



Huntington
Hospital

Preparing for your joint replacement surgery



Objectives

Please bring this booklet and your support coach to our in-person Joint Class. The class will introduce:

- What to expect before surgery, during surgery and throughout your recovery.
- Therapy and exercises after surgery.
- Equipment.
- Self-care after discharge.

When:

Every Tuesday 12-2 p.m. except the 4th Tuesday of the month when class is held 3-5 p.m.

Where:

Huntington Hospital
2nd Floor East Tower
Surgical Conference Room
(626) 397-3797

Sign up at:

www.huntingtonhospital.org/ortho

About Huntington Hospital

- Ranked among the top hospitals in the nation by U.S. News and World Report.
- Earned an “A” grade for Patient Safety in Fall 2018 from the Leapfrog Group.
- Since 2011, the total hip and total knee program has been certified by The Joint Commission on Accreditation of Healthcare.
- A Center for Excellence for Joint Replacement.
- Since 2011, we’ve been recognized by The American Nurses Credentialing Center.
- (ANCC) as a Magnet Organization for quality patient care, nursing excellence and innovations in professional nursing practice.



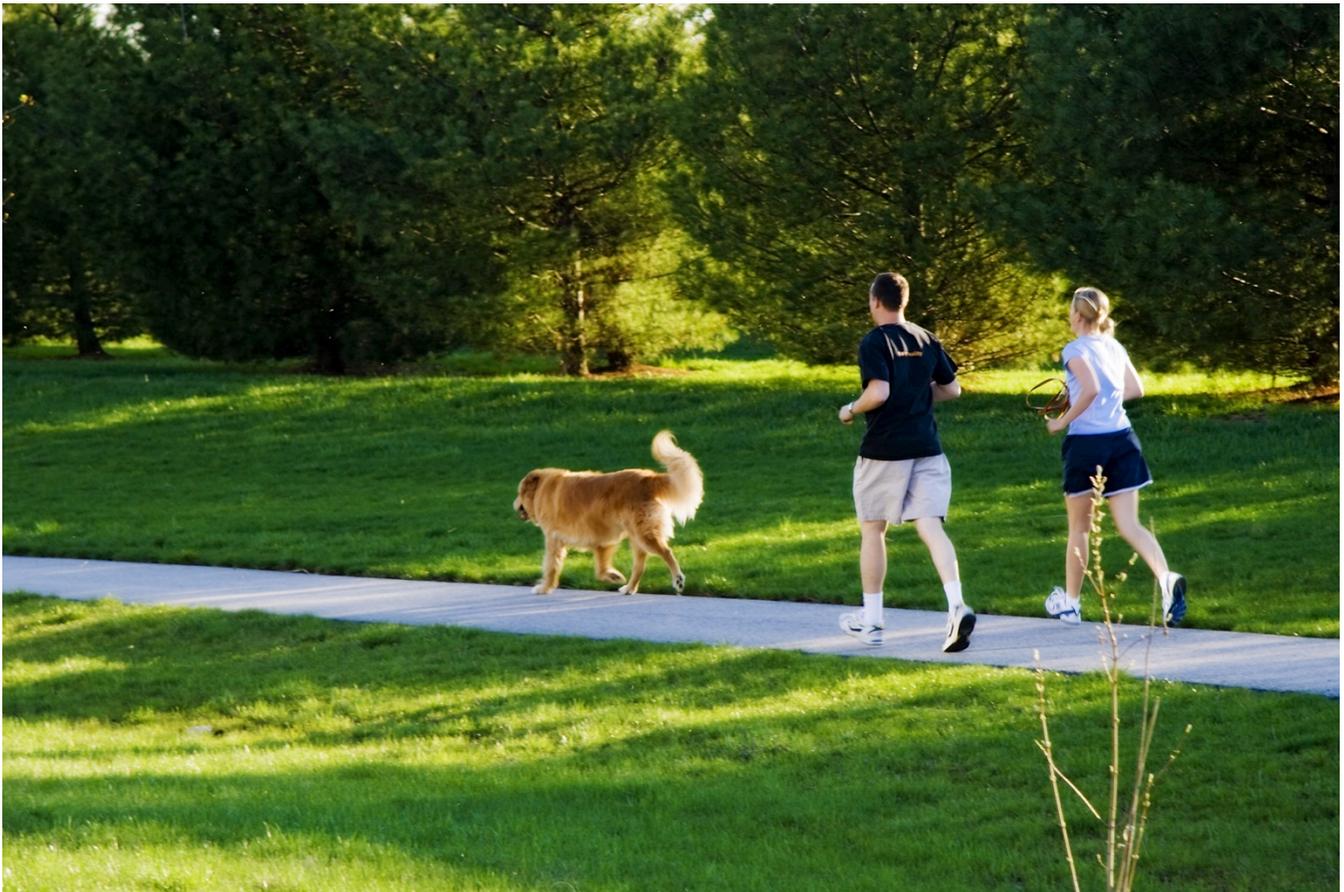
100 W. California Boulevard
Pasadena, CA 91105
(626) 397-5000
www.huntingtonhospital.org/ortho



Joint replacement surgery

The purpose of hip or knee replacement surgery is to relieve pain and to improve function caused by your affected degenerative joint condition.

The medical term is “Arthroplasty”.



Before surgery you will

- Complete primary care and specialist appointments.
- Complete the pre-op tests and lab work ordered.
- Choose a family member or friend to be your support coach throughout your experience.
- Attend Joint Class with your coach.
- Make plans for help after your surgery (with your coach, family members and/or friends).
- Plan to go home safely after your surgery.

Before surgery - prepare your home

Clear pathways and remove clutter. Make sure you have enough space to move with your walking aid.

Arrange for help from friends or family to provide:

- Groceries
- Meals
- Pet care
- Picking up prescriptions
- Driving you to appointments



Before surgery

We will schedule a Preadmit Testing Appointment (PAT) at the Huntington Perioperative Health Center.

Your PAT appointment will take about 2 hours, and during that time you will:

- Complete registration.
- Receive one-to-one instruction with a nurse.
- Complete laboratory tests, EKG, chest x-ray, and MRSA testing.

Please bring to your PAT appointment:

- Insurance card and authorization information.
- Photo identification.
- Glasses (if needed) so you can read and sign paperwork.
- Any paperwork from your doctor's office.
- Doctor's name and phone number of location where any prior lab work, EKG, or x-rays were completed.
- List of current medicines, including all over-the-counter medicines, vitamins and herbs.
- List of previous surgeries/procedures and other prior medical events.
- A copy of your Advance Directive for Health Care or other document specifying your wishes as well as any Conservatorship/Durable Power of Attorney.

Location:

Huntington Perioperative Health Center
625 South Fair Oaks Blvd., Suite 355
Pasadena, CA 91105
(626) 397-5905

Testing for Staph

Methicillin-Resistant Staphylococcus Aureus (MRSA) is a germ that some people have when they become resistant to commonly used antibiotics.

Hospitals are required to test patients for resistant Staph before surgery by inserting a cotton swab in and around your nose.

If you test positive for MRSA, we will let you know and your doctor will prescribe antibiotics for you to take before surgery.



Preventing infection

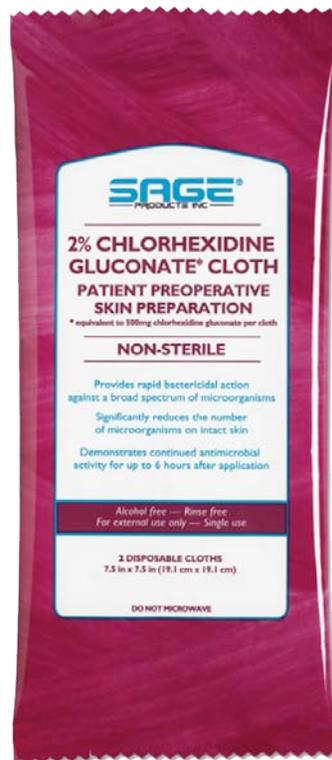
Your surgeon will ask you to use a special wipe to remove germs from your skin before surgery. You will receive the special wipes at your pre-surgery appointment.

You will need to follow some rules after you shower to prevent an infection in your hip or knee surgery location.



Pre-surgery preparations

- Preparing your skin is an important first step in preventing infection before your surgery.
- Pre-Admit Testing will provide you with a package of Chlorhexidine Gluconate* (CHG) wipes to prepare your skin.
- CHG wipes are unscented cloth towels that are a combination of a special soap and aloe to help prevent infection.
- You will use all the wipes in this package the night before your surgery. The day of your surgery, the staff in Pre-Op will clean your skin again with CHG.



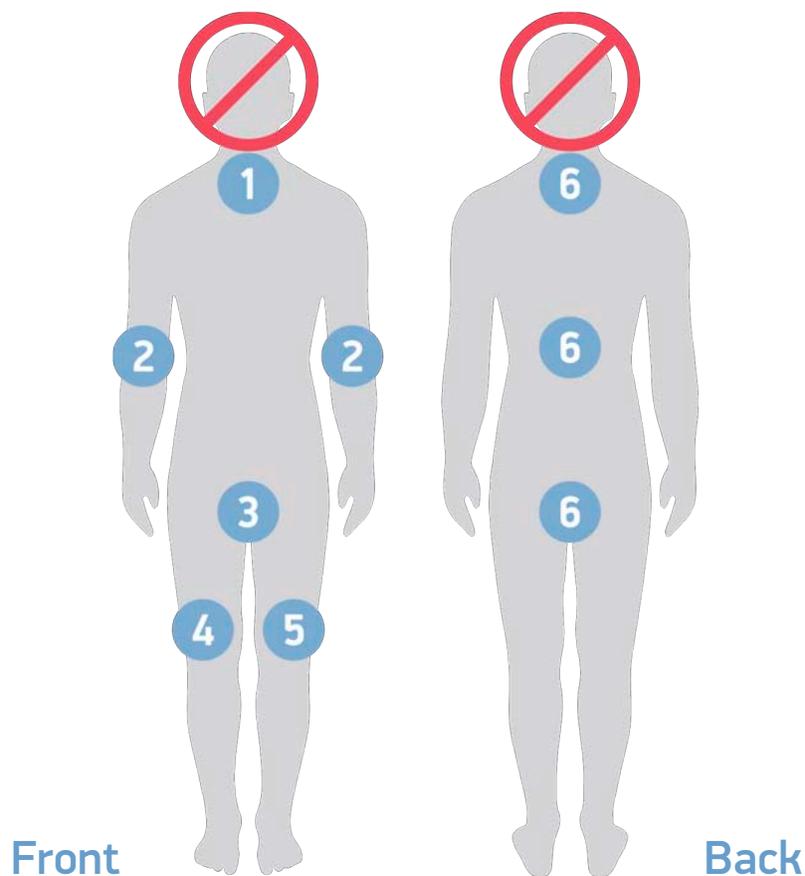
Using CHG wipes at home

- The night before your surgery, take a shower using your own mild soap and dry yourself thoroughly.
- After this, open the package of CHG wipes and use a new wipe to clean each body part shown on the next page.
- Avoid wiping your anal area. If you are a female, avoid wiping your genital area.
- Do not apply any skin creams, lotions, or powders after using the CHG wipes.

CHG wipes

Only use CHG wipes below the jawline

- ① Neck, shoulders, and chest.
- ② Both hands, arms, and armpits.
- ③ Abdomen then groin and perineum.
- ④ Right leg and foot.
- ⑤ Left leg and foot.
- ⑥ Back of neck, back, and then buttocks.



Skin may feel sticky for a few minutes. Do NOT wipe off. Allow to air dry.

Preventing infection

Rules approved by the joint surgeons

General skin care instructions:

- For 1 week before surgery, avoid activities that may cut or scratch your skin, especially on your legs.
- For 1 week before surgery, do not have a manicure or pedicure.
- For 3 days before surgery, do not shave below the waist.
- For 3 days before surgery avoid contact with all pets and do not let them sleep with you.
- Do NOT take a bath in the tub!
- DO NOT apply any lotion, powder, skin cream or makeup after the final shower on your day of surgery.

Limit contact with pets!

Even the cleanest pet can shed germs and bacteria.

For the 3 days before your surgery:

- Limit contact with your pet.
- Do not sleep with your pet.
- Make sure that your pets are clean if they remain in your home during this time.
- Talk to your surgeon if you have concerns or questions.

Day of your surgery

- No food or drink past midnight the night before.
- Arrive to Same Day Surgery at least 2 hours before your surgery is scheduled (East Tower, 2nd floor).
- Follow your doctor's instructions about your blood pressure medication, heart medications, insulin, and any other medication your doctor wants you to take.
- A family member or friend can stay with you until you are taken into the surgery room.



What can I bring to the hospital?

Personal belongings ***cannot be taken with you*** to surgery. However, your family or friends can keep them until you arrive on the Orthopedic Unit.

- We encourage you to wear comfortable clothes while in the hospital such as elastic-waist pants or shorts, loose shirts/tops or women- loose dresses.
- Bring easy on/off shoes with rubber non-slip soles.
- Bring your glasses, hearing aids and dentures if applicable.
- You may want to bring your cell phone, tablet or laptop, but please understand that our hospital cannot assume liability for personal property.
- Basic toiletries are provided, but if you have favorite items, bring them.
- We recommend that you leave your jewelry at home.

In Same Day Surgery

- You will change into a hospital gown.
- We will review the information from your pre-op testing appointment.
- We will insert an IV into your hand or arm.
- The anesthesiologist will come and talk with you.
- The surgeon will come and see you and will mark the place where your operation will be on your body with a **“YES”**.

Surgery and recovery

- The operation will last about **2 hours**.
- Your coach, family members or friends may wait in the surgery waiting room.
- You will wake up in the recovery room with bandages covering your surgical wound.



Recovery Room

You will be in the recovery room for about 2 hours **after** surgery.

The nurses in recovery will:

- Check your blood pressure, breathing and temperature often.
- Check your legs and bandages.
- Check your amount of pain and give you pain medication.

The surgeon will:

- Talk to your coach or designated contact person, or call them if there is a contact number listed.

Once you are ready, we will transfer you to the Orthopedic Unit.

Medical devices

Oxygen: To insure you are breathing in enough oxygen after surgery.

Pulse Oximeter: To monitor oxygen in your blood using a device on your finger.

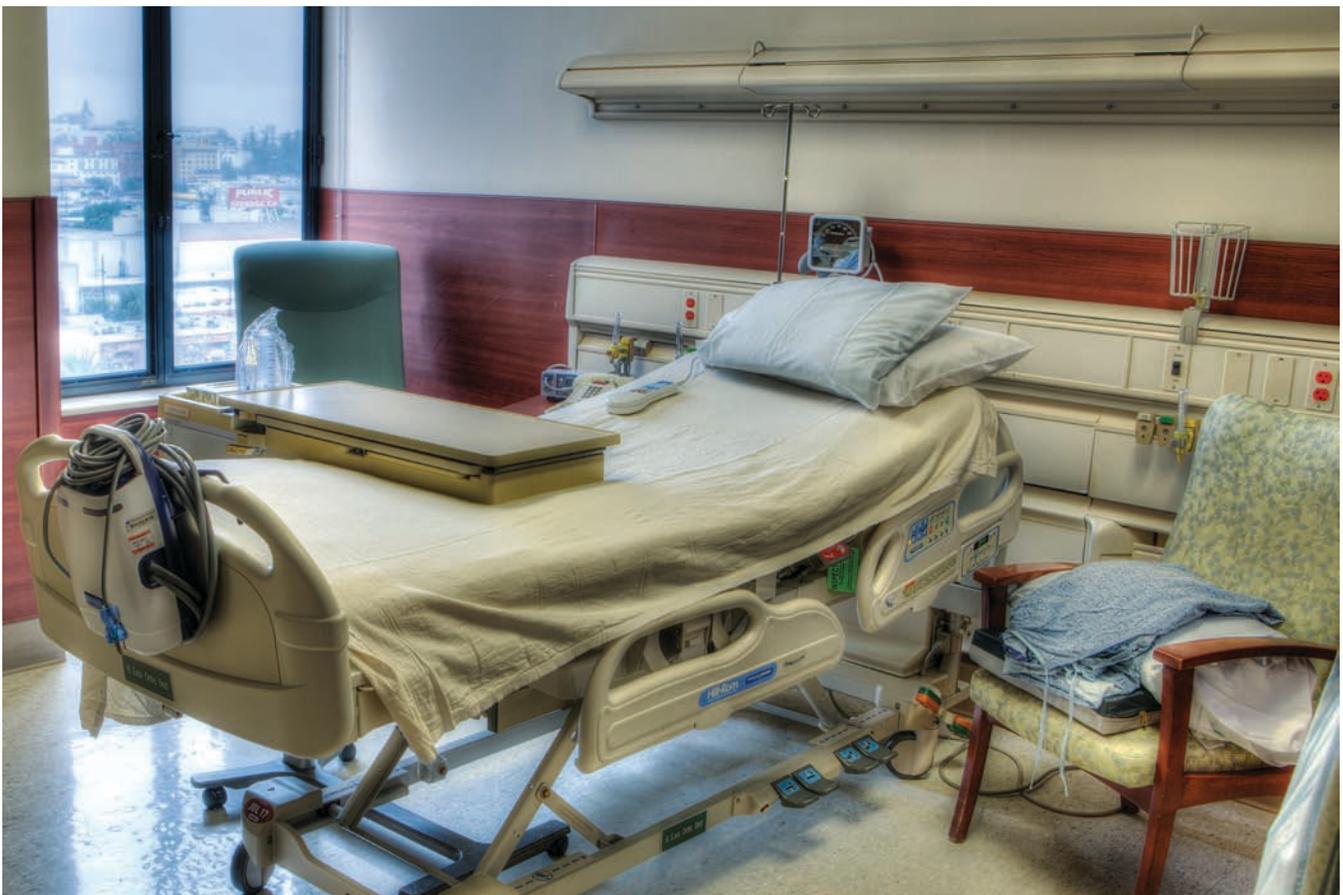
Urinary Catheter: To collect urine (for a short time). *You may or may not have a catheter.*

Incentive Spirometer: To prevent pneumonia by sucking air into your lungs using a plastic tube. It also helps prevent fever after surgery. *Use it every hour while you are awake and after you go home.*



The nurses on the Orthopedic Unit will

- Check to see if you are in pain and provide you with pain medication if needed.
- Check your wound and bandages.
- Check that you have feeling and movement in both of your legs.



Pain

Remember, the goal of joint replacement surgery is to **reduce** the amount of pain you were having.

However, **pain is expected** after surgery as your body heals from the operation.

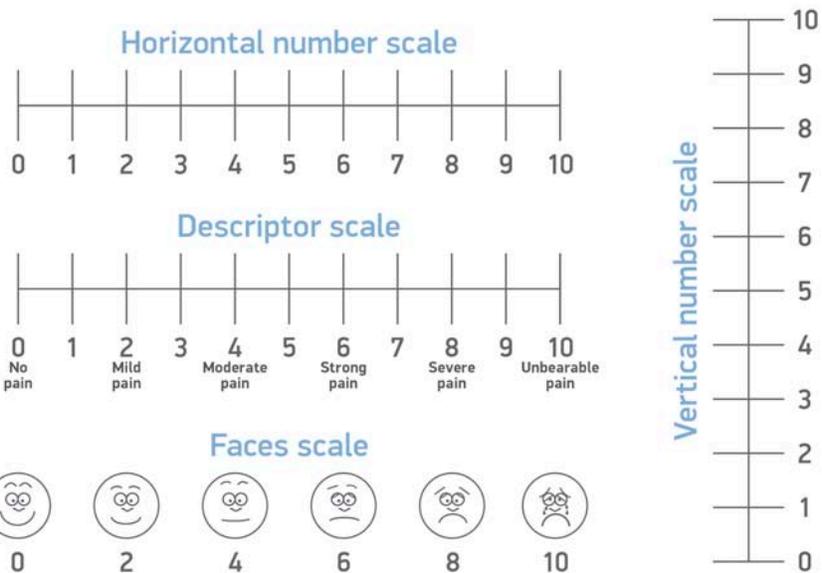
The goal for pain control is to decrease your pain so you can **resume normal activity**.

Pain medication affects your balance and **may increase your risk of falling**.



Pain scales

Below are various scales used to rate pain. Each patient chooses a preferred scale and it is then used consistently throughout to rate your pain.



Pain management

Your surgeon and anesthesiologist will talk with you before your operation about pain control.

- Pump
- Nerve block
- Epidural
- Injection
- Pills



Alternatives to pain medication

If you usually use any of these techniques to manage or minimize pain, you are welcome to use them at the hospital.

Relaxation



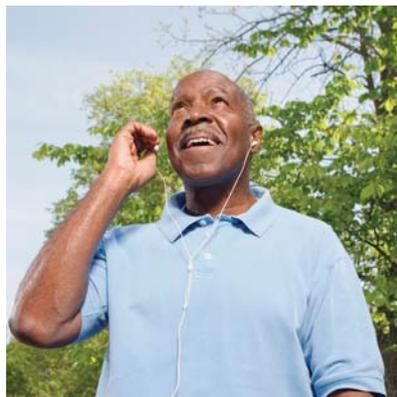
Imagery



Ice packs



Music



Deep breathing



Preventing falls

- **You are at risk for falling** because of your operation, anesthesia, pain medication and weakness. People fall in hospitals because once they start to feel better, they think they can get up without a problem. Don't be fooled – your balance will be off! Please use your call button to call your nurse to help you get up.
- **Do not** get up without help even if you think you are able.
- Don't get up without help – **ever!**
- Don't get up to go to the toilet/commode without help – **ever!**
- Don't stand up from the toilet without help – **ever!**

Preventing blood clots

- You will wake up with “leg squeezers” or “foot squeezers” on your legs to prevent blood clots.
- You will also go home on blood thinners to prevent blood clots.



Preventing constipation

Even if you have regular bowel movements prior to having surgery, you are likely to experience constipation because of anesthetics and pain medication. Changes in your diet, amount of fluid you drink and less physical activity can also contribute to constipation.

- You will receive a laxative or stool softener to prevent constipation.
- Moving around may help.
- Try to eat a well-balanced diet with plenty of fiber and fluids.

Care of your incision

- Your surgeon will cover your surgical incision with a wound dressing.
- Nurses will care for your incision according to the instructions from your surgeon.
- Your discharge instructions will include how to care for your wound at home.
- You and your caregivers will look for redness, oozing, foul smell and or changes around the wound. This is an indication that the wound needs to be checked.
- If you have any questions or concerns while in the hospital or at home, ask your nurse and or your surgeon.

Pain after surgery

- Stay **ahead** of your pain.
- Tell your nurse or physical therapist if you have pain, even if it is not severe.
- **Do not wait** for your pain to get worse before asking for pain medication.
- By taking pain medicine 30-45 minutes before therapy, you will be able to do more with less pain during your session.



Mobility begins on day of surgery (Day 0)

- Your joint replacement team will work with you on mobility the same day you have your surgery. This includes getting in and out of bed, standing, taking a step or two and possibly walking with a walker.
- Evidence-based literature supports that early mobilization can reduce the risk of post-operative complications.

Care tablet

You will receive a care tablet to use in the hospital that is specially designed for joint replacement patients.

Huntington Hospital

Your care tablet Joint Replacement

The tablet is provided during your hospital stay to improve your experience and provide education about your expected recovery.



Your nurse will teach you how to use your care tablet when you return from surgery. If you have any questions, please ask your nurse or patient care associate (PCA).

www.huntingtonhospital.org

Using your care tablet.

After you've settled in, your nurse will bring you a tablet and show you how it works. We will provide as much help as you need to use the tablet.

Press the oval button to turn the tablet on. When on, pressing this button will take you back to the home screen. When pressed it will also clear any login information entered. Press the button on the top left to turn the tablet off.

Information on your care tablet.

Each day you will view a video that describes what to expect during your hospital stay and the healing process.

You will also find helpful educational resources such as exercises and other videos. We will show you how to email the information to yourself so you can refer to it when you get home.

In the "Welcome to 6 East" section, you'll find the TV guide and room service menu. The tablet also contains games, reading material and music to help make your stay more comfortable.

Please use the tablet to provide us feedback on your experience, but use your call light when you need immediate help.

We will show you how to use our Patient Portal (myHuntingtonHealth.com) where you can access lab results and discharge information.

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After surgery zones

You will learn what signs to look for, to care for yourself after surgery.

GREEN ZONE - GOOD

What the green zone means:

- Your symptoms are under control with no new symptoms in the yellow zone. *You have no new symptoms or chest pain (see yellow zone).*
- You are taking your medications as ordered. *Your usual or new medications are working and controlling your symptoms.*
- You are continuing your daily activities as tolerated and advised by your doctor and therapist. *You are able to do the activities as instructed by your doctor and therapist.*
- You keep your appointment with your doctor.

YELLOW ZONE - CAUTION

What the yellow zone means:

Your symptoms may mean that you need to see your doctor or surgeon.

Call the doctor as soon as possible if you are experiencing the following symptoms in the yellow zone:

- Increased swelling, warmth, or pain in your thighs or lower legs that does not resolve or go away with rest and elevation.
- Sore and larger veins on your lower legs that you can feel.
- Swelling, redness, warmth, oozing, and/or bad or strong smell at the surgical site.
- A surgical site that starts to open or continues to bleed.
- Having a fever greater than 100.4 degrees, experiencing chills, or feeling more weak or tired.
- Increasing pain that you can't tolerate.
- A cough and having difficulty breathing.
- Constipation lasting longer than three days.

RED ZONE - EMERGENCY

The red zone means CALL 911 IMMEDIATELY if you are experiencing the following symptoms:

- Unrelieved or sudden shortness of breath at rest.
- Chest pain or severe and uncontrolled pain.
- Unclear thoughts, feeling dizzy, or feeling like you are going to pass out.
- A fever higher than 101 degrees.
- Excessive bleeding from or around your surgical site.

This information is intended as a general guide. For specific questions or concerns, contact your doctor

Going home - planning

You will likely be in the hospital for 1-2 days.

Discharge planning will begin before you have surgery.

We need to know:

- Where you are going after you leave the hospital.
- Who is your coach and who will help you at home.
- Who will pick you up and drive you home?

Your surgeon's office will give you a post-discharge follow up appointment before your surgery.

The surgeon will make follow up recommendations and the hospital care coordinator and discharge planner will assist you.

Going home - what's next

Your care team led by your surgeon will recommend when you go home.

- You may need home physical therapy for a few sessions.
- After your first post-op appointment with your surgeon, he/she may recommend that you receive additional physical therapy in an outpatient rehab program.
- If you are not progressing as planned, your surgeon may recommend that you not go home and instead go to a skilled nursing facility for a short period of time.

Going home - what to expect

Home Health Physical Therapy (PT)

- A physical therapist will come to your home 2 times a week for approximately 2 weeks.
- Take your pain medication 1 hour before they arrive.

Outpatient Rehab- Physical Therapy

- The physical therapy will focus on improving your lower extremity strength/range of motion, balance and coordination.
- You will continue to work on walking and progress to a single point device such as a cane and then possibly to no assistive device.
- Outpatient Rehab has extensive therapeutic equipment and resources available to get you to your highest level of function.

At home - we will check in with you

A member of the joint replacement program will call you at home within the first few days after your surgery. She/he may ask about:

- Pain management.
- Concerns regarding your surgery, drainage, swelling, redness and fever.
- Medications.
- Follow-up appointment with your surgeon.
- Education at discharge and care during hospitalization.
- Did our team provide you with a positive experience in the hospital?



Physical Therapy (PT)

- PT begins the afternoon of your surgery or the next morning and works with you daily.
- PT in the hospital helps you achieve the highest level of mobility possible so that you can move around safely at home.
- As far as moving around, this includes getting in and out of bed by yourself, walking and climbing stairs.
- We also include exercises to increase your strength, range of motion, endurance and balance.
- Ask your coach to be present when you are having your PT treatment.



Bed mobility

Bed mobility is being able to get in and out of bed by yourself. Important things to know are:

- How high is the bed you will be using?
- What side of the bed do you get off of at home?

Seems easy – but can be hard to do! *Practice at home before your surgery.*



Transfers

Transfers include your ability to get on and off any surface you will encounter at home. This includes getting up from your bed or toilet and getting in and out of a chair or car.

If available, push up from the armrests of the seating surface.

Otherwise, place one hand from where you are sitting and one hand on the walker (examples: bed and car).



Walking

Your physical therapist will help you learn to walk with an assistive device, usually a front wheeled walker.

Weight bearing status is the amount of weight you can place on your surgical leg. Your P.T. will review this with you.

Initially, the goal is to walk at least 100 feet with a walker. The distance you walk will gradually increase as your pain lessens.

Once you get home, one of the best ways to improve is to take short walks, often.



Walking

The goal is to walk as normally as possible without limping.

Quality, not quantity

Most patients use a walker from a few days to a few weeks.

You may transition to a cane for your safety before walking without any device.



Stairs

Physical therapy helps you go up and down stairs.

Important questions to ask yourself:

- How many stairs, or steps do you have at home?
- What side are the handrails on?

When using stairs, remember ***“up with the good”***, and down with the surgical leg.



Therapeutic exercises

Your physical therapist will teach you exercises to help increase strength and flexibility.

Try these exercises before surgery so you are familiar with them.

Do these exercises at least 3 times per day when you get home.



Special instructions for knee replacement patients

- Patients with knee surgery need to work hard to increase the range of motion and strength of their new knee.
- The initial goal is to get your surgical knee to bend to a 90 degree angle as soon as possible.
- The surgical knee also needs to achieve “full extension”, or to be as flat as possible.
- **Do not place a pillow directly under your surgical knee in bed; place the pillow under the ankle to help you gain full extension.**
- You will need to work on increasing strength of the quadriceps muscle with exercises such as straight leg raises.



Special instructions for hip replacement patients

- Hip replacement patients will have an abductor pillow placed between their legs to help keep the hip aligned.
- Your surgeon may discontinue the use of the pillow either late on your day of surgery or the next morning.
- Your physical therapist will discuss the appropriate precautions for your surgery as ordered by your surgeon.



Helpful tips and positioning

- Keep your surgical leg elevated for the first 2 weeks after surgery to help with swelling.
- Place ice on the surgical hip or knee for 20-30 minutes every 2-3 hours for the first month.
- You can sleep on your non-surgical leg side to start; use a pillow between your knees for comfort and support.



Recommended medical equipment for home use



Front wheel walker



Single pointed cane

Sports and exercise

- You can return to an active lifestyle following hip and knee replacement surgery.
- Walking and leg exercises will be your main activity at first.
- Your surgeon will let you know when you can resume activities such as swimming, golfing, bicycling and mild hiking.
- High impact activities such as jogging and racquetball are not recommended as they will affect how long your new knee or hip will last.



Occupational Therapy (OT)

- OT in the hospital helps you address how you will manage basic activities of daily living (ADLs) after your joint surgery.
- Examples of ADLs include bathing, getting dressed and toileting.
- The OT will provide recommendations and tips for safely doing everyday tasks.
- The plan is for the OT to see you before you go home.



Safety when using a walker

- Do not hold or carry other items when using a walker.
- Remove throw rugs to prevent tripping.
- Tie a bag or apron to your walker to carry your cell phone, snacks or remote control.
- Move frequently used items to higher drawers or shelves for easier reach.
- Keep a cell phone nearby in case of emergency.



Helpful clothing tips

- Consider wearing elastic-waist pants or shorts.
- Put your pants on surgical leg first, then the non-surgical leg.
- Flat, slip-on shoes are the easiest to put on.
- Refer to dressing aids equipment.



Helpful dressing aids



Reacher



**Long shoe
horn**



Sock aid

Helpful toilet equipment

Normal toilet seats may feel too low for most people after surgery.

- Molded plastic seat that comes with or without arm rests.
- Preferably, choose a riser with a lock-on feature.



**Toilet riser
with or without
arms**

Helpful toilet equipment

- Adjusts in height.
- Feet should be flat on the floor.
- Can be used next to the bed with a bucket.
- Can be used over the toilet (without bucket).
- Can be used in the stall shower as a shower seat.



**3 in 1 commode
chair**

Bathing precautions

- Sit for safety, especially when washing your legs.
- You may need to use a long bath brush or sponge to wash below your knees.
- Consider installing a mounted grab bar.
- Do not take the walker, crutches or cane into the shower. ***They should not get wet.***
- Try using a hand-held shower hose.
- Use a rubber bath mat.



Shower stall tips

- Use a rubber bath mat or non-slip strips on the shower floor.
- Have someone place the commode chair or shower bench facing the door.
- Step backward in the shower with strong non-surgical leg first.
- Sit on the commode chair or stool facing the shower door.
- Exit the shower, holding onto the walker, stepping onto the rubber backed rug, with the surgical leg first.

Transferring to a bathtub or shower

- You should be able to put all your weight on each leg before stepping over the edge of the tub.
- Try using a shower bench once you can safely step over the tub edge.
- If there is no sliding door with the tub, you may try a tub transfer bench.



Shower chair



**Shower transfer
bench**

Summary from Joint Class

- Complete all pre-op appointments requested by your joint surgeon.
- The goal is that you are discharged home after your surgery and hospital stay.
- Make arrangements with family and friends now, before your surgery, to assist you when you get home. Designate the family member or friend helping you as your support coach.
- Write down questions you have for your surgeon and review them with him/her before your surgery.
- Contact the Joint Coordinator at (626) 397-3797 if you have questions or concerns.

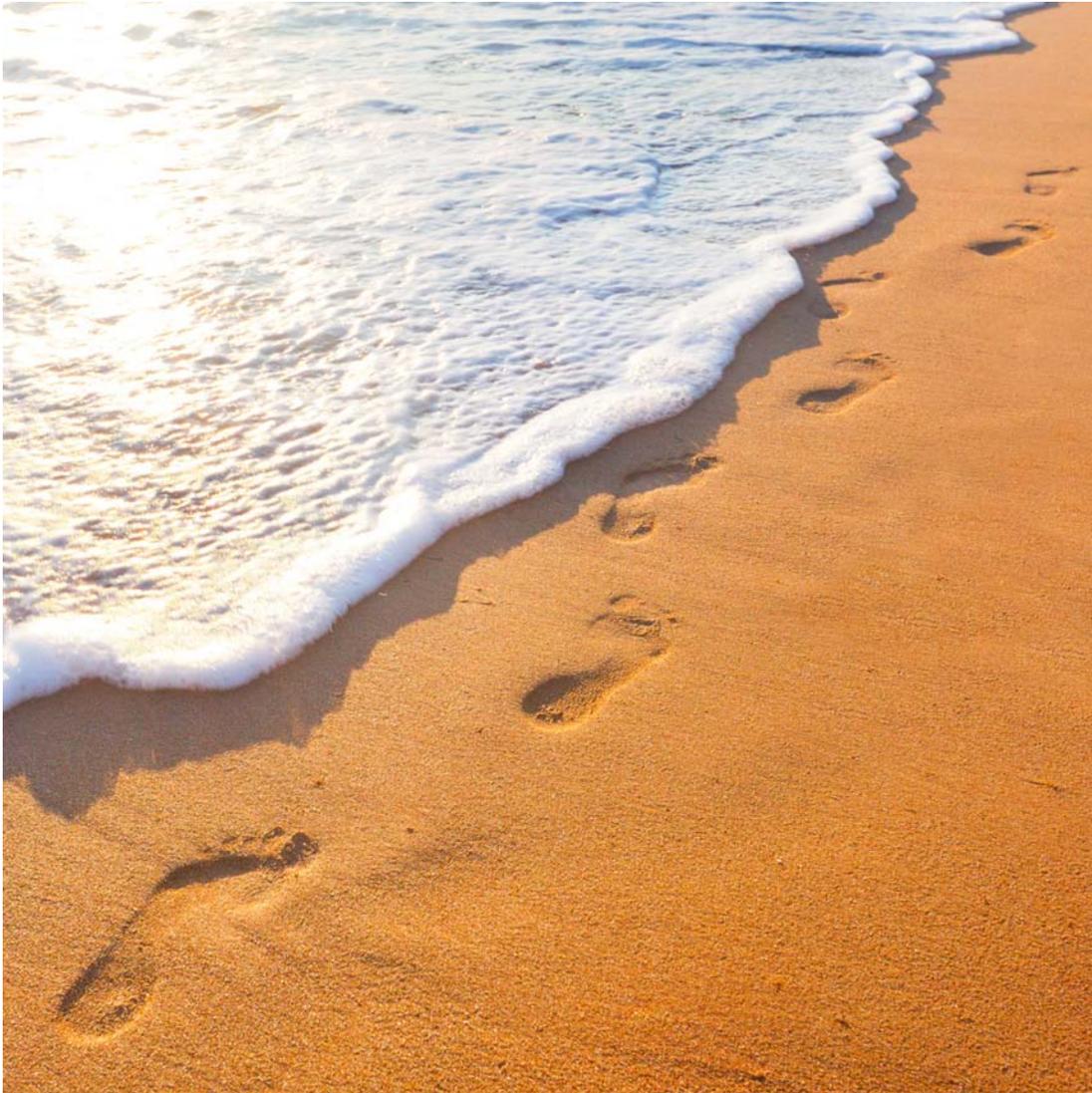
Be positive!

A good attitude and staying positive is important during your recovery.



Questions

“The journey of life begins with a single step.” - Ghandi





The following notification is for patients who have Medicare as their primary insurance.

Comprehensive Care for Joint Replacement Model Notification Letter
Huntington Hospital is participating in a New Care Improvement Initiative from Medicare

Huntington Hospital is participating in a Medicare initiative called the Comprehensive Care for Joint Replacement (CJR) model. The CJR model aims to promote quality and financial accountability for care surrounding lower-extremity joint replacement (LEJR) procedures, commonly referred to as hip and knee replacements and/or other major leg procedures. HH's participation in the CJR model should not restrict your access to care for your medical condition or your freedom to choose your health care providers and services. All existing Medicare beneficiary protections continue to be available to you. These include the ability to report concerns of substandard care to Quality Improvement Organizations and 1-800-MEDICARE.

The CJR model aims to help give you better care.

The CJR model aims to support better and more efficient care for beneficiaries undergoing LEJR procedures. A CJR episode of care is typically defined as an admission of an eligible Medicare beneficiary to a hospital participating in the CJR model that eventually results in a discharge paid under Medicare Severity-Diagnosis Related Groups (MS-DRG) 469 (major joint replacement or reattachment of lower extremity with major complications or comorbidities) or 470 (major joint replacement or reattachment of lower extremity without major complications or comorbidities). The CJR episode of care continues for 90 days following discharge. This model tests bundled payment and quality measurement for an episode of care associated with LEJR procedures to encourage hospitals, physicians, and post-acute care providers to work together to improve the quality and coordination of care from the initial hospitalization through recovery. Through this bundled payment model, HH will receive additional payments if quality and spending performance are strong or, if not, potentially have to repay Medicare for a portion of the spending for care surrounding a lower extremity joint replacement procedure.

Medicare is using the CJR model to encourage HH to work more closely with your doctors and other health care providers that help patients recover after discharge from the hospital, including nursing homes (skilled nursing facilities), home health agencies, inpatient rehabilitation facilities, and long-term care hospitals. The goal of the model is to encourage these providers and suppliers to provide you with better, more coordinated care during and following your hospital stay. The model is expected to lower the cost of care to Medicare but your costs for covered care will not increase due to these changes.

HH is working closely with the doctors and other health care providers and suppliers who will care for you during and following your hospital stay and extending through the recovery period. By working together, your health care providers and suppliers are planning more efficient, high quality care as you undergo treatment.

Medicare will monitor your care to ensure you and others are receiving high quality care.

It's your choice which hospital, doctor, or other providers you use.

You have the right to choose which hospital, doctor, or other post-hospital stay health care provider you use.

- To find a different doctor, visit Medicare's Physician Compare website, <http://www.medicare.gov/physiciancompare>, or call 1-800-MEDICARE (800) 633-4227. TTY users should call (877) 486-2048.
- To find a different hospital, visit <http://www.hospitalcompare.hhs.gov/> or call 1-800-MEDICARE (800) 633-4227. TTY users should call (877) 486-2048.
- To find a different skilled nursing facility, visit Medicare's Nursing Home Compare website, <http://www.medicare.gov/nursinghomecompare>, or call 1-800-MEDICARE (800) 633-4227. TTY users should call (877) 486-2048.
- To find a different home health agency, visit Medicare's Home Health Agency Compare website, <http://www.medicare.gov/homehealthcompare>, or call 1-800-MEDICARE (800) 633-4227. TTY users should call (877) 486-2048.
- If you believe that your care is adversely affected or have concerns about substandard care, you may call 1-800-MEDICARE or contact your state's Quality Improvement Organization by going to: <http://www.qioprogram.org/contact-zones>.

For an explanation of how patients can access their health care records and beneficiary claims data, please visit <https://www.healthit.gov/patients-families/blue-button/about-blue-button>.

Get more information

If you have questions or want more information about the Comprehensive Care for Joint Replacement (CJR) model, call Huntington Hospital at (626) 397-3797 or call 1-800-MEDICARE. You can also find additional information at <https://innovation.cms.gov/initiatives/cjr>.

Huntington Hospital entered into financial arrangement with collaborating health care providers who are engaged in care redesign with the hospital and who may furnish health care services to you during your episode of care. Under these agreements, the hospital may share payments received from Medicare as a result of episode spending and hospital internal cost savings with collaborating providers. The Hospital may also share financial accountability for increased episode spending with collaborating providers.

The following list includes health care providers that have established a collaborator agreement with the Hospital in order to share in financial rewards and/or losses in the CJR model.

| | |
|------------------------|------------------------|
| Todd B. Dietrick, MD | Gregory D. Northrop MD |
| Timothy J. Jackson, MD | Vahe R. Panossian MD |
| Mark J. Jo, MD | George Tang MD |
| Daniel R Laster, MD | |

Additionally, the following website, www.huntingtonhospital.org/orthopedics includes this list of health care providers that have established a collaborator agreement with Huntington Hospital.



Huntington
Hospital



Thank you