measurable progress towards healthier outcomes.
- Being well is about the impact of being seen and heard—the healthiest outcome for individuals and our community.



- \$100K verbal commitment from Turner to the [Walter B. Jones Jr. Scholarship Program](#).
- \$1.1 million request to Ohio Department of Health for continued funding of the [School Health Program](#) expansion.
- Newly minted board member [Luis Tollinche, MD](#), finalized an insurance gift to support the Pinchak Research Endowment of \$200,000.
- [Michael Kelly, MD](#), made lead gift of \$10,000 to establish a new MetroHealth Neurosurgery Research Scholarship.
- We are in the process of accepting four pieces by the famed artist Fredrick Black. These pieces will be donated to MetroHealth by [Vic Cohn](#). The value of these pieces is \$250,000.
- The MetroHealth Foundation welcomes four new board members: [Lola Garcia](#), attorney and partner at Ulmer & Berne LLC; [Larry Mack](#), retired KeyBank executive and active volunteer in Cleveland's Jewish community; [Luis Tollinche, MD](#), MetroHealth Chair of Anesthesiology; and [Lisa Ramirez, PhD](#), MetroHealth Associate Director of Pediatric Psychology.
- [Wendy Ellis Jones](#) – Executive Director, Health Equity, Sponsorships, and Community Partnerships – starts January 22 in the Office of Strategic Philanthropy and Engagement.





# Sights Around the System

On January 15, MetroHealth celebrated the life and legacy of **Dr. Martin Luther King Jr.** with a theatrical tribute and musical selections.

The event featured keynote remarks from Dr. Steed, the first performance of the MetroHealth Multicultural Choir and a performance from Prester and Bertha Pickett.





# Sights Around the System

For the 34th year, Mentor business owner **Matthew Whaley** has donated over 2,000 stuffed animals through his OGRE'S Bears for Burns charity. Join us in thanking Matt for his continued support in helping cheer up our youngest patients.

Speaking of special guests, Santa made a special stop in the Pediatric unit on Main Campus to spread good cheer (and plenty of presents).





# Sights Around the System

Housing is key to improving the health and wellbeing of patients and communities, which is why we were proud to demonstrate our strong commitment to addressing housing as a Social Driver of Health before the Ohio Senate Select Committee on Housing.

This month, **Nabil Chehade, MD**, Executive Vice President & Chief Clinical Transformation Officer; **James Bicak**, Senior Vice President, Facilities, Construction, & Campus Transformation; and **Greg Zucca**, Executive Director, Community Transformation & Real Estate, provided testimony before State Senator Michele Reynolds, State Senator Terry Johnson, State Senator Hearcel F. Craig and other members of the Senate Select Committee on Housing.

Their testimonies offered insight into how we track non-clinical factors, such as housing, and how they impact the communities we serve.

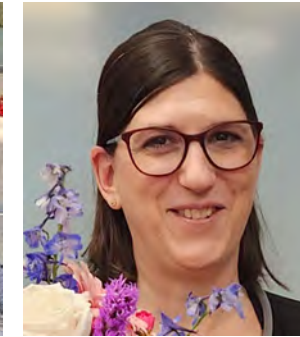


# Awards & Recognition

- Each year, the [Women@Metro Employee Business Resource Group](#) recognizes a group of women who dedicate their time and energy to benefit the health and well-being of others. Meet the nine caregivers recognized as 2023 MetroHealth Sheroes: [Maria Breahna](#), BSN, RN, PCCN; [Ann Fiorta](#), BSN, RN; [Brittney Flint](#); [Leslie Flowers](#), RN; [Kathleen Glaser](#), APRN, CNP; [Aisha Parnell](#), MSN, BSN, RN; [Aimee Smith](#); [Amber Smith](#); [Rachelle Velez](#).
- For the third time, MetroHealth been revalidated at Stage 7 – the highest possible level – on the [HIMSS Adoption Model for Analytics Maturity \(AMAM\)](#). MetroHealth is the first safety-net health system to be revalidated three times at Stage 7. Only 1% of all health systems have achieved this revalidation three times. The revalidation effort was led by [Jonathan Siff, MD, MBA](#), MetroHealth’s Chief Medical Informatics Officer.
- In recognition of our advanced use of the Epic Corp.'s electronic health record platform, especially in the area of health information exchange, Judy Faulkner, the Founder and CEO of Epic, invited MetroHealth's [David Kaelber, MD, PhD, MPH](#), in December to Washington, D.C., for a ceremony hosted by the U.S. Secretary of Health and Human Services and the Director of the Office of National Coordinator of Health Information Technology. Dr. Kaelber, Vice President, Chief Health Informatics Officer, was one of three Epic customer representatives to be invited to the ceremony.



Maria Breahna



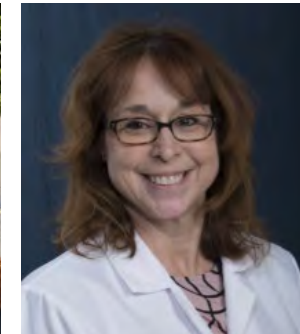
Ann Fiorta



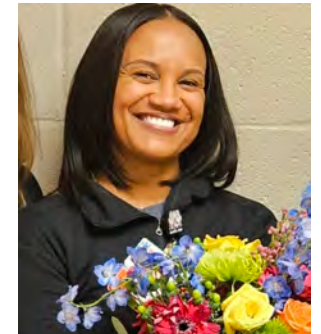
Brittney Flint



Leslie Flowers



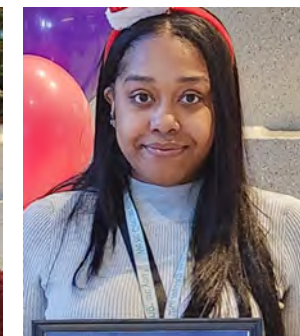
Kathleen Glaser



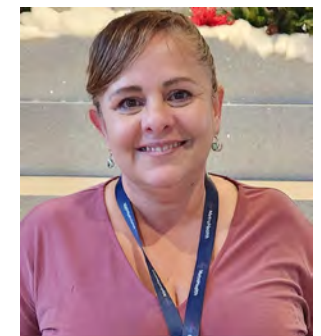
Aisha Parnell



Aimee Smith



Amber Smith



Rachelle Velez



# Awards & Recognition

- The latest recipient of the DAISY Award for Extraordinary Nurses is [Brenda Fleck](#), an RN in our NICU, who was recognized for helping save a baby's life. While floating in the newborn nursery, one of the babies was showing signs of respiratory distress. Upon admission to the NICU, the baby was confirmed to be in septic shock. Because of her alertness and the support of the NICU team, the baby's life was saved.
- Cleveland Magazine named [Dr. Steed](#) as one of its Most Interesting People of 2024. In introducing the series of profiles, the magazine noted, "When you learn about a person's life, there's often more to the story — and that's certainly the case with this year's class of Most Interesting People." [In the piece](#), Dr. Steed discusses her passion for health equity, her personal connection to this work and what an honor it is to lead MetroHealth.



**Cleveland**  
**MAGAZINE**



*Brenda Fleck, RN*





# Opportunities for Engagement

As valued leaders in the MetroHealth community, Board members are invited to participate in several upcoming engagement opportunities. If you'd like more information or would like to participate, please reach out to Laura Black, SVP/Chief of Staff at [lblack@metrohealth.org](mailto:lblack@metrohealth.org).

- **January 25, 2024:** Healthy Conversation Community Listening Session (virtual)
- **NEW DATE - February 9, 2024:** City Club Forum with Dr. Steed
- **February 12, 2024:** Diverse Nurse Celebration (external)
- **February 15, 2024:** MetroWAY Forward Leadership Listening Rounds (internal)
- **March 21, 2024:** MetroWAY Forward Leadership Listening Rounds (internal)
- **April 18, 2024:** MetroWAY Forward Leadership Listening Rounds (internal)
- **May 23, 2024:** MetroWAY Forward Leadership Listening Rounds (internal)
- **April 27, 2024:** Minority Men's Health Fair



The following Appointments to the MetroHealth System Medical Staff will be reviewed by the Credentials Committee on January 8, 2024. The appointments will then be reviewed and accepted by the Medical Executive Committee on January 12, 2024.

**Active**

<i>Name</i>	<i>Department</i>	<i>Division</i>	<i>Effective</i>
Alam, Syed, MD	Psychiatry		1/10/2024
Ifabiyi, Tolulope, MD	Medicine/Pediatrics		1/10/2024
Layeequr Rahman, Rakhshanda, MD	Surgery	Oncology	1/10/2024
Rivera, Ann, MD	Radiology		1/10/2024
Russo, Suzanne, MD	Medicine	Radiation Oncology	1/10/2024
Sarabu, Nagaraju, MD	Medicine	Nephrology	1/10/2024

**Associate**

<i>Name</i>	<i>Department</i>	<i>Division</i>	<i>Effective</i>
Connors, Christopher, APRN-CNP	Family Medicine	Express Care	1/10/2024
Markiv, Oksana, APRN-CNP	Anesthesiology	Pre-Surgical Testing	1/10/2024
Saleh, Dania, PA-C	Otolaryngology		1/10/2024

**Privileged Non-Member**

<i>Name</i>	<i>Department</i>	<i>Division</i>	<i>Effective</i>
Agarwal, Arpit, MD	Pediatrics	Pediatric Cardiology	1/10/2024
Kohberger, Cortney, MD	Psychiatry		1/10/2024

**Clean List Files**

**Privileged Non-Member**

<i>Name</i>	<i>Department</i>	<i>Division</i>	<i>Effective</i>
Macias, Christopher, LISW	Psychiatry	Social Work	1/10/2024
Stricko, Sandra, CCP	Surgery	Cardiothoracic	1/10/2024

The following actions to the MetroHealth System Medical Staff will be reviewed by the Credentials Committee on January 9, 2024.  
The Actions will then be reviewed by the Medical Executive Committee on January 12, 2024.

**Resignations**

<i>Name</i>	<i>Department</i>	<i>Division</i>	<i>End Date</i>
Alred, Thayne, MD	Emergency Medicine		12/1/2023-R
Black, Amber, APRN-CNP	Family Medicine		12/22/2023-R
Bruner, Julia, MD	Family Medicine	Express Care	1/3/2024-R
Caimol, Maria Sherry Ann Rosalind, MD	Pediatrics	Nephrology	1/1/2024-R
Cardillo, Danielle, APRN-CNP	Emergency Medicine		12/1/2023-R
Fogel, Susan, APRN-CNP	Neurology		12/1/2023-R
Gregory, Jolee, MD	Family Medicine	Express Care	12/1/2023-RT
Hernandez, Alicia, APRN-CNP	Family Medicine		1/4/2024-R
Jagetia, Anil, MD	Anesthesiology		11/27/2023-R
Lengu, Irma, MD	Surgery	Urology	12/1/2023-R
Molnar, Jill, APRN-CNP	Medicine	Internal Medicine	1/9/2024-R
Nand, Natasha, PA-C	Medicine	Hematology/Oncology	12/28/2023-R
O’Leary, Andrew, MD	Medicine	Radiation Oncology	12/1/2023-R
Rahhal, Maria-Noel, MD	Medicine	Endocrinology	12/8/2023-R
Sabe, Ramy, MD	Pediatrics	Gastroenterology	9/30/2023-R
Saus, John, MD	Anesthesiology		12/1/2023-R
Scharf, Steven, DO	Anesthesiology		12/1/2023-R
Souqiyyeh, Muhammad, MD	Medicine	Nephrology	1/1/2024-R
Tripodi, Michael, PA-C	Emergency Medicine		12/1/2023-R
Xavier, Brian, MD	Radiology		11/10/2023-R

**Staff Category Change**

<i>Name</i>	<i>Category From</i>	<i>Category To</i>	<i>Date</i>
Davis, Raeneisha, APRN-CRNA	Associate	Privileged Non-Member	11/1/2023

**Additional Clinical Privileges**

<i>Name</i>	<i>Privileges Added</i>	<i>Date</i>
Ritter, Kaitlin, MD	Advanced Laparoscopic Privileges	1/8/2024

CC=Contract Complete, Fellowship Complete

R=Resigned

RL-Relocated

RT-Retired

ET-Employment Terminated

CT-Contract Terminated

THE METROHEALTH SYSTEM  
 MEDICAL EXECUTIVE COMMITTEE

December 8, 2023  
 Virtual and K-107

CHAIRPERSON: Christine Alexander-Rager, MD

CALLED TO ORDER: 7:00 AM  
 ADJOURNED: 9:00 AM


RECORDER: Carol Herbert

**Member In-Person Participation:** Doctors Christine Alexander, Natalie Joseph, Anise Ardelt, Chip Wiper, James Campbell, Richard Wilson, Catherine Curley, Ellen Gelles, Greg Heintschel, Ms. Brittany Valenzano

**Remote Participation:** Bode Adebambo, Christopher McHenry, Holly Perzy, Mike Kelly, Thomas Collins, Venkat Krishnamurthy, David Crowe, Megan Flannery, Patricia Gallagher

Exec Officials: Drs. Michael Lewis, E. Harry Walker

Guests: Doris Evans

ITEM	TITLE/PRESENTER	RECOMMENDATION/ACTIONS/MISCELLANEOUS COMMENTS	EVALUATION-Follow-up
Call to Order	Christine Alexander-Rager, MD	Welcome Announcements: We are planning to have four in-person Medical Staff Meetings for 2024, the first being on February 27. Following will be a September in-person meeting and culminating with the December Holiday Party	N/A
Minutes of the Previous Meetings	MEC minutes, Credentialing Committee minutes and Medical Record Committee Minutes were reviewed and approved	<ul style="list-style-type: none"> <li>November MEC Minutes</li> </ul>  MEC Minutes, November 10, 2023.c	Minutes approved/ Present the MEC Minutes to BOT

<p>Medical Staff Appointments and Actions</p>	<p>All medical staff appointments were carefully reviewed and presented by the Department Chairpersons. Each candidate is being presented after approval from the Credentials Committee from the previous month. Each Candidate's file was reviewed for any actions or sanctions, clinical competency, work history. All gaps were accounted for and presentation of the practitioner's education and training was discussed. The committee reviewed the requested privileges and verified the provider will function within their scope of education and license. The NPDB reports, malpractice cases and any health issues were discussed, and a legal representative was present at the Credentials Committee.</p> <p>All additional privileges were discussed and verified ongoing monitoring of NPDB is being performed.</p>	<p>Appointments, Actions and Reappointments</p> <p><b>The following Appointments to the MetroHealth System Medical Staff will be reviewed by the Credentials Committee on November 28, 2023. The appointments will then be reviewed and accepted by the Medical Executive Committee on December 8, 2023.</b></p> <p><b><u>Active</u></b></p> <table border="1"> <thead> <tr> <th><i>Name</i></th> <th><i>Department/Division</i></th> <th><i>Effective</i></th> </tr> </thead> <tbody> <tr> <td>Leb, Stephen, MD</td> <td>PM&amp;R</td> <td>11/29/2023</td> </tr> <tr> <td>Nigro, Mario, MD</td> <td>Radiology</td> <td>11/29/2023</td> </tr> <tr> <td>Ramos-Cardona, Aynette, PhD</td> <td>Psychiatry/Psychology</td> <td>11/29/2023</td> </tr> <tr> <td>Sun, Yan, MD</td> <td>Medicine/Internal Medicine</td> <td>11/29/2023</td> </tr> </tbody> </table> <p><b><u>Associate</u></b></p> <table border="1"> <thead> <tr> <th><i>Name</i></th> <th><i>Department/Division</i></th> <th><i>Effective</i></th> </tr> </thead> <tbody> <tr> <td>Afari, Margaret, PA-C</td> <td>Neurology</td> <td>11/29/2023</td> </tr> <tr> <td>Lucas, Chad, APRN-CNP</td> <td>Medicine/Hematology/Oncology</td> <td>11/29/2023</td> </tr> </tbody> </table> <p><b><u>Privileged Non-Member</u></b></p> <table border="1"> <thead> <tr> <th><i>Name</i></th> <th><i>Departmen/Division</i></th> <th><i>Effective</i></th> </tr> </thead> <tbody> <tr> <td>Ascha, Mona, MD</td> <td>Surgery /Trauma/Burn/Critical Care</td> <td>11/29/2023</td> </tr> <tr> <td>Bortuzzo, Cristiana, MD</td> <td>Medicine/Gastroenterology</td> <td>11/29/2023</td> </tr> <tr> <td>Gill, Rupinder, MD</td> <td>Medicine/Nephrology</td> <td>11/29/2023</td> </tr> <tr> <td>Kondru, Ashok, MD</td> <td>Medicine/Gastroenterology</td> <td>11/29/2023</td> </tr> </tbody> </table> <p><b>The following actions to the MetroHealth System Medical Staff will be reviewed by the Credentials Committee on November 28, 2023. 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Motion carries to approve. Present to BOT


















<i>Name</i>	<i>Category From /Category To</i>	<i>Date</i>
Bahler, Robert, MD	Privileged Non-Member /Emeritus	11/1/2023

CC=Contract Complete, Fellowship Complete

R=Resigned  
 RL-Relocated  
 RT-Retired  
 ET-Employment Terminated  
 CT-Contract Terminated

**NOVEMBER REAPPOINTMENTS**

<b>Last Name</b>	<b>First Name</b>	<b>Degree</b>	<b>Department</b>	<b>Division</b>
Glaser	Kathleen	APRN-CNP	Anesthesiology	Pre-Surgical Testing
Kette	Valerie	APRN-CRNA	Anesthesiology	
Piero	Joseph	APRN-CRNA	Anesthesiology	
Barany Nunez	Victoria	DDS	Dental Medicine	Oral Health
Vernon	Lance	MPH	Dental Medicine	Correctional Medicine
Jacobs	Breana	APRN-CNP	Emergency Medicine	
Jenkins	Rachael	PA-C	Emergency Medicine	
Tomashefski	Amy	APRN-CNP	Family Medicine	Express Care
Black	Amber	APRN-CNP	Family Medicine	
Davis	Erin	APRN-CNP	Medicine	Weight Management
Benedict	Steven	MD	Neurology	
Ranchod	Maya	PA-C	Neurosurgery	
Razi	Ahmad	MD	Obstetrics & Gynecology	
Shah	Jay	MD	Otolaryngology	
Jouhari	Mohamed	MD	Pediatrics	
Krichbaum	Heather	DNP, APRN-CNP	Pediatrics	
Mazer	Monty	MD	Pediatrics	Pediatric Critical Care
Parimi	Prabhu	CPE	Pediatrics	Neonatology
Remy	Kenneth	MD	Pediatrics	Pediatric Critical Care

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<b>APP Update</b>	Megan Flannery, APRN-CNP			No action required																																																	
<b>Standing Agenda Item</b>	Length of Stay	Presentation by Dr. Michael Lewis   MEC IP Ops Summary Dec 2023--		No action required																																																	
<b>Order Sets</b>		Behavioral Health Psych ED Order Sets for Review <i>(Submitted by Sandra Duke, Michael Dondero, Victoria Bowden 12/7-for review at January 13, 2024 MEC meeting)</i>  <table style="width: 100%; text-align: center;"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>BH PSYCH ED ADULT [4862] Sign</td> <td>CPEDIATRIC [4866].pd</td> <td>PEDIATRIC [4866] Sig</td> <td>AGITATION [4837].p</td> <td>AGITATION [4837] Si</td> </tr> </table>  BH PSYCH ED ADULT [4862].pdf							BH PSYCH ED ADULT [4862] Sign	CPEDIATRIC [4866].pd	PEDIATRIC [4866] Sig	AGITATION [4837].p	AGITATION [4837] Si																																								
																																																					
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<b>Meeting Adjourned</b>																																																					

**Executive  
Session MEC  
Members  
only**

FPPE Extension





# MetroHealth

## The MetroHealth System – 2023 Donations

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January 24, 2024



# 2023 Donations from The MetroHealth System

- ACBC
  - \$500; Shero Award
- Alzheimer's Association
  - \$500; Shero Award
- Bowling Green State University
  - \$5,000; Support of scholarship for LWSSH student
- Canopy
  - \$5,000; donation
- Cleveland State University
  - \$5,000; support of scholarship for LWSSH student

# 2023 Donations from The MetroHealth System

- Kent State University
  - \$10,000; support of scholarships for 2 LWSSH students
- Lakewood Community Service Center
  - \$500; Shero Award
- The Legal Aid Society of Cleveland
  - \$500; donation
- The MetroHealth Foundation
  - \$1,141,538.07; donation to Health Equity CLE Fund
- Windsong
  - \$1,000; donation

RECOMMENDATION TO THE BOARD OF TRUSTEES  
OF THE METROHEALTH SYSTEM  
FOR APPROVAL OF PERFORMANCE-BASED VARIABLE COMPENSATION PLAN  
SYSTEM GOALS FOR 2024

**Recommendation**

The President and Chief Executive Officer is recommending that the System approve Performance-Based Variable Compensation (PBVC) Plan Goals for 2024.

These proposed goals are consistent with the guidelines established by Gallagher and embody a balanced approach across the following domains: financial; strategy and growth; quality and service; clinical transformation and health equity; human capital and diversity; and innovation and research.

**Background**

The Board of Trustees of The MetroHealth System approved a Performance-Based Variable Compensation ("PBVC") plan for the President and CEO and other members of leadership beginning in 2014, subject to modifications from time to time. The PBVC plan was developed with the assistance and advice of Sullivan Cotter, an independent national compensation consulting firm, and has been reconfirmed by Gallagher to be customary and usual in the nonprofit hospital field.

The PBVC plan is designed to put certain percentages of the President and CEO's and members of leadership's (Director and above) cash compensation at risk and to incentivize performance against certain goals. The PBVC plan System goals are approved by the Board annually.

Approval of Performance-Based Variable Compensation Plan System Goals for 2024

\*\*\*\*\*

RESOLUTION XXXXX

WHEREAS, the Board of Trustees of The MetroHealth System has previously approved a Performance-Based Variable Compensation plan for the President and CEO and other members of leadership (the "PBVC Plan"); and

WHEREAS, the President and Chief Executive Officer has presented the Board of Trustees of The MetroHealth System a recommendation for the approval of goals and performance metrics for the PBVC Plan for 2024.

NOW, THEREFORE, BE IT RESOLVED, the Board of Trustees of The MetroHealth System hereby approves the 2024 Plan Measures and Goals as described in the attachment hereto, to be utilized in connection with the overall compensation methodology. No awards will be paid unless the System achieves the Adjusted EBIDA trigger, which will be calculated net of the PBVC awards.

AYES:

NAYS:

ABSENT:

ABSTAINED:

DATE:

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

**Exhibit A**

**RECOMMENDATION TO THE BOARD OF TRUSTEES OF  
THE METROHEALTH SYSTEM  
FOR THE APPROVAL OF SUPPORT OF A NONPROFIT AFFILIATE**

**Recommendation**

The President and Chief Executive Officer recommends that the Board of Trustees of The MetroHealth System approve the funding of further capitalization for its nonprofit affiliate, Lumina Imaging.

**Background**

The MetroHealth System Board of Trustees approved the formation of Lumina Imaging in May 2019 in Resolution 19296 and financial support for Lumina Imaging in Resolutions 19333 and 19554. The MetroHealth System is the sole member of Lumina Imaging, which is an Ohio nonprofit corporation and has received 501(c)(3) status designation. Lumina Imaging was formed to disrupt the delivery of radiology services through stand-alone low-cost imaging centers for high-cost imaging services.

Lumina Imaging owns and operates four locations in Northeast Ohio and is continuing to expand.

Approval of Support of a Nonprofit Affiliate

\*\*\*\*\*

RESOLUTION XXXXX

WHEREAS, the Board of Trustees of The MetroHealth System has been presented a recommendation to approve the funding for further capitalization of its nonprofit affiliate Lumina Imaging.

NOW, THEREFORE, BE IT RESOLVED, the Board of Trustees of The MetroHealth System hereby approves the provision of financial support for its nonprofit affiliate Lumina Imaging in accordance with its authority provided in Section 339.10, as more fully described in Attachment A.

BE IT FURTHER RESOLVED, any action taken by the System and its officers for and on its behalf in connection with the transactions referenced in these resolutions, which are in conformity with the intent and purpose of these resolutions, is hereby approved, ratified, and confirmed in all respects, and

BE IT FURTHER RESOLVED, the Board hereby authorizes and directs the President and Chief Executive Officer, together with the Senior Vice President and General Counsel and such other executive officers as she may designate, to effectuate or carry out the purpose and intent of the foregoing resolutions.

AYES:

NAYS:

ABSENT:

ABSTAINED:

DATE:



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**Attachment A**