

EXHIBIT 21

**RECOMMENDATION TO THE BOARD OF TRUSTEES OF
THE METROHEALTH SYSTEM
FOR ACCEPTANCE OF THE 2021 RESULTS COMPARED TO THE 2021 PLAN MEASURES AND
GOALS FOR THE PERFORMANCE BASED VARIABLE COMPENSATION PROGRAM**

Recommendation

The President and Chief Executive Officer recommends that the Board of Trustees accept and acknowledge the 2021 results as compared to the 2021 Plan Measures and Goals previously adopted by the Board.

The President and Chief Executive Officer also recommends that the Board of Trustees approve the achievements for the 2021 Plan Measures and Goals for the Performance Based Variable Compensation Plan as set forth in the Attachment hereto.

Background

In 2014, the Board of Trustees of The MetroHealth System approved a Performance Based Variable Compensation plan for senior leadership (the “Plan”) with the assistance and advice of Sullivan Cotter, an independent national compensation consulting firm, and the recommendation of the President and Chief Executive Officer. The philosophy of the Board is to establish verifiable performance metrics each year to determine if performance based variable compensation will be paid and at what levels. The System has determined that such programs are customary and usual in the hospital field.

Subsequently, based upon a review of the System’s compensation methodology by the Board’s compensation consultant, Findlay, input from Sullivan Cotter and the President and Chief Executive Officer, the Board approved modifications to the Executive Compensation Methodology and the Performance Based Variable Compensation Plan.

In March 2021, the Board approved the 2021 Plan Measures and Goals for the Performance Based Variable Compensation Plan for 2021.

Following the completion of 2021 and the closing of the System’s books, the President and Chief Executive Officer reviewed the System’s performance for 2021 and compared actual performance with the 2021 Plan Measures and Goals. Attachment A provides the presentation of the measures and goals compared to the performance for 2021. Based upon these results, the System achieved 129.41% of Target performance for the 2021 Plan Measures and Goals.

**Acceptance of the 2021 Results Compared to the 2021 Plan Measures and Goals for the
Performance Based Variable Compensation Program**

RESOLUTION 19495

WHEREAS, the Board of Trustees of The MetroHealth System has previously approved the Performance Based Variable Compensation plan for senior leadership (the “Plan”) and the Plan performance metrics for 2021;

WHEREAS, the Audit and Compliance Committee of the Board of Trustees of The MetroHealth System has recommended that the Board of Trustees accept and acknowledge the System’s 2021 results as compared with the 2021 metrics and the achievement of the goals for the 2021 Performance Based Variable Compensation Program; and

WHEREAS, the Board of Trustees of The MetroHealth System has been presented a recommendation to approve the achievements for the 2021 Plan performance metrics.

NOW, THEREFORE, BE IT RESOLVED, the Board of Trustees of The MetroHealth System hereby approves the achievements for the System’s 2021 performance results as compared to the 2021 Plan Measures and Goals previously adopted by the Board; and

BE IT FURTHER RESOLVED, the Board of Trustees of The MetroHealth System hereby approves the achievements for the System’s 2021 performance results as compared to the 2021 Plan Measures and Goals previously adopted by the Board, as verified by the final 2021 Net Operating Income through the finalization of the System’s audited financial statements; and

BE IT FURTHER RESOLVED, the President and Chief Executive Officer, or his designee, are hereby authorized to take necessary actions consistent with this resolution.

AYES:	Ms. Dee, Mr. Hurwitz, Mr. Monnolly, Mr. Moss, Dr. Silvers, Dr. Walker, Ms. Whiting
-------	---

NAYS:	None
-------	------

ABSENT:	Ms. Chappell, Mr. Hairston
---------	----------------------------

ABSTAINED:	None
------------	------

DATE:	March 23, 2022
-------	----------------

2021 PBVC MEASURES AND GOALS

2021 Goal / Measure	Weight	Performance Level			2021 Achievement	% of Target
		Minimum (50%)	Target (100%)	Maximum (150%)		

Based upon these 2021 results above, the total performance based incentive program funding shall not exceed \$10,000,000. This amount has been fully accrued in the calculation of the System's financial results as reflected in its audited financial statements. Performance based incentive program payments (PBVC, one-time recognition, supplemental incentives) shall be distributed to eligible employees based on System and individual performance. The average incentive payment is approximately 21.6% of the base salary. The President and Chief Executive Officer, or his designee, are hereby authorized to take necessary actions consistent with this resolution.

March 2022

EXHIBIT 22

Approval of Long-Term and Annual System Goals
for Performance-Based Variable Compensation Plan

RESOLUTION 19484

WHEREAS, the Board of Trustees of The MetroHealth System has previously approved a Performance-Based Variable Compensation plan for senior leadership (the “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 long-term and annual System goals and performance metrics for the Plan.

NOW, THEREFORE, BE IT RESOLVED, the Board of Trustees of The MetroHealth System hereby approves the 2022-2025 Plan Measures and Goals as described in the attachment hereto, to be utilized in connection with the overall compensation methodology. These metrics embody a balanced approach including financial, strategic, quality, community/consumer oriented, diversity, operational and innovation goals. No awards will be paid unless the System achieves the Adjusted EBIDA trigger, which will be calculated net of the Performance-Based Variable Compensation awards.

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

AYES: Ms. Chappell, Ms. Dee, Mr. Hairston, Mr. Hurwitz, Ms. Kirk,
Mr. Monnolly, Dr. Silvers, Dr. Walker, Ms. Whiting

NAYS: None

ABSENT: Mr. Moss

ABSTAINED: None

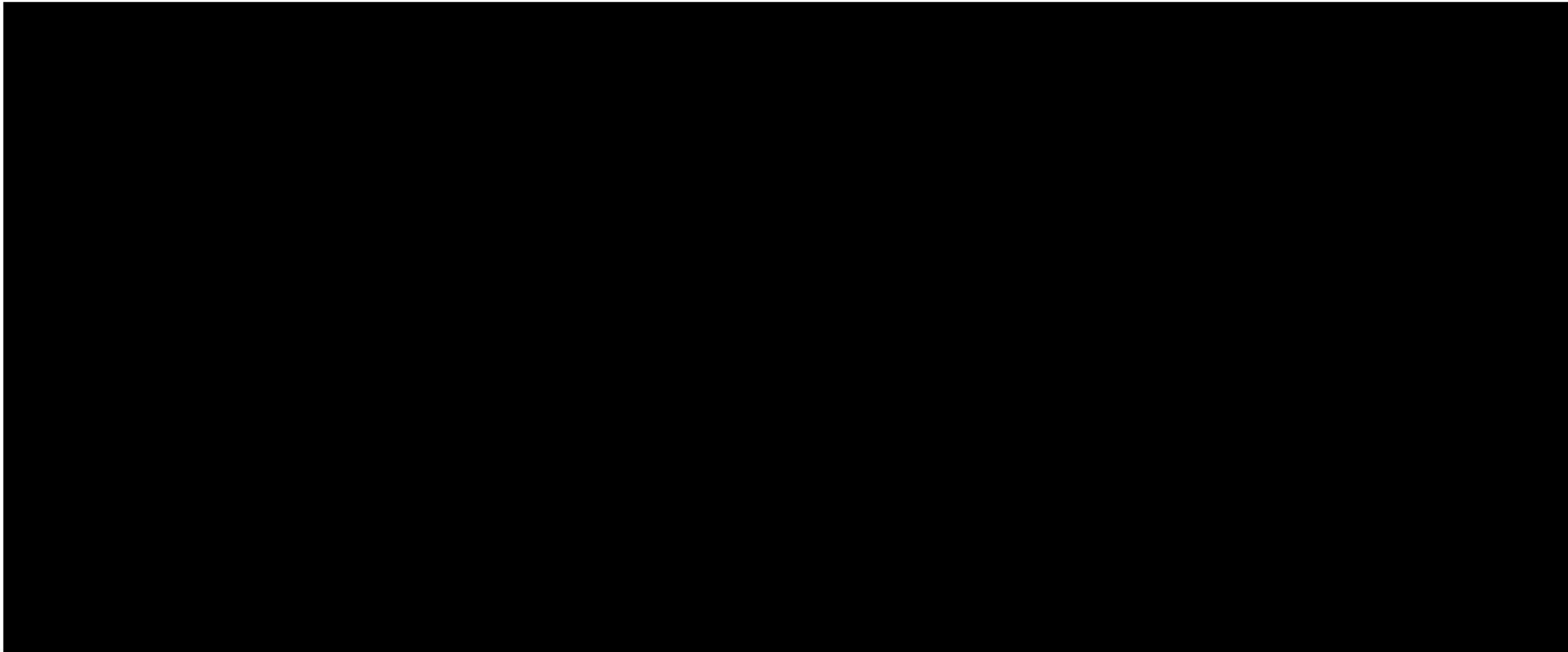
DATE: November 22, 2021

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.

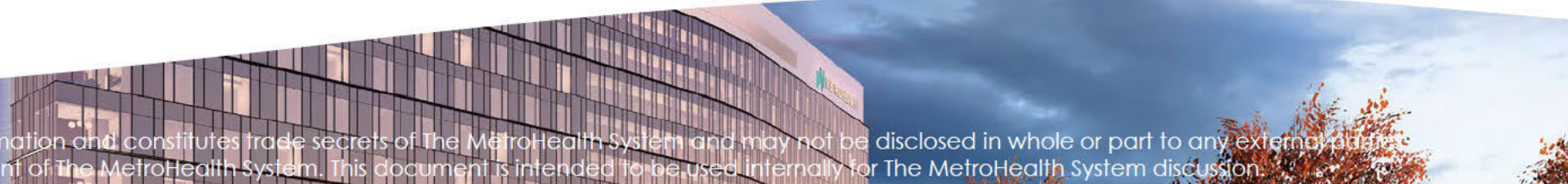


		2021	2022	2023	2024	2025
	Minimum					
	Target					
	Stretch					





This report contains proprietary information and constitutes trade secrets of The MetroHealth System and may not be disclosed in whole or part to any external party without the express consent of The MetroHealth System. This document is intended to be used internally for The MetroHealth System discussion.

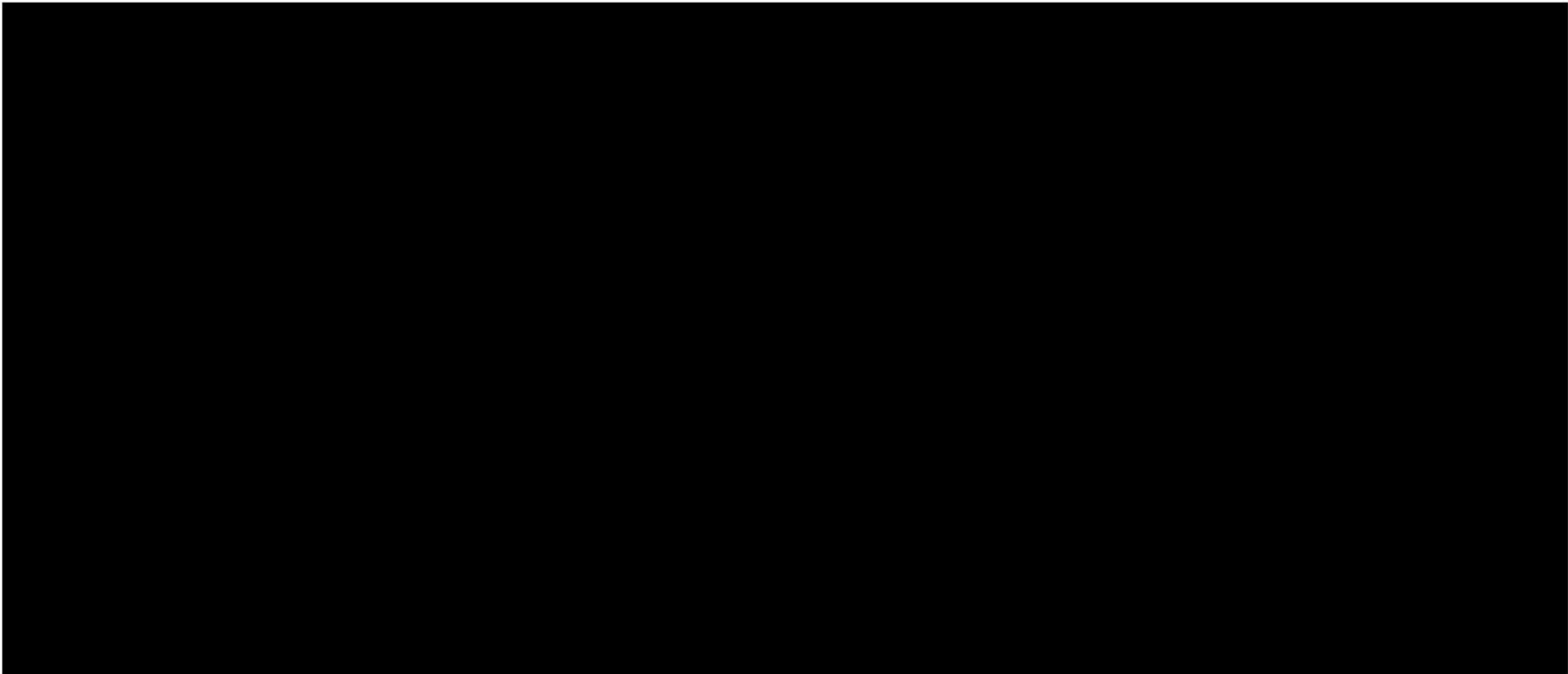




		2021	2022	2023	2024	2025
	Minimum					
	Target					
	Stretch					

		2021	2022	2023	2024	2025
	Minimum					
	Target					
	Stretch					



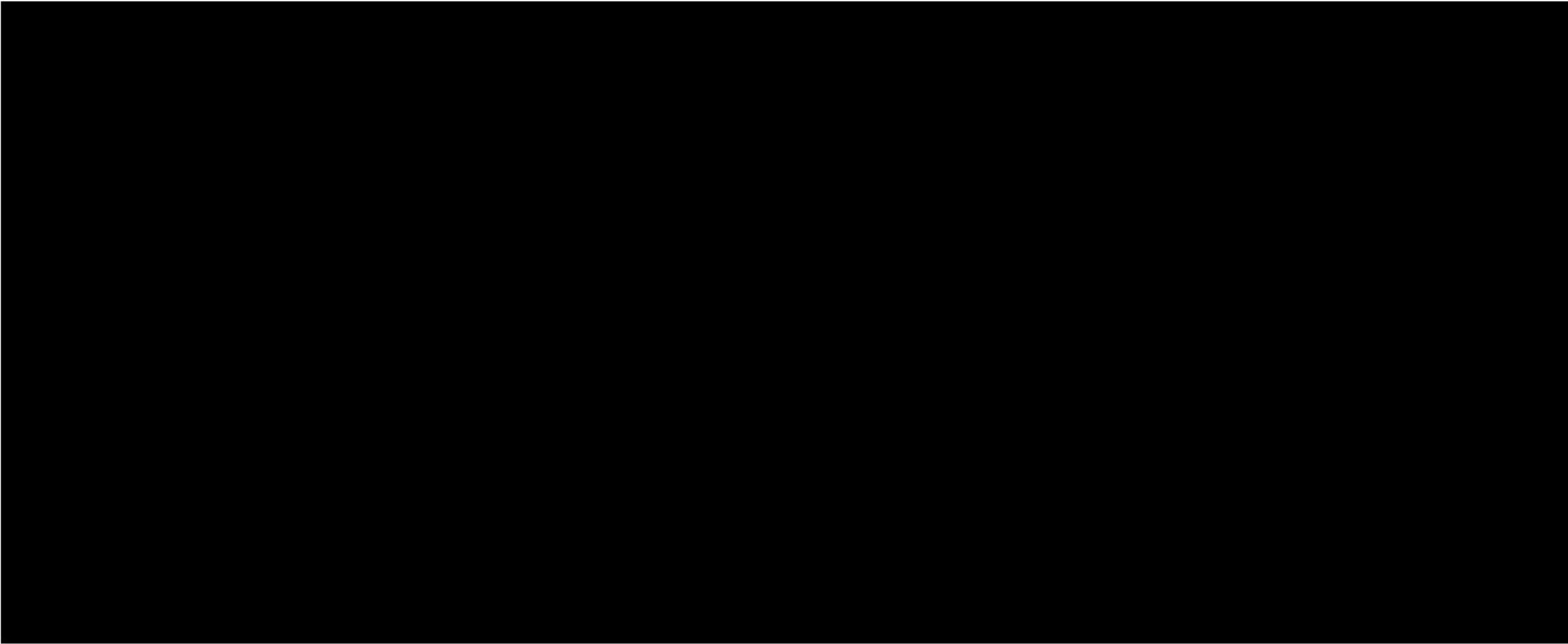




	Quality Score	2021	2022	2023	2024	2025
	Minimum					
	Target					
	Stretch					

	Recommend	2021	2022	2023	2024	2025
	Minimum					
	Target					
	Stretch					



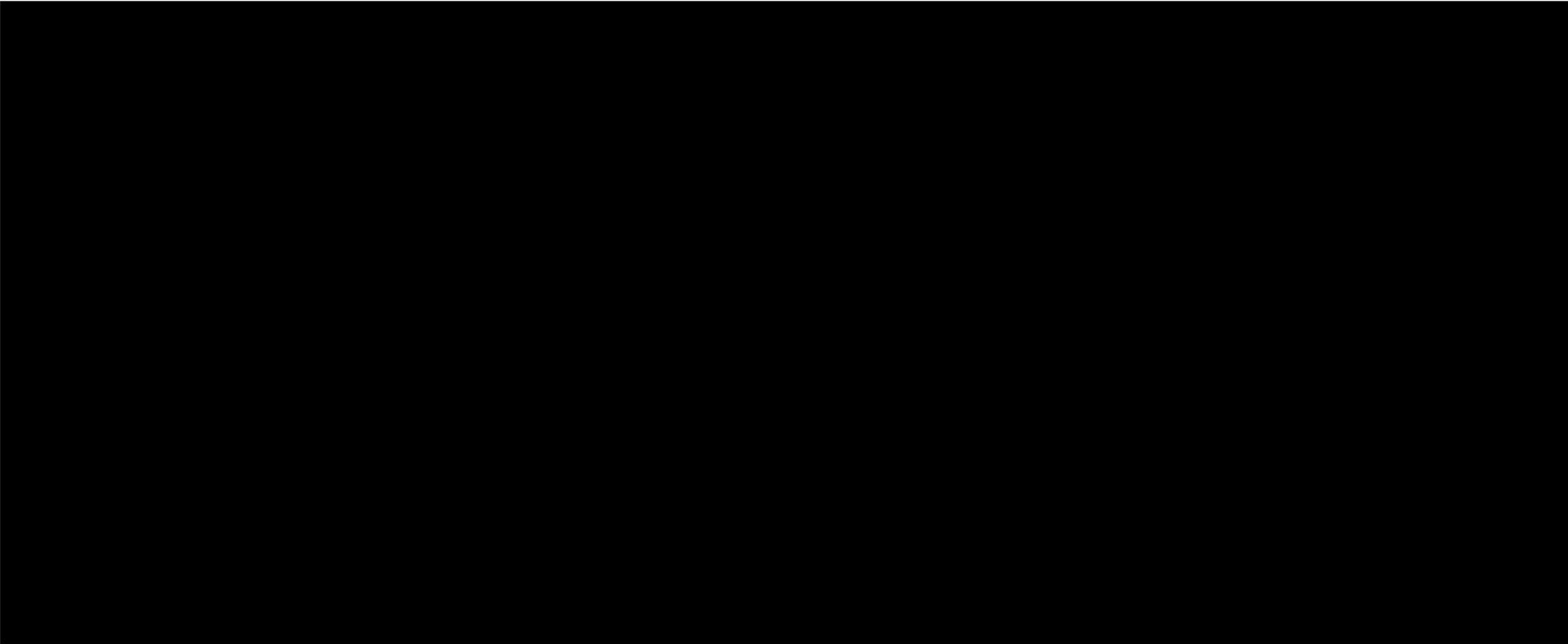




[REDACTED]	[REDACTED]	2021	2022	2023	2024	2025
	Minimum	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	Target		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	Stretch		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]	[REDACTED]	2021	2022	2023	2024	2025
	Minimum	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	Target		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	Stretch		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



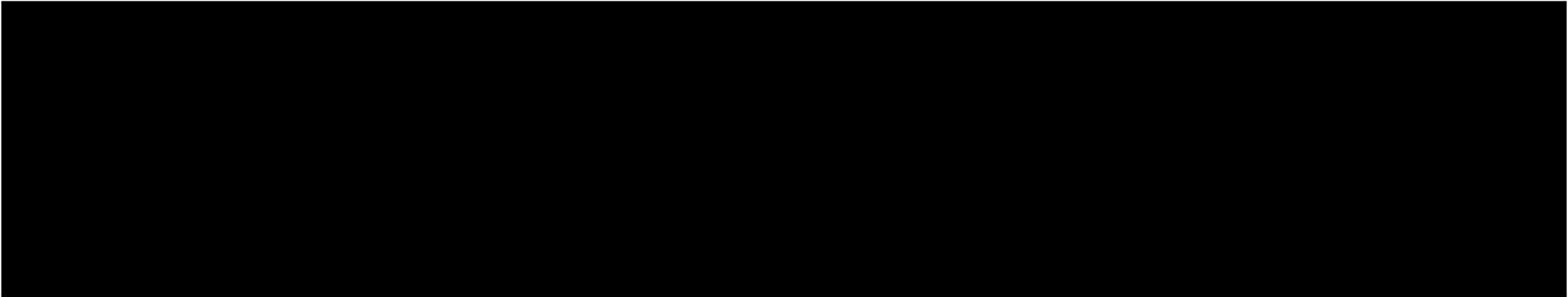


[Redacted]

[Redacted]	[Redacted]	2021	2022	2023	2024	2025
	Minimum	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
	Target		[Redacted]	[Redacted]	[Redacted]	[Redacted]
	Stretch		[Redacted]	[Redacted]	[Redacted]	[Redacted]

[Redacted]	[Redacted]	2021	2022	2023	2024	2025
	Minimum	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
	Target		[Redacted]	[Redacted]	[Redacted]	[Redacted]
	Stretch		[Redacted]	[Redacted]	[Redacted]	[Redacted]





		2021	2022	2023	2024	2025
	Minimum					
	Target					
	Stretch					



EXHIBIT 23

To: Akram Boutros[aboutros@metrohealth.org]; Bernard Boulanger[bboulanger@metrohealth.org]
From: Michael Stern[/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=85FFE18EC97E46EDB69D5FDD2FDA5BEC-MSTERN]
Sent: Thur 2/7/2019 5:04:55 PM (UTC)
Subject: RE: CONFIDENTIAL: 2018 PBVC & Executive Evaluation
[Copy of Copy of BBMS 2018 PBVC Worksheet.xlsx](#)
[One-Time Performance Incentive 2019.docx](#)

Akram,

Please find attached the completed excel sheet. At the bottom of the sheet are the individuals that we believe should receive a one-time performance incentive. There is a word document attached supporting the 9 individuals.

Thanks

Michael & Bernie

From: Akram Boutros
Sent: Friday, February 01, 2019 1:01 PM
To: Michael Stern <mstern@metrohealth.org>; Bernard Boulanger <bboulanger@metrohealth.org>
Subject: FA: CONFIDENTIAL: 2018 PBVC & Executive Evaluation

Hi Michael & Bernie,

Attached you will find an excel sheet for your team. Please fill in the personal goal achievement for each individual. You will note additional achievements (cell M1 to V1). You will need to select from the drop down menu of 0% , 50%, 100%.

0% equates to **not involved** or no significant contribution to the achievement.

50% equates to **substantial contribution** and achievement would be diminished without the individual's participation.

100% equates to **critical contribution** and achievement would not have been possible without the individual's participation.

IMPORTANT – Personal achievement must be supported by documented metrics. Subjective assessments are unacceptable and will lead to disciplinary actions for the reviewer.

In addition, please let me know if anyone is missing from the analysis, or anyone who should be removed.

Finally, please make recommendations for any team members (not eligible for PBVC) who should be considered for one time performance incentive ranging from \$1,000 - \$10,000. Please provide supporting statement and data for each request.

THIS IS DUE TO BACK TO ME BY END-OF-DAY FEBRUARY 7, 2019

Thank you,

Akram



Akram Boutros, MD, FACHE
President and Chief Executive Officer
The MetroHealth System | 2500 MetroHealth
Drive Cleveland, OH 44109 | Office (216)
778-5700

ATTACHMENT

						SYSTEM ACCOMPLISHMENT					143.00%																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
--	--	--	--	--	--	-----------------------	--	--	--	--	---------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SYSTEM ACCOMPLISHMENT												CICIP	HB111	TJC	TJC2	Opioid Safety	Trauma Partnership	FQHC	Community Hospitals	Recruitment	New Businesses/Effectiveness Redesign (MyMetro, Rec Res,	Supplemental Achieve
LastName	FirstName	Job Code	Emp#	Title	Supervisor	Average PBVC %	Corporate Goals %	Personal Goals%	Corporate Goals Achievement	Personal Goals Achievement	Total Achievement	15%	15%	10%	5%	5%	5%	5%	10%	5%	25%	100%
Evans	Jill			Dir Clinical Informatics	Kaelber, David	8.00%	30%	70%	143.00%	110.27%	120.09%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0.0%
Kucera	Kevin			Center Director	Dunn, Shailaja S.	8.00%	30%	70%	143.00%	94.61%	109.13%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0.0%
Mustar	Autumn			Center Director	Dunn, Shailaja S.	8.00%	30%	70%	143.00%	142.14%	142.40%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0.0%
Kline	Melissa				Stern, Michael L.	15.00%	50%	50%	143.00%	104.42%	123.71%	0%	0%	100%	100%	0%	0%	0%	100%	50%	50%	40.0%

Individual

Joan Papp

Amount

100%

Physician/Opioid Initiative

Opioids

ATTACHMENT

One-Time Performance Incentive

- **Joan Papp (100%)**

Joan was instrumental in the Opioid Initiative

- **Kelly Connelly (100%)**

Kelly was a critical factor in the ultimate organizational success on The Joint Commission triennial survey. She showed exceptional skill in analysis of questionable findings and identifying opportunities for rebuttal. She worked tirelessly across the organization to coordinate work and address findings without creating undue alarm or stress. Most importantly, she maintained a sense of calm and confidence that helped to reassure and focus concerned staff members and leaders. Kelly performed above and beyond expectations in 2018; her exceptional leadership during this challenging episode is deserving of formal recognition.

- **Kimberlee Legarth (100%)**

We would like to recommend Kimberlee Legarth, Nurse Manager Parma Inpatient and 7A orthopedics for the recognition and bonus. Kimberlee is a leader who lives and breathes the MH values. Kimberlee supports two units at two locations. Kimberlee opened and grew Parma Inpatient in 2018. She flexes up to take additional patients every day. Kimberlee doesn't just cover Parma, she has immersed herself into the Parma community taking her role in the community seriously.

Kimberlee joined the Parma Community Collaboration Committee, a non-MH committee to become an active member in the community. In addition, she has collaborated with the Parma ED to host a school back packs and school supplies drive for the community as well as a Halloween trick or treat and flu shot for those in the community.

Kimberlee met 100% of her goals in 2018 at the target or stretch level, to include her finance goal.

She had 100% participation in the Nurse Satisfaction Survey with 100% of the scores in the 75th percentile. Her staff won the "10 People who Make A Difference Award" and a staff member won the Schwartz Center National Compassionate Caregiver Award. Quality is important to Kimberlee and both units had zero CAUTI's and CLABSI's and 7A had a 58% reduction in falls in 2018.

Kimberlee is leader who identifies her own learning needs as well as those of her team. She is accountable and holds her team accountable to safe patient care by ensuring patient care is evidence based and patient centric. As evidenced by both her patient and staff satisfaction scores. Kimberlee excels in teamwork and collaboration.

Kimberlee gives 110% to MH everyday while continuing to look at how to make things better. Theresa and I would like to see her recognized for her work and dedication to our patients, our staff, MHS, and the community.

- **Greg Heintschel, DDS (50%)**

- **Dave Kuentz, MD (50%)**

- STREAMLINED OFFBOARDING PROCESS – updating personalized exit letters, marketing and website information, PCP Panel Field updates, PCP Status Field, In-basket coverage and sign out, Call Group coverage
- 2. CREATED AND IMPLEMENTED ONBOARDING PROCESS (This was implemented in AWSL before Jennifer's process was created) – updating new hire check list, personalized welcome and follow up, billing and coding education, call groups assignment, ramp up schedules, EPIC elbow support and follow up, expectations for productivity incentives and quality measures
- 3. MANAGED AND EXPANDED PRIDE NETWORK SERVICES – organized coverage during Ng's leave, used market intelligence to uncover gaps in services and to deploy appropriately
- 4. DEVELOPED AGING OUT FOSTER CARE PROGRAM – coordinated with Pediatrics, social work, and access team to pilot a transfer of care between service lines for DCFS patients to adult health care providers
- 5. AWSL REPRESENTATIVE TO MEDICARE WELLNESS STEERING COMMITTEE – Dave played an integral role in the data analysis to capture demand and coverage, training around billing and coding errors, overcoming barriers to scheduling, and promoting SOW related initiatives. Medicare AWW volumes have increased from 3276 in 2016 to 5584 in 2017 to 7899 in 2018.
- 6. MYMETRO MANAGEMENT – strategizing and overcoming barriers in relation to balancing PCP continuity with patient access, managing provider complaints, developing fixes to template build gaps, and assisting in moving forward optimization updates
- 7. OPEN ENCOUNTERS – Developed a plan with primary care medical directors to promote transparency and accountability around this issue. Implemented scribe program to help providers who are struggling to close encounters due to documentation requirements.
- 8. CO-LEAD, EPIC INFORMATICS TEAM – Worked with Jonathan Siff to manage and direct Epic informatics team members towards activities to improve efficiency of providers, reducing time in Epic spent by 8 minutes.

These efforts are in addition to the management and coaching of primary care medical directors and individual providers, collaboration on APRs with the Chairs and Division directors, recruitment and deployment, budget management, and other tasks related to his baseline job as Center Director.

- **Tani Martin (50%)**

We would like to recommend Tani Martin the Nurse Manager at Parma Snow, Phoenix and Medina for recognition and bonus for this year. Tani had an outstanding year in 2018. She is a highly successful leader that moved Parma Snow forward with 48 different deployments this past year. This included the deployment of Dr. Weidenbacher/ENT and Dr. Hoyer /Ortho Hand. Tani puts together a puzzle of highly cross trained staff to manage 14 different clinics at Parma Snow. She moved numerous quality projects forward including a PI to improve colorectal screening which started in the 40s % hitting 72% by years end. All in baskets at this site are under the 3 day turn around window many of them less than two days.

Parma started the year at 59.2% labor/expense to TOR and finished the year at 42.42%. Tani hit the stretch goal for 5 of her 7 goals. While she was managing the largest site in the network she put her hand up to take on Medina and worked to integrate this practice into our network. She gives 110% every day.

- **Todd Walker (50%)**

Todd joined the organization mid-year, but his impact was immediately felt. Most importantly, he lead Metrohealth to achieving 73.3% (just below stretch [75%]) in the NRC First Call resolution Organizational goal.

- **Terri Chase (50%)**

This recommendation is based on her extraordinary leadership and achievement in 2018 in 2 areas:

- **Order set process improvement leading to \$103,000/yr in hard savings starting in 2019.**

Details – Terri and her team have lead the electronic implementation and review of our inpatient order set over the last ~5 years. In 2018 Terri took the initiative and lead the team in an overall review of the software and processes of creating and maintaining inpatient order sets in Epic. Her intimate knowledge of these processes identified areas of improvement. She led the interdisciplinary team to develop more efficient and effective processes for order set review. Her leadership and initiative let to her recommendation that we no longer needed the Provation Third-Party order set software. We agreed with her assessment based on her redesign of the order set processes and therefore did not renew the Provation order set software that we have been using for many years. Not reviewing this software will save the MetroHealth System \$103,000/yr starting in 2019.

- **Catheter Associated Urinary Tract Infections (CAUTI) electronic health record improvements leading to The MetroHealth System moving from worst to first in state CAUTI rates.**

Details – under the strategic direction of the Institute for Quality (Dr. Brook Watts) Terry led the informatics and informatic services teams to totally redesign, rebuild, and retrain staff to try to improve the MetroHealth System CAUTI rates. Under her leadership the updated CAUTI related workflows significantly contributed to MetroHealth moving from worst to first in CAUTI rates in Ohio from the beginning to the end of 2018.

- **Kevin Rivera (50%)**

This recommendation is based on his performance “above and beyond” in 2018 in 3 areas:

- ***Outstanding engagement with external Clinical Engineering related organizations leading to enhanced internships and recruitment from Cuyahoga Community College.***

Details - Kevin goes above and beyond his job duties as a Clinical Engineering Specialist at MetroHealth. He is committed to this field and stays current with standards and regulations by being a

member of AAMI and the HTMA-OH association. He is also the chairman of the advisory committee for Cuyahoga Community College's Electronics Engineering- Biomedical program. He also serves as MetroHealth's Clinical Engineering representative to Cuyahoga Community College. His attending these meetings is good for MetroHealth because he can meet potential new talent and interns for our department.

- **Extraordinary commitment to customer service and support and teamwork resulting in enhanced end using efficiency of medical equipment and higher clinical engineering team effectiveness.**

Details - He makes himself available even after his regularly scheduled shifts and taking urgent support calls from the OR and Cath labs for urgent matters. He has made numerous connections with leadership from two large departments Peri-Op and Cardiology. Deb Sparks and Jason Blevins both consider him subject matter expert in their respective departments and look to him for guidance and solutions for their medical technology. He also has made good connections with Information Services by attending the Information Services management weekly meetings and being on interdepartmental projects i.e. Neurons/ Mac lab upgrade. Many of his activities beyond his required job descriptions include:

- Team player willing to work in any area of the hospital and help other techs
- Mentoring new hires: sharing his skills and experience for high end responsibilities like anesthesia.
- Team lead for several high acuity areas Peri-Op/Anesthesia/ Cardiology
- Maintains high levels of customer service in spite of long periods of team mates time off for FMLA in 2018.

- **Outstanding dedication to repair completion/service interventions leading to >\$25,000 in unexpected cost savings**

Details – Cost saving directly because of Kevin's extraordinary effort included:

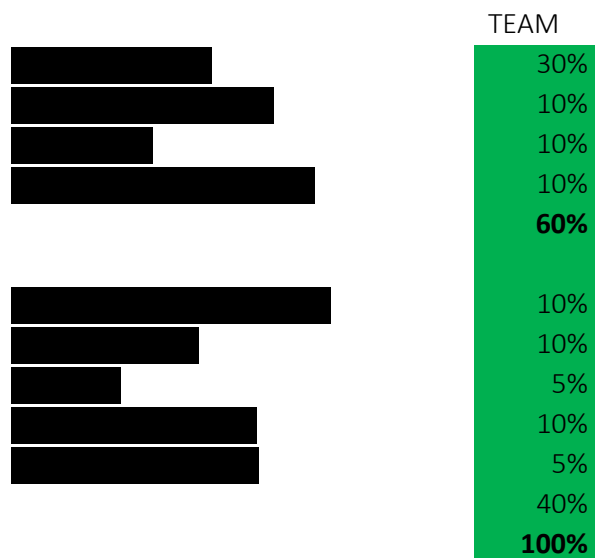
- EP Lab/Cath lab repair when vendor was not able to make repair – 1/2/2018 - \$11,035.
- OR software upgrades - 1/4/2018 - \$2,500.
- AED repair when vendor could not repair – 3/23/2019 - \$2,000.
- EP Lab/Cath lab repair table top when vendor was not able to make repair – 4/16/2018 - \$5,000.
- Negotiated warranty repair of Ultrasound probe outside of contract - 4/19/2019 - \$5,000.
- OR surgery table repair when vendor wasn't willing to repair – 5/18/2018 - \$3,000.
- TOTAL - Over \$25,000 in combined savings in 2018 because of Kevin's extraordinary efforts.

EXHIBIT 24

From: [Akram Boutros](#)
To: [Craig Richmond](#); [Jane Platten](#); [Michael Stern](#); [Bernard Boulanger](#); [Nabil Chehade](#)
Cc: [Laura McBride](#)
Subject: RE: CONFIDENTIAL: Trade Secrets - Supplemental PBVC metrics
Date: Tuesday, December 22, 2020 9:30:18 AM
Attachments: [image001.png](#)
[image002.png](#)

Good morning,

As discussed, here's the final breakdown



Akram



Akram Boutros, MD, FACHE
President & Chief Executive Officer
P: 216-778-5700
aboutros@metrohealth.org

The MetroHealth System
2500 MetroHealth Drive

Cleveland, OH 44109

metrohealth.org

From: Craig Richmond <crichmond@metrohealth.org>
Sent: Monday, December 21, 2020 12:56 PM

To: Akram Boutros <aboutros@metrohealth.org>; Jane Platten <jplatten@metrohealth.org>; Michael Stern <mstern@metrohealth.org>; Bernard Boulanger <bboulanger@metrohealth.org>; Nabil Chehade <nchehade@metrohealth.org>
Cc: Laura McBride <lmcbride@metrohealth.org>
Subject: RE: CONFIDENTIAL: Trade Secrets - Supplemental PBVC metrics

Please see my suggestions below.

	30%
	10%
	10%
	15%
	10%
	10%
	10%
	5%



Craig Richmond, CPA
Executive Vice President & Chief Financial Officer
P: 216-778-5016
crichmond@metrohealth.org

The MetroHealth System
2500 MetroHealth Drive

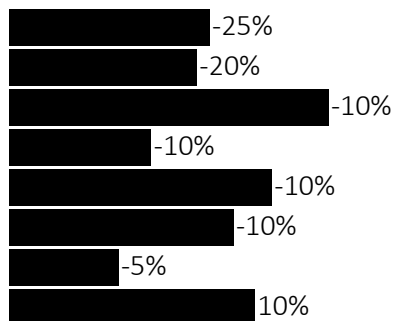
Cleveland, OH 44109

metrohealth.org

From: Akram Boutros <aboutros@metrohealth.org>
Sent: Monday, December 21, 2020 10:44 AM
To: Craig Richmond <crichmond@metrohealth.org>; Jane Platten <jplatten@metrohealth.org>; Michael Stern <mstern@metrohealth.org>; Bernard Boulanger <bboulanger@metrohealth.org>; Nabil Chehade <nchehade@metrohealth.org>
Cc: Laura McBride <lmcbride@metrohealth.org>
Subject: CONFIDENTIAL: Trade Secrets - Supplemental PBVC metrics

Good morning,

The following metrics and weights are what I am proposing as measures for 2020 SPBVC. Please let me know if you have any suggested changes.



Thank you,

Akram



Akram Boutros, MD, FACHE
President & Chief Executive Officer
P: 216-778-5700
aboutros@metrohealth.org

The MetroHealth System
2500 MetroHealth Drive

Cleveland, OH 44109

metrohealth.org

EXHIBIT 25

To: Vanessa Whiting[vlwhiting@aesmgmt.com]
Cc: Michael Phillips[mphillips@metrohealth.org]
From: Akram Boutros[/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=6FBBD5A40B614875BB37DC5D32154797-ABOUTROS]
Sent: Wed 8/10/2022 6:50:33 PM (UTC)
Subject: List of Supplemental Goals 2019-2021
[Supplemental Performance Goals 2019-2021.docx](#)

Vanessa,

As requested, please see attached. I hope to send a list of our recommended 2022 supplemental performance goals to you in November. Does that work?

Thanks,

Akram



Akram Boutros, MD, FACHE | President & Chief Executive Officer

○ 216-778-5700 | aboutros@metrohealth.org

Executive Assistant: Linda Steimle

○ 216-778-5700 | lsteimle@metrohealth.org

MetroHealth Main Campus | 2500 MetroHealth Drive, Cleveland, OH 44109

LIST OF SUPPLEMENTAL PERFORMANCE GOALS

2019 – Supplemental Performance Goals

1. Renewal and achievement of CICIP
2. Improved Operating Efficiencies
3. Achievement of MSSP/CPC Saving
4. Improvement in care and reduction of suicides at Cuyahoga County jail
5. Achievement of World's Most Ethical
6. Attainment of successful financial settlements
7. Development and execution of Institute for HOPE
8. Trauma Program Expansion to other health systems
9. Implementation of Lumina
10. Provider Recruitment
11. New Business Develop & Recognition (BH, OBC, EPIC, Etc.)

2020 – Supplemental Performance Goals

1. [REDACTED]
2. [REDACTED]
3. [REDACTED]
4. [REDACTED]
5. [REDACTED]
6. [REDACTED]
7. [REDACTED]
8. [REDACTED]
9. [REDACTED]

2021 – Supplemental Performance Goals

1. [REDACTED]
2. [REDACTED]
3. [REDACTED]
4. [REDACTED]
5. [REDACTED]
6. [REDACTED]
7. [REDACTED]
8. [REDACTED]
9. [REDACTED]