







HSS is transforming the field of musculoskeletal health, reaching every corner of the world. We are advancing science, improving the quality of care, and delivering better value in more than 120 countries. As the internationally recognized leader in musculoskeletal health, HSS has a responsibility to meet the growing demand for value-based care, so we are transcending boundaries to project our high-value care across the globe.

Our powerful, far-reaching impact on the field is evident in the hundreds of thousands of patients around the world who are living active, fulfilling lives thanks to our care and innovations; the thousands of healthcare professionals who participate in HSS eAcademy®, our digital platform for professional education programs; and the hundreds of international physicians who travel to HSS each year to learn best practices from our renowned physicians. HSS is uniting the world of musculoskeletal health, providing patients, physicians and institutions everywhere with the most innovative and precise treatments and diagnostic technologies.

HSS is accelerating on a unique path that ensures our future growth and continued success—outpacing a field that is itself rapidly advancing. For the eighth consecutive year, HSS earned #1 in the U.S. for Orthopedics by U.S. News & World Report "Best Hospitals" (2017-2018 rankings). We were also #3 in Rheumatology. Still, we are never content to rest on our laurels.

Striving to be BETTER—and redefining what that means every day, in this rapidly changing healthcare environment—is the key to our growth. It is the reason we are expanding our services in the tristate area, increasing patients' access to care; and it is the reason we are constantly improving the quality of our care—despite the fact that we already have among the lowest infection, complication and readmission rates in the nation. In 2017, we launched the Center for the Advancement of Value in Musculoskeletal Care to promote the development of innovative ways to deliver value-based care.

Through our uniquely collaborative research, we are producing KNOWLEDGE—and sharing it with the world. We are introducing new and innovative care delivery platforms—

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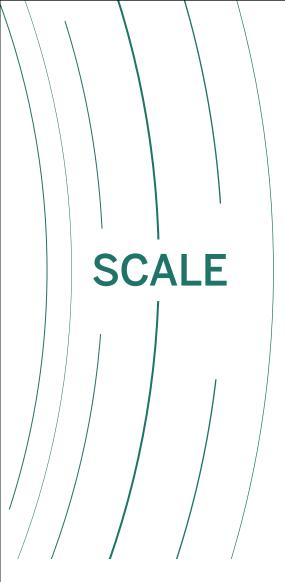
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including virtual ones—and advances in the life sciences through our Global Innovation Institute.

As the leader in our field, we must export our intellectual property to benefit patients everywhere. To that end, our physicians participate in symposia and case sharing with their counterparts around the world, improving patient care across multiple continents. That helps us to achieve SCALE in musculoskeletal health.

HSS is playing an even greater role in people's lives, since we aim to help prevent the very conditions we are treating. We will continue to provide high-value care for patients—and change the face of healthcare, making it more affordable and accessible.

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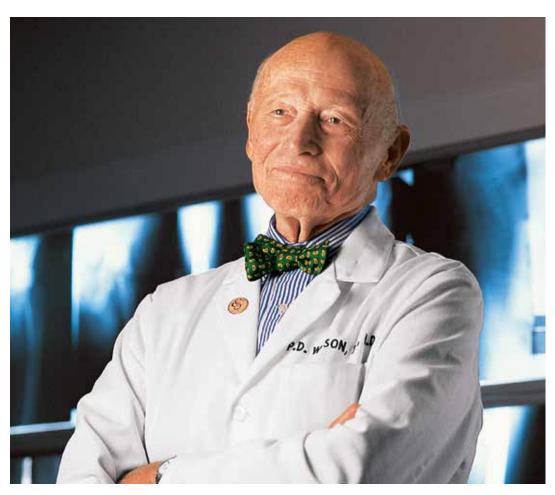
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In Memoriam

Philip D. Wilson, Jr., MD 1920-2016

Surgeon-in-Chief Emeritus (1972 to 1989)

Sought after by patients and admired by colleagues. Philip D. Wilson, Jr., MD, has left an indelible mark on HSS. "Dr. Wilson had a vision for the Hospital that has been fulfilled," says Charles Cornell, MD, Attending Orthopedic Surgeon, one of Dr. Wilson's mentees. "He foresaw HSS becoming the premier orthopedic hospital in the country, and much of his life was dedicated to accomplishing that."

Dr. Wilson was passionate about advancing the field of orthopedic surgery. In 1967, he introduced total hip replacement at HSS, which revolutionized the treatment of painful hip arthritis. He also made it his mission to strengthen the Hospital's research division. By recruiting talented engineers to work with orthopedic surgeons, Dr. Wilson transformed HSS into a leading joint replacement center. He also established a joint replacement registry of more than 1,200 patients to find out how hip replacement improved their quality of life over a 40-year period.

During his tenure as Surgeon-in-Chief, Dr. Wilson became director of the Hospital's residency program and served as a role model for aspiring

young orthopedic surgeons. "We all wanted to emulate him," says Paul Pellicci, MD, Attending Orthopedic Surgeon, who completed his residency under Dr. Wilson's leadership.

Dr. Wilson recruited renowned physicians and recognized the importance of "best practices" in medicine before the concept became widespread. That led to new infection-control protocols in the operating room, improvements in anesthesia practices, and an emphasis on post-operative care.

Not only was Dr. Wilson a highly skilled surgeon and imitable leader, but he also helped establish the caring culture at HSS. He always put patients first. "For Dr. Wilson, it was always about doing the right thing," says Douglas Padgett, MD, Attending Orthopedic Surgeon. He also had a way of making HSS staff members feel valued. Says Jo Hannafin, MD, PhD, Attending Orthopedic Surgeon: "Dr. Wilson knew everyone—the guys painting the hallways, the transport people, the X-ray staff, the faculty—and always made an extra effort to engage people."

Adele Boskey, PhD 1943-2017

Senior Scientist, Program Director of the Musculoskeletal Integrity Program and Starr Chair in Mineralized Tissue Research

With a career spanning more than four decades at HSS, Adele Boskey, PhD, pioneered bone research, deepening our understanding of osteoporosis and related diseases. "She was a world leader in the investigation of bone mineralization and quality," says Lionel Ivashkiv, MD, Chief Scientific Officer.

Dr. Boskey's research was funded by the National Institutes of Health and resulted in more than 270 publications. She won many prestigious awards throughout her career, including the Distinguished Investigator Award from the Orthopaedic Research Society/Orthopaedic Research and Education Foundation. She was recognized as a Pioneer in Orthopaedics by the Orthopaedic Research Society, which she served as the first female president.

As Director of Research from 1993 until 2002, Dr. Boskey was dedicated to training the next generation of scientists and clinicians. "She understood that research was a fundamental part of the HSS mission," said Mathias Bostrom, MD, Attending Orthopedic Surgeon. "She was an amazing mentor with a strong commitment to the next generation of scientists."

From left to right: Eric Franklin, sister Kim Sands and nephew Adam Sands are back in action following care at HSS.

GETTING BETTER **EVERY DAY**

Even after many years of world leadership, HSS patient care and overall performance are improving at an accelerating rate. Superior results earn us more opportunities, and more experience further advances performance. Our patient care gets better every day because HSS is getting better every day.

HSS has made an impact on countless patients' lives, helping them to return to what they need and love to do better than any other institution. We know this, in part, because of our exemplary patient satisfaction ratings and the more than 1,700 patient-submitted testimonials on our Back in the Game website. Despite our low readmission, complication and infection rates, which are unequaled, we are relentlessly improving across the spectrum of care with innovative techniques, products and services.

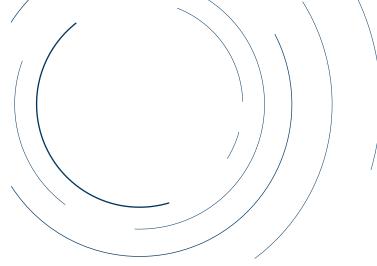
As we continue to get better, so will our patients. Take, for instance, the Franklin-Sands family members (at right), who have been coming to HSS over several decades. Kim Sands, 58, had an ACL reconstruction and meniscal surgery after skiing and horseback riding injuries, and her brother, Eric Franklin, 50, had a meniscus repair after a skiing injury. Kim's oldest son, Adam, had an ACL reconstruction, and her middle son, Jason, had a meniscal repair related to lacrosse injuries. Jo Hannafin, MD, PhD, Attending

Orthopedic Surgeon, performed the procedures. Kim and Eric's mother, Gail Franklin, had an ACL reconstruction in 1991. Russell Warren, MD, Attending Orthopedic Surgeon, performed the procedure and was assisted by Dr. Hannafin during her Sports Medicine Fellowship. Now Adam, 25, predicts that he will send his future children to HSS. Having experienced firsthand HSS's trajectory of continuous improvement, he is confident that the future will bring even better results.





Ting Jung Pan, Manager of Value Management Analytics, and Dr. Catherine MacLean review patient survey data.



Tracking patient outcomes to deliver higher value care

Prove it—or improve it. That's the mandate the Hospital's Value Management Office has been given. In order to deliver the highest-value musculoskeletal care, we must track how well our treatments are working. We are doing that now through our Patient Reported Outcome Measures (PROMs) initiative.

HSS has been collecting information on patients through our research

registries for years, but these data cover only a portion of our patients and have not been used routinely in care delivery. With the PROMs initiative, we will survey all surgical patients who come to the main campus in New York City by the end of this year and include nonsurgical patients next year. All patients will be given a general health survey—the

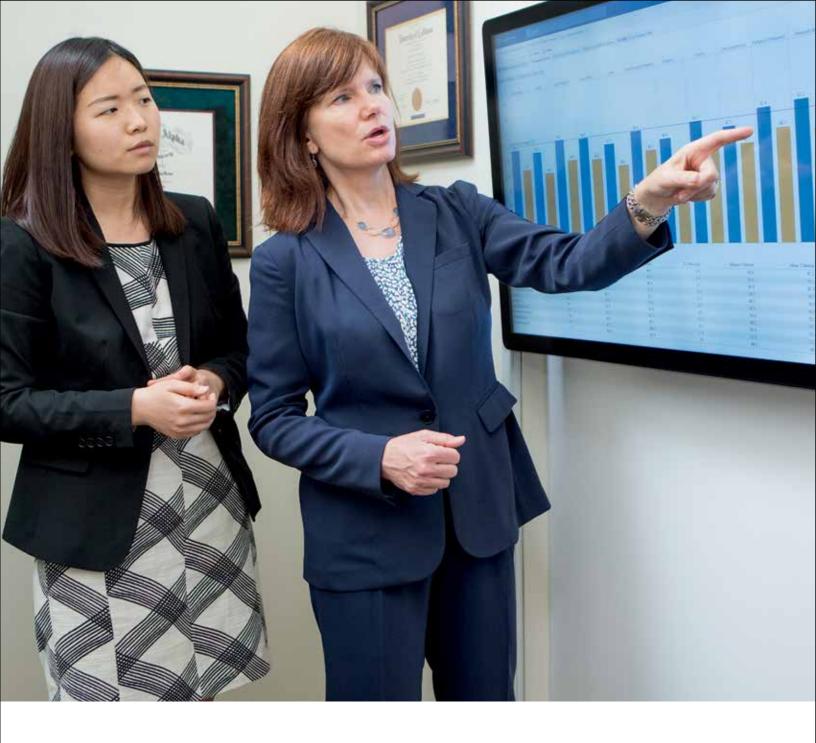
"There may be a role for Patient Reported Outcome Measures in helping physicians determine the best procedure or therapy based on a patient's individual characteristics."

> PROMIS Global, which asks about physical, mental and social health, as well as pain, fatigue and overall quality of life. A disease-specific measure will also be taken at appropriate intervals. For instance, a patient with hip arthritis will be given the HOOS, JR. survey, and a knee patient will take the KOOS, JR. survey (see "Simpler surveys for hip and knee replacement patients"). These questionnaires measure how much patients have improved since their treatment began. Ultimately, they will help us track how well patients do over time. "Our physicians will be able to show patients their progress over time," says Catherine H. MacLean, MD, PhD, Chief Value Medical Officer.

Since December 2016, more than 14,000 HSS patients have completed

Simpler surveys for hip and knee replacement patients

In 2016, a multidisciplinary team led by Stephen Lyman, PhD, Associate Scientist, developed abbreviated surveys for hip and knee replacement patients. The Hip disability and Osteoarthritis Outcome Score (HOOS) JR. has six questions instead of 40; and the Knee injury and Osteoarthritis Outcome Score (KOOS) JR. has seven questions instead of 42. The goal is to reduce the amount of time it takes to collect data for hip and knee replacement surgeries, two of the most common and costliest hospital procedures. Questions focus on a patient's level of pain during routine activities and his or her ability to function on a daily basis (stand up after sitting and pick up an object on the floor, for instance). Both surveys were externally validated using data from the Agency for Healthcare Research and Quality-funded FORCE-TJR registry, and Medicare has adopted them for its total joint replacement bundled payment program.



surveys, and the results have been stored in Epic, our electronic medical record system. The Hospital's PROMs initiative is unique because we are able to collect a significant amount of data on patients due to our large volume of procedures. We will use the information to develop predictive models, meaning a physician will be able to tell a patient how likely she or he would be to do well with a particular treatment. "There may be a role for PROMs in helping physicians

determine the best procedure or therapy based on a patient's individual characteristics," says Dr. MacLean. "It's part of our personalized health management approach."

The PROMs initiative is one of several programs we have launched to advance our delivery of high-value care. To promote the development of new initiatives, the Hospital recently launched the Center for the Advancement of Value in

Musculoskeletal Care. It will provide a forum for Hospital staff members to brainstorm innovative ways HSS can improve our value-based care. Physicians, nurses, therapists, scientists, IT engineers, executives and others will conceive of and execute new projects. "The Center will help us achieve our goal of delivering the highest quality musculoskeletal care in the most efficient way possible," says Dr. MacLean.



Getting faster relief from back pain

When patients experience debilitating back pain, they want fast relief. Thanks to a new program called Fast Track, HSS can help make that happen. The program, currently in the pilot phase, is designed to refer patients to the most appropriate provider and begin treatment as soon as 24 to 48 hours after the initial appointment request.

After a back pain patient calls or emails HSS, he or she fills out a simple but

comprehensive spine intake form or answers questions on the phone. A physician-supervised Spine liaison and trained nurse practitioner (NP) review the form, then the NP refers the patient to the appropriate provider based on specific clinical criteria. In some cases, the NP will perform an in-person physical assessment and prescribe treatment. Spine, Physiatry and Pain Management physicians and physical therapists are always

on call to provide support and ensure access to HSS clinicians. "Many back pain patients feel they need to see a surgeon, when in fact they may benefit much more from seeing a physiatrist, pain management specialist or physical therapist," says Frank Schwab, MD, Chief of the Spine Service and Attending Orthopedic Surgeon. "The goals are to give the patient access to the right specialist and get treatment considerably faster."

The Fast Track program relies on a complex clinical algorithm that was more than a year in the making. Clinicians from different services, such as Spine, Neurology, Physiatry, Physical Therapy, Rheumatology, Internal Medicine and Pain Management, collaborated to produce evidence-based clinical pathways on matters such as when it's appropriate for a back pain patient to get an MRI. A Spine surgeon is always available to evaluate patients whose symptoms indicate the urgent need for surgery. Likewise, patients who can benefit from physical therapy may be able to start the same or next day. "Earlier treatment may give relief to patients so they can return to work

sooner or take care of their family," says Dr. Schwab. "It also helps them avoid becoming disabled from months of pain."

"The goals are to give the patient access to the right specialist and get treatment considerably faster."

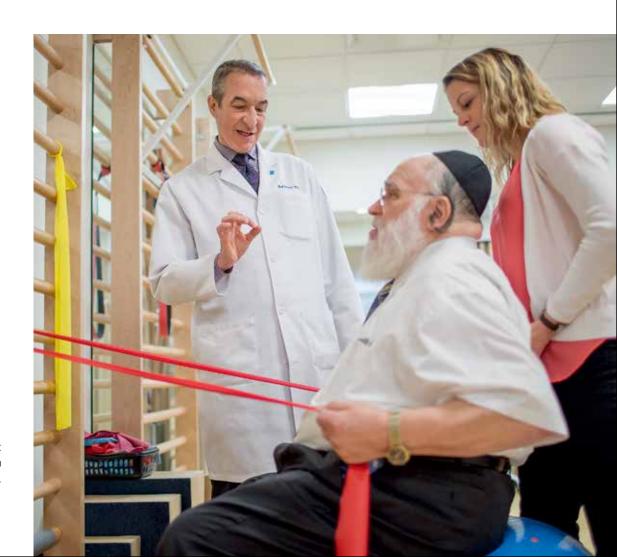
Access to HSS physical therapists (PTs) is streamlined by New York's Direct Access law, which allows licensed PTs to practice on their own. That means patients are not required to get a physician's prescription prior to starting therapy. "Our PTs are highly trained, skilled and experienced, and we're proud

of that," says Joel Press, MD, Chairman of the Department of Physiatry and Physiatrist-in-Chief. "We're currently

> testing and retesting the triage process to ensure we're providing the appropriate level of access for patients."

Fast Track aligns with the Hospital's commitment to

value-based care. "There is a good amount of data that show certain back pain patients don't always need lots of expensive imaging or to see a surgeon," says Dr. Schwab. "Fast Track is an innovative approach to offering better service to our patients and treating them in a more efficient way."



Dr. Joel Press checks patient William Bauer's form along with physical therapist Lauren Alix.



Collaborating to ensure surgical success

HSS has among the lowest infection, readmission and complication rates in the country, but we're always striving to do even better. That's why HSS launched the Pre-Surgical Optimization Program in April. "To optimize care in the postoperative period and even the intraoperative period, we need to do a good job in the pre-operative period," says Catherine MacLean, MD, PhD, Chief Value Medical Officer.

Certain factors are known to raise a patient's risk of surgical complications, such as a high body mass index, or BMI (a measure of a person's size based on weight and height), diabetes, dementia, depression, opioid use and psychosocial factors, such as the inability to carry out the activities of daily life. Although HSS physicians have always helped patients manage these risk factors prior to surgery, this new program, which is in the pilot phase, will standardize pre-surgical care. "The goal is to improve the entire episode of care for patients," says Susan Flics, MA, RN, MBA, Vice President of Operations.

Patients who are identified as high risk are guided through pre-surgical treatments designed to optimize their health prior to surgery. They are referred to the appropriate specialist based on their risk factors, such as a pain management expert, comprehensive weight management specialist or mental health provider, to bring any presenting problems under control.

"We have put into place a mechanism to manage each risk factor," says Dr. MacLean.

A team of surgeons, internists, anesthesiologists, psychiatrists, nutritionists, case management leaders and clinical data managers collaborated for more than a year to formulate these strategies, which are initially being used with total hip and knee replacement patients. In the program, a patient's readiness for surgery is assessed using a number of evidence-based tools. These include the American College of Surgeons' NSQIP (National Surgical Quality Improvement Program) Surgical Risk Calculator, which estimates the chances that a patient might experience a surgical complication based on risk factors, such as smoking, or the presence of a chronic condition, such as heart failure. The surgeon uses the information to decide when to schedule a patient for surgery. Any patients who are referred for pre-surgical treatment are tracked so their physician can monitor their progress. "The program gives HSS physicians the framework and organizational support to help their patients succeed," says Flics.

Data collected during the pilot will help the team fine-tune the program before it is expanded to other service lines. "We want to ensure that patients are treated in the safest possible way," says Alejandro Gonzalez Della Valle, MD, Attending Orthopedic Surgeon, who is participating in the pilot. "If we can improve a patient's condition, then he or she will do better."

Preventing complications

Addressing the following risk factors prior to surgery helps reduce the chances of experiencing medical problems afterward:

- a Body Mass Index (BMI), a measure of a person's size based on weight and height, greater than or equal to 40 or less than 18.5
- taking opioids daily for longer than six months and/or having a history of a substance disorder
- an A1C level (a measure of blood sugar) higher than 8 in patients with diabetes
- · a General Practitioner Assessment of Cognition (a measure of cognitive impairment) score less than 5 and/or "yes" answers to any Psychosocial Assessment questions (a measure of psychological or social factors that may affect recovery); and/or a Patient Health Questionnaire-2 (a depression screening tool) score greater than 3



Dr. Shevaun Doyle, Associate Attending Orthopedic Surgeon, and Alyson Insull, Nurse Practitioner, perform a follow-up visit with patient Alexa Green, who is recovering from a broken elbow.

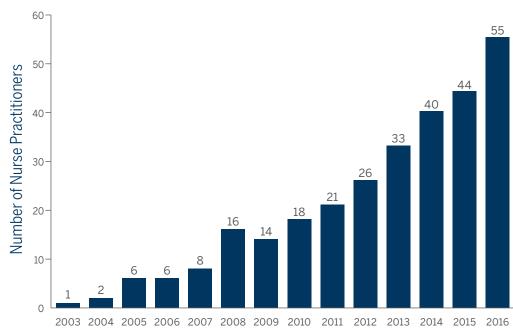
Bridging the gap between physician care and nursing

To ensure that we're delivering the most effective care, HSS employs more than 250 Advanced Practice Providers (APPs). We have 175 Physician Assistants (PAs), who can perform physical exams; order and review laboratory tests; assist in surgery; and write prescriptions under the supervision of physicians. There are also 21 Certified Registered Nurse Anesthetists (CRNAs), who provide anesthesia and related care to patients under the supervision of HSS anesthesiologists. More 60recently, we've hired a large number of Nurse Practitioners (NPs). We hired the first NP in 1996, and 50 Number of Nurse Practitioners in 2006 we had six on staff. By 2016, that number had increased 40 ninefold—to 55 NPs—and continues to grow. (HSS is expanding the post-operative care service and 30 will hire one NP for each off-site location.) "Today, we're seeing patients with more comorbidities, 20 such as diabetes, and NPs can provide immediate disease-specific

can also help us advance patients through the continuum of care more efficiently." Indeed, NPs help transition patients from the pre-operative phase to discharge at HSS.

NPs are registered nurses who have completed a master's or doctoral degree in nursing and have advanced clinical training,

Nurse Practitioners at HSS



care," says Stephanie Goldberg, RN, MSN, NEA-BC, Senior Vice President, Patient Care Services. and Chief Nursing Officer. "They



board certification, additional licensure and an expanded scope of practice. They typically have five to eight years of nursing experience and often specialize in a certain area, such as pediatrics or acute care. NPs are able to order, perform and interpret diagnostic tests, such as X-rays; prescribe medications and other treatments; and perform minor surgical procedures.

"The Center for Advanced Practice Nursing, which is one of only about a dozen across the country, is expected to serve as a model for other hospitals."

At HSS, NPs are used in specific areas of care. For instance, there are 10 NPs in post-operative care; seven in pain management; six in anticoagulation; five in the post-anesthesia care unit (PACU); four in pediatric orthopedics; two in cardiology; two in diabetes care; two in radiology; one in spine; and one in wound care. If a patient with diabetes is having trouble managing his or her blood sugar, for instance, an NP specializing in diabetes care can provide guidance. Similarly, if there is a wound problem, the wound care NP can be consulted. NPs who specialize in cardiology provide cardiac device assessments, and those who work in the anticoagulation service monitor patients who are prescribed Coumadin post-operatively. "As

medical providers with nursing backgrounds, they can best bridge the gap between nursing and physician care," says Goldberg. High-quality NP care can also help reduce patient readmissions and ER visits.

To promote the important roles of APPs at HSS as well as in New York City and across the country, HSS established the Center for Advanced Practice Nursing in 2016. The Center develops policies and processes, such as how to orient new APPs to HSS and train them to use Epic, our electronic medical record system. It also creates policies on recertification and professional development, as well as complex case review procedures. The Center recently relaunched the Advanced Practice Council, which meets once a month. It provides a forum for the Hospital's NPs and CRNAs to discuss new ideas and offer feedback on a variety of topics.

To ensure that HSS APPs are functioning at the top of their licenses, the Center is promoting their roles and educating physicians about their utility and how they can improve patient care. The Center, which is one of only about a dozen across the country, is expected to serve as a model for other hospitals. "I always felt there was a role for NPs at HSS, and to see it evolve to this point is so satisfying," says Goldberg. "Now we're meeting the needs of patients with a structure in place."



Dynamic duo

HSS attracts many athletes who want to avoid injury—or bounce back quickly from one—so they can continue competing. Case in point: Hank Berger, 60, and his son, lan, 26, who are competitors in CrossFit, a high-intensity blend of gymnastics, weight-lifting and other cardio movements. Multiple injuries have led to procedures performed by Answorth Allen, MD, Associate Attending Orthopedic Surgeon and Team Orthopedist for the New York Knicks basketball team.

In 2012, Hank, of Oceanside, NY, tore his left rotator cuff, a group of four muscles that help rotate the shoulder and lift the arm. "Dr. Allen helped me get through the injury to effectively compete at the CrossFit games without surgery," recalls Hank. While competing, Hank tore his tricep muscle and needed surgery to repair it. "Dr. Allen helped me recover quickly," says Hank. "I'm very grateful."

Dr. Allen knows how important CrossFit is to Hank, so he accommodates him whenever possible. "He took the time

to understand me as an athlete," says Hank, who routinely sends Dr. Allen updates and photos of his competitions, "Knowing that I would continue to train rigorously, he placed anchors in my tricep and bicep muscles. He is attuned to my needs."

Despite Hank's numerous injuries, he does not worry that he will become injured during a competition. "I feel 100 percent confident that Dr. Allen's care and procedures will allow me to compete at the games," he says. "HSS has given me the physical ability to continue my passion."

Similarly, when Ian, of New York City, became injured during a regional competition, Dr. Allen gave him cortisone injections so that he could continue to perform at a high level. Surgery was scheduled after the games were over. "When it was time to get my shoulder

Father-son CrossFit athletes Ian and Hank Berger (top) are able to continue competing thanks to Dr. Answorth Allen (above right).

checked out. I didn't need to look anywhere else besides HSS," recalls lan, a gym owner and personal trainer. lan could not hold anything over his head due to a tear in the labrum, the cartilage that lines and reinforces the shoulder joint, and had reconstructive surgery with Dr. Allen. "Now my shoulder is a lot more stable, and I am rebuilding my strength," he says.

Today, Hank is ranked 40th in the world in the CrossFit 60+ Masters Division. "I'm passionate about CrossFit, and I would be depressed if I could not continue to compete," he says. "Dr. Allen has kept me in the games."

IMPACT OF BETTER

Every day, HSS advances capabilities, practices, care and patient experience.

25,000+

total joint implants we have retrieved and studied since 1977 to obtain insights into how design and material differences impact performance. It's the largest archive of its kind in the world.

>4.5x

HSS performs substantially more total joint replacements than other top national hospitals.

SOURCE: HSS internal data, CMS MedPAR, Quantros, Inc., Oct. 2014-Sept. 2015, Orthopedic Surgical Volume



fewer readmissions after hip or knee surgery than the national average(1)



91%

patients who would recommend HSS(2)

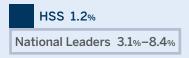
72% of patients, on average, would recommend other hospitals nationwide(2)



40%

improvement in patient length of stay at nursing facilities after discharge from HSS

Fewer Complications(3)



SOURCES: (1) MedPar Data via Hospital Compare, July 2012–June 2015 (2) hcahpsonline.org. Centers for Medicare & Medicaid Services, Baltimore, MD 2013 (3) CareChex National Quality Rating Database. Medicare FFY2014. Major Orthopedic Surgery (spine, hip, knee, arm, hand, shoulder)

Patients report improvement two years after:

Total Hip Replacement relief from pain



HSS Arthroplasty Registry, 2007-2012

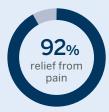
Total Knee Replacement





HSS Arthroplasty Registry, 2007-2012

ACL Reconstruction





HSS ACL Registry, 2009-2012

#1 in the U.S. for Orthopedics

For the eighth consecutive year, HSS has been ranked #1 by U.S. News & World Report "Best Hospitals" (2017-2018 rankings)

Best in Manhattan for **Pediatric Orthopedics**

HSS ranking in our second year of eligibility by U.S. News & World Report (2017-2018 rankings)

#1 Orthopedic Residency Program

in both reputation and research output by the professional healthcare network Doximity

GETTING BETTER TOGETHER

It all began in 1978, when James Devine, 14, was hit by a car, suffered a severe leg injury and \ needed surgery.

After the procedure, which was not performed at HSS, he was left with a limp and one leg that was shorter than the other. James' mother, Rose, brought him to countless physicians in the New York area, and all told her nothing could be done. Refusing to accept that answer, Rose, carrying a tattered folder with James' medical records, continued to visit more physicians in search of a solution for her son. Eventually, a physician reluctantly told Rose that there was only one place that might be able to help: HSS. She took James to see Leon Root, MD, who was Chief of Pediatric Orthopedic Surgery at the time. Dr. Root returned James' legs to perfection, and he went on to have a successful boxing career.

From that point on, the Devine family—and eventually the O'Keefe family (James' sister, Mary Ellen, married Joseph O'Keefe)—knew where to turn whenever anyone had an orthopedic condition or injury.

Today, 39 years after James' injury, six family members have been treated by six different HSS physicians—with life-changing results.

For their stories, open the flaps.



1982
James Devine

Physician Leon Root, MD, Chief Emeritus,

Pediatric Orthopedic Surgery (passed away in 2015)

Diagnosis compound fracture of the right tibia (shinbone) after being struck by a car in 1978. One year later, his right tibia was shorter than the left. In 1981, James experienced knee pain as a result of the 3-centimeter leg length discrepancy.

Procedure surgery to shorten the left tibia so it would match the right tibia

How HSS changed his life "After graduating from high school, I became a competitive boxer. I was a 1984 NJ Golden Glove middleweight finalist and the 1986 Florida Golden Gloves light-heavyweight champion."



2006

Joseph C. O'Keefe Sr.

James' sister's father-in-law

Physician Geoffrey Westrich, MD, Attending Orthopedic Surgeon

Diagnosis osteoarthritis

Procedure total knee replacement (left knee)

How HSS changed his life "I was playing golf three months after the surgery. The following year, during a family vacation, I was crossing a field with two of my grandchildren and saw the rest of the family waiting for us. I said, 'Come on, let's run...we're keeping everybody waiting.' When we arrived, one of my daughters said she had never seen me run before. It was probably the first time in 30 years that I could."



1991 2006 2015

Rose Devine

lames' mother

Physicians Frank Cammisa, MD, Attending Orthopedic Surgeon and Chief Emeritus of the Spine Service Mathias Bostrom, MD, Attending Orthopedic Surgeon and Chief of the Hip Service

Joshua Dines, MD, Associate Attending Orthopedic Surgeon

Diagnoses/Procedures In 1991, Rose was diagnosed with spinal stenosis—a narrowing of the spinal canal—that led to leg pain and weakness and difficulty walking. She had a microsurgical decompressive laminectomy to relieve the pressure on the nerves in the area. In 2009, she was diagnosed with osteoarthritis in the left hip and had a total hip replacement. In 2015, she had repair procedures for a torn rotator cuff.

How HSS changed her life "After each of the surgeries, I resumed my daily activities without any pain. I've enjoyed spending time with my three children and five grandchildren. Today, I continue to lead an active life, and I'm able to walk unassisted."



2014

Joseph O'Keefe

James' nephew

Physician Michelle G. Carlson, MD, Associate Attending Orthopedic Surgeon

Diagnosis thumb fracture

Procedure open reduction internal fixation, which restores the joint

How HSS changed his life "I recovered fully three months after the injury. Immediately afterward, I joined my high school crew team, and we rowed to a Garden State Championship victory in May 2015. One month later, I represented my high school and state in the High School Nationals."



2015–2016 Elizabeth O'Keefe

James' niece

Physician Sabrina Strickland, MD, Associate Attending Orthopedic Surgeon

Diagnosis chondromalacia patella/patellofemoral syndrome (knee pain caused by cartilage damage)

Procedure hyaluronic acid injections, which have lubricant and anti-inflammatory effects

How HSS changed her life "Not only was I able to continue playing on my high school varsity tennis team during my treatment, but my doubles partner and I received the First Team All-County award for a second time. I was also the tennis team captain that year."



2016-2017 Edward O'Keefe

James' nephew

Physician David Scher, MD, Associate Attending Orthopedic Surgeon

Diagnosis tibia (shinbone) fracture

Procedure realignment of the broken bone

How HSS changed his life "Six months after my ski injury, I was able to resume all of my normal activities. Over the summer, I enjoyed hiking, wakeboarding, water skiing and tennis. Now I'm looking forward to resuming competitive ski racing."





FOUR DECADES OF PROGRESS

Between 1982 and 2017, the period during which the Devine/O'Keefe family members were treated at HSS:

HSS experts submitted 495 invention disclosures and were issued 147 patents

There were more than

800 educational modules

and

56,576 course enrollments

.

in HSS eAcademy®

The total circulation of HSS Journal®,

which contains peer-reviewed research and review articles on musculoskeletal diseases and conditions, as well as their diagnosis and treatment,

was 480,000

Lupus patient Monique Gore-Massy is able to enjoy quality time with her beloved pup, Mr. Chip, because Dr. Doruk Erkan has helped to get her symptoms under control.

SHARING OUR KNOWLEDGE

Our enormous and accelerating capacity to capture and apply knowledge enables our clinicians to deliver the highest quality care and best outcomes, and advances the global state of the art in musculoskeletal health.

At HSS, our knowledge of musculoskeletal medicine drives our global influence. Our cutting-edge expertise is constantly advancing the field, leading to groundbreaking treatments and inventions, which often become available around the world—everywhere from Australia and China to Brazil and Germany. Our clinicians and scientists are always searching for new

and innovative ways to prevent and treat devastating conditions, ranging from periprosthetic joint infections to lupus. And patients around the world—including Monique Gore-Massy (at right)—benefit greatly. Diagnosed with lupus in 2010, Monique, now 38, was in and out of the hospital and unable to get out of bed on her own until she came to HSS in 2014. Her comprehensive

treatment plan and confidence in her physician, Doruk Erkan, MD, Associate Attending Rheumatologist, have given her hope—and improved her quality of life dramatically. She can now travel to appointments on her own, take walks with her beloved pup, Mr. Chip, and socialize with her husband—activities she does not take for granted.



Leading the way in battling a devastating infection

Infection after knee or hip replacement surgery is one of the most debilitating complications an orthopedic patient can face. A periprosthetic joint infection occurs at the site of an implant. Normally, the body's tissues can fight off bacteria. But an implant is a foreign body, and bacteria can become attached and create a "slime layer" (glycocalyx) that substantially decreases the effectiveness of antibiotics. So the surrounding tissues are more vulnerable to infection.

Unfortunately, these infections are difficult to diagnose and treat and often lead to costly revision surgery. "The No. 1 concern patients have is infection,"

says Geoffrey Westrich, MD, Attending Orthopedic Surgeon and Research Director of the Adult Reconstruction and Joint Replacement Service, "We have put a tremendous amount of time and effort into our ability to diagnose and treat the problem." Dr. Westrich and Barry Brause, MD, Attending Physician and Director of Infectious Diseases, are cochairs of the multidisciplinary Infection Control Committee, which meets once a month. The Committee is dedicated to ensuring and maintaining the Hospital's very low rate of periprosthetic infection. With a rich database detailing some 750 periprosthetic joint infections, HSS is uniquely positioned to conduct critical

research in this area. Studies that are underway or were recently completed are yielding important insights in three areas:

Prevention

At HSS, patients are evaluated preoperatively for problems and processes that could increase their risk of infection. Risk reduction strategies are then employed to decrease their chances of developing an infection. HSS has also championed systems and techniques that create "clean air" in the operating room and reduce patients' exposure to microorganisms. Our researchers are now investigating ways to further reduce the risk of infection. Some studies have shown that post-surgical infection occurs in upwards of 10 percent of obese patients, so HSS physicians are investigating using BMI (a measure of a person's size based on weight and height) to establish an appropriate threshold above which surgery is best delayed. They are also studying the relationship between diabetes and surgical site infections.

To avert infection, HSS researchers are also focusing on treating people who carry the resistant strain of the bacterium *Staphylococcus aureus* (*Methicillin-resistant Staphylococcus aureus*, or *MRSA*)—a common cause of post-surgical infection—in other parts of their bodies, such as the nostrils and armpits. A recent study showed that treating all high-risk patients with antibiotics was just as cost-effective as



Dr. Geoffrey Westrich is a leader in research on periprosthetic joint infections.

Dr. Laura Donlin is studying a technology that can be used to rapidly and precisely identify the cause of a patient's infection.

treating only those patients whose nasal swabs tested positive for the bacterium.

Diagnosis

Diagnosing an infection can be challenging, so HSS scientists are assessing whether magnetic resonance imaging (MRI) can be an accurate tool. The imaging technique might also help determine whether a patient's infection is acute or chronic. "I'm excited about this research because there's a void in this area," says Dr. Westrich. "We need to do a better job helping surgeons diagnose infection when it's not so obvious."

Another challenge is pinpointing an infection quickly and accurately. Clinicians often must wait several days for samples of bacteria to grow in a lab in order to identify the culprit behind an infection. Sometimes the specimen is contaminated by bacteria from other sources, like the patient's skin, and other times it doesn't grow at all. To improve the accuracy and speed of diagnosis, HSS researchers are investigating whether a technology known as next-generation DNA sequencing can be used to rapidly and precisely identify the organism or organisms responsible for a patient's infection and treat him or her appropriately. "The goal is to hit it right the first time—and do it quickly," says Laura Donlin, PhD, Co-Director of the HSS Precision Medicine Laboratory. "Two or three days can mean the difference between having a washout [a simple cleaning of the infected site] and extensive



reconstructive surgery." Dr. Donlin is collaborating with Michael B. Cross, MD, Assistant Attending Orthopedic Surgeon, on this study, which is supported by a grant from the Price Family Foundation.

Treatment

HSS researchers are exploring the optimal treatment strategy for patients with persistent periprosthetic infections. Currently, the gold standard is a twostage revision, which was designed and pioneered at HSS. In the first stage, the implant is removed along with infected tissue, and an antibiotic-filled cement spacer is inserted. After six weeks of intravenous antibiotics, a new implant is placed. The success rate for the surgery is above 90 percent for both knee and hip replacement patients. In the one-stage procedure, the infected prosthesis is removed, the area is cleaned, and a new implant is placed. Then the patient is put on a six-week course of antibiotics. "There are advantages and disadvantages of doing the surgery in one stage," says Dr. Westrich. "The advantages include one surgery rather than two and a quicker

recovery, and it could potentially be more cost effective. The disadvantages are mostly that historically one-stage treatment has not had as high of a success rate as a two-stage treatment." Of note, the one-stage treatment has been shown to be effective in Europe, so HSS is participating in a multicenter, randomized, prospective study to evaluate it. Dr. Cross, who is leading this study for HSS, received a grant from the Price Family Foundation.

HSS researchers are also evaluating the cost-effectiveness of different types of antibiotic spacers, which are designed to fight infection in knee replacement patients. They compared prefabricated spacers, those made from a mold (both commercial and homemade), and spacers fashioned from a part of the femur that is removed, sterilized and reattached to the joint with antibiotic cement. The spacers performed similarly, but the homemade version cost thousands of dollars less per patient. "There's a huge variation in cost," points out Dr. Westrich. "The amount of money that could be saved nationally is significant."



Giving autoimmune diseases a one-two punch

Patients with autoimmune diseases, such as rheumatoid arthritis (RA) and lupus, may soon have access to a more effective treatment with fewer side effects than current medications. HSS scientists have discovered two key molecular pathways that are implicated in the inflammation and scarring caused by autoimmune diseases, in which the immune system attacks the body.

The journey of inquiry began when Carl Blobel, MD, PhD, Senior Scientist and Director of the Arthritis and Tissue Degeneration Program, identified the role of a protein called iRhom2, which tends to be high in patients with RA. iRhom2 regulates TACE, a substance responsible for releasing TNF-alpha, which triggers the body's immune response and promotes inflammation. "When TNF-alpha is dysregulated, it leads to inflammation and autoimmune diseases like RA," says Dr. Blobel. He and other HSS researchers found that by targeting iRhom2, they could inactivate TACE and calm an overactive immune system.

Targeting iRhom2 has an added bonus: It would "hit" another important pathway involved in autoimmune diseases, according to Jane Salmon, MD. Senior Scientist, Collette Kean Research Chair and Director of the Lupus and APS Center of Excellence.

iRhom2 plays an important role in the epidermal growth factor receptor (EGF) pathway, which causes damage associated with lupus and RA. For instance, Drs. Blobel and Salmon discovered that the EGF pathway, which is activated in lupus patients with kidney disease, determines whether lupus-related inflammation scars and damages a patient's kidneys. Blocking the pathway could prevent such organ damage."In my 30 years of doing biomedical research, this is by far the most attractive target for translational work that I've encountered," says Dr. Blobel.

The next step is to come up with a drug that blocks iRhom2. By targeting the TACE and EGF pathways, the new medication would be more effective than current ones. RA patients are often given anti-TNF drugs, which only target the TNF-alpha pathway, and lupus patients often take medications that suppress the immune system. Both drugs can lead to infection.

The research highlights the unique culture of collaboration at HSS. Says Dr. Salmon: "All of us are committed to studying particular pathways that cause disease, so incidental meetings in the hallway can lead to productive partnerships like the one that Carl and I have created."

Drs. Jane Salmon and Carl Blobel (at left)
have identified two important molecular
pathways that may lead to new treatments
for autoimmune diseases.

Helping patients recover from limb surgery safely

During a car accident in 2010, Henry (Hank) Daniecki broke both legs and arms, as well as his pelvis and ribs. "The first doctors who treated me said I might never walk again," recalls Daniecki, 38, of Cream Ridge, NJ, who enjoyed surfing and playing basketball. "I felt ruined."

When Daniecki tried to stand for the first time after the accident, he discovered his right leg was bowed and shorter than the left and his left forearm was crooked. The bones in his arm and leg had not properly healed. "My doctors said they couldn't do anything more for me," he says.

Desperate to resume his active lifestyle, Daniecki searched for a new physician. He found S. Robert Rozbruch, MD, Chief of the Limb Lengthening and Complex Reconstruction Service. "I told Hank I could repair the nonunions [in which a broken bone does not heal] in his leg and arm," says Dr. Rozbruch. This involved cutting the broken bones and

Dr. S. Robert Rozbruch and Hank Daniecki received a patent for a device designed to improve recovery for people with lower extremity injuries. "We think Soleforce™ is revolutionary in terms of improving patient safety and increasing the precision of our surgical outcomes."

relying on their regenerative properties to straighten and, in the case of his leg, lengthen. For three months, Daniecki wore a metal device called a fixator, which held the leg bones together in two places and shaped them while they healed.



In between Daniecki's five surgeries at HSS, he and Dr. Rozbruch discussed the challenges of rehabilitation. "How do you protect the leg during the healing process? You need to limit weight-bearing activities," says Dr. Rozbruch. The rule of thumb, based on engineering data, is to avoid putting more than 50 pounds of weight on your legs during the initial phases of rehabilitation. The problem is that patients don't know what 50 pounds of pressure feels like. "There's a lot of precision in the prescription but not in the execution," says Dr. Rozbruch.

The stakes of miscalculation are high. Daniecki refractured his leg when he pushed himself too hard during physical therapy before coming to HSS. "Throughout the whole process, I worried, 'Am I going to break something again?'" he says.

Dr. Rozbruch, who had wanted to come up with a solution to the problem for two decades, knew Daniecki was an engineer. "I said, 'Why don't we create a device that can help bring some precision to this?'" he recalls.

Daniecki spent a year creating prototypes for such a device. The result is Soleforce™, a "smart" insole equipped with sensors that gauge the amount of force a patient puts on a limb. It provides feedback in real time, just as a car's speedometer tells a driver how fast he or she is going. A LED display mounted on top of the foot illuminates every time a patient takes a step so he or she knows whether he or she is applying too little, too much or the right amount of force to his or her limb. If a patient puts more weight on his or her foot than prescribed, an alarm sounds. "It's biofeedback, as it trains the patient to stay within the prescribed weight range," says Dr. Rozbruch.

Soleforce™ can be attached to a cast shoe or placed in an orthopedic boot or sneaker. Data transmitted from the device through a smartphone using Bluetooth technology can help physicians track how their patients are doing and fine-tune their rehabilitation prescriptions.

With each step they take, patients who use Soleforce™ improve their ability to stay within the weight-bearing range prescribed by their physicians. In studies conducted at HSS, all patients increased their accuracy in applying weight to their limbs, with 95 percent coming within 25 percent of their prescribed weight-bearing range.

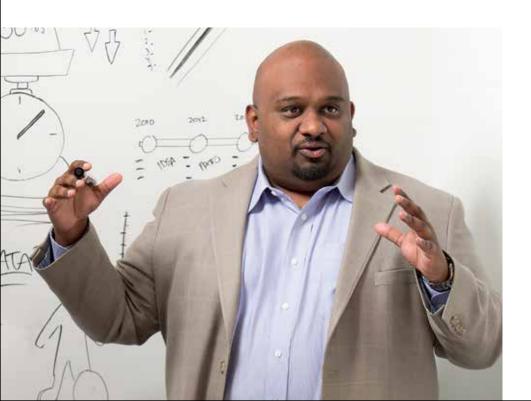
"The primary goal is to increase patient safety," says Dr. Rozbruch. "The secondary goal is to collect data, which will help us correlate the use of the device with outcomes." He anticipates that SoleforceTM will decrease the chances of post-surgical complications, reducing the need for costly revision surgeries. The device may also prove useful for patients who have lower extremity fractures or are recovering from lower extremity reconstructive procedures.

Dr. Rozbruch, Daniecki and David Goral, another engineer, patented the device and partnered with HSS's Global Innovation Institute to help commercialize the technology. Their goal is to attain an ICD-10 code, which will allow insurance reimbursement for prescription of the device. SoleforceTM, which may eventually become the standard of care in limb rehabilitation, could reach the market in three or four years.

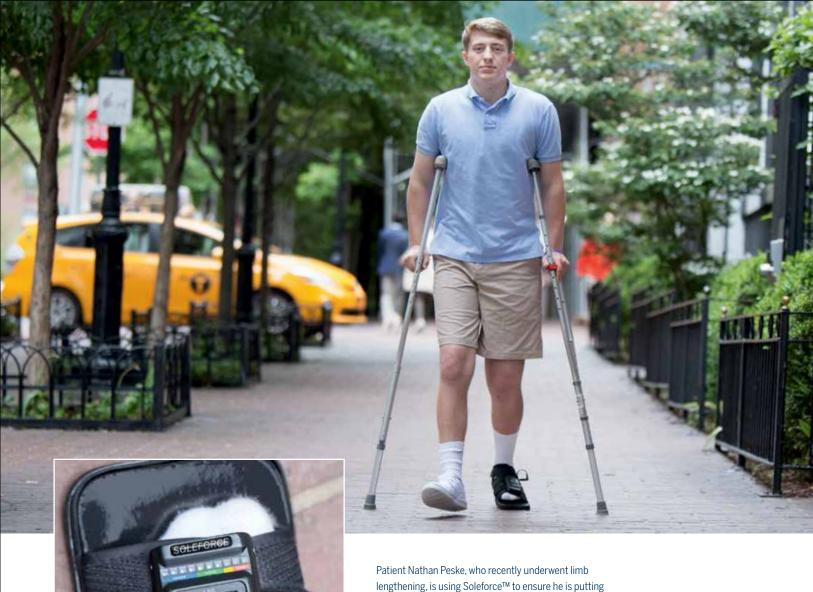
In the meantime, Daniecki has healed fully and is back to waterskiing, surfing and playing basketball. "When I think about

what Dr. Rozbruch and HSS did for me, it's unbelievable," he says. "When I first came here, I could not stand or use my arms. And to be able to make something that could help me and other patients down the road is very exciting."

Continued on page 29



Chief Innovation Officer Leonard Achan, RN, MA, ANP, is helping to commercialize Soleforce™.



lengthening, is using Soleforce $^{\text{TM}}$ to ensure he is putting the right amount of force on his leg while walking.

> Dr. Rozbruch is just as enthusiastic about Hank's recovery and Soleforce™. "We think it's revolutionary in terms of improving patient safety and increasing the precision of our surgical outcomes," he says. "It's exciting to partner with both HSS and my patient."

> Since this article was written, Hank Daniecki died in a car accident in which the other driver was charged with Driving While Intoxicated (DWI). Dr. Rozbruch and David Goral are saddened by the loss of their partner, but they are determined to continue developing Hank's invention and dream. Dr. Rozbruch, David and the entire HSS family are grateful to Hank for his work in advancing patient care and extend our deepest condolences to his family and friends.

On the horizon: longer lasting relief from knee pain

Knee osteoarthritis—a condition that occurs when cartilage, which cushions the joint, breaks down, causing pain and stiffness—is the leading reason for total knee replacement. But some patients aren't ready for surgery. For instance, young people with the condition want to keep their own knees as long as possible, and others have medical conditions—such

as severe heart disease and pulmonary hypertension—that make an operation risky.

Typically, patients with severe osteoarthritis are given cortisone, a steroid medication that is injected directly into the arthritic knee. It reduces inflammation, providing pain relief, but there are limitations. Patients may need to return for subsequent injections, and the injections may become less effective.

To take a new approach, HSS physicians and scientists have developed an implant that may provide more sustained pain relief and thereby improve joint function. It's a small titanium screw that contains the drug dexamethasone, the same medication used in cortisone injections. The device is designed to release the medication into painful knee joints over a six- to 18-month period.

The combination device, consisting of polymer/drug and metal housing, is implanted into a non-weight-bearing part of the joint in an outpatient procedure while the patient is sedated. "It provides a steady state dose, so patients get the same amount of cortisone in the joint every day and for a longer period of time," says Mark P. Figgie, MD, Chief of the Surgical Arthritis Service and the study's principal investigator.

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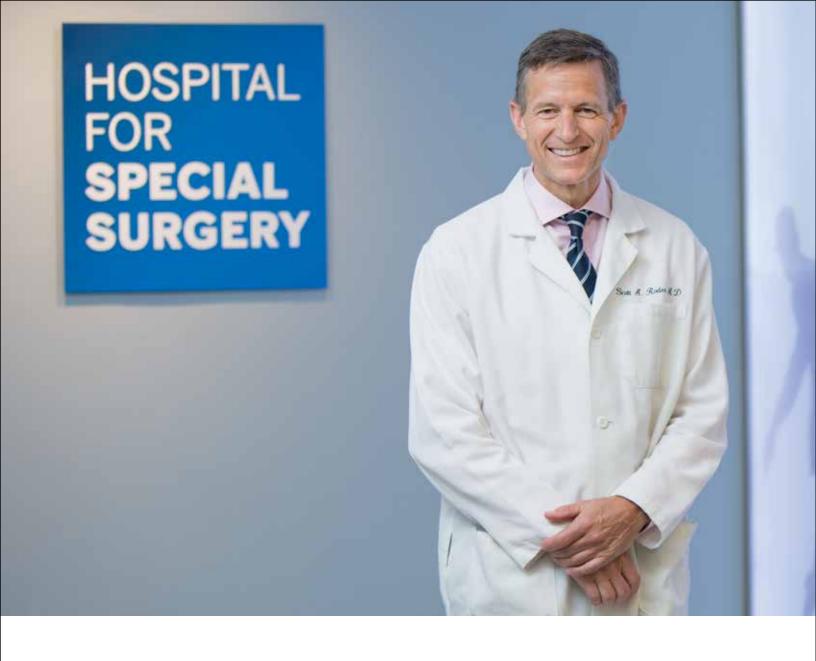
Dr. Robert N. Hotchkiss was one of the inventors of the device, which is designed to release medication into painful knee joints over a six- to 18-month period.



"The new drug delivery implant provides a steady state dose, so patients get the same amount of cortisone in the joint every day and for a longer period of time."

The implant's inventors, Robert N. Hotchkiss, MD, Medical Director, Innovation, and John Koski, MD, of Allen & Company, came up with the idea about a decade ago when they learned that a similar device was being used for eye conditions. Last August, HSS surgeons submitted an Investigational New Drug application to the U.S. Food & Drug Administration. They began a study of six patients to evaluate safety and efficacy in those who are eligible for knee replacement surgery. The study will be completed this year. Depending on the outcome, more clinical testing will be required. With more testing and development, other locations and conditions may benefit from this concept.

From left to right: Dan Choi, M.Eng, Design Engineer; Joseph Lipman, MS, Director of Device Development; Dr. Mark Figgie; and Donna Rounds, PhD, Senior Director, Technology Development, discuss their research on a drug delivery device for knee pain.



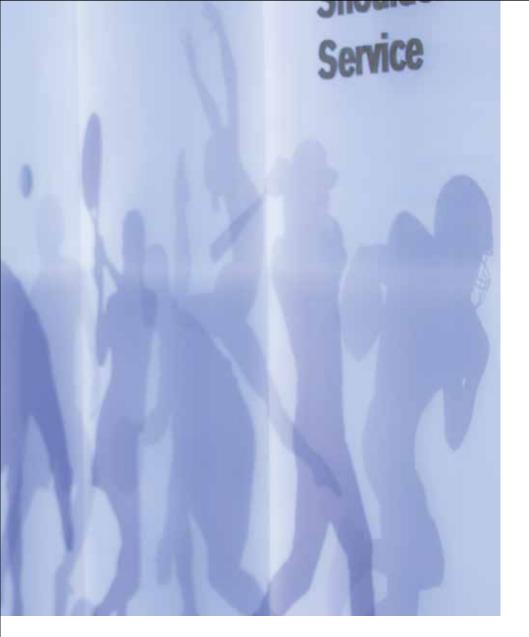
Keeping Olympic athletes in the games

At the 2016 Olympic Games in Rio de Janeiro, Brazil, volunteer health personnel were better equipped to manage injuries ranging from jammed fingers to broken legs thanks to the Hospital's new Sports Emergency Curriculum. With more than 11,000 elite athletes participating, the Games rely on medical volunteers from many

different fields, including primary care and cardiology. "The goal was to help practitioners be prepared for the types of medical problems they might encounter taking care of athletes," says Scott A. Rodeo, MD, Co-Chief Emeritus of the Sports Medicine and Shoulder Service and Chairman of the Sports Medicine Committee for the United States

Olympic Swim Team. "HSS has the largest sports medicine department in the U.S., so we have a tremendous depth and breadth of expertise in surgery, primary care, rehabilitation, sports nutrition and sports psychology."

The curriculum is available via HSS eAcademy®, the Hospital's digital



Dr. Scott Rodeo developed a curriculum to help practitioners care for injured or ill athletes during competitions.

platform for professional education programs. It's a five-part series of free, downloadable videos designed to guide appropriate and timely care and return elite athletes to play following injury or illness. Topics include creating an emergency action plan and managing acute medical illness, on-site orthopedic emergencies, onfield athletic injuries, and the doping control process.

A wide variety of clinicians can benefit from the curriculum, including

orthopedists, emergency medicine physicians, sports medicine specialists, primary care physicians, family medicine practitioners, physiatrists, physical therapists, athletic trainers, podiatrists, prosthesis specialists, nurses, nurse practitioners and licensed massage therapists. The courses are free, and those who participate will receive Continuing Medical Education credit.

To date, there have been more than 3,000 enrollments in the Sports Emergency Curriculum, and it's the fastest growing curriculum on HSS eAcademy®. "Clinicians are clearly finding the information valuable," says Dr. Rodeo.

This is not the first time HSS has been involved in the Olympics. Over the years, HSS physicians have treated a host of U.S. teams that participate in the Olympics. Dr. Rodeo has volunteered at four Olympic competitions, and last year eight HSS physicians served as volunteers at the Games.

The Sports Emergency Curriculum is versatile; it can be repurposed or customized for clinicians volunteering at sporting events in their communities and beyond. For instance, it could be used for the Pan American Games and the 2018 Winter Olympics in South Korea. "To the best of my knowledge, we are the only hospital that has created such a program," says Dr. Rodeo. "And we have received very positive feedback."

3,234

enrollments in the Sports Emergency Curriculum

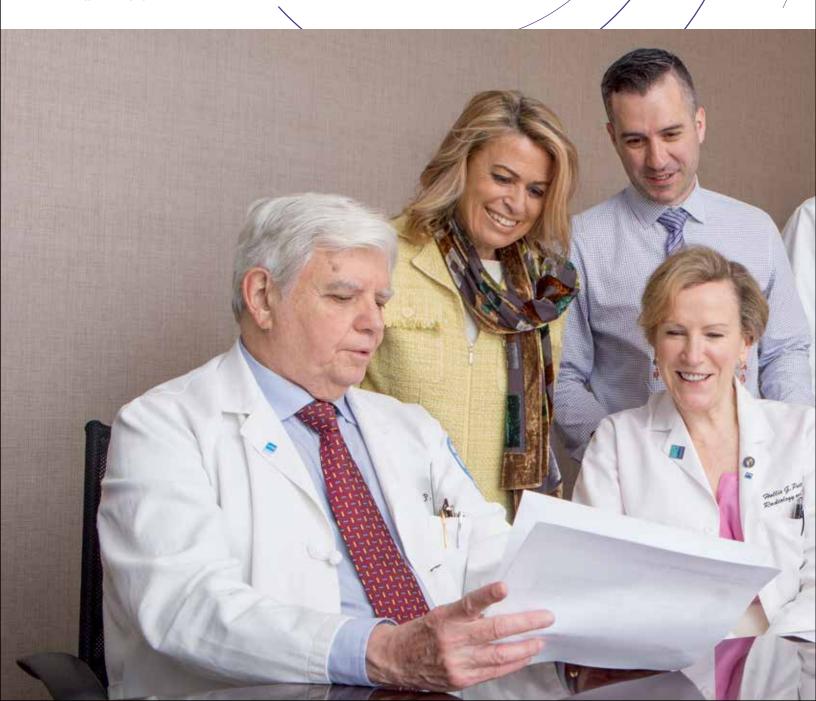
(as of July 2017)

Improving patient satisfaction after knee replacement surgery

A multidisciplinary team of clinicians and scientists aims to improve outcomes after knee replacement.

From left to right, front row: Drs. Thomas P. Sculco, Surgeon-in-Chief Emeritus and Attending Orthopedic Surgeon;
Hollis Potter; Timothy Wright; and Christina Esposito, Assistant Scientist, Department of Biomechanics.

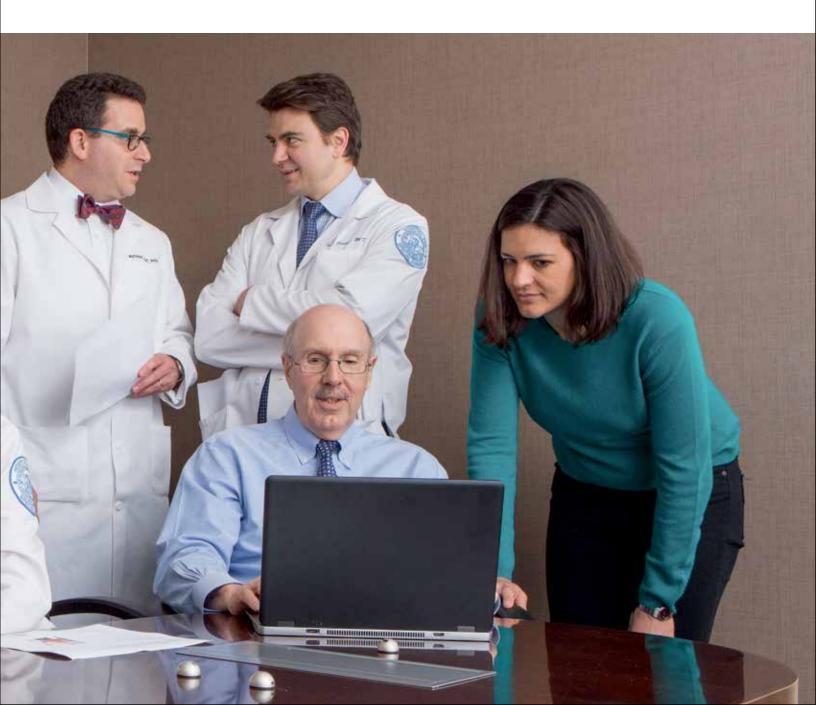
From left to right, back row: Drs. Alessandra Pernis; Miguel Otero; Matthew Koff, Associate Scientist, Department of Radiology and Imaging; and Peter Sculco.



Total knee replacement surgery often brings relief from pain and a return to favorite activities. Unfortunately, around 15 percent of patients nationwide are not fully satisfied after surgery, despite improvements in perioperative pain management, surgical technique and implant design. For around 4 percent of patients, the problem is arthrofibrosis, a disabling condition in which excessive scar tissue forms inside the joint, causing knee stiffness and pain, which may lead to a need for revision surgery. Arthrofibrosis is a particularly problematic diagnosis because currently we do not understand who is at risk, how to prevent it or how to best treat it. Some risk factors that have been associated with the condition include prior knee surgery; being female, African American or prone to keloids; and having diabetes.

HSS was awarded a three-year grant from HSS Trustee Marina Kellen French and the Anna-Maria and Stephen Kellen

Foundation to help initiate a study on arthrofibrosis. A multidisciplinary research team at HSS, in collaboration with Mayo Clinic, has begun to try to uncover why people develop arthrofibrosis—and how best to prevent and treat the condition. Our researchers will investigate factors that may contribute to the condition, including genetic variables that may predispose patients to an abnormal healing response with scar formation. "I strongly believe that this multidisciplinary effort between two premier medical institutions is the best way to solve one of the most vexing and complex problems facing knee replacement surgeons today," says Peter Sculco, MD, Assistant Attending Orthopedic Surgeon and Clinical Director of the study. "Once we understand the biology and genetic basis for this condition, we may be able to reduce the rate of arthrofibrosis and improve the clinical outcomes of patients who require



revision surgery. The ultimate goal is to come up with a molecular marker for arthrofibrosis we could reliably use to identify at-risk patients prior to surgery and employ the best pharmacologic treatment to prevent its development."

Scientists and clinicians from nearly every department at HSS— Orthopedic Surgery, Research, Biomechanics, Radiology and Imaging, and Pathology and Laboratory Medicine—are involved in the study. An Anesthesiology clinician who is investigating total knee replacement outcomes in a separate study is also collaborating with the team. Meghan Kirksey, MD, PhD, Assistant Attending Anesthesiologist, is researching clinical and biological predictors of arthrofibrosis and persistent pain in total knee replacement patients. Preliminary analysis from her study, conducted in collaboration with Miguel Otero, PhD, Assistant Scientist and Co-Director of the Precision Medicine Laboratory, shows that patients experienced a change in inflammatory markers after surgery. The study is nearing completion. Analysis of patients' blood and

tissue samples will aim to determine if their pre-surgical level of inflammation and/or the components and magnitude of their post-surgical inflammatory stress response are associated with the development of arthrofibrosis.

In the multidisciplinary project, two groups of total knee replacement patients will be studied. In the first, arthrofibrosis patients undergoing revision surgery will have joint tissue retrieved and analyzed. Tissue will be taken from a group of similar patients who are undergoing routine knee replacement surgery and don't have the condition for comparison. They will be followed over time to see if they develop arthrofibrosis. Their blood and/or joint tissue will be tested at the time of surgery and again after surgery to understand how they responded, on a molecular level, to surgical stress. HSS researchers will follow these patients over time to determine whether the presence of any molecular markers accurately predicts the development of arthrofibrosis. So far, 20 patients have been enrolled in the study, and more are being recruited each day. The goal is to study about 150 patients in each group.

Patients from both groups who are scheduled for revision surgery will undergo MR imaging pre-operatively, and physicians will biopsy tissue from several locations in the knee at the time of surgery (some will be based on the imaging results). The tissue will be sent to Pathology for clinical evaluation, as well as to the Research Institute for molecular analyses. "We will determine whether there is a molecular basis for the patients' dissatisfaction," says Dr. Otero. HSS scientists will perform tissue analysis, including RNA

sequencing, to try to identify unique cellular and molecular "signatures" associated with the condition.

Our scientists are also investigating possible inflammatory pathways associated with arthrofibrosis. "After surgery, everyone heals a little differently," says Alessandra Pernis, MD, Senior Scientist and Peter Jay Sharp Chair in Lupus Research. "Some people may be hyperresponsive and scar more than others, but it may be possible to modify the hyperresponsiveness." Dr. Pernis is studying ROCK, an important molecule that controls immune function and plays a role in wound healing and fibrosis, in which tissue thickens and scars. "If a person is hyperresponsive, we may be able to prescribe a medication that could block the ROCK molecule, preventing or lessening the body's response," she says.

"We all have different backgrounds, but we're working together to solve this problem."

In addition to the patients' tissue, their removed implants will be examined. Engineers in the Department of Biomechanics will study the implants to determine the degree of wear damage. "Everyone is so excited; we're leaning forward in our chairs," says Hollis G. Potter, MD, Chairman, Department of Radiology and Imaging and Coleman Chair in MRI Research. "We all have different backgrounds, but we're working together to solve this problem."

The data collected on study participants will become part of a patient registry, enabling the research team to correlate pre-operative imaging with surgical outcomes over time. The imaging data, for instance, could be used to help our scientists develop an MRI classification system, which could enable clinicians to predict which patients will develop arthrofibrosis and the degree of scarring likely to occur. At the same time, the Hospital's extensive archives, including tissue samples and clinical records of knee replacement patients, will be mined for clues to the condition. Taken together, the information should help HSS researchers connect the dots between a host of individual and environmental factors and disabling stiffness, with enormous benefits for patients.

The study, which will likely take three to four years to complete, is expected to set the stage for investigating other factors that may lead to knee replacement dissatisfaction. "Given our patient volume and our expertise, we're probably the best-positioned institution in the world to tackle these kinds of problems," says Timothy Wright, PhD, FM Kirby Chair of Orthopedic Biomechanics.

IMPACT OF KNOWLEDGE

Our knowledge advantage is accelerating, and its impact is broadening.

\$41M

record HSS research budget in 2016



percentage of external research funding received by HSS from the National Institutes of Health and other federal agencies in 2016

The average success rate of NIH research project grant applications by all institutions was just 19 percent in 2016



invention submissions at HSS in 2016

more than 2x the submissions in 2015

48 years ago, we designed and developed the

first modern total knee replacement, which is now the global standard



active HSS research registries

180,000+ patients

enrolled

550 peer-reviewed papers

from registry research

9 793

HSS research papers published in 2016



968%

increase in HSS eAcademy[®] membership between 2015 and 2016



consecutive years of growth as an accredited CME provider



⊕ 6.6м+

record number of unique visitors to our website in 2016

Louis A. Shapiro, President and Chief Executive Officer, and Dr. Todd J. Albert, Surgeon-in-Chief and Medical Director, discuss the Hospital's strategies for achieving sustainable world leadership in musculoskeletal health.

ACHIEVING SCALE

To achieve sustainable world leadership in musculoskeletal health, HSS is implementing a unique plan that amplifies impact through strategic collaborations, knowledge networks and care innovations.

Over many years, HSS has earned the privilege of independence but also a responsibility to meet the growing global need for superior quality musculoskeletal care. Healthcare professionals from all corners of the globe are aware of our unique expertise and want to apply it in their own practices. Membership in HSS eAcademy®—our digital platform for professional education programs has increased by 68 percent in the last vear to more than 15.000 members from 110 countries. In addition, we hosted more than 300 academic visitors from more than 40 countries in the last year. As physicians benefit from our educational programs, they are increasingly interested in gaining a

greater understanding of how we deliver excellence in patient care. Through HSS Global Ventures—our platform for advancing orthopedic care around the world—we are now working with international hospitals and healthcare systems to transfer knowledge, protocols and best practices. When hospitals meet certain standards, such as highquality outcomes, they can become an HSS Global Alliance member or an HSS Center of Excellence. In the past year, we have also engaged in strategic collaborations through which we provide patient care and operational management. Through a collaboration with the leading Magnet hospital serving southwestern Connecticut,

HSS Orthopedics at Stamford Health introduced ambulatory surgery earlier this year and will provide inpatient surgery in November.

While the HSS opportunity is global, we know that a prerequisite is 'winning at home.' This involves improving access and convenience for consumers in metropolitan New York City. In September, we opened the HSS Manhattan Ambulatory Surgery Center, and we recently opened HSS Westchester, our largest outpatient center to date, in White Plains, NY. As the leader in musculoskeletal medicine, we seek to ensure that patients everywhere have access to the highest quality care.

Strategic Roadmap to 2020

HSS

Patient-Centered and Culture - Foundation for Current and Future Success



Getting the **right diagnosis**, from the comfort of home

When Joseph Leo, of Wilmington, NC, saw a local physician for the burning pain that was radiating down his right arm last August, he was shocked to learn that he needed surgery—immediately. Leo was diagnosed with cervical stenosis with myelopathy, which occurs when age-related changes or traumatic injury in the neck cause the spinal canal to narrow, putting pressure on the spinal cord and nerves. "My doctor told me I could become paralyzed if I were in an accident because there wasn't much space between the neck bone and spine," Leo recalls. "I went from being totally healthy to needing surgery the next day."

Leo had heard about HSS's expertise in musculoskeletal health, so he decided to visit the Hospital's website. That's where he discovered HSS eConsult, which enables patients to get a second opinion from HSS surgeons from the comfort of home.

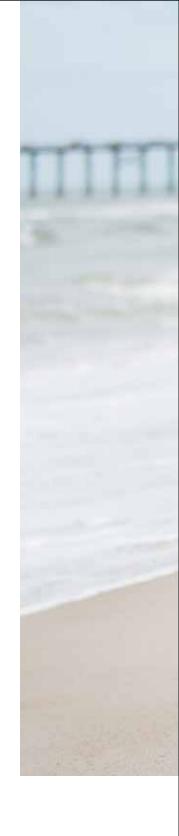
HSS eConsult first launched in 2015 and has been used by more than 100 patients across the country.

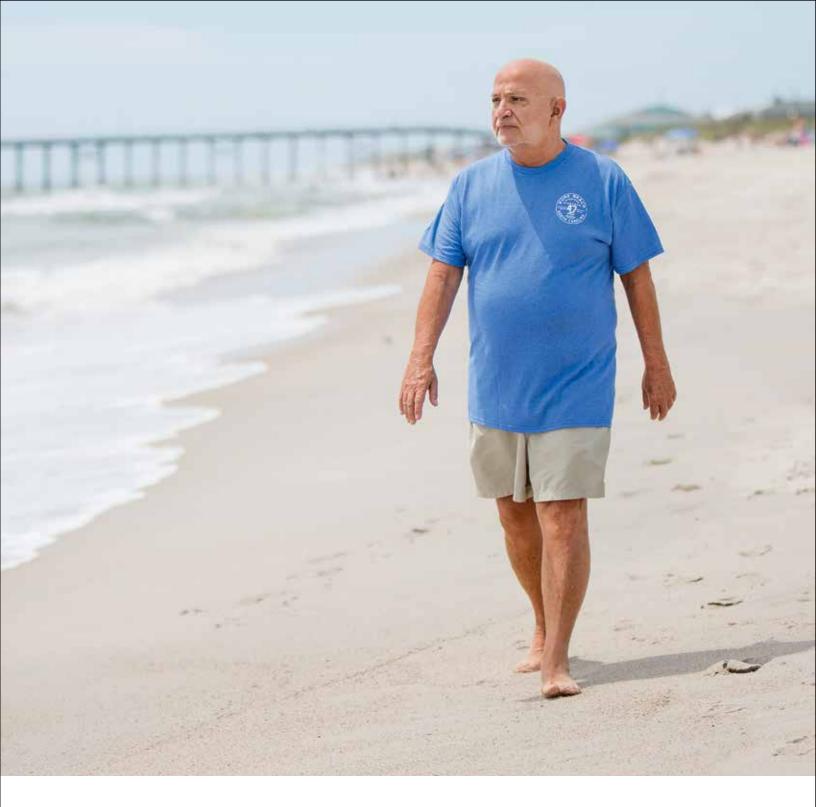
After a simple online registration and upfront payment, HSS eConsult takes over. The service collects all relevant medical records and images, and an appropriate HSS expert reviews the file. "It couldn't have been easier," says Leo. "I gave HSS eConsult the names of my providers and the facilities where my scans were taken, and that was it. I liked the simplicity of it all."

Within two weeks of submitting his request, Leo received a clearly written opinion from Han Jo Kim, MD, Assistant Attending Orthopedic Surgeon. Based on the second opinion, he decided to make an appointment. Dr. Kim concurred with the other physician's diagnosis and the need for surgery, but he did not believe Leo needed his vertebrae fused and thought his recovery time could be cut down to two weeks. "That was a big relief, because the doctor in my home state said I would need three months to recover," he says.

Getting the correct diagnosis and most appropriate treatment the first time is crucial, since "it can be more costly and dangerous to fix a procedure that should not have been done," points out Todd J. Albert, MD, Surgeon-in-Chief and Medical

Dr. Han Jo Kim performs procedures to correct cervical stenosis (narrowing of the spinal canal, which puts pressure on the spinal cord and nerves) and myelopathy, in which a patient has difficulty walking due to spinal cord compression.





Joseph Leo's online second opinion led to an effective procedure—and a brief recovery.

Director. "HSS eConsult helps patients get the wisdom of our talented physicians when making medical decisions."

As a result of the second opinion, Leo decided to have surgery at HSS. Last October, he underwent a procedure called laminoplasty, in which the lamina—the part of the vertebrae that covers the back of the spinal cord—is rebuilt to a more open position, relieving pressure on the spinal cord and nerves. He

also had several foraminotomies, in which Dr. Kim created more space for the nerves to exit the spinal canal, removing pressure on the nerves. Just eight days later, Leo was able to stop taking pain medication. "At the six-week follow-up, Dr. Kim showed me images of the increased space between my neck bone and spine," says Leo, who is now pain-free and no longer experiences any burning discomfort in his arm. "Looking at them was a great relief. I couldn't have been happier with the process."

Bringing HSS-caliber care closer to patients' homes

When Charles Cornell, MD, performed an arthroscopic procedure at Stamford Health's Tully Health Center in Stamford, CT, in March, it marked the first HSS surgery ever done outside of New York. The procedure was a small step toward realizing what will be the premier center for musculoskeletal care in Connecticut. HSS Orthopedics at Stamford Health is a collaboration between HSS and Stamford Health, an independent Magnet hospital with multiple ambulatory locations in Fairfield County. Dr. Cornell, an Attending Orthopedic Surgeon at HSS, now chairs the newly created Department of Orthopedic Surgery at Stamford Health and serves as Medical Director of HSS Orthopedics at Stamford Health.

HSS has been providing local care to Connecticut residents through a Greenwich office and, in the past two years, at the HSS Outpatient Center at Chelsea Piers Connecticut and HSS Sports Rehab Provided by Stamford Health. Expanding our services to include surgery is the logical next step. "We get a large number of patients from northern New York and Connecticut, so it's critical that we provide access to HSS-caliber care closer to where patients live," says Jennifer Rentas, Vice President, Regional Markets.

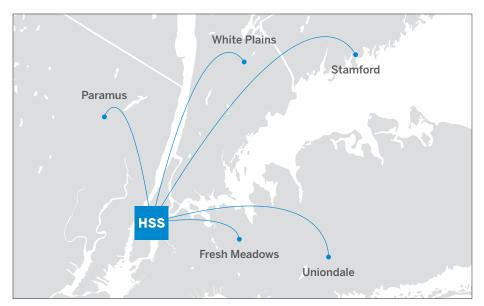
The collaboration, which was announced in February, is going "fantastically well," according to Dr. Cornell. Although the

agreement was signed last summer, planning has been in the works for several years. HSS and Stamford Health physicians compared their approaches to care and blended their cultures. "There were more than a dozen task forces with equal representation from both HSS and Stamford Hospital," says Jo A. Hannafin, MD, PhD, Attending Orthopedic Surgeon and Medical Director of the HSS Stamford Outpatient Center. "The nurses, surgical technicians and physician assistants who are working in the HSS Orthopedics at Tully operating rooms scrubbed together for eight weeks to learn best practices."

What makes the collaboration unique is that HSS is moving current HSS physicians into various roles at Stamford instead of hiring local physicians. "We want to bring our talent with us," says Dr. Cornell. "Over time, we intend to develop and absorb local talent. This approach guarantees our quality of care and ensures the HSS culture is here. We intend to build a service with quality that's second to none."

HSS is bringing its approach to care to Stamford Health. "It's multidisciplinary, and it puts the patient at the center of everything," says Dr. Cornell. "We've exported our policies, procedures and clinical pathways." HSS will also be conducting clinical research and performing data collection in Stamford.

A snapshot of our regional expansion



Currently, HSS physicians perform routine arthroscopic procedures, such as ACL reconstruction and rotator cuff repairs, at the HSS Orthopedics facility at Tully Health Center. In November, HSS Orthopedics at Stamford Health will expand to a dedicated fifth floor of the new Stamford Hospital building, where physicians will be able to perform complex procedures, such as joint replacements and spine surgery.

Stamford Health is just one part of the Hospital's geographic expansion plans. HSS recently opened a new outpatient center in White Plains, NY, which offers advanced imaging, physician services, physical therapy and sports performance. The Hospital is also evaluating opportunities for expansion to other locations, both nationally and abroad, "Patients travel from all over the world seeking HSS care," points out Justin Oppenheimer, Vice President, Strategy & Service Lines. "More than ever, healthcare providers and other strategic partners are asking us to bring our knowledge, medical staff and culture of excellence to their markets. It's part of our mission to share our expertise and provide access to our care."

While expansion in our core regional markets is our first priority, "HSS is in active discussions in multiple regions of the U.S. and internationally," says Oppenheimer. Regardless of where we expand, "it will be done in a thoughtful and strategic fashion." Depending on the model, new locations will benefit from HSS-caliber physicians, nurses and PTs; HSS training and protocols; the HSS patient experience; and HSS results.

HSS Orthopedics
OSTAMFORD HEALTH

Dr. Charles Cornell with Ellen Wolson, the first HSS patient to have surgery outside New York.

Advancing care, from China...

While participating in the HSS-China Orthopaedic Education Exchange program, Hongbo Tan, MD, Associate Attending Surgeon at Kunming General Hospital in China, marveled at the role robotics can play in orthopedic surgery. "I haven't had the opportunity to observe such procedures until now," he says. "Robotic surgery is incredibly precise, which can reduce errors."

Dr. Tan was one of 11 Chinese surgeons who spent between four and eight weeks observing HSS surgeons in their offices and the operating room and attending weekly educational conferences under the program's auspices in 2016. "Robotics and computer navigation are just starting to be introduced in China," says Seth Jerabek, MD, Assistant Attending Orthopedic Surgeon, who has been involved in the program for four years. "Many of our visiting surgeons haven't seen the advanced technologies we have at HSS. It is fun and rewarding to be able to share these with them."

Dr. Jerabek served as Dr. Tan's mentor during his stay. "It's an honor to host our visiting surgeons," says Dr. Jerabek. "They are very dedicated to their education, as they take time off from their practices and travel halfway around the world to learn how we approach orthopedic surgery at HSS."

In addition to structured observation, the Exchange—which is directed by Mathias P. Bostrom, MD, Attending Orthopedic

Surgeon, Academic Director of Orthopedic Surgery and Vice Chair of Education and Academic Affairs—provides education through live videoconferencing and annual symposia held in China. HSS surgeons conduct Grand Rounds through videoconferencing technology and travel to China to participate in symposia. "It's our responsibility to share what we've learned," says Dr. Jerabek. "I would like to think we are having an impact on healthcare in China."

Collaboration with the Chinese surgeons involved in the Exchange has extended beyond the program's confines. "Several surgeons have sent me interesting cases, including X-rays and videos, and asked, 'How would you handle this?'" says Dr. Jerabek, who recently presented at a meeting of the Chinese Association of Orthopaedic Surgeons. "I learn a

"It's our responsibility to share what we've learned. I would like to think we are having an impact on healthcare in China."

lot from our visiting surgeons as well. It's interesting to see how surgeons from another culture approach healthcare and tackle challenging cases."



More trips to China are planned, including opportunities to teach advanced revision techniques for hip and knee replacement. "One of HSS's strengths is working with other cultures as well as other countries in order to advance orthopedic education," says Dr. Jerabek.

Dr. Tan is grateful for the opportunity to participate in the Exchange program. "It's been an amazing journey," he says. "When I get home, I will recommend that excellent surgeons in China apply."

Dr. Seth Jerabek reviews a patient's scans with Dr. Hongbo Tan.



...to Greece

Dr. Michael B. Cross, Assistant Attending Orthopedic Surgeon, teaches Greek orthopedic surgeons the latest techniques and innovations in orthopedic surgery.

HSS hosts symposia in New York City, such as the HSS Stavros Niarchos Foundation Orthopaedic Seminar Program. The program, which is geared toward Greek orthopedic surgeons, focuses on the latest techniques and innovations in complex hip and knee reconstruction. Feedback from attendees suggests that the program is already making a difference for the physicians and their patients in Greece.

"When I registered for the 2016 HSS Stavros Niarchos Foundation seminar, I wanted to learn from the best. Today, two months after my visit to HSS, I can truly say that it was very beneficial for me. I have already treated two knee periprosthetic fractures and one hip periprosthetic fracture, and what I learned at HSS helped me better plan and execute the procedures."

-Nikolaos Sargiotis, MD

"It is my belief that by surgically managing complex cases such as periprosthetic fractures in my regional hospital, we will limit the number of patients visiting bigger and [more] specialized hospitals for further treatment, improving the quality of musculoskeletal care for patients in western Macedonia."

—Dimitrios Giotis, MD, PhD

"I can honestly admit that the medical staff was the prototype of the orthopedic surgeon I want to become. I came away from the seminar feeling so confident."

-Dimosthenis Tsitouras. MD

"It is obvious that applying certain principles concerning adult reconstructive surgery in our everyday practice can result in a lower reoperation rate with a lower cost to our health system. Therefore, the seminar is appreciated by our patients in Greece."

-Thomas Sarlikiotis, MD

"I used the information [I learned] about blood loss and post-operative management of pain in my patients, and the results were very good. I am certain that the knowledge from such a prestigious course will be passed on to surgeons who are routinely asked to treat patients with complications after primary arthroplasty and periprosthetic fractures. I will take every opportunity to pass on my experience to people who are keen to learn."

—Kosmas Petras, MD

HSS IMPACT IN MORE THAN 120 COUNTRIES

■ HSS eAcademy® Members

There are more than 15,000 members—68 percent more than there were in 2015—from 110 countries.

International Patients

In 2016, patients from 76 countries traveled to HSS for hospital services.

Academic Visitors

There were 427 participants in our Academic Visitor Program in 2016, and 332 of them were from outside the U.S. These physicians, students and healthcare professionals travel to HSS to observe surgical and clinical care. Visitors, who can stay for up to two months, are able to attend lectures, conferences and Grand Rounds.

HSS Collaborations

HSS has alliances with medical centers in South Korea (Bumin Hospital Group) and Brazil (Hospital Alvorada); academic partnerships with institutions in China, Greece, India and Austria; and a humanitarian collaboration called FOCOS (Foundation of Orthopedics and Complex Spine) in Africa. In addition, the International Society of Orthopaedic Centers (ISOC), founded by HSS Surgeon-in-Chief Emeritus Thomas P. Sculco, MD, in 2006, has 21 member centers that span six continents. The organization's mission is to exchange ideas and best practices and advance orthopedic care around the world.





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Leadership Report

Unleashing New Possibilities Through Transformation

The only constant in progressive organizations is change. Without leading change from within, organizations will be subject to change from the outside. Being in control of our destiny is a defining characteristic of HSS. One hundred fifty-four years after we changed the concept of what a hospital could be, HSS continues evolving to show what a hospital should be, outpacing industry by initiating change that will accelerate our own growth and elevate our impact globally.

"HSS" is because of Hospital for Special Surgery, but it is also much more than the Hospital. We are an enterprise that not only treats patients but also teaches, researches, innovates, enables companies to increase performance, serves the community and leads in all aspects of musculoskeletal health around the world. We make a positive impact without boundaries, either those defined by the services we deliver or the geographies we serve.

As the healthcare marketplace changes, we are transforming our enterprise informed by three principles: better, knowledge and scale. They comprise the core of our strategic plan, which establishes the foundation for our sustained leadership in musculoskeletal health. We are relentlessly focused on delivering better quality every day; advancing and accelerating expertise across the field; and extending our leadership across markets, product categories and related services. At a time of record consolidation among hospitals, HSS is among a very few capable of earning growth through exceptional value. It's a historic moment in the history of HSS and healthcare, and we are moving deliberately on our burning platform of opportunity.

We are at the juncture where a distinguished past is liberating an expansively impactful future.

The relentless pursuit of "better"

Although we are known for our unmatched care and outcomes, we are never content to rest on our laurels. Every day, we are committed to getting better—regardless of the level of performance we have achieved. That commitment will shape the future of musculoskeletal

health, just as it has in the past. Over the last 154 years, we have served at least six generations of patients—some throughout their lifetimes and pioneered many innovations that have advanced care and the field of musculoskeletal medicine. In 1977, we created what has become the largest orthopedic implant retrieval program from which we harvest unmatched quality improvement innovations by evaluating the design and material differences of more than 25,000 retrieved total joint implants. Just in the last four decades, our experts have been awarded more than 140 patents for new technologies and submitted nearly 500 invention disclosures.

In addition to developing cutting-edge treatments, we are streamlining and improving the care we deliver via the effective and appropriate use of technology. In 2016, we introduced Epic, the integrated electronic medical record. It has quickly become the foundation of our information-based efforts. Our Epic unified patient record enables us to view patient data over time and longitudinally across multiple settings. This seamless integration of data is enabling us to perform analyses to improve clinical practice, which will help fuel our growth.

In the future, Epic will allow us to track how well our treatments are working—and ultimately deliver even higher value care. With our Patient Reported Outcome Measures (PROMs) initiative, we are surveying all surgical patients about pain, function and quality of life pre- and post-surgery to assess progress and storing the information in Epic. In 2018, we will extend this strategic initiative to the rest of our patient population.

Technology is also playing a role in our personalized health management initiative. We are creating a virtual/digital blueprint on how care is delivered at HSS and will use this tool to reach as much of the population in the United States, and potentially abroad, as possible so they can benefit from the knowledge created at HSS. While more work needs to be completed, backed by the HSS brand and all that it represents, we have the opportunity to impact how patients with back pain, hip/knee osteoarthritis and other musculoskeletal conditions are being treated. This digital tool will help us stay in touch with patients over the course of



From left to right: Lionel Ivashkiv, MD, Chief Scientific Officer; Kendrick R. Wilson III, Chair; Louis A. Shapiro, President and CEO; Todd J. Albert, MD, Surgeon-in-Chief and Medical Director; and Mary K. Crow, MD, Physician-in-Chief

the care journey. The ultimate goal is to improve access to the best care, improve the caliber of care patients are receiving and, ultimately, improve outcomes. This is a value-based approach.

Some of our efforts to improve the patient experience and care delivery are decidedly nontechnical. We have hired more than 250 Advanced Practice Providers (APPs), including nurse practitioners, physician assistants and nurse anesthetists, to provide evidence-based,

personalized treatment. To promote their roles at HSS and in the medical community, we launched the Center for Advanced Practice Nursing. The Center, which is one of only about a dozen across the country, is expected to serve as a model for other hospitals.

Our success in delivering higher quality, more efficient care is reflected in numerous accolades. As this publication was being finalized, we received word of the very latest U.S. News & World Report rankings: #1 in the nation

for Orthopedics for the eighth consecutive year and #3 for Rheumatology. In addition, for the first time, Pediatric Orthopedics was also ranked. We are proud Pediatric Orthopedics was honored to debut as best in Manhattan and #28 nationally. We also received six top achievements from Healthgrades® in 2017: America's 100 Best Hospitals for Spine Surgery; Excellence Awards in Joint Replacement and Spine Surgery; and 5-Star Ratings for Total Hip Replacement, Back Surgery and Spinal Fusion Surgery. In 2016, we became the first hospital in New York State to be awarded a fourth consecutive Magnet designation—the highest award for nursing excellence—by the American Nurses Credentialing Center.

These rankings and recognitions validate and amplify the consistent quality of HSS outcomes, creating high demand for our services. In 2016, patients traveled from 76 countries because they determined that HSS was the one place in the world where their possibilities were greatest. We provided nearly 400,000 outpatient visits and more than 30,000 surgeries, and our patients were overwhelmingly satisfied: for nine years, the Hospital has scored in the 99th percentile—the highest possible rank—on "Likelihood to Recommend," a key indicator of customer satisfaction, compared to other Magnet hospitals in the Press Ganey database. We also received the 2013-2016 Press Ganey Guardian of Excellence Award®—a nationally recognized symbol of achievement in patient experience—for the fourth consecutive year. More recently, we received the Healthgrades 2017 Outstanding Patient Experience Award™ for the third consecutive year. HSS's Net Promoter Score (NPS)—a measure of customer satisfaction and loyalty—is 92 percent.

Harnessing knowledge to grow impact

Leading musculoskeletal medicine into the future requires the right resources, such as cutting-edge laboratory equipment and spaces where scientists can collaborate. In 2016, we set the stage for the next generation of discovery with the opening of the new HSS Research Institute at 515 East 71st Street. This new facility houses HSS basic science research laboratories, which work to discover new treatments and even cures for the types of problems that patients come to see us for from around the globe.

Our clinicians are at the forefront of innovations that often become the standard of care in orthopedics. Case in point: Nearly a decade ago, an HSS surgeon received a patent for a groundbreaking surgical technique and instrumentation for performing minimally invasive knee replacement. Today, less invasive surgery for hip or knee replacement is considered state of the art, given the advantages of smaller incisions and a faster recovery.

HSS is also leading the way in robotic surgery. Physicians travel from across the globe to observe our use of the technology, which helps reduce errors. Our Computer Assisted Surgery Center conducts pioneering research on robotics and focuses on integrating it with orthopedic procedures.

Our surgeons are often among the first to perform cutting-edge procedures. That was the case recently when an HSS surgeon operated on a patient using osseointegration, a new procedure that may revolutionize amputation surgery. Instead of using a socket to connect the prosthesis to a patient's residual limb, the physician attaches the prosthesis to the person's remaining bone. The procedure is more comfortable for the patient and improves function. It's the first significant change in amputation surgery since the Civil War, and it may become the global standard for limb replacement.

HSS research is continuously advancing musculoskeletal care. Several of our clinician-scientists are investigating whether stem cells—which develop into many different cell types—can promote healing in patients with osteoarthritis and damaged tendons.

Our scientists are at the forefront of precision medicine in musculoskeletal health. We established the Derfner Foundation Precision Medicine Laboratory as part of our Precision Medicine Initiative, which aims to identify molecules responsible for musculoskeletal disease and develop new treatments targeting them. In addition, scientists in the David Z. Rosensweig Genomics Research Center are investigating cells and genes to understand genetic and environmental contributions to disease. The hope is that genomics research will lead to more personalized treatments for musculoskeletal conditions.

By the end of 2016, our total federal research grants were valued at \$43.2 million. A National Institutes of Health (NIH) grant is enabling one of our scientists to investigate epigenetic factors that may play a role in the development and progression of osteoarthritis. Another HSS scientist received an NIH grant to study new ways to prevent and treat bone and joint destruction in diseases like arthritis, osteolysis (implant loosening) and osteoporosis.

Our esteemed researchers have unparalleled expertise, which we're leveraging to enhance our influence around the world. Our Global Innovation Institute is systematically cultivating and harnessing intellectual property, turning ideas into products and services that will create value for patients without requiring them to come to HSS for care. In 2016, there were 112 invention submissions at HSS. Several spinout companies and partnerships have formed to commercialize technologies and therapies developed by HSS scientists and clinicians. One example is RGD Technologies, the creator of Soleforce™, a device for patients recovering from lower extremity injuries and procedures (see the story on page 27).

In addition to enhancing patient care around the world, our unique knowledge is benefiting the local community—and improving lives. For instance, the HSS Sports Safety Program provides workshops for coaches, parents and young athletes on the best ways to reduce the risk of anterior cruciate ligament (ACL) injuries. To help address the epidemic of opioid abuse, the HSS Pain & Stress Management series teaches people to manage their pain in healthy ways, such as through meditation, yoga and deep relaxation techniques. Other programs are geared toward bone health and lupus and rheumatoid arthritis patients, as well as older adults.

Meeting a global need

As people in all corners of the world lead longer and more active lives, musculoskeletal wellness is becoming even more important. So, too, is HSS's unique role. Our commitment to patient care,

research, innovation and education is extending our reach and impact internationally through new musculoskeletal products and services. Ultimately, this will enable people and corporations across the globe to function at their highest possible level more reliably and efficiently.

In 2016, a record number of medical professionals across five continents turned to HSS to improve their knowledge, and our care delivery system continued to expand. Today, more than 15,000 medical professionals in 110 countries choose HSS eAcademy® for continuing medical education (CME). We anticipate our global impact will further amplify with the recent inauguration of an editorial collaboration with Medscape, the leading provider of clinical information and resources to physicians and healthcare professionals.

To make our care more accessible to patients and ensure our success in the tristate area, we are continuing our main campus and regional market development. In 2016, the third and fourth floors over 70th Street were extended, creating room for three new inpatient ORs. We are also converting one of our historical campus buildings into a state-of-the-art ambulatory center for some of our worldleading centers of excellence.

We are also optimizing our care delivery by increasing access to ambulatory procedures. In September, we opened the Ambulatory Surgery Center (ASC) near our main campus. The Center, which focuses on hand, foot and ankle, and sports medicine procedures, represents an innovative model of care. The Hospital and HSS physicians are partnering to collaborate and pursue initiatives that provide strategic and financial value to HSS.

Outside New York City, we are strengthening our position in core markets, as well as new areas. In the past year, we introduced the premier musculoskeletal care center in Connecticut, a leap forward in our collaboration with Stamford Health, a major independent Magnet hospital. In November, HSS Orthopedics at Stamford Health will add a dedicated inpatient surgery center to complement the ambulatory surgery center opened in February and the Sports Rehab facility

opened in 2015. As of this writing, construction of the inpatient surgery center is nearing completion, designed to HSS's unique specifications on the dedicated fifth floor of Stamford Health's spectacular new, \$450-million main Hospital building. The collaboration now extends across the entire Department of Orthopedics at Stamford Health, which is adopting HSS protocols and service standards. The HSS Stamford Outpatient Center complements the collaboration with access to care important to that region.

New Jersey and suburban New York residents are also benefiting from our growth. We recently expanded the HSS Paramus Outpatient Center in New Jersey to include an MRI facility and full suite of world-class rehabilitation services. This fall, we opened HSS Westchester, our most expansive outpatient center to date, in White Plains, NY. We are also exploring opportunities for partnering with healthcare organizations outside the tristate area that share our values and are committed to improving musculoskeletal care in their communities.

Increasing our global influence is another priority. We work with international hospitals and healthcare systems in several different

Kendrick R. Wilson & Sun Spi

ways—in an advisory role, such as our partnerships with hospitals in Brazil and South Korea; by creating networks of orthopedic hospitals; and through business ventures. We are continuing to expand the HSS Global Orthopedic Alliance, a global network of hospitals that achieves high-quality standards in education, research and clinical care. If an Alliance member meets certain standards in quality and care delivery. as well as educational programming and clinical pathways, it can become an "HSS Center of Excellence." This designation can also be achieved through an HSS business venture, which may involve co-owning a hospital, managing an institution's orthopedic services, or helping to build a hospital. HSS is currently exploring relationships with institutions on four continents. HSS Global Ventures is our platform for extending our brand and advancing orthopedic care around the world.

Continuing to build on success

2016 was a successful year for HSS. We are pleased with the results and with the new possibilities being created through our focus on continuous improvement, sharing our knowledge, and growing our impact.

Kendrick R. Wilson III

Chair

Louis A. Shapiro

President and CEO

Todd J. Albert, MD

Nodel &

Surgeon-in-Chief and Medical Director Mary K. Crow, MD

Maykorav Soi De

Physician-in-Chief

Lionel B. Ivashkiv. MD

Chief Scientific Officer

Financial Information

Hospital for Special Surgery and Affiliated Companies

Statement of Income ^(3, 4)	Year Ended				
(In Thousands)	2016		2015		
Hospital for Special Surgery					
Total Revenue (5)(6)	\$	\$ 1,082,338		1,028,822	
Total Expenses ⁽⁷⁾		1,030,823		943,579	
Operating Income from Hospital for Special Surgery	\$	51,515	\$	85,243	
Affiliated Companies					
Total Revenue ⁽⁷⁾	\$	71,313	\$	68,152	
Total Expenses ⁽⁵⁾		66,396		63,541	
Operating Income from Affiliated Companies	\$	4,917	\$	4,611	
Operating Income for Hospital for Special Surgery and Affiliated Companies	\$	56,432	\$	89,854	
Statement of Financial Position	December 31,				
(In Thousands)		2016		2015	
Assets					
Current Assets (Excluding Investments)	\$	298,850	\$	271,099	
Investments ⁽⁸⁾					
Current		578,469		558,437	
Long Term		126,224		117,128	
Assets Limited as to Use		69,019		87,466	
Property, Plant and Equipment - Net		615,508		568,249	
Other Non-Current Assets		115,453		102,188	
Total Assets	\$ 1,803,523 \$ 1,704,567			1,704,567	
Liabilities and Net Assets					
Current Liabilities	\$	347,427	\$	326,903	
Long Term Debt		266,755		301,553	
Other Non-Current Liabilities		255,493		220,594	
Total Liabilities		869,675		849,050	
Net Assets		933,848		855,517	
Total Liabilities and Net Assets	\$	1,803,523	\$ 1	1,704,567	

⁽¹⁾ Includes activities relating to Hospital for Special Surgery and its affiliates (Hospital for Special Surgery Fund, Inc., HSS Properties Corporation, HSS Horizons, Inc., HSS Ventures, Inc. and Medical Indemnity Assurance Company, Ltd.).

⁽²⁾ Complete Audited Financial Statements for both Hospital for Special Surgery and affiliates are available upon request from the HSS Development department at 212.606.1196.

⁽³⁾ Excludes \$27.0 million and \$33.3 million of restricted philanthropic contributions in 2016 and 2015, respectively.

⁽⁴⁾ Excludes non-operating portion of changes in unrealized gains and losses on investments.

⁽⁵⁾ Includes \$1.3 million of transactions between affiliates that are eliminated in consolidation in 2016 and 2015.

⁽⁶⁾ Includes distributions of \$1.0 million and \$6.7 million the Hospital received as a bequest from a Trust in 2016 and 2015, respectively.

⁽⁷⁾ Includes \$59.6 million and \$58.2 million of transactions between affiliates that are eliminated in consolidation in 2016 and 2015, respectively.

⁽⁸⁾ Hospital for Special Surgery is the beneficiary in perpetuity of income from an outside trust. The fair value of investments in the trust are not included above and were \$35.7 million and \$34.7 million at December 31, 2016 and 2015, respectively.

Philanthropic Highlights

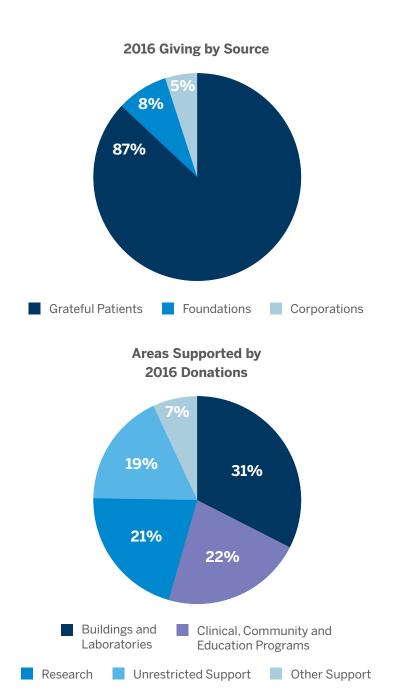
Hospital for Special Surgery is deeply grateful for the extraordinary generosity of thousands of individuals, foundations and corporations whose support in 2016 helped to advance the Hospital's mission to improve the mobility and quality of life for all patients with musculoskeletal disease. Thanks to the exceptional commitment of friends and grateful patients, HSS raised over \$34.6 million, positioning us for continued growth and securing our standing as the world's foremost center of excellence in musculoskeletal medicine. Recognized as a "High Performer" for the third consecutive year by the Association for Healthcare Philanthropy for exemplary performance in healthcare fundraising, HSS takes great pride in the trust our donors place in our unwavering commitment to deliver the highest caliber of care to our patients.

Total Philanthropic Giving

In 2016, more than 5,300 donors contributed over \$34.6 million to HSS. Grateful patients—who give individually, through their family foundations or bequests—continue to provide the greatest share of philanthropic support. They accounted for 87 percent of the funds contributed in 2016.

Nearly one-third of the funds raised in 2016 supported the growth and enhancement of the Hospital's buildings and laboratories. This included a \$5 million gift from The Derfner Foundation and its trustee Jay Lieberman to support the creation of the Pavilion and name the second floor Imaging Center. Dedicated to serving the growing number of patients seeking ambulatory care at HSS, the Pavilion complements the recent completion of a new state-of-the-art research building devoted to basic science. The expansion of our clinical and research facilities is instrumental to our efforts to advance evidence-based medicine in orthopedics, rheumatology and related diseases and deliver world-class medical care.

Seven gifts of \$1 million or more are making it possible for HSS to attain even higher levels of excellence for the benefit of patients. HSS received such contributions from Barbara and Todd Albert, MD, The Charina Endowment Fund, Warren and Allison Kanders, Marina Kellen French, Robert and Gillian Steel, Terence and Paula O'Toole and an anonymous benefactor. We are deeply grateful for their exceptional support.





Your Life, Our Mission Campaign—Our Commitment to Improving Patients' Lives

The Hospital's Your Life, Our Mission Campaign is raising important funds to expand and enhance our clinical facilities to meet growing demand; advance research that drives breakthrough cures and treatments: and build endowment to firmly secure the institution's future. Under the leadership of Campaign Co-Chairs Michael P. Esposito and Jonathan Sobel, HSS has raised more than \$294 million toward its \$300 million goal. Central to this ongoing achievement are the thousands of generous donors who share our vision for the future of the Hospital. We are profoundly grateful for our friends and supporters whose generosity is helping to strengthen our position as the leader in the fight against musculoskeletal disease.



HSS Annual Benefit Celebrations

The HSS Foundation raised over \$3.3 million through the 33rd Annual Tribute Dinner in 2016; these vital funds enable HSS to uphold its promise to provide an unparalleled level of expert and compassionate care to all patients. The event honored Aldo Papone, Senior Advisor to American Express Company, dedicated member of the HSS Board

of Trustees and Board Chairman Emeritus, and Chitranjan S. Ranawat, MD, Attending Orthopedic Surgeon. Dr. Ranawat received the Lifetime Achievement Award in recognition of his innovations in joint replacement, as well as his commitment to mentoring the next generation of physicians in the field. Chaired by Trustee Ellen Wright with Dinner Co-Chairs and Trustees Kathryn Chenault and Alan MacDonald, the Tribute Dinner welcomed nearly 1.000 special friends of HSS.

Thanks to the tireless efforts of Chairperson Barbara Albert and Co-Chairs Anne Altchek, Carol Lyden and Ann Roberts, the HSS Autumn Benefit raised nearly \$1 million in support of medical education to advance the Hospital's commitment to training the next generation of leaders in musculoskeletal medicine. Honoring "Excellence in Medical Education," HSS paid tribute to three physicians chosen by the graduating residents for their commitment to mentoring and training future practitioners and leaders: Joseph Lane, MD, received the Philip D. Wilson, Jr., MD, Teaching Award; Anne Kelly, MD, received the Nancy Kane Bischoff Mentor Award; and Elan Goldwyn, MD, received The Richard S. Laskin, MD, Young Attending Award.

In celebration of a decade of accomplishments in pediatric care and research at HSS, the 10th Anniversary Benefit for Pediatrics raised over \$1.1 million—a record-breaking amount in a milestone year. Co-Chairs Monica A. Keany, Trustee; Kate Doerge, Advisor; and David M. Scher, MD, brought together 850 guests for the sold-out Benefit. Funds raised help HSS to continue providing the best care to all the children we serve.

Annual Fund

The Annual Fund is an essential source of strength for HSS. It provides unrestricted support that enables the Hospital to advance its mission of clinical care, research, education and community outreach. In 2016, unrestricted gifts from trustees, advisors and grateful patient donors; legacy gifts from Wilson Society members; and a successful Annual Tribute Dinner enabled HSS to raise more than \$6.7 million in general unrestricted funds. This recurring source of support represents a high level of loyalty and gratitude from thousands of donors and is critical to solidifying the Hospital's global leadership in musculoskeletal medicine.

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April 1, 2017

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The Rheumatology Council is dedicated to advancing the mission of HSS's Division of Rheumatology by raising funds and awareness for the Division's efforts. The largest of its kind in the nation, the Division of Rheumatology is widely recognized for the excellence of its clinical, scientific and educational activities related to rheumatic, autoimmune and inflammatory illnesses.

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(Cont.)

Back in the Dentist's Chair

As a pediatric dentist, Henna DeSimone, DDS, spends her days getting in and out of a chair to examine patients. But this routine movement became difficult when Henna's left hip began to get "stuck" every time she stood up. She also experienced discomfort and a clicking sensation in her hip.

"The pain limited what I could do, and it affected my quality of life how long I could work and whether I could go to the gym," recalls Henna, 38, director of pediatric dentistry at St. Joseph's Regional Medical Center in Paterson, NJ, and a private practitioner in Totowa, NJ. She typically works six days per week—including shifts in the OR—and enjoys taking spinning classes and working out on an elliptical trainer.

Henna saw Bryan T. Kelly, MD, Chief of the Sports Medicine and Shoulder Service, and was diagnosed with a tear in the labrum, the cartilage that lines the hip socket and cushions the joint. She had two repair surgeries at HSS—one in 2007 and another in 2011. Dr. Kelly performed both. "I feel great," says Henna. "I'd seen several orthopedists at various hospitals, but Dr. Kelly was the first to truly help relieve it."

As a medical professional, Henna has high standards for hospital care and has been consistently impressed by her experiences at HSS. Over the last decade, she has come to know not only her physicians, Dr. Kelly and C. Ronald MacKenzie, MD, Attending Physician in the Rheumatology Division, but also the staff, who make each of her visits to HSS positive experiences. "Everyone from scheduling to injections to MRIs is phenomenal," says Henna. "It takes me 10 minutes to walk down the hall to the patient room because I'm saying, 'Hello!' to everyone I know."

Thanks to the expert care she received at HSS, Henna can see her patients and exercise with little to no discomfort. "To move around unencumbered is life-changing," she says. "The procedures I had at



Henna DeSimone, DDS, is able to work and exercise with little to no discomfort thanks to two hip surgeries at HSS.

HSS have allowed me to keep up with my demanding work schedule and do so many of the things I love."

Henna's transformational experience at HSS inspired her to include a beguest to the Hospital in her will and join the Wilson Society. "When I was doing my will planning, I was thinking about which people have made a difference in my life," she says. "Both Drs. Kelly and MacKenzie—the cutting-edge work they do combined with their patient care—have been so important to me."

A bequest allowed Henna to consider more substantial support than an immediate gift. "I wanted to express my appreciation for what Drs. Kelly and MacKenzie do, and I am fortunate to be able to help them continue their work and research."

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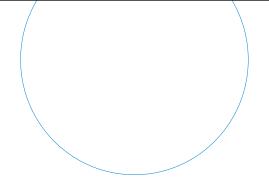
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Design

Suka Creative, Inc.

Printing

DG3

Photography

John Abbott Robert Essel Ted Horowitz Horizon is published by the Communications Department, Hospital for Special Surgery, 535 East 70th Street, New York, NY 10021. 866.976.1196

Hospital for Special Surgery is an affiliate of Weill Cornell Medical College.

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