



2021 ANNUAL REPORT

STRENGTHENING OUR RESOLVE



Despite all of our best efforts during the first calendar year with the pandemic, COVID continued to be the dominant story of 2021. Although dealing with waves of patients became less daunting with each successive event, a new challenge emerged as more and more staff were contracting COVID outside the safety bubble of the hospital. This strained our resources and piled an extra burden onto the shoulders of healthy staff at a time when resilience was already wearing thin. Yet, in the face of ongoing challenge, our people rose to the occasion. The quality and safety of our care continued to improve, our teams continued to adapt, and our organization remained vital to its community.



To our community,

A second year of the pandemic not only challenged us to learn and adapt, but also to persevere. Doing the most for the greatest number of people, day after day, week after week, month after month, took incredible resilience from everyone here at VPH.

We succeeded in keeping our patients and each other safe. We stayed well-stocked with PPE to protect all employees, patients and visitors. We analyzed labor markets and adjusted our compensation structure and maintained staffing levels to keep our people satisfied, supported and productive. And we continued to invest in programs and events meant to reduce stress and bolster the well-being of our workforce.

The individual bravery and resiliency of our people were remarkable all year and were at the core of our ability to serve our community and get them through this pandemic. Meanwhile, the professionalism of our staff replenished our culture with compassion, teamwork and respect. Certainly, 2021 was a tough year for so many in our community, but through the intensity of this experience, we remain well positioned to be a vital asset to our community for years to come.



Brian J. Ostick, MD
Chief of Staff

Gregory L. Kay, MD
Chairman of the Board

Gustavo Valdespino
President & CEO

RESILIENCE OF MERCEDES

By Kristina Lawrence, RN, BSN, CCRN, CVRN-BC, WCC
Clinical Nurse Manager, ICU

I remember when she rolled into the ICU – she went into room 104, she was on the maximum setting on the high flow oxygen and non-rebreather and her oxygen saturations were still low. She was awake and alert and talking on the phone. We had to tell her to stop talking when the alarm on her monitor would go off so that she could catch her breath. She is an amazingly sweet person and even in her debilitated state, she was always pleasant and thankful. She reminded all of us in ICU of a patient that we first got in the very beginning of COVID. Her name was Veronica. She was the exact same way. She was so nice and happy and would talk on her phone so much that her saturations would go down. She did not make it out of here and many of us are still heartbroken over her passing. She was the same age as Mercedes – 44.

Mercedes lasted 4 days in ICU on high flow and non-rebreather before she got intubated. Once she was intubated, we quickly maxed her out on 3 types of sedation and we couldn't get her to relax enough to let the ventilator breath for her. We had to paralyze her with medication. Even then, she was on 100% oxygen on the vent with a PEEP of 12 (peep helps keep the base of the lungs open to avoid collapsing). On maximum oxygen settings, she had a saturation in the 70's. We proned her in hopes that it would help. Her oxygen was even lower. In the 1st week, we thought for sure she was going to code any minute.

1 week turned into 2 and 2 into 3. Finally, we could prone her safely and her oxygen would go up. She spent 16 hours on her stomach, 8 on her back. We did this for about 10 days. Finally, we were able to turn down her oxygen to 70%. We were able to stop the medication that paralyzed her. But then, her kidneys started to fail. She became so fluid overloaded that we had to turn the oxygen back up to 100% and the peep back up to 12. She developed a pneumothorax (a collapsed lung). She had to have a chest tube inserted. We also had to put a dialysis catheter in



and start dialysis. We had a very real conversation with the kidney doctor. He said – we will give her 5 treatments (over 7 days). If her kidney function does not improve, we will stop dialysis because the prognosis is very poor. We discussed that we would refer the case to bioethics because we had already had many conversations with her husband, Carlos, about changing her code status from full code to do not resuscitate. She was not likely to survive a code – it would not do any good. We all thought there was no chance for recovery. On the 3rd day of dialysis, she was not improving. Her oxygen was horrible and she wasn't making any urine. In ICU rounds we resigned ourselves that this was a lost cause and we thought about how much we were going to hate having to code this lady. Her room was right across from Tracy Sheiperpeter's office – our ICU educator. Every day Tracy would check on her and see what is going on with Mercedes.

Then day 4, she started to pee...a lot! After her 5th dialysis, she no longer need dialysis. However, we still had the problem of the ventilator. In normal circumstances, we want to get the ET (endotracheal) tube out within 10-14 days. If they still need the ventilator, they would need a tracheostomy (hole in the throat).

“We all thought there was no chance for recovery.”

her midline and began spiking fevers again. Every day, we tried to get the medications down and every day, she was so agitated that we couldn't do it without her heart rate going crazy high and her oxygen going down. We got to 50% on the ventilator and added several oral medications to get her off the IV meds. We began an intense process of trying to orient her as we were waking her up. She was not waking up. We thought she had a stroke and took her to CT scan which showed that she did not have anything acute. But maybe so long with out oxygen had hurt her? We weren't sure.

Her nurse one day, Jen Perry, asked if we could bring her dog in. Mercedes didn't have any kids but she was very close to her animals – 5 cats and a dog. Her husband Carlos assured us she was very well behaved. So, we snuck her dog in the back door of ICU and set her on a chair next to the bed. Her dog laid her

With Mercedes, we were near like 50 days of her on the ET tube. We made plans to have a tracheostomy placed and a feeding tube as well. I remember she had been in her room for 60 days so we decided to move her room to another one so we could thoroughly clean with a UV light the one she had been in (research shows you should do this to decrease bioburden).

Finally she got her tracheostomy, now we needed to wean her from the medications that were keeping her in basically a medically induced coma. The bad thing is that she had been on them so long that her body was dependent upon them. We were having a very hard time getting her off of them. She developed an infection in her PICC line and then with

paws and head on the bed and we put Mercedes hand on the dog. She began to stir but her heart rate did not go up. We decided this was helping and at least some kind of presence in the room daily or 2x's daily from her husband Carlos was going to help us wake her up. So we made those arrangements. Finally, after about 7 days of 2x's daily visits, she opened her eyes. She was not happy about it and was very disoriented. We increased her oral meds through the feeding tube and decreased the IV meds. Finally, she actually woke up enough to ask us what happened? She had spent 90 days in ICU and had absolutely no memory of it which was probably a blessing. We brought her dog in a few more times because it cheered her up. Around Thanksgiving we got her off of the ventilator but she still had the tracheostomy. She started trials with eating – she was so happy about this. Tracy decorated her room for xmas and we bought presents for her to give to Carlos – she felt bad that he had been so diligently waiting by her bed and she had nothing to give him. Jen Perry found a lady to come in and give her a manicure and pedicure so she could feel normal. Her mom came in to do her hair. She started to get up out of bed with PT. After Christmas, we were able to take the tracheostomy out of her throat and the plan to let that close started. We took the feeding tube out. Finally, we took the chest tube out too. The time had come to let her move on out of ICU. She went to 4w but Tracy visited her daily and myself and many other nurses would visit intermittently as well.

Finally, she went home! We signed a journal so that she knew how much she meant to us. In the beginning, we thought we were going to lose her like our first patient, Veronica. I am so happy she made it. She is truly a miracle.

“She is truly a miracle.”



CONTINUING TO IMPROVE IN DIFFICULT CIRCUMSTANCES

2021 saw continued improvements in Quality and Safety across the organization, despite the incredible challenges posed by the pandemic. It's not easy to be for anyone to be their best when faced with stress, fatigue, and uncertainty and yet, through the steady guidance of our leadership and the strength of consistent execution from our staff, we improved in several key areas of quality and safety.

16

CLABSI
(2020: 25)

9

CAUTI
(2020: 15)



Pictured left to right: Hannah Grossman, MD, Vinicia Recalde and M. Claire Horkay

“[The pandemic] had also brought out the best in people, to never give up and to be persistent to do the right thing amidst difficulty and fear of the unknown.”

M. Claire Horkay, BSN-RN, CIC
Director of Infection Prevention and Control Department

Here are just a few of the statistics that capture the diligent work being done in 4 West.

ZERO CLABSI in 2020 and 2021 YTD

ZERO CAUTI in 2020 and 2021 YTD

ZERO HAPI for 227 days

Prevalence – 8 patients with HAPIs (1.48%)

Incidence – 129 patients with HAPIs (2.03 per 1,000 pt days)

ZERO FALL incident without injury for 137 days

ZERO FALL with injury for 313 days

Inpatient: 77 falls (1.29 per 1,000 pt days) with 12 injuries (0.20 per 1,000 pt days)

Acute Rehab: 16 falls (4.34 per 1,000 pt days) with 1 injury (0.27 per 1,000 pt days)

ED: 10 falls with 4 injuries

Outpatient: 5 falls (OR, Wound Care Center, Ultrasound, Same Day Surgery x2)

CONTINUING TO CONNECT TO OUR COMMUNITY

As a hospital dedicated to its community, our outreach programs provide significant benefit to those in need, beyond medical services. These efforts include efforts to support the community by providing a wide range of health related resources such as a canned food drive, health education, and other basic necessities identified in the community. From a Dr. Suess Reading Across America event to Toy Giveaways at Christmas to supporting our local YMCA's efforts to take kids to their first-ever Dodgers game, we are giving disadvantaged kids in our neighborhood opportunities to learn and grow and enjoy life! We are always looking for ways to partner with organizations to help further our mission of increasing access to care and to help our community maintain good health for many years to come.

“During the pandemic, VPH did not waver in its commitment to continue serving the community even in a modified approach.”

Evelyn Pacis
Community Relations Manager



WHAT MAKES US VITAL



To the San Fernando Valley Community,

I always say working in health care is a calling. Therefore, you must have a passion for helping others. As we embark on the future of healthcare, it is essential to know that we will see, hear, and experience a variety of circumstances. Some will be more challenging than others. But if our heart is in it and it will help us maintain our focus and our passion, with passion, we will be successful no matter what that challenge might be.

Though there are many different stakeholders involved in the delivery of care, the most important stakeholder is, unconditionally, the patient. Though many different stakeholders are involved in delivering patient care in healthcare, the most important stakeholder is, unconditionally, the patient. The patient is in a vulnerable physical and mental state. Our calling is to help those in great need and who are in vulnerable situation that requires quality healthcare. Demonstrating compassion and empathy are vital to our patient's overall health.

The safety of the patient is the most important factor here at VPH. As the Environmental Services Director of VPH, my role is to ensure we work in a clean and safe environment for our patients, visitors, and staff. By directing our EVS team to work with all the hospital's professional staff at VPH and utilizing interactive cleaning in the daily cleaning. The patients

not only benefit from being in a clean and safe environment, but it also helps the patient with their anxiety level; in return, it improves and speeds up the healing process. This concept makes us a vital aspect of patient care. Working along with the Infection prevention team and utilizing best practices along with innovative technology tools, we continue to evolve and facilitate improvements in how EVS staff will fulfill their jobs.

I am proud to work at VPH since I can identify my core values with the organization. Being an independent hospital gives the administrative team the flexibility to help identify and meet the needs of the community. The COVID-19 pandemic has accelerated innovative infection prevention and best practices in healthcare.

Without any doubt, Valley Presbyterian Hospital is vital to the San Fernando community. VPH is elevating the health of the community with health education and quality of healthcare. Most of our patients are covered by Medicaid and Medicare. VPH is the San Fernando Valley hospital that provides more for the vulnerable and the underprivileged.

I have worked at several hospitals, and no hospital I have had the privilege of working at is more representative of its mission than Valley Presbyterian Hospital.

Sincerely,
Hugo Castro, Environmental Services Director

“The community depends on VPH, and we thrive knowing that we serve the community with compassion and dignity.”

It is an honor and privilege to work at Valley Presbyterian in Children Services since 1997. The services provided to the community in the Neonatal Intensive Care Unit (NICU), Pediatric Intensive Care Unit (PICU), and the Pediatrics Department are essential to our community. Premature babies and babies born with medical complications require hospitalization in the NICU, and unfortunately, are separated from their parents. Our team integrates Family Centered Care and prioritizes families as one of the most essential aspects of the care. Families in our community witness the care we provide and express their gratitude for our services. Relationships are developed beyond the hospital stay and long-lasting friendships are formed. Despite the reason a family member is seeking medical services at VPH, they know that we stand by our vision and provide excellence in all we do. The pandemic reinforced our commitment and dedication to the community. We went above and beyond to keep our families bonded and made visitation a priority knowing that a parent’s involvement is an essential part of the healing process. The community depends on VPH, and we thrive knowing that we serve the community with compassion and dignity.

Gina Rai, MSN, RN, RNC-NIC, IBCLC
Clinical Manager, Children Services



Valley Presbyterian Hospital (VPH) is committed to providing quality care to individuals within the San Fernando Valley. One of the goals of VPH is easy access to care and to provide specialty resources close to home in the valley which is repeatedly recognized by being named the best hospital in the San Fernando Valley for seventeen (17) consecutive years. I have been in healthcare for many years; however, this is my first time working at a standalone community hospital. It has been a wonderful experience. VPH is not only committed to the quality of care provided while treating patients within the hospital, but the service and care also provide goes beyond providing care within the facility. VPH is also devoted to the community. Throughout the year, VPH members volunteer to serve by improving the lives of individuals within the community. Leaders unselfishly volunteer their time at various events throughout the year, events catered to seniors, kids, parents, and families.

Two of my favorite events are the Food Drive and the Toy Drive. It is truly magical how the VPH family comes together to donate food and toys to the community. How collectively we can feed hundreds of families, and provide a nutritious meal to a family in need. Unfortunately, certain families in our community cannot afford to buy toys at Christmas. VPH team members transition into Santa helpers, employees donate nearly thousands of toys to families who are struggling with fulfilling a child’s Christmas list. VPH family come together year after year to make sure underprivileged children experience the joyful feeling of receiving a new toy, VPH members get the opportunity to see children’s eyes sparkle when they receive that an unexpected new doll, truck, or soccer ball.

When VPH was faced with the pandemic, VPH members continued to strive. VPH modified workflow to adhere to CDC and CDPH guidelines. In addition, made additional modifications to ensure the safety of our community and workforce.

VPH and the community exhibit mutual respect which continued to be observed during the pandemic. VPH team members ensured individuals in the community continued to receive personal experience when interacting with the hospital and the various services that VPH provides. In Health Information Management, it was essential that individuals were able to access their health information through the Patient Portal or encrypted email. The team members rose to the occasion, they registered an increasing number of patients to “My Health Patient Portal” during this unprecedented time. They exhibited an extensive amount of patience, especially when interacting with individuals with limited computer skills, and were apprehensive in the process.

VPH continues to be vital to the community by improving the quality of health in the San Fernando Valley.

Pazzetta Z. McCray, MBA, BSB/M, RHIA
Director of Health Information Management Services

“When VPH was faced with the pandemic, VPH members continued to strive.”





OUR SERVICES

Acute Rehabilitation Services

We provide patients with acute rehabilitation needs with an interdisciplinary team that delivers holistic, patient centered care in a CARF-accredited facility. Led by a board-certified physical medicine and rehab physician, the team includes 24-hour on-call nurses, physical therapists, a neuropsychologist, and a broad range of specialists.

Center for Wound Healing

Our Center brings together the interdisciplinary expertise of vascular and podiatric surgeons with limb-salvage and wound-management specialists in a state-of-the-art setting. For those with non-healing wounds, our Wound & Hyperbaric Center (see at far right) offers advanced options for patients.

Children's Services

We provide compassionate and specialized pediatric care. Each member of our pediatric care team shares a family centered approach to providing the treatment and support needed for positive outcomes. We are equipped to serve the individual health care needs of children from newborn to age 18.

Emergency Services

With several designations, our emergency services continue to demonstrate our commitment to excellent care. As a certified cardiac receiving center for heart attack patients, our specialists collaborate to provide critical care within 90 minutes of the onset of chest pain. In addition, our facility is a certified Primary Stroke Center. We have a dedicated stroke-focused program staffed by qualified, specially trained medical professionals who use advanced technologies to act quickly and save lives. Our Emergency Department is also designated as an Emergency Department Approved for Pediatrics, with expedited and specialized care for pediatric patients.

Heart & Vascular Services

We offer a full range of cardiac services to quickly and accurately diagnose and treat patients suffering from critical heart and vascular conditions. An expert, multidisciplinary medical team is dedicated to acting quickly and saving patients' lives.

Maternity Services

Our Maternity Services Department is among the busiest in the San Fernando Valley. We offer a family-centered approach and are dedicated to providing comfort and support through the journey of pregnancy, birth and early parenthood.

Outpatient Services

We offer many outpatient services through our general and gastrointestinal laboratories, Radiology/Imaging Department and therapy programs, including occupational, physical, respiratory and nuclear medicine.

Surgery Services

We provide a broad range of surgical services representing a wide array of specialty areas. Our physicians and surgical services staff have the tools and advanced technology they need to perform a full range of surgical procedures and to deliver the highest quality of care.

Wound & Hyperbaric Center

Our expert, multidisciplinary wound care team is dedicated to helping chronic wounds heal where traditional methods have failed. Treatments include advanced diagnostic testing, debridement, advanced wound-dressing technology, negative pressure therapy and many other techniques and technologies.



COMMUNITY BENEFIT



\$3,320,612

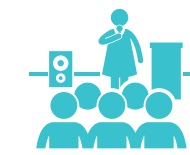
Uncompensated charity care

\$6,270,010

Direct community support

66,126

People impacted through VPH Community Benefit Programs



873

People attended community education classes



92%

Of mothers breastfed their infants in the hospital through First 5 LA's Welcome Baby Program

Community Partners

We are pleased to acknowledge our local partners, whose efforts we have supported through leadership and collaborative community engagement to improve the health of the San Fernando Valley.

- African American Infant-Maternal Mortality Coalition
- American Heart Association
- American Red Cross
- Barlow Respiratory Hospital
- Cal State University Los Angeles
- Cal State University Northridge
- Cardenas Foundation
- Childcare Resource Center
- College of the Canyons
- Columbus Elementary
- Comprehensive Community Health Centers (FOHC)
- Eisner Health (FOHC)
- El Nido Family Center
- Encino Chamber of Commerce
- Fit 4 the Cause
- Greater San Fernando Valley Chamber of Commerce
- Hope of the Valley Rescue Mission
- LA Family Housing
- LA Food Bank
- Los Angeles Daily News
- Los Angeles Economic Development (LAEDC)
- MEND (Meet Each Need with Dignity)
- Mid Valley YMCA



- National Council on Alcoholism and Drug Dependence
- NEV Best Start
- New Economics for Women
- North Valley Caring Services
- Northeast Valley Health Center (FOHC)
- OneGeneration
- Ovarian Cancer Coalition
- Proyecto Del Barrio
- Pukuu Cultural Center
- Samuel Dixon Health Center
- San Fernando Valley Breast Cancer Foundation
- San Fernando Valley Community Mental Health Center
- San Fernando Valley Rescue Mission
- The Orphan Project
- Tierra Del Sol

- Valley Care Community Consortium
- Valley Community Healthcare (FOHC)
- Valley Family Center
- VEA (Valley Economic Alliance)
- VICA (Valley Industry and Commerce Association)
- West Coast University

Compassion in Action
In Fiscal Year 2021, 165 VPH employees performed over 100 community volunteer hours through 23 community agencies and activities. Some examples of activities include health screenings, food distribution, meal delivery, feeding the homeless, and donating toys and school supplies.

DONOR COMMUNITY

President's Circle

Bronze: \$5,000-\$19,999

Gustavo and Rini
Sultana-Valdespino

Friends of the President's Circle:

\$1,000-\$4,999

Beth & Jim Zachary
Chris & Lori Cardle
Diana Milan-Finley
Diana Sanchez
Ellen G. Riley
Jeff Horn
Lori Burnell, Ph.D
Luca Jacobellis
Mary Beth Walker
Miriam Evans
Robert Myrtle, Ph.D
Stelian Damu
Tony Evans
Vince Kach

Physician Circle

Gold: \$10,000 and above

Emergent Medical Associates

Silver: \$2,000-\$9,999

Thomas J. Lomis, MD
Kevin Rice, M.D.
Matthew Mischel, MD

Bronze - \$500 - \$1,999

Brian Ostick, M.D.
Ganesh Pandian, M.D.
George Andros, MD
Hannah Grossman, MD
Michael G. Ross, M.D.
Ronald J. Belczyk, D.P.M.
Shahram Farahvash, M.D.
Todd Moldawer, MD

Corporate Circle

Gold \$10,000 and above

Dume Wolverine Foundation
Estate of Joseph and Evelyn
Pertusati Charitable Trust
Payden & Rygel Investment
Management
Preferred Partners

Silver = \$5,000 - \$9,999

Anthem, Inc.
Barlow Respiratory Hospital
Cedars-Sinai Medical Group
Children's Hospital Los Angeles
Clumeck Stern Schenkelberg
& Getzoff
Delta Health Systems
Geva Construction, Inc.
Health Net Foundation
MedPOINT Management
Mid Valley Pulmonary
Medical Group
Preferred IPA of California
The Fulcrum Group
Vizient Inc.

Bronze \$1,000 - \$4,999

BenefitMall
Brailsford Group, LLC.
California State University,
Northridge Foundation
Cerner Corporation
Chandler Partners
City of Los Angeles
CloudWave
Comprehensive Community Health
Centers, Inc.
Dummit, Buchholz & Trapp
Engage

Essential Biologics, Inc.
FirstMed Ambulance Services, Inc.
Hooper, Lundy & Bookman, P.C.
Interstate Rehabilitation Services
Kindred Healthcare
Lincoln Financial Group
Littler Mendelson Foundation, Inc.
Lockton Insurance Brokers, LLC.
Los Angeles Fire Department
Marvel Path
MetLife
Optumcare Management, LLC.
Proficio, Inc.
RBB Architects, Inc.
Renovo Solutions
Seyfarth Shaw, LLP.
SoCal Spine, Inc.
Steinberg Law
Summit Healthcare Services
The M & T Charitable Foundation
The Segal company

Tierra Del Sol
Valley Kidney Care Medical Group
Vizient, Inc.
Wells Fargo Foundation
Wesely-Thomas Enterprises, Inc.
Wilmington Trust

Grants

Child's Play
First Five L.A.
Weingart Foundation
West Coast University

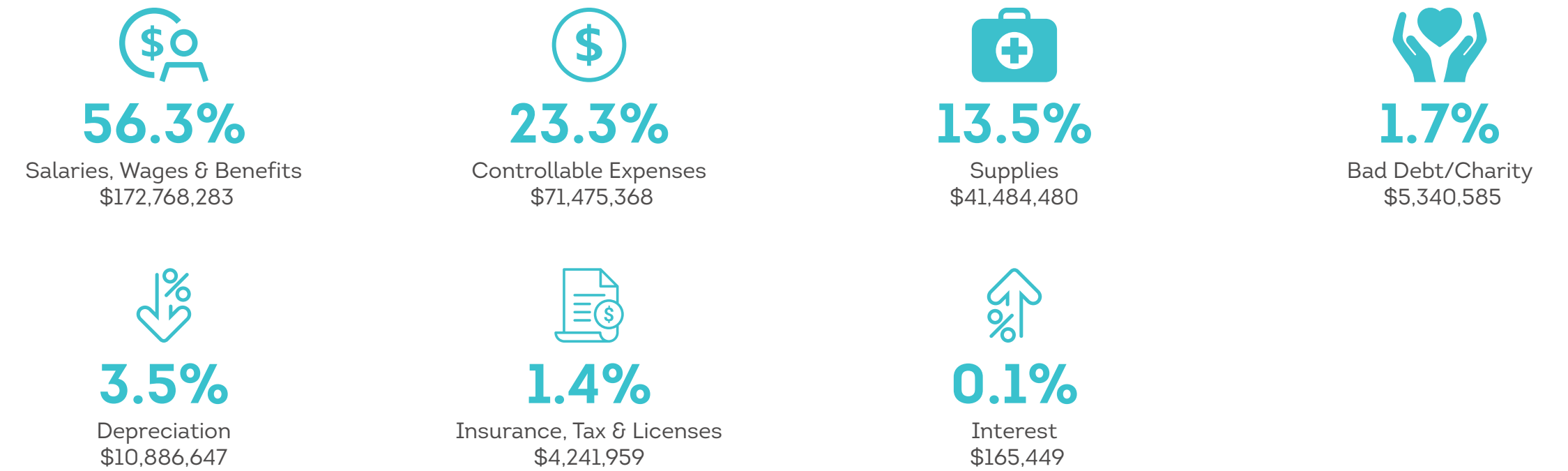
Goal Getters

We believe our 1,700 employees are our greatest assets, and we are grateful to have more than 1000 who generously give back to the hospital through our Goal Getters employee giving program. Collectively, these dedicated employees represent one of the hospital's largest donors. Through the financial support of our Goal Getters program, the hospital has funded equipment and programs that make a difference in the health and well-being of the patients we serve.

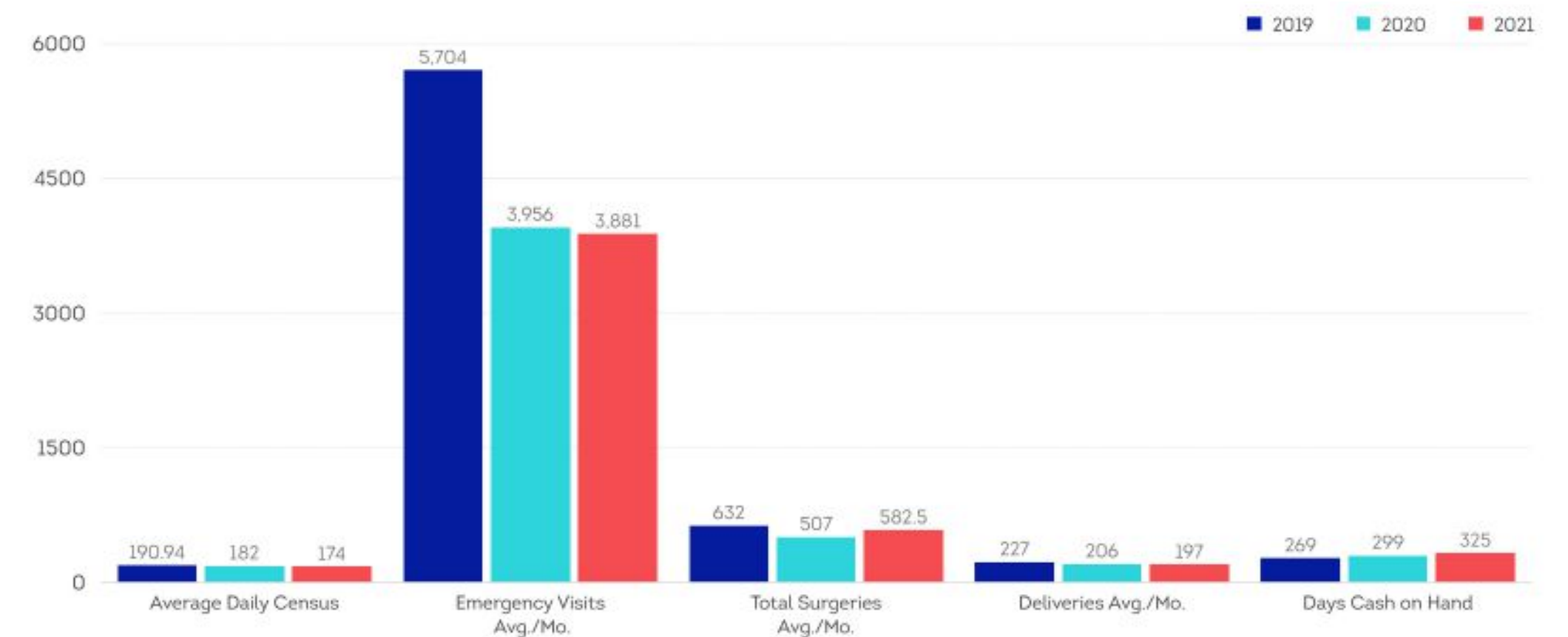
FINANCIALS

The following data presents financial, operational and utilization statistics over a 12-month period, ending with December 31, 2021.

2021 Use of Funds



2021 Key Statistics



LEADERSHIP

Board of Directors

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Retired Hospital Executive

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Chandler Partners

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Ellen Riley
Kaufman Hall

Ganesa Pandian, MD
Medical Doctor

Gustavo Valdespino
President and Chief Executive
Officer, Valley Presbyterian
Hospital

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Attorney, Steinberg Law

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Executive, Cal Net Technology
Group

Mary Beth Walker, PhD
Provost & Vice President,
California State University
Northridge, Academic Affairs

Matthew Mischel, MD
Medical Doctor

Merryll McElwain
Sr. Wealth Advisor,
Wilmington Trust

Noramay Cadena
Community Member

Robert C. Myrtle, DPA
Professor Emeritus,
University of Southern
California

Stuart Solomon President
Pacific Realty Partners

Todd Moldawer, MD
Medical Doctor

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President & CEO

Lori Cardle
Executive Vice President &
Chief Operating Officer

Charles Orlando
Senior Vice President &
Chief Financial Officer

Hannah Grossman, MD
Senior Vice President &
Chief Medical Officer

Lori Burnell, RN, PhD.,
NEA-BC
Senior Vice President &
Chief Nursing Officer

Tamala Choma, Esq. MS
CCC-SLP
Vice President & General
Counsel

Tony Evans
Vice President & Chief
Information Officer

Diana Milan-Finley
Associate Administrator,
Operations Support Services

Medical Executive

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Kevin Rice, MD
Vice Chief of Staff

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Anesthesiology

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Pediatrics

Sanket Kunde, MD
Medicine

Michael Legmann, MD
Pathology

Farshad Malekhmehr, MD
Surgery

Marcelo Spector, MD
Radiology

Sanaz Tafti, MD
Obstetrics and Gynecology

Georges Tanbe, MD
Cardiology

Members-at-Large

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Nima Rabbani, DO

Heather Shenkman, MD

Sanjay Vadgama, MD