

MOVING TO THE NEXT LEVEL

by Jeffrey Knezovich

On Sunday, March 17, the Board of Directors convened a Leadership Planning Session. The purpose of the session was to examine how best to advance the mission of the Registry over the next 12 to 18 months. This session should not be confused with a Strategic Planning Session that reviews external factors, governance issues, relationships with other organizations, and how to do this following a systemized approach. This Planning Session was designed to encourage dialogue among the AJRR leadership and staff.

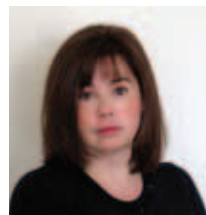
The first step in the planning was to identify a vision statement or a picture of our organization in the future. The vision statement is an organization's inspiration: "Where do we want to go?" To start, those assembled looked at our strengths. There was consensus that AJRR is strong because we recognize the importance of multiple stakeholders serving the Board and its committees. This diverse constituency has proven beneficial in the successful development of our organization. The body also agreed AJRR has come along at the right time and is well-positioned in the current regulatory environment. We recognize the increasing national focus and debate on quality outcome measures that relate to our mission. An-

other core strength identified was AJRR's development of a professional staff enabled to move the organization to the next level. Previously, the AJRR Board of Directors carried out organizational tasks typically assigned to internal staff.

In addition to examining strengths, participants were asked to suggest areas for improvement or organizational weaknesses. The key weakness reported by the group was the absence of mandates or incentives for hospital participation. The AJRR would like federal assistance in designing an incentive program for hospital participation. Additionally, future financing for the organization was discussed as another concern of AJRR leadership. Continued support from our stakeholders is desirable and integral to our success. At the same time, we must move to a self-supporting financing model. Lastly, there was consensus among the participants that the AJRR has had limited exposure to a wide variety of groups and organizations. The AJRR must advance their mission through an awareness campaign initiated by marketing professionals. This marketing effort encompasses having an active role in advocacy, public education, self-promotion, and involvement with like organizations advancing

Continued on page 3

subsequently his MD from St. Louis University Medical School. Dr. Piontek completed a rotating internship at the U.S. Public Health Service in San Francisco and also worked for the National Health Service Corps. He completed his Orthopedic Surgery residency at Washington University. Currently, Dr. Piontek is a member of the Board of Directors of St. Luke's Hospital and is a founding member and President of the St. Luke's Hospital Orthopedic Service Line Management, LLC., a comanagement group with orthopedic surgeons and hospital administrators.



AJRR's second champion is Emma Mordfin, RN, BSN, Grad Dip Crit Care, Total Joint Nurse Coordinator at Virginia Hospital Center.

As Total Joint Nurse Coordinator, Mrs. Mordfin is responsible for the coordination of the multidisciplinary

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CHARTER MEMBER



AJRR's NEWEST PARTICIPANTS

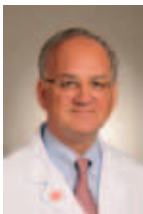
- Aspirus Wausau Hospital
- Beth Israel Deaconess Medical Center
- Community General Osteopathic Hospital
 - Eisenhower Medical Center
 - Harrisburg Hospital
- Indian Path Medical Center Hospital
 - Johnson City Medical Center
 - Johnson Memorial Hospital
 - McLaren - Greater Lansing
 - McLaren Orthopedic Hospital
 - Methodist Hospital
- Northern Hospital of Surry County
 - OrthoColorado Hospital
- Ochsner Medical Center - West Bank
 - Ochsner Medical Center - Kenner
 - Ochsner Baptist
- Pomona Valley Hospital Medical Center
 - Providence St. Peter Hospital
- Redmond Regional Medical Center
 - Renown Regional Medical Center
 - Ruby Memorial Hospital
- Saint Mary's Regional Medical Center
 - Schneck Medical Center
 - Sparrow Hospital
 - St. Helena Hospital
 - The Valley Hospital
- The Ohio State University - Wexner Medical Center
 - Torrance Memorial Medical Center



CHAMPIONS OF THE QUARTER

by Susan Hobson

AJRR is pleased to announce their champions of the quarter for Summer 2013. Dr. Jerome Piontek of St. Luke's Hospital in Chesterfield, Missouri, was one of the first surgeons interested in AJRR after completion of our pilot program. His hospital enrolled early in 2012. Emma Mordfin of Virginia Hospital Center in Arlington, Virginia, coordinated her hospital's efforts not only in joining the Registry but also in data submission.



Dr. Piontek has been in private practice as a solo orthopedic surgeon at St. Luke's Hospital since 1985. His main interests are in total knee and hip replacements. He earned a B.A. from Washington University in St. Louis and

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PUBLICATIONS OF INTEREST

Allepuz A, Serra-Sutton V, Martínez O, Tebé C, Nardi J, Portabella F, Espallargues M, on behalf of the Catalan Arthroplasty Register (RACat). **Arthroplasty registers as post-marketing surveillance systems: the catalan arthroplasty register.** *Rev Esp Cir Ortop Traumatol* (English Edition). January-February 2013; 57(1): 27-37.

Delaunay C, Hamadouche M, Girard J, Duhamel A, and The SoFCOT Group. **What are the causes for failures of primary hip arthroplasties in France?** *Clin Orthop Relat Res.* March 26, 2013 [e-pub ahead of print]. doi: 10.1007/s11999-013-2935-5

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Namba RS, Inacio MCS, Paxton EW. **Risk factors associated with deep surgical site infections after primary total knee arthroplasty:**

an analysis of 56,216 knees. *J Bone Joint Surg Am.* May 1, 2013; 95(9): 775-782. doi: 10.2106/JBJS.L.00211

Niemeläinen M, Skyttä ET, Remes V, Mäkelä K, Eskelinen A. **Total knee arthroplasty with an uncemented trabecular metal tibial component: a registry-based analysis.** *J Arthroplasty.* May 15, 2013 [epub ahead of print]. doi: 10.1016/j.arth.2013.04.014

Rasouli MR, Maltenfort MG, Purtill JJ, Hozack WJ, Parvizi J. **Has the rate of in-hospital infections after total joint arthroplasty decreased?** *Clin Orthop Relat Res.* April 11, 2013 [epub ahead of print]. doi:10.1007/s11999-013-2949-z



LEGAL CORNER

by Robert Portman, JD, and
Amita A. Sanghvi, JD, MHA

The AJRR recently joined with 19 other physician-led medical data registries to form the Physician Clinical Registry Coalition. The mission of the Coalition is to advocate for and achieve a legal and public policy environment that recognizes and supports the positive role that clinical data registries play in collecting, analyzing, and sharing clinical information, identifying trends and best practices, and improving clinical outcomes and quality patient care.

In addition to joint replacement surgery, the Coalition includes registries focused on procedures from nearly every specialty, including general surgery, cardiothoracic surgery, cardiology, neurosurgery, and ophthalmology. The Coalition will be seeking clarifications in the HIPAA privacy rules and Common Rule to ease the administrative burdens of registries and their participating sites without sacrificing patient privacy rights. It will be advocating for incentives to increase registry participation, such as including registry reporting as an alternative path to PQRS reimbursement and a proxy for quality-based reimbursement generally. The Coalition also will be seeking legislative and regulatory protections of registry data from legal discovery and subpoenas.

“The Coalition is a great opportunity for AJRR to join forces with other physician-led clinical data registries to seek public policy changes that will promote registry development,” said William J. Maloney, MD, AJRR Chairman of the Board. “We are excited about the chance to work with so many other registries to remove regulatory burdens and barriers and find ways to promote registry participation,” he added.

Robert Portman, JD, and Amita A. Sanghvi, JD, MHA, are with the law firm of Powers Pyles Sutter & Verville PC in Washington, DC

AJRR STAFF

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Caryn Etkin, PhD, MPH

Director of Research

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Susan Hobson, MPH

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Hannelore Venable

Administrative Assistant

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MOVING TO THE NEXT LEVEL

Continued from page 1

the ideals for national registries.

The next stage in the planning process was to organize the actions. The following three areas of concentration were identified.

■ AJRR shall have a national public relations campaign to:

- Promote patient safety;
- Leverage the benefits of existing registries;
- Gain recognition by Third Party Payers;
- Brand AJRR;
- Strengthen recruitment; and,
- Align organizations to promote the Registry.

■ AJRR shall initiate relationships with federal agencies, legislators, and like organizations that:

- Identify AJRR as the leading Orthopaedic Registry;
- Act as a resource for accurate and dependable information and data;
- Evolve with the changing healthcare environment (i.e., American Board of Orthopaedic Surgery [ABOS], The Joint Commission);
- Participate in consortiums of like-minded registries; and,
- Coordinate activities for a formal advocacy strategy.

■ AJRR will identify and promote product resources to:

- Establish pricing models for various products;
- Design a campaign to promote licensure of AJRR software;
- Determine what data can be available to researchers and organizations;
- Work with ABOS to develop a product for Maintenance of Certification Part IV; and,

After some deliberation, leadership determined that none of the actions were prohibitive – there were no financial barriers or policies restricting the AJRR from moving forward on the aforementioned actions. Staff will be responsible for proposing programming to advance the actions endorsed by the leaders in attendance.

A final step in the planning session was to agree upon a vision statement obtainable within the next 12-18 months. The ability to measure the success of the vision statement will depend greatly on the ability of the leadership and staff to move forward and come to closure on the actions items identified.

The AJRR vision statement:

“By the end of 2014, the AJRR will be nationally recognized as the leader in Level I data collection

for hip and knee replacement.”

This is a lofty and ambitious vision for the American Joint Replacement Registry. But when you believe in your activities and mission, you have the ability to achieve greatness.



During the 2012-13 academic year, AJRR was a practicum site for a student from the DePaul University Master of Public Health (MPH) program. Rylee Christensen, who has a B.S. in Exercise Science from Winona State University in Minnesota, worked with us for the past nine months. Rylee's MPH

capstone project was to better understand the needs of total joint replacement patients in order to develop a web-based patient education portal with applicable information. During her time with AJRR, she conducted focus groups, individual interviews, and a comprehensive evaluation of web-based health education materials to assess appropriate content and effective delivery systems (i.e., text-based pamphlets, animated modules, etc.) for joint replacement educational materials. Her final capstone paper contained recommendations for optimal presentation and dissemination of tailored educational materials on our website. As AJRR refines our website to address patient issues, we will incorporate her findings and suggestions. We are very pleased to say that Rylee's poster presentation of her work won an Honorable Mention at DePaul's MPH Capstone Forum held on May 23. Rylee graduated from DePaul in June and will be moving to Minneapolis to begin working at the University of Minnesota Medical Center. She will be missed, but we look forward to being a practicum site for another MPH student starting this fall.



2013 CONTRIBUTORS

The AJRR would like to thank our 2013 contributors for their support.



DID YOU KNOW?

Many hospitals are excited to promote their affiliation with the AJRR. As a result, we have developed a few items which hospitals may use to promote this collaboration. After we receive signed contracts from a hospital, we will send along an “AJRR Participant” logo for use on brochures, newsletters, or websites. For our first 200 participants, we will also send along a “Charter Member” logo. For those hospitals that would like to issue a press release, a template document will be included to tailor for their Surgeon Champion and local community. You will also see “AJRR Partner” logos appearing on materials belonging to our contributors and software partners. If you did not receive these materials, but would like to use them at your participating hospital, please contact Caryn Etkin at etkin@ajrr.net or 847-430-5032.



AJRR SOFTWARE PARTICIPATION FEES:

Each institution will have available to them software that will allow for internal reporting and support of the national registry efforts. AJRR software will only be distributed to hospitals and individual physicians who sign participation agreements.

Hospital Fees	Base	Configuration	Total
Single Institution (Year-One)	\$2,850.00	\$750.00	\$3,600.00
Year-Two	\$2,850.00	N/C	\$2,850.00
Year-Three	\$3,000.00	N/C	<u>\$3,000.00</u>
			\$9,450.00

Sign Three-Year Agreement and receive a 4.75% discount \$9,000.00

Multiple Institutions with individual source submission:

2 - 5 Hospitals	\$2,700.00 each	\$550.00 each	\$3,250.00 each* (\$8,650.00 3/yr)
6 - 9 Hospitals	\$2,350.00 each	\$450.00 each	\$2,800.00 each* (\$8,450.00 3/yr)
10 - 14 Hospitals	\$2,200.00 each	\$400.00 each	\$2,600.00 each* (\$7,950.00 3/yr)
15 or more Hospitals	\$2,100.00 each	\$250.00 each	\$2,350.00 each* (\$7,550.00 3/yr)

* First year charge - one time configuration fee *Sign Three-Year Agreement and receive a 4% discount*

(2-5)	\$8,300.00 each
(6-9)	\$8,100.00 each
(10-14)	\$7,630.00 each
(15+)	\$7,240.00 each

Multiple Institutions with single source submission (Enterprise):

2 - 5 Hospitals	\$2,600.00 each	\$1,500.00	\$14,500.00* (5)
6 - 9 Hospitals	\$2,500.00 each	\$1,600.00	\$24,100.00* (9)
10 - 14 Hospitals	\$2,400.00 each	\$1,700.00	\$35,300.00* (14)
15 or more Hospitals	\$2,300.00 each	\$1,800.00	\$45,500.00* (19)

* First year charge - one time configuration fee *Sign Three-Year Agreement and receive a 4% discount*

w/5 hosp	\$13,920.00 (\$ 38,880.00)
w/9 hosp	\$23,136.00 (\$ 66,208.00)
w/14 hosp	\$33,588.00 (\$ 97,364.00)
w/19 hosp	\$43,680.00 (\$131,040.00)

PARTICIPATION FEES FREQUENTLY ASKED QUESTIONS

Starting June 1, the AJRR implemented a new contract system that includes a participation fee. Below are some frequently asked questions regarding the fees.

Q: What does the participation fee provide to our hospital?

A: The participation fee is a 12-month subscription that provides one user account per hospital allowing for benchmarking and identifying attributes that may modify clinical approaches for total joint replacement. Hospital staff will have the opportunity to compare outcomes at their hospital, in their community, and nationally. Electronic access to the AJRR system also will allow the hospital user to utilize the AJRR tabular and graphical dashboard (e.g., revision rate and ICD-9 procedure codes) reporting system at any time. Through the hospital login, users will also be able to download hospital procedural information in a spreadsheet format for further analysis.

Q: When are participation fees due?

A: Once the contract has been signed, you will be presented with an invoice for payment of the

participation fee. Payment should be received within 60 days of final signing of the Participation and Business Associate Agreements. The Participation Agreement will specify the charge for each institution and associated payment schedule. Payment will be required for the AJRR to set up a hospital account and login on the registry platform. With the receipt of payment, the 12-month subscription cycle will begin.

Q: Does our hospital have to pay the participation fee?

A: No. You would not need to pay the participation fee if your hospital only wants to submit data to AJRR without electronic access to the AJRR data system. In acknowledgement of your commitment to AJRR's success you will receive one annual standard Registry report which will provide national benchmarks on topics such as revision rate and other quality indicators.

Q: Included in your fee schedule is a configuration fee. Why is there a configuration fee?

A: The configuration fee is a one-time charge intended to address AJRR staff activities to configure your hospital's specific information with our data system.

- If you will be doing batch data submission, it will cover our efforts to review data file submissions, provide feedback, and assist your staff with any errors or omissions.
- If your hospital will be using the AJRR web-based forms to manually enter data, the configuration fee will cover the cost of training and data system set-up.

Q: Our hospital is already participating; do we still owe the configuration fee?

A: If your hospital is already successfully submitting data, you do not need to pay the configuration fee.

Q: If our hospital wants to add electronic access to the AJRR registry system for additional employees, how much would it cost for additional employees?

A: In addition to the standard participation fee, the 2013 cost for additional employees to have electronic access to the AJRR data system is \$650 each in the first year. Thereafter, the participation fee for additional employees can be renewed annually at \$150 per year.

Q: We are already participating, how will our contracts be altered? Will we need to sign a

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PARTICIPATION FEES FREQUENTLY ASKED QUESTIONS

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whole new set of agreements?

A: Your hospital will not be required to sign a new Participation Agreement. Rather, an addendum describing your fees will be issued to your hospital.

Q: Our health system has multiple hospitals participating using a single-source (Enterprise Data Management) submission. Why do we have to pay a participation fee for each hospital?

A: In a health system, each institution will be required to pay the participation fee even if the entity utilizes an Enterprise Data Management system for multiple hospitals within the system. The participation fee is associated with AJRR's overhead to manage each hospital's information, data storage/hosting, and to continue to evolve and support the Registry. Health systems fees will be reviewed on an individual basis and costs determined by the number of participating hospitals. Substantial discounts will be afforded health systems with multiple locations and collective submission of data.



REGISTRY HIGHLIGHTS

by Caryn Etkin



STRATFORD-UPON-AVON

Arthroplasty registries have been around for decades, starting with the Swedish Knee and Hip Arthroplasty Registers founded in the 1970's. Since that time, numerous countries, regions, and local entities have implemented their own arthroplasty registries. Starting with this issue, *The Register* will highlight work of other countries and international collaborative efforts. We begin this series by featuring the International Society of Arthroplasty Registries (ISAR), which began in 2004 and has since expanded immensely.

ISAR promotes the sharing of information to increase the capacity of registries. They support collaborative efforts and networking opportunities for both established and developing regis-

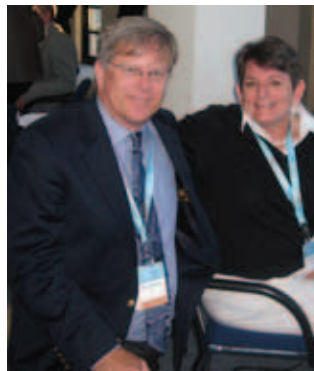
tries. Original ISAR members were primarily from Scandinavian countries, Australia, and New Zealand. Recently, membership has grown to include over 30 registries from across Europe and Asia, along with national and local registries in the U.S. ISAR works closely with numerous stakeholders in the arthroplasty community including professional associations such as AAOS, regulators, industry, and other registry coalitions such as the Nordic Arthroplasty Register Association (NARA), European Arthroplasty Register (EAR), and the International Consortium of Orthopaedic Registries (ICOR).

The Second International Congress of Arthroplasty Registries, sponsored by ISAR, was held June 1-3 in Stratford-upon-Avon, UK. With over 200 attendees, it was an exciting meeting filled with discussions on an array of topics from emerging registries in countries such as Egypt and Japan to multi-registry collaborative research on bearing surfaces. Much attention was paid to the issue of standardization of prostheses databases across registries, harmonization of data and findings related to Patient Reported Outcome Measures (PROMs). AJRR Director of Research, Caryn Etkin, presented the marketing approach used by AJRR to engage hospitals. AJRR Board members Thomas Barber, MD, and Pamela Plouhar, PhD, were also present. Dr. Barber presented findings from the Kaiser Permanente Total Joint Replacement Registry, while Dr. Plouhar moderated a session on industry collaboration with registries.

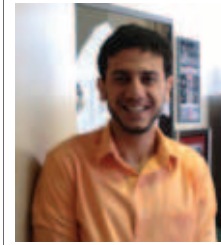
For more information, see <http://www.isarhome.org>



From the left: Kate Chenok, California Joint Replacement Registry; Kathy Killeen, HealthEast Joint Replacement Registry; and Caryn Etkin, American Joint Replacement Registry



Thomas C. Barber, MD and Pamela L. Plouhar, PhD



In May, AJRR welcomed a new member to the Information Technology department. Ahmed Fathi is a Data Technician responsible for facilitating data transmission and processing of data submitted to AJRR. Submitted data

must be reviewed to ensure compliance to the AJRR data specifications and imported into the registry database. Ahmed will also be integrally involved with technical aspects of the AJRR implant component database.

Ahmed is a native of Iraq and was raised in Amman, Jordan. He attended Al-Hussein Bin Talal University in Amman where he studied in the College of Information Technology. Ahmed moved to Chicago in 2010 and subsequently enrolled at Northeastern Illinois University in the Department of Computer Science. Ahmed's brother Ashraf Al-Safou is also a member of AAOS community; he is a web programmer with the AAOS online publications department. We are happy to have Ahmed as a part of our team!



CHAMPIONS OF THE QUARTER

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ciplinary, Joint Commission certified, total joint arthroplasty program.

Prior to joining Virginia Hospital Center, Mrs. Mordfin spent 15 years as an orthopedic and critical care nurse, as well as three years as a pharmaceutical sales executive for Novartis Pharmaceuticals. Before immigrating to the United States in 2009, she was the primary practice nurse for a leading orthopedic surgeon in Australia, specializing in pelvic trauma, and hip and knee replacement.

Mrs. Mordfin completed both her bachelor's degree and an 18-month post graduate diploma in critical care at Deakin University in Melbourne, Australia.

Advocate Christ Medical Center**Allegheny General Hospital****Allen Memorial Hospital****Aspirus Wausau Hospital****Aurora Health Care**

- *Aurora Medical Center Grafton*
- *Aurora Medical Center Washington County*
- *Aurora St. Luke's Medical Center*
- *Aurora Sinai Medical Center*

Ball Memorial Hospital**Bayhealth Medical Center**

- *Bayhealth Kent General*
- *Bayhealth Milford Memorial*

Benefis Hospital**Beth Israel Deaconess Medical Center****Blessing Health System****Bronson Methodist Hospital****Cabell Huntington Hospital****Carolinas Healthcare**

- *Carolinas Medical Center*
- *Carolinas Medical Center - Lincoln*

Catholic Health

- *Kenmore Mercy Hospital*
- *Mercy Hospital of Buffalo*
- *Sisters of Charity Hospital*
- *Sisters of Charity Hospital, St. Joseph Campus*

Central Peninsula General Hospital**Cheyenne Regional Medical Center****CJW Medical Center****Cleveland Clinic****Conway Medical Center****Denver Health and Hospital Authority****Doylestown Hospital****Eisenhower Medical Center****Fletcher Allen Health Care****Franciscan St. Francis Health****George Washington University Hospital****Grant Medical Center****Hancock Regional Hospital****Hanover Hospital****HealthEast Care System**

- *St. John's Hospital*
- *St. Joseph Hospital*
- *Woodwinds Hospital*

Hospital of Central Connecticut**Houston Medical Center****Indiana Orthopaedic Hospital****Inova Mount Vernon Hospital****Jordan Hospital****Lakeland Regional Health System****Lancaster General Hospital****Maine Medical Center****Massachusetts General Hospital****McLaren Health Care**

- *McLaren Greater Lansing*
- *McLaren Orthopedic Hospital*

MedStar Union Memorial Hospital**Memorial Hermann Health System**

- *Memorial Hermann Southwest Hospital*
- *Memorial Hermann Memorial City Medical Center*

Memorial Medical Center (Illinois)**Memorial Medical Center (Michigan)****Mercy Health System**

- *Mercy Fitzgerald Hospital*
- *Mercy Philadelphia Hospital*
- *Mercy Suburban Hospital*
- *Nazareth Hospital*

Methodist Hospital**Mount Carmel New Albany****Mountain States Health Alliance**

- *Johnson City Medical Center Hospital*
- *Indian Path Medical Center Hospital*
- *Johnson Memorial Hospital*

Nix Health**NorthBay HealthCare**

- *NorthBay VacaValley Hospital*
- *NorthBay Medical Center*

Northern Hospital of Surry County**Northwestern Memorial Hospital****North Mississippi Medical Center****Novant Health**

- *Novant Health Charlotte Orthopaedic Hospital*
- *Novant Health Matthews Medical Center*
- *Novant Health Huntersville Medical Center*
- *Novant Health Forsyth Medical Center*
- *Novant Health Franklin Medical Center*
- *Novant Health Brunswick Medical Center*
- *Novant Health Prince William Medical Center*
- *Novant Health Rowan Medical Center*
- *Novant Health Gaffney Medical Center*
- *Novant Health Thomasville Medical Center*
- *Novant Health Kernersville Medical Center*

NYU Hospital for Joint Diseases**Ochsner Clinic Foundation**

- *Ochsner Medical Center*
- *Ochsner Medical Center - West Bank*
- *Ochsner Medical Center - Kenner*
- *Ochsner Baptist*

OrthoCarolina Research Institute**OrthoColorado Hospital****OSS Orthopaedic Hospital****Orthopaedic Hospital of Wisconsin****Palmetto Health**

- *Palmetto Health Baptist*
- *Palmetto Health Richland*
- *Baptist Easley Hospital*

Park Ridge Health**PinnacleHealth Hospitals**

- *Community General Osteopathic Hospital*
- *Harrisburg Hospital*

Pomona Valley Hospital Medical Center**Providence Health & Services**

- *Providence Hood River Memorial Hospital*
- *Providence Medford Medical Center*
- *Providence Milwaukie Hospital*
- *Providence Newberg Hospital*
- *Providence Portland Medical Center*
- *Providence Seaside Hospital*
- *Providence St. Peter Hospital*
- *Providence St. Vincent Medical Center*
- *Providence Willamette Falls Medical Center*

Quincy Medical Center**Reading Hospital****Redmond Regional Medical Center****Renown Regional Medical Center****Roper St. Francis Healthcare**

- *Roper Hospital*
- *Roper St. Francis Mount Pleasant Hospital*
- *Bon Secours St. Francis Hospital*

Ruby Memorial Hospital**Rush University Medical Center****Saint Elizabeth Regional Medical Center****Saint Mary's Regional Medical Center****San Antonio Community Hospital****Sanford Medical Center - Fargo****Sanford USD Medical Center****Schneck Medical Center****Scott & White Memorial Hospital****Sharp Healthcare**

- *Sharp Chula Vista Medical Center*
- *Sharp Coronado Hospital*
- *Sharp Grossmont Hospital*
- *Sharp Memorial Hospital*

Sibley Memorial Hospital**Southeast Georgia Health System****Sparrow Hospital****Spencer Hospital****St. Dominic Hospital****St. Francis Hospital & Medical Center****St. Helena Hospital****St. John's Medical Center****St. Luke's Hospital****St. Mary's Hospital and Regional Medical Center****St. Vincent's HealthCare**

- *St. Vincent's Medical Center Riverside*
- *St. Vincent's Medical Center Southside*
- *St. Vincent's Clay County (Opening Fall 2013)*

St. Vincent Infirmiry Medical Center**Stanford Hospital & Clinics****Swedish Health Services**

- *First Hill Campus*
- *Ballard Campus*
- *Issaquah Campus*

The Ohio State University - Wexner Medical Center**The Valley Hospital****Thomas Jefferson University Hospitals****Torrance Memorial Medical Center****Unity Hospital****University of California, Los Angeles****Medical Center**

- *University of California Medical Center, Santa Monica*
- *Ronald Reagan UCLA Medical Center*

University of California San Francisco Medical Center**University of Michigan Health System****University of Iowa Hospitals and Clinics****University of Utah Hospital****University of Wisconsin Hospitals and Clinics****Valley Medical Center****Virginia Hospital Center****Virginia Mason Medical Center****Wellstar Health System**

- *WellStar Cobb Hospital*
- *WellStar Douglas Hospital*
- *WellStar Kennestone Hospital*
- *WellStar Paulding Hospital*

Wesley Medical Center**Western Maryland Health System****William Beaumont Hospital****Winthrop-University Hospital**