

medical staff NEWSLETTER

February 2013

volume 51, issue 2



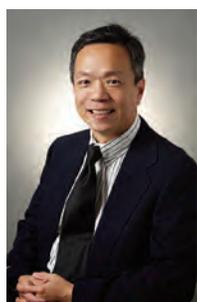
From the **President**

“Do the difficult things while they are easy and the great things while they are small. A journey of a thousand miles must begin with a single step.”

- Lao Tzu

“If you think in terms of a year, plant a seed; if in terms of ten years, plant trees; if in terms of 100 years, teach the people.”

- Confucius



The federal government provides health care coverage, under the Medicare program, to people who are 65 and older or are under 65 with a disability. Today, Medicare has different parts which cover specific inpatient and outpatient services as well as the costs of prescription medications. There are two options with regards to coverage, the open-network single payer health care plan or a network plan where the federal government pays for private health coverage.

In order to streamline Medicare coverage, expand its coverage to more of the population, and make it more affordable, the Patient Protection and Affordable Care Act (PPACA), commonly known as the Affordable Care Act, was enacted and signed into law on March 23, 2010. One of the features of the Affordable Care Act is that it requires the Medicare program to enter into a contract with an Accountable Care Organization (ACO).

Medicare is one of the major factors attributed to the national deficit. With increasing numbers of

continued on page 3

Board Meeting

As provided by the Bylaws of the Governing Body and as the designated sub-committee of the Governing Board the following items were presented and approved by the Medical Executive Committee on January 14, 2013 and by the Governing Board on January 24, 2013.

Administrative Reports

In Medical Staff News

Ms. Gloria Gomez, CPMSM, Director of Medical Staff/Healthcare Services, reported on the following items:

• Meeting Attendance Rewards

MEC members selected the raffle tickets for the December meeting attendance rewards, as follows:

- Sylvia Preciado, MD – Medical Executive Committee
- Danielle Dabbs, DO – Trauma Committee

continued on page 2

Inside this issue:

From the President	1, 3-5
Summary of the Minutes	1-2
Huntington Hospital's Accountable Care Organization	6
Congratulations to the Skills lab	6
Getting to Know Your Medical Staff Leaders	7
A Message from the Emergency Department	8
Credentialing Turn-Around Time	9
Mark Your Calendars	10
Pediatric Unit Renovations	10
From the Health Science Library	10-11
CME Corner	11
Medical Staff Meeting Calendar	12
CME Calendar	13

Flu vaccines are available through March 31, 2013 in the Employee Health and Wellness Center and **T-Dap** is available throughout the year.

Departmental/Section Rules and Regulations

- **Surgery Department Rules & Regulations**

The revisions standardize the election process and eliminates the proctoring requirements which are now contained in the Medical Staff Proctoring Protocol.

- **Cardiology Section Rules & Regulations**

The revisions standardize the election process and eliminates the proctoring requirements which are now contained in the Medical Staff Proctoring Protocol.

Privilege Delineation Forms

Revisions were approved to the following Privilege Delineation Forms:

- Neurology (*revised criteria for Deep Brain Stimulation privileges*)
- Obstetrics and Gynecology (*revised criteria for Robotic privileges and the addition of Fetal Heart Tracing Reading and competency test*)
- Urology (*revised criteria for Robotic privileges*)

Please go to SharePoint -> Medical Staff Services -> Board Approved Items -> 2012 and select January 2013 to see:

- Standardized Procedures
- Departmental Policies and Procedures and Order Sets
- Nursing and Ancillary Policies and Procedures and Order Sets

Allied Health Professional Appointments

- Andrew Yi, CCP – Perfusionist

Medical Staff Address Changes

Howard Kaufman, MD

10 Congress Street
Suite 300
Pasadena, CA 91105
626-397-5896 (office)
626-397-5899 (fax)

Alessio Pigazzi, MD, PhD

333 City Blvd. West
Suite 850
Orange, CA 92868
714-456-8511 (office)
714-456-6027 (fax)

Jeffrey Kronson, MD

301 West Huntington Drive
Suite 519
Arcadia, CA 91007
626-254-2287 (office)
626-254-2289 (fax)

Majid Seyedin, DPM

5250 Santa Monica Blvd
Suite 310
Los Angeles, CA 90029
323-912-9220 (office)
323-206-5251 (fax)

From the **President** continued from page 1

Medicare beneficiaries in years to come, the cost of Medicare is likely to increase further. This, being a major concern to lawmakers, led to the creation and passing of the Affordable Care Act as a way to overcome increasing costs and prevent health care services for the elderly and disabled from being compromised.

Health and Human Services have estimated that through the contracts with the ACOs, a saving of up to \$960 million could be made within the first three years. While this amount is less than one percent of Medicare spending, if the program is successful, it can be expanded and allow for higher savings.

Accountable Care Organizations (ACO)

ACOs are defined as groups of physicians, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to their Medicare patients. The goal of the ACOs is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors. Since the ACOs deal mainly with the elderly and the chronically ill, the PPACA provides some basic requirements for their formation:

- ACOs need to agree to be accountable for the quality, cost, and health care services for all those who are enrolled with them as Medicare beneficiaries.
- The ACO shall enter into an agreement with the Secretary of Health and Human Services to participate in the program for a minimum of three years.
- ACOs are accountable for a minimum of 5,000 beneficiaries.

- ACOs must establish a mechanism to provide evidence for the right type of medicine with monitoring and evaluating quality and cost measures.
- ACOs are required to ensure establishment of legal and administrative structures, cooperative clinical systems and a defined method for shared savings.
- Participation in an ACO is voluntary for providers but at the same time the ACO is not allowed to participate in other Medicare shared savings programs.
- ACOs shall provide the Secretary of Health and Human Services with such information regarding ACO professionals participating in the ACO, as the Secretary determines necessary, to support the assignment of Medicare fee-for-service beneficiaries to an ACO.

The organizational setup of an ACO is flexible but all ACOs must be based on three core principles as defined by Dr. Mark McClellan:

1. Provider-led organizations with a strong base of primary care that are collectively accountable for quality and total per capita costs across the full continuum of care for a population of patients.
2. Payments linked to quality improvements that also reduce overall costs.
3. Reliable and progressively more sophisticated performance measurement, to support improvement and provide confidence that savings are achieved through improvements in care.

continued on page 4

From the **President** continued from page 3

The concept of ACOs are based on two factors; providing high quality health care services for Medicare patients and creating savings through careful expenditure on these services. Savings does not mean that ACOs would earn less but it would qualify them for shared savings as per the contract with Medicare or other payers. Along with shared savings, ACOs are also entitled to share losses, as provided in the law.

Key Challenges for ACOs

ACOs face various challenges in their developing process. The key and most common challenges are, as follows:

1. **Developing an ACO that meets the community's needs**

To design a health care delivery system by an ACO will largely depend on the needs of the area. The health care delivery system in a rural area would be different from the system needed in an urban area. However, a strong primary care foundation comprised of health care providers and local resources is essential in any case. Governance is another issue; to satisfy the stakeholders, a governing body that would include patients, local service providers and health care providers would be more workable and acceptable.

2. **Figuring out which patients are in the ACO**

The ACO must know the patient population for which they are obliged to provide health care.

3. **Allowing patients freedom of choice of providers**

Patients have the freedom of choice of providers within their ACO. Under the Medicare Shared Savings program, patients have a choice to see ACO and

non-ACO providers; however, the ACO will be financially accountable for the care patients receive, both from ACO and non-ACO providers. Some providers have expressed concern regarding this and consequently in some models (paid by Medicaid or private insurers) patients are required to see providers only within the ACO.

4. **Holding ACOs accountable for quality**

ACOs are accountable for the performance quality of their member providers. This is the measurement that makes payers, beneficiaries, as well as the general public satisfied that the ACO is working as per their commitments and the basic requirement of providing quality health care at a reduced cost. If an ACO does not meet the quality requirements it cannot qualify for any incentives.

5. **Getting providers and patients to work better together**

Physicians and other health care providers may not have previously practiced in an environment which is required by the ACOs. The providers will have to work as a team to meet the basic needs of health care for their patients. Similarly, patients may not be fully acquainted with what an ACO is required to provide to them. ACOs need to change the culture and bring providers together for better care coordination and not just to go for more without any reasonable requirement.

6. **Avoiding the mistakes of managed care**

ACOs have some similarities to health maintenance and other managed care

continued on page 5

From the **President** continued from page 4

organizations. Managed care generally tends to produce savings to benefit insurers but ACOs are designed to take responsibility to provide quality health service at a reduced cost.

Conclusion

The growing need of providing high quality health care at reasonably reduced costs has led to the creation of Accountable Care Organizations. Under ACOs, the providers voluntarily pool their skills, expertise, and resources to give coordinated high quality care while bringing down costs.

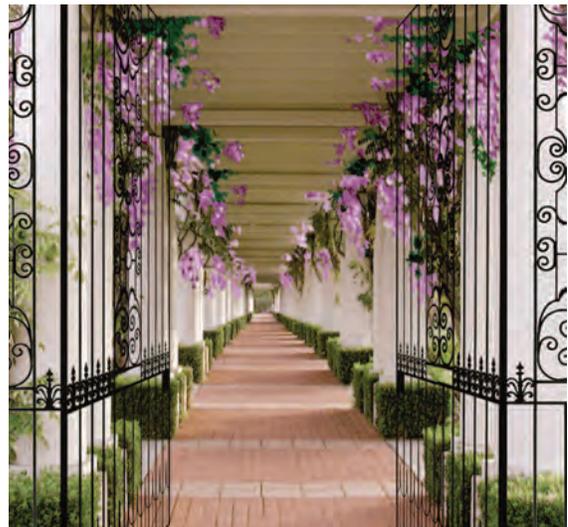
The ACOs, under the Affordable Care Act, were created as a way for the federal government to deal with concerns regarding the increasing costs of the Medicare program and the growing number of patients as beneficiaries. This has accelerated the interest in ACOs and many new ACOs are coming forward; since January 2012 the number of ACOs working with Medicare has grown to 32.

As the ACOs are in their infancy many challenges are faced by all the stakeholders. The ACOs are also passing through transitional issues. Some of the issues are likely to be resolved by the providers but some need external help and assistance from the payers and other agencies. Some of the issues, specifically relating to reimbursement,

would need amendments in the law for which the ACOs are striving to achieve.

This can be concluded with the hope that in the near future the ACOs will be able to provide high quality health care with reasonable savings in the costs and that the problems would be resolved to the expectations of all the stakeholders. Huntington Hospital itself is in the process of carefully forming an ACO. In order to make this system work for the people who are involved, multiple meetings and discussions will need to be carried out. I have every confidence that the hospital will have a sustainable ACO that can face many challenges in the future.

Edmund Tse, MD
President



Huntington Hospital's Accountable Care Organization (ACO)

Huntington Hospital is in the process of implementing an Accountable Care Organization (ACO). While the organization is still in its infancy state, a membership comprised of thirty Internists have joined, five physician leaders have been selected, with the Administration support of Paula Verrette, MD, CMO/Vice President Quality Management and Bernadette Merlino, Vice President Clinical Strategy and Physician Development. To date the ACO has approved the following items:

- Limit membership to Internal Medicine physicians
- New physicians will be automatically entered into the ACO
- If a physician leaves the group they will no longer be part of the ACO
- Board roles and responsibilities
- Committee roles and responsibilities
- Board composition to include 12 members: Nine physicians, two hospital representatives, 1 Medicare beneficiary
- Designation and qualification of members
- Board member election and term of office: three (3) year rotating term
- Monthly meetings during start-up
- Three (3) initial committees including: Quality, Care Continuum and Remuneration Finance Committees
- Board quorum requirements: acceptance of proxy votes 75% attendance
- All members are to serve on at least one committee
- Conflict of Interest Policy
- General HIPAA Compliance Policy

The monthly updates will be given to Medicine Committee, Medical Executive Committee and a section will be dedicated in the Medical Staff Newsletter as a means communication. Additionally, an opening meeting will be scheduled as needed.

Congratulations to the Skills Lab

The Huntington Memorial Hospital Skills Lab was awarded accreditation as a Level II Basic Education Institute, by the American College of Surgeons. Congratulations to David Martin, MD, Bengt Pehrsson, MD, and Michelle Valadez for all their hard work in obtaining the accreditation.



Getting to Know Your Medical Staff Leaders

In an effort to recognize the Medical Staff Leaders, a new section, "Getting to Know Your Medical Staff Leaders" will appear every month. Each month a different Medical Staff leader will be showcased, beginning with the Section Chairs for the 2013-2014 term. The subject of the article will be randomly chosen.

Howard Kaufman, MD, F.A.C.S., has received a three-year appointment as Cancer Liaison Physician for the Cancer Program at Huntington Memorial Hospital. Cancer Liaison Physicians are an integral part of cancer programs accredited by the American College of Surgeons Commission on Cancer (CoC).

Dr. Kaufman is among a national network of more than 1,500 volunteer physicians who are responsible for providing leadership and direction to establish, maintain and support their facilities' cancer programs. Dr. Kaufman, who has a significant interest in the diagnosis and treatment of patients with malignant diseases, is a member of our Multidisciplinary Cancer Committee. Cancer liaison physicians are responsible for evaluating, interpreting, and reporting their facilities' performance data through the National Cancer Data Base and facilitating quality improvement initiatives based on data findings. In addition, the Cancer Liaison Physician is responsible for leading CoC initiatives within the Cancer Program and collaborating with agencies such as the American Cancer Society on behalf of the hospital.



The National Cancer Data Base (NCDB), a joint program of the CoC of the American College of Surgeons and the American Cancer Society, is a nationwide oncology outcomes database for more than 1,500 commission-accredited cancer programs in the United States and Puerto Rico. The Cancer Liaison Physician works with the Cancer Program staff to facilitate the submission, presentation, use and interpretation of NCDB data. Analyzing and sharing this data with the Cancer Committee can have a positive impact on cancer patient care at the facility.

In addition to being appointed as the Cancer Liaison, Dr. Kaufman was elected as the Section Chair of General Surgery for the term 2013-2014 and will continue to serve as the Chair of the Cancer Committee. Furthermore, he is a member of the teaching faculty for the General Surgery Residency Program and is highly involved in clinical research.

A Message from the Emergency Department

By: Robert T. Goldweber, MD

We did it!

After years of planning, meetings with generous community donors (the entire project cost 85 million dollars and was fully funded from donors in our community!), construction planning, completion deadlines, and all sorts of official agency's visits we opened Phase II of the new Emergency Department on December 18, 2012.

Phase III is the next step which involves the remodeling of the old Emergency Department (ED). This phase began in January 2013 with the demolition of the old ED and should be completed at the end of 2013 or early 2014. When combined the Phase II and III spaces will form a 50 room ED with a 54 bed capacity. Phase IV is the final phase which will fully complete the ED project. This phase will convert the present waiting area into the ED CT scanner room. As of yet it has not been decided what services will be available on the two floors above the ED.



The new entrance is east of the old ED entrance on the south side of the new building. This leads you into the waiting/triage area. Passing through the next doors brings you to Zone D. There are presently 3 zones: B/E, C and D. The B/E zone is made up of parts of the B and E zones that will be completed in Phase III. The present set up can be a bit confusing so the ED staff will help you find any room or patient in the department. Each room in the new ED has a different number so that even if you do not know which zone your patient is in, the room number is specific for a particular zone. All rooms are individual rooms (except the trauma rooms when holding 2 patients) with seats for family members, a computer and TV.

We all look forward to a future of excellent emergency services in our new department.



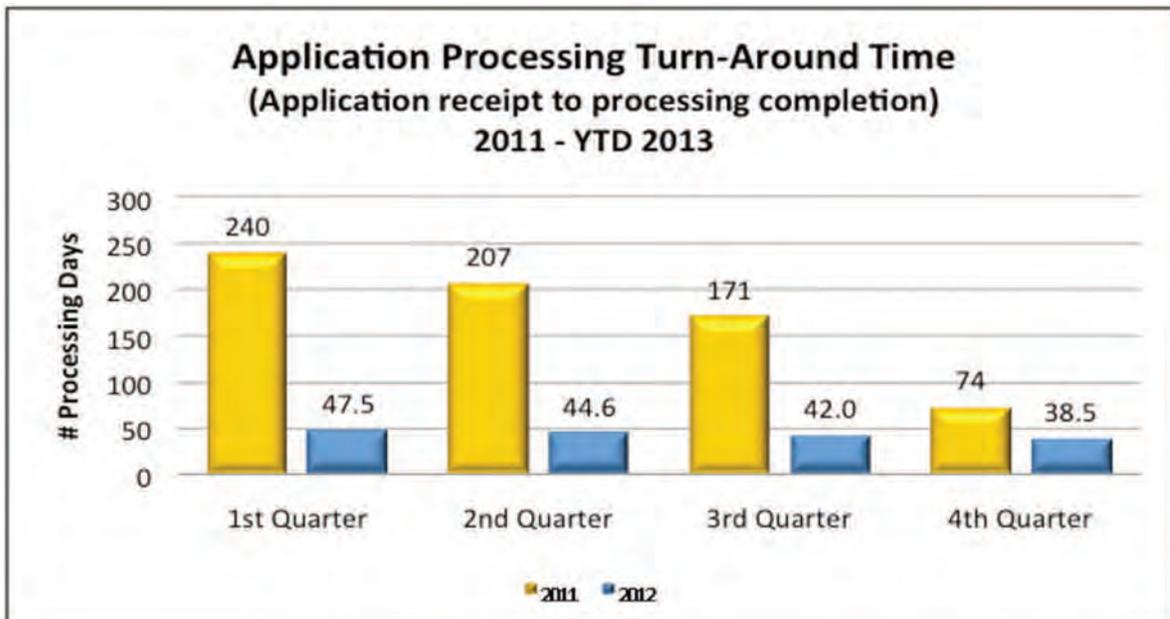
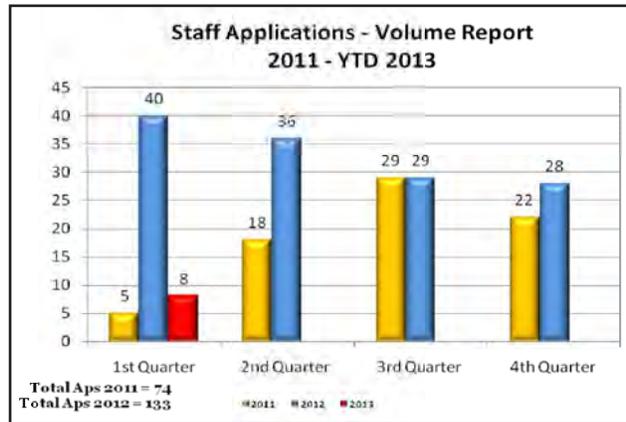
Credentialing Turn-Around Time

In 2010, the results of the Physician Satisfaction Survey revealed a high dissatisfaction with the length of time it takes to process a new physician application to the Medical Staff. The Medical Executive Committee, as a goal agreed to focus on reducing the processing time frame.

In the first quarter of 2011, the average length of time it took to process an application from date of receipt to ready for review by Credentials Committee was 240 days, with a total of five (5) applications being processed.

The Medical Staff Department looked at the process and began eliminating duplicate paperwork, maximizing the use of the Medical Staff database, using online services, and implemented a system that would streamline the process. By the end of the fourth quarter the turn-around time was down to 74 days for 22 applications.

Although the number was significantly reduced, further efforts were made to decrease the turn-around time. Additional changes were made, and by the end of the fourth quarter 2012, the processing time was 35.6 days for 28 applications. While the number of days is substantial, the Medical Staff Department continues to work on decreasing the number of days it takes to process the application without compromising the quality and integrity of the credentialing function.



From the **Health Science Library**

Technology Users Group Meeting – February 13

The Health Sciences Library's "Technology Users Group" aims to bring together hospital employees interested in learning more about mobile technologies.

Are these HIPAA violations?

- A patient takes a photo in the ER and posts it to his Facebook page.
- A nurse answers a question in an online forum.
- A surgeon tweets updates to a patient's family members during surgery to lessen their anxiety.

Come to the next Tech Users Group meeting and find out! Terence Ou, Director of Compliance will be our guest presenter and will field questions on all things HIPAA.

Can't make it to the meetings? Visit the TUG website to view the slideshows and video tutorials at: <http://huntingtonhospital.libguides.com/tug>

WHAT: Technology Users Group Meeting

WHEN: Wednesday, February 13, Noon – 1 p.m.

WHO: Huntington Hospital employees and affiliated physicians

WHERE: Conference Room C (Wingate 1st Floor, across from the library)

DEMO: "HIPAA & Web 2.0" presented by Marianne Rosado, Compliance & Internal Audit Coordinator

BRING: Your device(s) (if you have one)

RSVP: Your RSVP would be most appreciated as we have a limited capacity of 15 people total (Lunch will be provided if a minimum of ten RSVP's are received by February 7.)

Email: library@huntingtonhospital.com

Phone: 626-397-5161

SMS/text: 626-344-0542 (please include your full name)

If you cannot attend this meeting, but are interested in attending future meetings, please let us know so that you will be notified as to dates and times.

Pediatrics Unit Renovations



The Pediatrics Unit is undergoing renovations which are expected to be completed by April 10, 2013. The Unit has been temporarily relocated to Unit 42 in the La Vina Building.

Mark Your Calendars!

This year the Medical Staff Department will be dedicating a week to the doctors. Events will be planned for the week of March 25 – 29. Stay tuned for further details.



From the **Health Science Library**

Need a Break?! Stop by the Health Science Library and Curl Up With or Take a Book!

The library has an area located in the alcove at the back dedicated for recreational reading books. Please feel free to **“bring one... take one... or both.”** There are various genres available, such as; fiction, mystery, suspense, fantasy, and non-fiction (mostly sports related). To see what titles are available, you can either go to <http://huntingtonhospital.libguides.com/recreading> or check the library’s Sharepoint site, under “Guides to Find Information → All Subject Guides” select “Guides” then scroll to “Recreational Reading”. Please check back often as books are being added all the time.

No need to sign the books out, just take one that looks interesting to you. When you finish reading the book, the library would appreciate you returning it so that others have a chance to enjoy it as well, but that’s optional.

If you have any books you have read and would like to donate, feel free to drop them off at the library.

Whatever you like for recreational reading, there is probably a book for you. Take some time to escape. There is a reason it’s called recreation – it will help you recreate and refresh yourself.



CME Corner

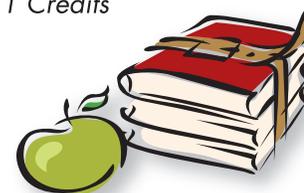
UPCOMING PROGRAMS

SECOND MONDAY

Topic: Viral Hepatitis
 Speaker: Myron J. Tong, MD
 Date: February 11, 2013
 Time: Noon – 1 PM
 Place: Research Conference Hall
 Audience: Primary Care Physicians and Internists
 Methods: Lecture
 Credit: 1.0 AMA PRA Category 1 Credits™

MEDICAL GRAND ROUNDS

Topic: What does emotion have to do with it?
 Speaker: Cheryl Lew, MD
 Date: February 1, 2013
 Time: Noon – 1 PM
 Place: Research Conference Hall
 Objectives: 1. List 2 components of “good” decision-making.
 2. Identify 2 common behaviors which present barriers to decision-making.
 3. Identify 2 common behaviors of healthcare professionals which create moral distress.
 4. Describe one strategy for improving communication.
 Audience: Primary Care Physicians and Internists
 Methods: Lecture
 Credit: 1.0 AMA PRA Category 1 Credits™



February 2013 Medical Staff Meetings

monday	tuesday	wednesday	thursday	friday
				-1- - 7 a.m. Ortho Surgery Section – CR 5&6
-4-	-5-	-6-	-7-	-8-
- Noon OB Dept/CME – CR 5&6 - 5:30 p.m. Medical Executive – Board Rm.		- Noon Plastic Surgery Section – CR-10 - 12:15 p.m. OB/GYN Peer Review – CR 5&6 - 3 p.m. QM Pre-Agenda – CR C	- Noon Medicine Com – N/S Rm. - Noon Trauma Svcs Comm – CR 5 & 6	
-11-	-12-	-13-	-14-	-15-
- Newsletter Submission -		- 10 a.m. PICU/Peds QI – CR 2	- Noon QM Committee – East Rm. - 5:30 p.m. Neonatal/Pediatric Surgical Case Review – CR-10	
-18-	-19-	-20-	-21-	-22-
- 9:30 a.m. SCAN Team – CR-10 - 10:30 a.m. PMCC – CR-10 President's Day!	- 12:15 p.m. Credentials Committee – Conf. Rm. C - 12:15 p.m. Infection Control Committee – CR 5&6	- 5:30 p.m. Surgery Committee – CR 5 & 6	- 6:30 a.m. Anesthesia Peer – CR-7 - 8 a.m. Neurology Sec – CR-8 - Noon PT&D Committee – CR 5&6 - 3 p.m. Neon Q – CR-10 - 6 p.m. Bioethics – CR 5&6	
-25-	-26-	-27-	-28-	
- Noon Radiology/Nuclear Med Section – CR-11	- Noon Pulmonary Section – CR-10 - 5 p.m. Robotic Committee – CR 5&6	- 12:15 p.m. Endovascular – CR-5	- Noon IM Peer Review – CR-6 - 12:15 p.m. Pediatric Committee – East Rm.	

February 2013 CME Calendar

monday	tuesday	wednesday	thursday	friday
				- 1 - - 7:30 – 9 a.m. Neurosurgery Grand Rounds, Conf. Rm. 11 - Noon – 1 p.m. Medical Grand Rounds, RSH Topic: Ethics - Noon – 1 p.m. MDisc Breast Cancer Conf., Conf. Rm. 11
- 4 -	- 5 -	- 6 -	- 7 -	- 8 -
- 12:15 – 1:15 p.m. OB/GYN Dept. Mtg, N/S Room Topic: Management of Hypertensive Emergencies in Pregnancy	- 7:30 – 8:30 a.m. MKSAP, Conf. Rm. A - Noon – 1 p.m. General MDisc Cancer Conf., Conf. Rm. 11	- Noon – 1 p.m. Genitourinary Cancer Conf., Conf. Rm. 11 - Noon – 1 p.m. Radiology Teaching Files, MRI Conf. Rm	- 7 – 10 a.m. Trauma M&M, Conf. Rm. B - Noon – 1 p.m. Thoracic Cancer Conf., Conf. Rm. 11	- 7:30 – 9 a.m. Neurosurgery Grand Rounds, Conf. Rm. 11 - Noon – 1 p.m. Medical Case Conference, RSH - Noon – 1 p.m. MDisc Breast Cancer Conf., Conf. Rm. 11
- 11 -	- 12 -	- 13 -	- 14 -	- 15 -
- Noon – 1 p.m. Second Monday, RSH Topic: Viral Hepatitis	- 7:30 – 8:30 a.m. MKSAP, Conf. Rm. A - Noon – 1 p.m. General MDisc Cancer Conf., Conf. Rm. 11	- Noon – 1 p.m. Radiology Teaching Files, MRI Conf. Rm.	- 8 – 9 a.m. Surgery M&M, Conf. Rm. B VALENTINE'S DAY	- Noon – 1 p.m. Medical Case Conference, RSH - Noon – 1 p.m. MDisc Breast Cancer Conf., Conf. Rm. 11
- 18 -	- 19 -	- 20 -	- 21 -	- 22 -
PRESIDENT'S DAY	- 7:30 – 8:30 a.m. MKSAP, Conf. Rm. A - Noon – 1 p.m. General MDisc Cancer Conf., Conf. Rm. 11	- Noon – 1 p.m. Genitourinary Cancer Conf., Conf. Rm. 11 - Noon – 1 p.m. Radiology Teaching Files, MRI Conf. Rm.	- 7 – 8 a.m. Trauma Walk Rounds, Conf. Rm. B - 8 – 9 a.m. Surgery M&M, Conf. Rm. B - Noon – 1 p.m. Thoracic Cancer Conf, Conf. Rm. 11	- 7:30 – 9 a.m. Neurosurgery Grand Rounds, Conf. Rm. 11 - Noon – 1 p.m. Medical Case Conference, RSH - Noon – 1 p.m. MDisc Breast Cancer Conf., Conf. Rm. 11
- 25 -	- 26 -	- 27 -	- 28 -	
	- 7:30 – 8:30 a.m. MKSAP, Conf. Rm. A - Noon – 1 p.m. General MDisc Cancer Conf., Conf. Rm. 11	- Noon – 1 p.m. Radiology Teaching Files, MRI Conf. Rm.	- 8 – 9 a.m. Surgery M&M, Conf. Rm. B	



Huntington Hospital

Medical Staff Administration

100 West California Boulevard
P.O. Box 7013
Pasadena, CA 91109-7013

Non-profit
Org.
U.S. Postage
PAID
Permit #100
Pasadena, CA

ADDRESS SERVICE REQUESTED

Medical Staff Leadership

- K. Edmund Tse, MD, President
- James Shankwiler, MD, President-Elect
- Kalman Edelman, MD, Secretary/Treasurer
- James Recabaren, MD, Credentials Committee
- William Coburn, DO, Quality Management
- L. Scott Herman, MD, Medicine Department
- Laura Sirott, MD, OB/GYN Department
- Ernie Maldonado, MD, Pediatrics Department
- Harry Bowles, MD, Surgery Department

If you would like to submit an article to be published in the Medical Staff Newsletter please contact Bianca Irizarry at 626-397-3776. Articles must be submitted no later than the 13th of every month.

Our Mission Statement

At Huntington Hospital, our mission is to excel at the delivery of health care to our community.

Core Values

Respect

We affirm the rights, dignity, individuality and worth of each person we serve, and of each other.

Integrity

We honor the commitments that we make, believe in fairness and honesty, and are guided by our ethics.

Stewardship

We wisely care for the human, physical and financial resources entrusted to us.

Excellence

We strive for excellence, quality and safety, and we are committed to providing the best care, work environment and service possible.



2012 – 2013
Best Hospitals Report

4 Hospital in the
Los Angeles Metro area

8 Hospital in California

#18 Nationally in Orthopedics

#49 Nationally in Urology