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Gwinnett Medical Center-Duluth (GMC-Duluth) strives to improve the health of our community by providing healthcare services and collaborating with community services organizations. Based on the results of the 2018 community health needs assessment, our greatest opportunities to meet health needs lie in the following areas:

- Managing health conditions and chronic disease treatments
- Improving access to care
- Preventing chronic disease and increasing wellness

Our services are provided to vulnerable or underserved persons as well as those who have insurance. If these services were not provided the community would have reduced access to care. The following report describes how our health services support our community.

Community benefits programs or activities promote health and healing or provide treatment as a response to identified community needs or local public health priorities and meet at least one of these objectives: 1) enhances health of community, 2) improves access, 3) reduces burdens of government or 4) advances healthcare knowledge. Our Implementation Strategies go beyond specific community benefit programs to include additional treatment programs GMC provides to address identified community needs.

**Approval Process**

GMC’s purpose in developing and implementing the community benefit plan is to provide an executable document that demonstrates how our organization (including both hospitals and other facilities) plans, manages and measures the identified community health needs.

Community needs are analyzed year-over-year with trend comparisons of State and national data as well as Healthy People 2020 objectives included in the analysis. These identified needs are aligned with the Organization’s strategic, operational, safety, quality and clinical service plans with community action plans created as needed. This year’s report provides a review of statistical data for fiscal year 2017 (July 1 2016 through June 30, 2017) and the current events and programs with action plans for 2019 (July 1, 2018 through June 30, 2019).

The community benefit plan and implementation strategies are developed by the Community Health and Wellness Council (CHW Council). The CHW Council's goal is to continue to increase the cooperative alignment between inpatient programs and programs that have elements of community outreach. The CHW Council includes representatives from more than 30 departments from both hospitals who are patient care providers and managers. The departments include Diabetes & Nutrition Education Center, Cardiac and Pulmonary Rehabilitation, Center for Weight Management, Emergency Departments, Chest Pain Center,
Trauma Services, Cardiovascular Services, Stroke Program, Center for Orthopedics, Renal Services, Women’s Services, Oncology Services, Quality Services, Laboratory, Respiratory Care, Coordinated Care, Patient Representatives, Office of Research, SportsRehab Services, Sports Medicine Support, Concussion Institute, Learning Resources, Graduate Medical Education, Faith Community Nursing, Faith Community Network, Chaplaincy, Palliative Care, Health Education and Wellness Services, Glancy Rehabilitation Center, Physician Services, Medical Library and CME Physician Training, Community Benefit, Planning and Development, Gwinnett Medical Center Foundation and with support from the Public Relation and Community Affairs department.

After the CHW Council approves the updated plan it is presented to administrative leadership for approval.

The Board of Directors is charged with responsibilities regarding community health promotion including:

- Participating in the process of establishing priorities, plans and programs to enhance the health status of the community.
- Approving the implementation strategies and the annual community benefit report.
- Monitoring program impact through identified community health indicators.

After administrative leadership made recommendations, the plan was presented to the Board Community Benefit Subcommittee for approval on May 28, 2019 and then to the Board of Directors for approval on June 24, 2019. Having the support of this board integrates the community benefit plan with the strategic, operational, quality and clinical plans of the System.

**Gwinnett Medical Center-Duluth**

Gwinnett Medical Center-Duluth combines a quiet, healing environment with the latest in medical technology. Featuring private, spacious patient rooms and comfortable family suites, the hospital promotes patient healing while offering the very latest medical care for efficient treatment and quick recovery times. Approximately 78 percent of the Medical Center’s patients originate in Gwinnett County and it is easily accessible for all metro Atlanta residents, particularly those in Duluth, Johns Creek, Norcross and Suwannee. Patients come from all over the United States and consist of a diverse population. Gwinnett Medical Center-Duluth offers nationally-recognized and renowned services at several facilities on campus.

It all began in Duluth in 1941. The child of a dairy farm worker died because there were no healthcare facilities in Gwinnett County. The entire community was devastated and the Hull family began a campaign to establish a clinic in Duluth. The people of the community donated $450 towards the clinic. General Alfred R. Glancy of Pontiac, Michigan, heard of the community effort and it touched his heart (he had lost a child some 17 years earlier due to lack of accessible healthcare). General Glancy provided philanthropic contributions. The townspeople named the three room clinic after his daughter Joan, The Joan Glancy Memorial Clinic. The rest is history. In 1944, The Joan Glancy Memorial Hospital was opened. To support the hospital, General Glancy built a factory in Duluth. He also provided 150 jobs to the people of Duluth. The presence of the
hospital and factory brought new families and a better quality of life to Duluth. The economy shifted and Duluth began to grow. In 1965, Joan Glancy Memorial Hospital joined the fledgling Gwinnett Health System.

Gwinnett Medical Center-Duluth opened October 2006 as a replacement facility for Joan Glancy Memorial Hospital. This 81-bed facility offers specialty care services orthopedics, medical, surgical, endoscopy, and cancer. The Glancy campus is a mile from the Duluth campus and is the location of the 30-bed Glancy Rehabilitation Center. In addition, this facility has been renovated and provides outpatient services through the Center for Sleep Disorders, Center for Weight Management and the Diabetes & Nutrition Education Center.

Figure 1. GMC-Duluth Service Volumes Fiscal Years 2015-2018

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
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<tr>
<td>Admissions (GMC-D &amp; Glancy Rehab)</td>
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<td>Emergency Departments visits</td>
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<td>Surgical Cases (inpatient and outpatient)</td>
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<td>Dialysis treatments</td>
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<td>Glancy Rehab admissions</td>
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<td>656</td>
<td>672</td>
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<td>Concussion Institute visits</td>
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<td>Faith Community Nursing contacts</td>
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<td>5,263</td>
<td>8,097</td>
<td>1,342</td>
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</tbody>
</table>

Source: GMC Operating Statistics and department reports FY 2015-2018  N/A = Not Available

**Emergency Department**

Gwinnett Medical Center-Duluth’s Emergency Department (ED) is a 24-bed unit that treated 40,880 patients in fiscal year 2016. This unit provides overall care for patients from birth to end-of-life. The average length of stay for all patients treated in the GMC-Duluth ED is just over two and a half hours.

The 24-bed, stroke certified, GMC-Duluth Emergency Department treats approximately 41,000 patients annually. The department is comprised of:

- **Team Triage:** This is a six-bed unit where most non-emergent patients are assessed and treated. Patients with lower acuity are often treated and discharged from this area to reduce their length of stay in the Emergency Department. Approximately 20 percent of all Emergency Department patients are treated and discharged from this area.

- **Main Department:** This 18-bed unit provides overall care for patients from birth to end-of-life. The average length of stay for all patients treated in the Duluth ED is just over three hours.
The Department employs 70 staff and works in cooperation with a board certified emergency physician group that also employs nurse practitioners and physician assistants.

Major diagnoses served: Chest pain, headache, abdominal pain, urinary tract infection, renal calculus, epigastric abdominal pain, antepartum, mental health, and medical or surgical emergencies.

Scope of Patient Care/Service: The Emergency Department provides comprehensive medical services including early detection, prompt intervention and correction of life-threatening complications in acutely-ill and/or injured patients and provides rapid detection and treatment of non-life-threatening illness and/or injury.

**Emergency Preparedness Program**

Gwinnett Medical Center participates in Emergency Management/Preparedness in many ways. Joint Commission requires our facilities to conduct at least two exercises/drills per year. One must be a full-scale exercise (FSE) that involves an actual influx of patients and community involvement/participation with us and our other local emergency management partners. This would include Eastside Medical Center, Gwinnett County Emergency Management Agency, Department of Public Health, Fire, Police, Emergency Medical System and other metropolitan area hospitals including the Regional Coordinating Hospital (Grady), Georgia Hospital Association and many others. This Full Scale Exercise (FSE) must include an escalating situation that involves multiple injects and scenarios which involves full escalation of our response to hospital system Code Alert, Level III response.

The Hospital Incident Command Centers (HICC) is located at GMC-Lawrenceville, Gwinnett Medical Center-Duluth, Glancy Rehabilitation Center and the Gwinnett Extended Care Center. These centers are activated as needed and are assigned an Incident Commander and Command Staff including medical director, safety officer, liaison officer, public information officer, planning officer, operations officer and finance officer; each with responsibilities within the Incident Command structure for handling a disaster or mass casualty incident. This command structure is expandable within the National Incident Management System (NIMS) framework and can be as large or small as needed. That is determined by the nature of the disaster and the Incident Commander which is usually the administrator on-call, or the Patient Services Coordinator (PSC).

GMC has an emergency management section within the Public Safety Department that handles training, ordering and storage of surge capacity equipment and supplies, and conducting/critiquing “real world” events and/or exercises.

The Emergency Management Plan is delineated in our Emergency Operations Plan (EOP) which can be found on the GMC internal Intranet site. This plan is driven by our Hazard Vulnerability Analysis which details the different types of disasters that can occur, with the likelihood and impact of each possible type of disaster occurring within our geographical area. The organization falls under the All Hazard approach.

An Emergency Management Steering Committee (EMSC) meets quarterly to discuss, plan and provide for the enhancement and improvement of our Emergency Operations Plan, exercise development and implementation. The EMSC provides recommendations to the Safety Committee and Leadership with respect to Emergency Planning and Operations.
The organization has two functional seats (Liaisons) at our local EMA office located at 780 Hi Hope Rd, Lawrenceville, GA. The Liaisons operate out of the EMA office during a declared disaster interfacing with various local and state officials facilitating communications from the county EOC (Emergency Operating Center) to the hospital EOC.

The hospital also has a seat (Liaison) on the Public Health and Region D Coalition located at Grady Health System.

**Infection Prevention and Control**

The goal of the Infection Prevention and Control department is to minimize the morbidity, mortality, and economic burden associated with healthcare associated infection (HAI) through prevention and control endeavors in patients, healthcare workers and visitors. Using epidemiological principles, pertinent data is collected and analyzed in order to determine risk factors associated with infection and to define mechanisms of transmission and prevention. The most current Centers for Disease Control/National Health and Safety Network (CDC/NHSN) surveillance definitions and a comparative database are utilized to evaluate our prevention efforts. The Infection Preventionist uses this information to identify opportunities for improvement. Then they partner with other members of the healthcare team to plan, implement, and evaluate control strategies as part of a continuous performance improvement model. As a resource within GMC and the community, the Infection Preventionist educates other professionals as well as the public about infection risks and measures to minimize and/or eliminate risks and to enhance patient safety and quality.

**Community Collaborations:**

- Public Health Reporting and Case Management of communicable diseases works to identify inpatients and outpatients with communicable diseases and to assess adequacy of treatment and provide referrals to the public health department for further treatment as required. The predominant diseases requiring referral include: sexually transmitted diseases, HIV, rabies, hepatitis and tuberculosis.

- The emerging pathogens program is a voluntary State program which seeks to compile information about emerging pathogens through the collection and testing of clinical samples. The results provide current information about emerging pathogens in our local community and additional support for requested funds for education, prevention and treatment of the community.

- State Bioterrorism Task Force develops tools for use by the regional Emergency Preparedness Coalition. The State bioterrorism task force consists of three main groups: Laboratory, Epidemiology and Quality. The coalition has representation from public health, hospitals, first responders and the community.
Intensive Care Unit (ICU)

ICU - The most frequent diagnoses are: heart failure, pneumonia, chest pain, chronic obstructive pulmonary disease, stroke, cardiac arrhythmia, acute myocardial infarction, respiratory failure and complicated surgical procedures.

Scope of Patient Care/Service: Scope of care includes delivery of nursing care to critically-ill adults, including those who require emergency intervention. Special services particular to this unit include: mechanical ventilation, transvenous pacing, hemodynamic monitoring, peritoneal dialysis, hemodialysis, and administering vasoactive drips, antiarrhythmic and thrombolytic therapy.

The ICU/IMCU is a double recipient of the GOLD Level Beacon Award for Clinical Excellence (awards presented in 2015 and 2018).

Intensive Medical Care Unit (IMCU)

Major diagnoses: heart failure, pneumonia, chest pain, chronic obstructive pulmonary disease, stroke, cardiac arrhythmia, acute myocardial infarction, respiratory failure and complicated surgical procedures.

Scope of Patient Care/Service: Scope of care includes delivery of nursing care to seriously-ill adults, including those who require high level monitoring and intervention. Special services particular to this unit include: telemetry, peritoneal dialysis, hemodialysis, and administering designated vasoactive and cardiac drips.

The ICU/IMCU is a double recipient of the GOLD Level Beacon Award for Clinical Excellence (awards presented in 2015 and 2018).

Medical Telemetry

The Medical Telemetry floor is a progressive medical unit with telemetry capability that delivers high quality, personalized, cost-effective care. The scope of care for this unit includes the care of patients utilizing nursing processes, of assessment, interventions and evaluation of care. The unit is primarily a major cardiac/pulmonary/stroke/neuro and dialysis (contract) unit with 31 private rooms. Patients served are primarily adults, ages 20-100 plus, but the unit will serve pediatric patients in special circumstances. Care is provided for a vast number of patient types requiring management of cardiac arrhythmias, IV therapy, nutritional needs, wound care, hemodialysis, blood glucose monitoring, physical therapy, respiratory therapy, and pain control.

Cardiovascular Care

Major diagnoses served: myocardial infarction, congestive heart failure, coronary artery disease, valvular heart disease, cardiomyopathy, peripheral vascular disease, arrhythmias, Sick Sinus Syndrome, syncope, hypertension and heart failure.

Scope of Patient Care/Service: Services provided, in an effort to meet the needs and expectations of customers include, but are not limited to: Exercise and Nuclear Stress testing (Exercise and Pharmacologic), Echocardiograms, Vascular Ultrasound, Arterial Ultrasound, EKG, Holter Monitoring, Venipuncture, Specimen procurement and Drug Screening.
Oncology Services

Oncology Services’ mission is to offer the citizens of our community compassionate cancer care in partnership with our patients and physicians through a network of integrated services and programs promoting the delivery of health and wellness. In 2016, our last complete year of data, GMC saw a total of 1,907 new cancer cases.

The Oncology Services department is comprised of 12 FTEs and one PRN positions for a dietitian. The positions for Oncology Services are: Director of Oncology Services, Advance Practice Genetics/Cancer Risk Specialist, two Breast Health Navigators, a Thoracic Oncology Navigator, two Oncology Social Workers, an Oncology Dietitian, an Oncology Support Clinic Manager, an Oncology Community Outreach Navigator and an Administrative Assistant. In addition, GMC contracts with the American Cancer Society for the services of an American Cancer Society Patient Navigator. The American Cancer Society Patient Resource Navigator (in place since 2007) is a collaborative agreement with shared cost between GMC and the American Cancer Society, and our ACSPRN served 887 patients in FY 2018. The Breast Health Navigators (in place since 2005) saw 2,186 patients in FY 2018. The Hereditary Cancer Risk Assessment program had 460 new patients in FY 2018. In FY 2018, the Thoracic Oncology Program conducted 694 lung screenings. There were 247 biopsy breast clinic visits in FY 2018 between Lawrenceville and Duluth.

In FY 2018, there were several achievements met to further the development of our Cancer Institute system of care:

- Provided a number of community outreach to promote education, early detection, screening and prevention throughout the community.
- We opened up a new Center for Cancer Care in Hamilton Mill to serve our patients in that area in March 2018.
- Eight Colon Cancer Awareness Events were held March – April 2018 that involved the community and associates. There were 807 Colocare kits given out during FY 2018 with 3 being identified as having a positive result.
- We had our second annual Paint Gwinnett Pink 5K to raise money for our breast program and patients at Gwinnett Medical Center. We had over 1,000 in attendance and raised over 85,000 dollars.
- Developed a metastatic breast cancer program in January 2018.
- Added 2 new medical oncologists Dr. Debra Miller and Dr. Ramandeep Bambrak to our physician team in FY2018.

The goal for the Oncology program for 2017-2018 is to support the 16 continuum goals identified in the Georgia Comprehensive Cancer Control Plan 2008-2012 by:

- Maintaining our accreditation through the Commission on Cancer (CoC) of the American College of Surgeons (ACoS). Accreditation achieved in June 2018.
• Maintaining our accreditation of our breast program through the National Accreditation Program for Breast Centers. Full three-year accreditation was achieved on June 2016.

• Continuing to promote Breast Cancer Awareness through an annual 5K event.

• Continuing to promote Colon Cancer awareness.

• Continuing to promote Skin Cancer awareness.

• Continuing to offer cancer support groups.

• Continuing to offer monthly Freshstart classes.

• Continuing to promote Lung Cancer Awareness through educational offerings.

• Continuing to offer the Breast Health Navigator and the American Cancer Society Patient Resource Navigator services.

• Continuing to increase accrual of Georgia residents to cancer clinical trials.

• Continuing to expand and enhance cancer data collection from existing and new sources and implement improved information management tools and technologies.

• The Breast Cancer Fund was developed that is used for women needing mammograms, diagnostics and biopsies, garments for breast cancer patients, and for equipment.

• Expand nutrition services and social work to Hamilton Mill.

• Increase lung cancer screenings.

• Continue to grow the outpatient palliative care clinic services.

• Establish a safety program to ensure medication adherence and safety for patients prescribed oral chemotherapy with Center for Cancer Care pharmacy, nurse staff and leadership.

• Continue to establish the Patient Care Fund used to provide financial assistance to cancer patients receiving treatment at GMC.

Programs:

• Breast Health Navigators and a Thoracic Nurse Navigator assist patients in securing services throughout the System.

• Oncology social work services assist patients with dealing with the emotional stress that a cancer diagnosis can bring and connecting them to needed resources.

• Thoracic Oncology Program including a multidisciplinary steering committee, lung cancer screening program and Thoracic Oncology Nurse Navigation services.
FY 2019 Implementations Strategy
Gwinnett Medical Center-Duluth

- Women’s Cancer Support Group and Hispanic Women’s Support Group
- Twisted Sisters Yoga for Breast Cancer Survivors
- Patient Care Fund established to provide assistance to patients struggling to afford basic necessities such as food, gas and housing expenses. A steering committee has been developed to oversee the fund in collaboration with the GMC Foundation.
- Outpatient Palliative Care Clinic provides symptom management, emotional and resources support for cancer patients and their families to improve communication between the patient and the healthcare team including open discussions and treatment options.
- Lymphedema Therapy, offered by appointment for excessive edema as a result of cancer treatment through Gwinnett SportsRehab.
- Speech Language Pathology services offered by appointment for voice and swallowing deficits as a result of head and neck cancer.
- Freshstart is an outpatient smoking cessation program created by the American Cancer Society. The program consists of four classes taught by trained facilitators. The goal of the program is to help participants stop smoking by giving them the information and strategies needed to create a personal plan for quitting while in a supportive group environment.
- Smoking cessation information and counseling is offered to hospitalized patients who have expressed a desire to quit smoking. Post discharge follow-up calls are also offered for continuous support and counseling.
- Cancer Rehabilitation, offered by Gwinnett SportsRehab for strengthening range of motion and return to activities of daily living.
- Voluntary participation in the Association of Community Care Centers (ACCC), which is a national program that provides oncology professionals with information and education about clinical trials, reimbursement hotlines and professional organizations through their Website.

Accreditations:

- Voluntary accreditation through American College of Surgeons/Commission on Cancer (ACoS/CoC) provides a best practice programmatic framework and measures our compliance with several standards that represent the full scope of the cancer program – cancer committee leadership, cancer data management, clinical services, research, quality improvement and community outreach.
- Voluntary accreditation through The National Accreditation Program for Breast Centers represents participation in a consortium of national, professional organizations dedicated to the improvement of the quality of care and monitoring of outcomes of patients with diseases of the breast. This mission is pursued through standard-setting, scientific validation, and patient and professional education.
Collaborations:

- American Cancer Society Patient Resource Navigator offered through Oncology Services
- Hudgens Center for the Arts program “The Healing Arts Initiative” designed specifically for cancer patients and their caregiver/support persons
- Women’s Cancer Support Group, Hispanic Women’s Cancer Support Group, offered (monthly) through Oncology Services.
- Lung Cancer Alliance for Center of Excellence
- Cancer Resource Volunteer Program with the American Cancer Society

Programs under Development:

- Increasing the number of clinical trials available to cancer patients and the number of patients enrolled in clinical trials.
- Increasing the number of patients that are placed on Palliative Care while receiving treatment.
- Expanding services in Duluth to accommodate the increasing patient needs.

**Palliative Care Program**

Palliative Care Medicine at Gwinnett Medical Center provides comprehensive and individualized treatment to patients with chronic or serious illness. The Palliative Care team with the patient and family assist to establish individualized goals of care. These goals may include aggressive medical treatment along with relieving the discomfort, symptoms and stress of serious illness; it focuses on the whole person - mind, body, and spirit. It works together with the primary treatment the patient is receiving. The goal is to provide education on chronic diseases and assist patients and their loved ones in establishing Goals of Care, starting conversations about Advanced Directives, and providing symptom management to ease suffering, and improve the patient's quality of life.

Palliative Care is available to a patient at any time during their illness. Its availability does not depend on whether or not the patient's condition can be cured. It provides relief from symptoms including pain, shortness of breath, fatigue, constipation, nausea, problems with sleep, and other physical challenges. It also provides emotional and resource support for the patient and the patient's family, and can improve communication between the patient and the patient's healthcare providers, including open discussions about treatment options. We encourage the patient to invite family and friends involved in the patient's care to the family conference.

A physician or nurse practitioner with specialized training in palliative care is available to all patients admitted to Gwinnett Medical Center or in the Outpatient Palliative Care Clinic located in the Cancer Support Center.
Chaplaincy

Departmental Values:

- All persons are of ultimate worth
- Being human has many expressions, and each expression deserves attention
- Health changes and choices impact the whole fabric of life

Growing out of its values, the GMC Chaplaincy department’s mission is to provide and coordinate quality spiritual care to promote patient care excellence, to foster sensitivity to the diverse needs of GMC customers and to integrate spiritual values and health decisions. The Chaplaincy department staffs 24 hours a day, seven days a week with five staff chaplains, four clinical pastoral education residents (with a one-year commitment) and shorter term clinical pastoral education interns.

Chaplaincy is well-integrated into the life of the hospital as part of various clinical teams, especially in crisis response. Chaplaincy also serves on the Community Health and Wellness Council, Ethics Committee, Associate Benevolence Committee, Cancer Committee, Donation Committee and Palliative Care Committee. In addition, the Chaplaincy Department acts as consultant and assists in the development of policies and procedures in many aspects of the care of GMC’s patients and families. A large part of the Chaplaincy department’s role is also staff support in the stressful healthcare environment, providing a listening ear, counsel and referral, bereavement support and memorial services for associates and families of associates.

In addition to in-house services, the Chaplaincy department has also tried to take to heart the organizational value of service to the community. Chaplains often speak at churches and community organizations on topics including grief, men and grief, end of life issues and crisis management/counseling. Chaplaincy is also sometimes called on by the Gwinnett County Fire Department to assist in Critical Incident Stress debriefings.

Surgical Care/Orthopedic

The scope of care for the Surgical/Orthopedic/Short Stay unit includes nursing processes including assessment, interventions, and evaluation of care given for surgical and medical patients. The unit primarily serves adults, ages 15 plus, but will serve pediatric patients in special circumstances. Care is provided for a vast number of patient types requiring pre- and post-operative care, intravenous therapy, nutritional needs, wound care, hemodialysis, blood glucose monitoring, physical therapy, respiratory therapy, and pain control. Remote telemetry is available on this unit and monitored from the fourth floor Medical/Telemetry Unit staff.

Scope of Patient Care/Service: Surgeries regularly scheduled or overnight stays included: orthopedic, bariatric general, plastics and ENT.
Stroke Program

The Emergency Departments in GMC-Lawrenceville and Duluth, the Center for Neuroscience in Lawrenceville, GMC-Duluth 4th floor telemetry and Glancy Rehabilitation Center comprise the areas for specialized stroke care within our system. These areas are supported by imaging and laboratory services, coordinated care, nutrition, and inpatient rehabilitation therapy.

Since February 2005, both the GMC-Lawrenceville and GMC-Duluth campuses have been certified as Primary Stroke Centers. The Center for Neuroscience leads our System’s efforts in maintaining our voluntary Advanced Primary Stroke Center certification by Joint Commission. The Joint Commission’s Primary Stroke Center Certification program is based on the “Recommendations for Primary Stroke Centers,” published by the Brain Attack Coalition and American Stroke Association statements to evaluate hospitals functioning as Primary Stroke Centers. The elements are surveyed on-site every two years. In addition, interim data is submitted annually, which includes leadership support, processes for timely and appropriate treatment, guideline updates and education to providers, patients and the community as well as performance improvement efforts. Community education is supported through the efforts of the nursing and stroke team members who provide presentations and screenings for at-risk groups.

Programs:

- Advanced Primary Stroke Center certification by Joint Commission.

- Stroke Response Team for the Emergency Department and inpatient care areas in the GMC stroke program includes collaboration with Emergency Medical Services (EMS) in stroke recognition and notification. The Stroke Alert process is initiated in the Emergency Department with the stroke team’s assessment, diagnosis and determination of a patient’s eligibility for thrombolytics. In addition, the MRT Team, Stroke Clinical Nurse Specialist or Neuroscience Supervisor/Charge Nurse responds to in-hospital stroke alerts.

- Stroke Risk Screenings at community health fairs

- Stroke Awareness presentations in the community

- Annual CME Conference: Advances in Neuroscience & Stroke Care

- CME Neuroscience Talks for physicians and clinical professional staff associated with Gwinnett Medical Center

Community Collaborations:

- We partner with Genentech to provide community education materials such as “FAST” cards and magnets, table tents, and posters.

- GMC has partnered with Gwinnett Emergency Medical Services (EMS) and Eastside Medical Center to have EMS activate a stroke alert page when the patient is within six hours of symptom onset or wake-up stroke, draw labs in the field and take the patient directly to CT after quick registration and physician assessment.
• GMC has provided regional PACs access to Grady and WellStar for patients we transfer for neuro-interventional procedures.

Action Plan:

• Maintain Primary Stroke Center certification for both campuses.

• Increase community awareness of stroke symptoms and calling 911 through presentations, stroke booths, stroke screenings, B/P checks, and marketing initiatives.

• Partner with Gwinnett County Emergency Medical Services and Genentech for community awareness FAST magnet campaign.

• Explore Comprehensive Stroke Center capability on the Lawrenceville campus.

Diabetes and Nutrition Education Center

As a hospital subsidized program, the Diabetes & Nutrition Education Center (DNEC) provides outpatient and inpatient services at both the GMC-Lawrenceville and GMC-Duluth campuses.

The DNEC’s staff includes Nurses and Registered Dietitians (RD) who are Certified Diabetes Educators. The RDs hold additional certifications in weight management. Staff rotates between facilities to provide inpatient and outpatient services as need dictates. We currently do not track patient contacts by facility due to lack of access to a system tailored to accurately capture our different patient situations and types. The numbers below reflect combined campuses. Outpatient services include diabetes education through an American Diabetes Association accredited diabetes education program, medical nutrition therapy, weight management, bariatric nutrition, and community classes to promote health in our community. The DNEC also provides the nutrition programming and clinic coverage for the Center for Weight Management. In fiscal year 2018, 7894 community members were provided outpatient diabetes and nutrition education through classes, consultations or community programs.

The DNEC inpatient services support the glycemic management of hospitalized patients through diabetes assessment and education. Our diabetes educators serve as a resource to physicians and nursing staff. In fiscal year 2018, there were two full-time staff assigned to cover inpatients at GMC-Lawrenceville and one full-time staff assigned to cover the inpatient side at GMC-Duluth. Staff assessed and provided diabetes education to 2956 hospitalized patients. The DNEC Director and Diabetes Education Coordinator facilitate the Diabetes Best Practice Team. This ongoing collaboration of physicians and clinicians drives initiatives for optimal inpatient glycemic control, patient outcomes, patient safety and reduced hospital readmissions.

As a resource to the community, the DNEC strives to provide adequate access to and excellence in diabetes and nutrition education that positively impacts lives. The DNEC maintains collaborations with physicians, community groups (e.g., churches, businesses, senior centers, indigent care clinics) and other hospital departments in this pursuit.
Programs:

- Diabetes Self-Management Education: Diabetes education provided by Certified Diabetes Educators in class settings or individual consultations. Program is a recognized American Diabetes Association Diabetes Self-Management Education Program. The program has received over $250,000 in grant money to support education for the underserved.

- Gestational Diabetes Self-Management Education: Education provided by Certified Diabetes Educators in class settings or individual consultations. Program is a recognized American Diabetes Association Diabetes Self-Management Education Program.

- Pre-Diabetes Community Classes offered monthly. Facilitated by a Registered Dietitian/Diabetes Educator

- Insulin pump training: Provided by staff who are Certified Insulin Pump Trainers.

- Medical Nutrition Therapy: Consultations for chronic disease management, and nutrition-related disorders. A registered dietitian tailors a nutrition plan to meet the needs of individuals with high blood pressure, high cholesterol, pregnancy nutrition, eating disorders, obesity, healthy eating and metabolic syndrome.

- Bariatric Nutrition consultations: Nutrition assessments and intervention for pre and post op bariatric surgery patients.

- Weight Management: Individual counseling, with registered dietitians; DNEC Registered Dietitians provide nutrition programming for Center for Weight Management’s bariatric, adolescent and Medical Weight loss with consults, nutrition and cooking classes.

Community Collaborations:

- Intern Program: Provide dietetic internships for UGA and GSU students.

- Participate in annual GMC Primary Care Summit

- Provide resources to members of our community for information on diabetes management, access to diabetes medications, and supplies.

Glancy Rehabilitation Center Inpatient and Outpatient Programs

Glancy Rehabilitation Center is a comprehensive, interdisciplinary treatment program designed to help survivors of stroke, accident or debilitating illness increase their level of functioning and independence. From the day of admission, patients and their families work actively with their experienced rehabilitation team to develop goals and a treatment plan, as well as to project a discharge date and begin discharge planning. We strive to discharge our patients back to the community. Overseen by the medical director who is a physiatrist (a physician board-certified in physical medicine and rehabilitation), our staff provides individualized treatment plans that focus on the patient’s goals. Top diagnoses include: stroke, orthopedic conditions (including lower extremity fractures and spinal surgeries), debilitating conditions, spinal cord injury, brain
injury, amputation and neurological conditions. The program serves adult and geriatric aged patients. At Glancy Rehabilitation Center, treatment is provided by a team of the area’s most experienced rehabilitation professionals.

The inpatient rehabilitation team, led by the physiatrist, includes:

- Case manager/social worker
- Chaplain
- Neuropsychologist
- Nutrition specialist
- Occupational therapist
- Physical therapist
- Rehabilitation nurse
- Respiratory therapist
- Speech-language pathologist
- Therapeutic recreation specialist
- The patient and family

Stroke Rehabilitation Program: Treats brain injuries resulting from a stroke that can affect the senses, behavioral and thought patterns, speech, language, swallowing, and memory. Temporary or long-term paralysis can also occur. Because stroke survivors have complex rehabilitation needs, Glancy Rehabilitation Center offers individualized inpatient and outpatient stroke rehabilitation programs. Our programs combine state-of-the-art therapies and the latest equipment with compassionate care to provide our patients with the best opportunity to achieve their maximum potential and best quality of life.

Support Groups: Stroke, Parkinson’s, Caregiver

Peer Visitor Program: Stroke, Traumatic Brain Injury, Amputee

Resource Room: This room is available to patients and families and offers online access to resources plus printed materials to educate and help with plans for ongoing needs after discharge.

Outpatient Program: this program provides comprehensive outpatient medical rehabilitation for adults and geriatric aged patients with acquired physical, cognitive and psychosocial functional limitations. The overall goal is to maximize potential for independent living. The admission process includes review of referral information about potential persons to be served and an orientation is conducted for each new referral. The assessment and program planning process
results in defined program goals and individualized plans. Goals and plans are discussed with patients and families on a regular basis. The discharge planning process starts before admission and continues throughout the patient’s participation in the program. Appropriate referrals to community resources are made. Input from persons served is incorporated in the program planning process. Services provided: occupational therapy, physical therapy, and speech-language pathology.

Transitional Fitness: this program is geared toward helping the post-rehab patient bridge the gap between therapeutic exercise and physical fitness. Transitional Fitness is ideal for individuals who find a traditional fitness club intimidating and too fast-paced for their needs.

Community Outreach: Glancy Rehabilitation Center participates in a wide range of outreach programs which include the Senior Provider Network meetings for Gwinnett, Forsyth and Atlanta; community health fairs; public schools career days; and numerous festivals and community events.

Gwinnett SportsRehab

Gwinnett SportsRehab provides cost-effective care that will restore strength, mobility and function in order to facilitate a safe return to daily activities. The highly-qualified staff of physical and occupational therapists offers comprehensive assessment and treatment of all types of physical injuries and diagnoses. Specialty programs include orthopedic/sports medicine, lymphedema therapy, amputee rehabilitation, hand therapy, aquatic therapy, arthritis management and oncology rehabilitation. Patients receive an evaluation and customized treatment plan that are designed to address the specific needs of the individual.

Outpatient services at GMC-Duluth are located at 3215 McClure Bridge Rd. and are staffed by physical therapists (PT), a physical therapy assistant (PTA), administrative assistants, and a rehabilitation aide.

The comprehensive assessment and customized treatment plan are designed to address the specific needs of the individual in order to facilitate independent return to daily activities.

Programs:

- Cancer Rehabilitation for strengthening, range of motion and return to activities of daily living.
- Amputee Rehabilitation for those who have lost a limb as a result of diabetes, vascular disease, trauma, tumors, or congenital conditions.
- Physical Therapy for functional deficits resulting from an injury, post-surgical or chronic disease.

Community Collaborations:

Amputee Support Group meets monthly at Gwinnett SportsRehab-Lawrenceville. It is conducted collaboratively by a physical therapist and a local prosthetic/orthotic company.
The Center for Weight Management at Gwinnett Medical Center-Lawrenceville and Duluth provides outpatient and inpatient services to those suffering from the disease of obesity. We currently perform weight loss operations to include, sleeve gastrectomy, gastric bypass, Duodenal Switch, and revisions. Additionally, we have added a non-surgical weight loss option using the FDA approved ORBERA Gastric Balloon. In 2015, the Center added an adolescent bariatric surgery program and received its accreditation as a Comprehensive Center with Adolescent Qualification through the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program. The Adolescent program is one of three in the state of Georgia.

The Adolescent surgery program has oversight by Dr. James Lin, a Pediatric Medical advisor; Drs. Richard and del Mazo, bariatric surgeons; Dr. Megan Ratcliffe, Ph.D., a Pediatric/Adolescent Behavioral Health Advisor; Rajalakshmi Nelluvai Parameswaran, LPC, a Behavioral Health Coordinator; and Debra Proulx, RN, BHS, MBA, is the Director of Bariatric Services. Additional team members consist of dietitians, exercise specialists, financial coordinators, nurses and office coordinators.

For those patients who do not qualify for surgery or would like to pursue a non-surgical weight loss option, we offer a physician supervised medical weight loss program with board certified bariatrician, Neelima Dachuri, M.D. Recognizing that weight loss/maintenance is a lifelong journey, we offer a comprehensive support program called the Aftercare Success Program™ which helps patients change behaviors and develop lifestyle habits that promote long-term weight loss. As a result of our commitment to patient success, we have witnessed outstanding patient outcomes.

In October of 2018, we became the second program in Northeast Georgia to offer an adolescent/teen medical weight loss program for children age 11-17. This multidisciplinary program is led by a board certified pediatrician Dr. James Lin. Children and families participate in the Wellness180 program monthly for 6 months to learn healthier behaviors and nutrition habits.

The Center employs 13 full-time employees, 3 part-time employees and 2 prn employees to assist with the management of the surgical and medical weight loss clinic, insurance process and the aftercare program. The Center has also expanded its practice location to the Lawrenceville campus of Gwinnett Medical Center, offering clinic hours two afternoons per week. In fiscal year 2018, the program assisted 380 patients improve their health through surgical intervention. The program consistently manages an average of 195 patients through different phases of the surgical preparation process. The adult medical weight management program averages 100 patients in a 16 week plus program and 16 patient “crew” visits monthly in the Wellness180 program. The demand for this program is significant. As a resource to the community, the Center for Weight Management strives to promote the highest quality of pre- and post-op services and offers a uniquely comprehensive support program for patients seeking weight loss.

The Center maintains partnerships with physicians, businesses, community groups (e.g., churches) and other hospital departments in this pursuit. The Center maintains national accreditation with the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program. Additionally, we have been granted the following quality designations: Aetna Institute of Quality, Cigna Center of Excellence for Bariatric Surgery, Blue Distinction Center for Bariatric Surgery (BC/BS), and Optum Center of Excellence (quality program through United Healthcare). The Center has been voted “Best of Gwinnett” four years in a row.
Goals first quarter of 2020 would include the expansion of adult medical weight loss program to the Lawrenceville campus and launching of the new Telehealth program. Goal for second quarter of 2020 is to launch the Corporate Medical Weight Loss Program delivered onsite at the corporate location. The Center also plans to expand their support services by adding Webinars to deliver additional educational opportunities for patients in all the weight loss programs.

Scope of Patient Care/Service: The scope of care for this program includes the surgical and nonsurgical care of adolescents and adults who suffer from obesity or morbid obesity. The program serves adolescents 11 to 17 and adults, ages 18 to 65 plus. Surgical care provided consists of gastric bypass, sleeve gastrectomy, Duodenal Switch, revisional surgery or other surgical options that result in long term weight loss. Inpatient or outpatient hospital care is provided by highly qualified staff on the fifth floor of GMC-Duluth. Pre-op and post-op care is also provided in the clinic setting on an outpatient basis. Post-operative classes are performed by the Registered Nurse prior to discharge from the hospital. The program offers a comprehensive support program which consists of life coaching classes, cooking classes, therapeutic group classes, and support group meetings. These classes/groups occur on select evenings and weekends.

Nutrition Services

GMC’s Nutrition Services provides basic food service to all hospitalized patients, according to their dietary and medical needs. The department provides services to GMC-Duluth as well as Glancy Rehab Center. Medical nutrition therapy is provided to certain individuals as deemed appropriate by a registered dietitian. The dietitian monitors patients’ intake, analyzes the intake and other conditions and then adds appropriate supplements or therapy to maximize nutrition. Nutrition education is provided for disease management on an individualized, personalized basis for hospitalized patients. Education is also provided for drug/nutrient interactions. There are 1.5 FTE Registered Dietitians’ for GMC-Duluth, including Glancy Rehab Center.

Office of Research

Mission: The Gwinnett Hospital System (GHS) Office of Research (OOR) works with hospital leadership to provide input and direction for clinical research programs conducted within GHS. The OOR is charged with (1) helping to create and sustain a compliant research culture within the health system in order to enhance the medical options for the community that the hospital serves; (2) to help provide generalizable knowledge to improve the health of the community through research; (3) to oversee the potential risks to patients associated with research conducted within the hospital system; (4) to provide a forum for the resolution of areas of conflict for administration, research teams and hospital service lines; and (5) to assess the clinical and non-clinical capabilities of the organization and its ability to assume specific research projects.

Description of Services: The Office of Research (OOR) provides research administrative and operations services to Gwinnett Medical Center-Lawrenceville and Gwinnett Medical Center-Duluth. Research services are also provided at the Snellville and Hamilton Mill offices of the Center for Cancer Care. The OOR was formed in December of 2012 and currently oversees research in oncology and graduate medical education (GME). The OOR is staffed with five Full-Time Equivalents (FTEs) with positions represented in research nursing and research coordination. Functions covered by these positions include, clinical management, research operations, regulatory affairs, quality assurance, and financial coordination.
Current Research: Currently, the Office of Research (OOR) oversees government-sponsored, non-profit, academic and industry-sponsored clinical research. Since fiscal year 2016, the OOR has been involved in National Cancer Institute (NCI) research through its affiliation with the Duke Cancer Network. Access to these research opportunities result in improved health outcomes otherwise not available to patients through standard of care or routine options in their own community.

Community Engagement through Research: Through our research programs, the Office of Research (OOR) offers the Gwinnett community, which supports a highly diverse ethnic population, access to innovative medical options. In addition to these research options, the OOR also engages the local Gwinnett medical community with educational opportunities geared towards the advancement of research knowledge and practice. Through these educational programs, local physicians and their staff are able to bring back to their patients options for medical treatment beyond what would routinely be available.

Goals for Fiscal Year 2020: The primary goal of the Office of Research (OOR) for fiscal year 2020 is to expand our offering of oncology therapeutic treatment trials. Augmenting our current menu of clinical research offerings will provide our clinicians with more treatment options to discuss with their patients diagnosed with cancer. We are currently expanding our study sponsorship pool by requesting membership into additional cooperative groups beyond the National Cancer Institute (NCI) ALLIANCE cooperative group in an effort to gain access to more phase 2 – 3 industry-sponsored treatment trials in a variety of cancer types, such as breast, lung, colon, head and neck, etc.

The Outpatient Center at GMC-Duluth

The Outpatient Center at GMC-Duluth performs outpatient surgical procedures: orthopedic, hand, eye, ENT, plastic, general, GYN, and oral. Patients are evaluated by an anesthesiologist and assigned an ASA classification to determine outpatient or inpatient status with the exception of local procedures.

Scope of Patient Care/Service: Duluth Outpatient Center includes scope and complexity of patient care needs, special services provided and accommodates outpatient surgical procedures done in a freestanding center.

Department Staff/Structure: Operating room staff consists of an Outpatient Surgery Director who is responsible for overall administrative, fiscal and clinical aspects. The Operating Shift Supervisor is responsible for clinical operation of surgery. Each operating room is assigned one circulating RN, one Surgical Technologist or one RN assigned to scrub role. Assignments will be made by the Shift Supervisor or Charge RN. Resource Nurses are responsible for specialty services. Assignment will reflect the patient’s needs, the technology used, the degree of supervision needed by the individual and demonstrated competencies. Assignments are to follow practices outlined in safety, nursing, outpatient surgery, infection prevention and control policies and in job descriptions.
Endoscopy

The Center for Gastrointestinal and Pulmonary Endoscopy is available for outpatients, inpatients, and Emergency room patients. Procedures can also be done in the operating room, intensive care units, or on the patient floors. Procedures for the ICU patients are performed in the ICU unless the patient has written orders to be transferred to the floor. Procedures are scheduled with the Surgical Scheduling for scheduled cases or the Shift Supervisor at Duluth Outpatient Center Endoscopy for add-on cases. On-call cases are scheduled with the Patient Services Coordinators at Gwinnett Medical Center-Duluth. A call team of a nurse and a specialty tech are available after business hours Monday through Friday 3PM-7AM and 24hrs/day on weekends and holidays.

Scope of Patient Care/Service: Endoscopy services consist of two procedure rooms. Therapeutic and diagnostic procedures such as Colonoscopy, Esophagogastrroduodenoscopy, Bronchoscopy, and Endoscopic Retrograde Chlonagiopancreatography and performed in these two rooms.

Center for Screening Mammograms

Scope of Patient Care/Service: The Center for Screening Mammograms provides screening mammography and bone densitometry. The procedures include, but are not limited to: Screening Mammography and Bone Densitometry.

Center for Women’s Diagnostic Imaging

Scope of Patient Care/Service: The Center for Women’s Diagnostic Imaging provides Breast Ultrasound and Diagnostic Mammography services that may appropriately be performed on an outpatient basis, as well as inpatient. The procedures include, but are not limited to: Breast Ultrasounds, Diagnostic and Callback Mammography, Breast Needle Localizations, Stereotactic and Ultrasound Cores, Breast Aspirations, and Radioactive Isotope injection for Sentinel node localizations. The center is located in the Outpatient Center at GMC-D.

Scope of Patient Care/Service: The Outpatient Center at GMC-Duluth Ultrasound department accommodates outpatients for diagnostic and interventional exams requiring ultrasound imaging. The procedures include, but are not limited to: abdominal, obstetrical and gynecologic, urinary tract, thyroid, scrotum, prostate and vascular studies.

Computed Tomography (CT ) Scan

Scope of Patient Care/Service: The Outpatient Center at GMC-Duluth accommodates outpatients for diagnostic, routine and interventional CT exams. The procedures include, but are not limited to: UGIs, BEs, IVPs, cystoscopy, special procedures, chest, extremities, sinus, spines and abdomen x-rays.

Learning Resources

The Learning Resources (LR) department coordinates the majority of health professional educational training for both the Lawrenceville and Duluth hospitals and its facilities, while physician education is managed by the Graduate Medical Education Office.
LR’s mission is to grow excellence in our associates and future healthcare workforce, which we refer to as our healthcare pipeline. This year 1,475 students participated in professional training. On the Lawrenceville campus 1,251 students were trained and 224 students trained on the Duluth campus in fiscal year 2018. In addition we placed 312 student observations, 264 in Lawrenceville and 48 in Duluth.

The healthcare specialty areas trained on the Lawrenceville campus in fiscal year 2018 were: corporate counsel, dietitians, emergency medical technicians, exercise and health science, health administration, health information management, invasive and non-invasive cardiology technicians, pharmacists, radiology technicians, ultrasound technologists, nuclear medicine technologists, advanced practice practitioner students, rehabilitation therapists (including cardiac, physical therapy, occupational therapy and speech therapy), respiratory therapists, neurodiagnostics, surgical technicians, and registered nursing: (undergraduate and graduate), doctorate nurse practitioner and nursing specialty areas including nursing informatics and wound ostomy. Both a high school and college certified nursing assistant program were trained. Also trained were high school students in sports medicine and in county gifted programs.

On the Duluth campus, the healthcare specialty areas trained in fiscal year 2018 included the following: emergency medical technicians, pharmacists, rehabilitation therapists (including physical, occupational and speech), radiology technicians, respiratory therapists, ultrasound technologists, registered nursing (undergraduate and graduate), advanced practice practitioner students, and surgical technicians. Also trained were high school students in sports medicine and in county gifted programs.

Our organization is presently affiliated with many academic institutions for both undergraduate and graduate level students. The following lists many of the affiliations in place: Augusta University, Philadelphia College of Osteopathic Medicine, Gwinnett Technical College, Georgia Gwinnett College, Georgia College and State University, Emory University, Mercer University, Brenau University, Georgia State University and Georgia State University – Perimeter College, University of Georgia, Kennesaw State University, University of North Georgia, Valdosta State University, University of West Georgia, University of South Alabama, University of Alabama – Birmingham and Tuscaloosa, Piedmont College, Athens Technical College, Lanier Technical College, Chattahoochee State, Georgia Southern University, DeVry University, University of Indiana, South University, Georgia Northwestern Technical College, Georgia Southwestern State University, Gonzaga University, Gordon State University, Gwinnett County Fire Academy, Georgia Perimeter College, Cambridge Institute of Allied Health Professions, Truett-McConnell College, Chamberlain College of Nursing, Benedictine University, Iowa State, LaGrange College, Nova Southeastern University, Vanderbilt University, Walden University, Gwinnett County Public Schools - Quest Intern program and Grayson High School Sports Medicine, and Maxwell High School of Technology, and in Fulton County, the Fulton County Public Schools’ gifted program.

Learning Resources supports a number of healthcare academy high schools. These are high schools that configure their curriculum to help students explore a variety of college and career options within healthcare. Duluth supports Fulton County’s gifted student program for high school students interested in observing healthcare workers in action; a sports medicine program and the Medical Explorers Program which introduces students to healthcare experts who speak to them on their specific healthcare career and provide a tour of the careers healthcare area.
within the hospital. In addition, Learning Resources also provides high school healthcare career support as a contact point for guest speakers, host to an annual teacher job shadowing event, and participate as mock interviewers and representation at the annual Career Connections event for middle schoolers at the Infinite Energy Center.

Our system also provides numerous observation experiences for students and lay people to observe in their area of healthcare interest. Over 300 post-secondary individual observations were facilitated for those adults exploring future healthcare careers and those in programs requiring observational hours on our Lawrenceville campus. The Duluth campus provided 48 such observations and Lawrenceville campus 264 observations. These observations embrace both pre-nursing and nursing students; students who must observe as a requirement to apply to a particular healthcare program such as radiology, physical therapy, or anesthesiology assistant school; pre-med students; persons pondering a healthcare career; and students participating in our high school programs.

The Learning Resources department is the gatekeeper for all students, with the exception of medical students, promoting quality patient care and safety while affording the student excellence in learning experiences. Within this endeavor, LR assures all the academic institutions’ students interacting with our patients and customers have a current affiliation agreement in place between their academic institution and GMC as appropriate. LR also assures the student has a clear background check and drug screen, flu shot documentation or waiver, completes a comprehensive online orientation to Gwinnett Medical Center, and receives a GMC Student ID badge. LR manages GMC required documentation, tracking and data management of the paperwork, credentialing of nursing instructors who will supervise students on-site and any instructors who will visit their students on-site. In addition, individuals who observe/shadow complete a thorough online orientation to confidentiality and privacy requirements, provide validation they are free of a communicable disease (for the aforementioned students this is covered in the affiliation agreement), sign an agreement to do no hands-on care, and wear a badge identifying them as an observer with their name and date(s) of observation they are to be on-site. An annual affiliation meeting is held in spring for our affiliates to review and update them on our processes and requirements and offers a collaborative dialogue exchange.

Additional contributions to our student affiliations are ongoing. LR is a member of the Brenau Nursing Advisory Board, Gwinnett Technical College Advisory Board (for both Nursing and EMS), Gwinnett County Fire Advisory Committee, Georgia Gwinnett College Advisory Board, University of North Georgia Advisory Board, Georgia Baptist of Mercer University Advisory Committee (Community of Interest), Georgia State University-Perimeter College Advisory Board and the following high school healthcare advisory boards: Maxwell High School, Central Gwinnett High School and Shiloh High School. This day-to-day ongoing interaction with the affiliates’ representatives and students supports a quality and dynamic nurturing of our healthcare pipeline.

In alignment with our mission of excellence in education, our goal is to continue the oversight, facilitation, implementation and evaluation of student experiences. We exist to be the resource and support of quality student experiences, diligently protecting our patients and customers through our processes.
Graduate Medical Education (GME) Program

GMC has residency training programs in Family Medicine, Internal Medicine, Transitional year and a Sports Medicine Fellowship Training Program. These programs are accredited by the Accreditation Council for Graduate Medical Education (ACGME) and or Family Medicine Program holds additional Osteopathic Recognition accreditation endorsed by the American Osteopathic Association (AOA). Our institution and all of our residency programs have received Continued Accreditation from the ACGME. Our Family Medicine Program, a three year training program, started in 2013 and has graduated five residents per year since June of 2017. The Strickland Family Medicine Center (SFMC) serves as the major outpatient training site for these Family Medicine residents and is the main outpatient care setting for them and their patients. Our Internal Medicine Program recruited its first class in July of 2015 and has now expanded to fifteen residents per year. They have graduated eleven residents since their inception. The internal medicine office practice, Academic Internal Medicine Partners or AIMP is next door to the SFMC and serves Preoperative Internal Medicine and Transitional care patients as well as primary care Internal Medicine. The Transitional Year program is a one year program that began in 2016 and it prepares learners for their future residency programs, ophthalmology, dermatology, radiology, and anesthesia, to name a few.

GMC-Duluth serves as the major Family Medicine teaching site and GMC-Lawrenceville serves as the major Internal Medicine inpatient teaching site. The Transitional Year Residency Program trainees rotate to both sites over the course of their year of training.

GMC’s goal is to train primary care providers in our community setting; it is a well-known fact that many studies have shown success in keeping physicians who train in a community setting in or near the communities in which they have trained. Once established, there will likely be further opportunities to add more specialties and subspecialties as time progresses. We are proud to say that over 80% of ALL of our graduates have been retained in the state of GA and or have committed to returning after their fellowship training, the ultimate goal of our programs.

Further, development of a formal physician educational section and teaching structure in the GMC system has greatly assisted current teaching faculty, as well as those interested in participating with resident and student teaching, by providing oversight of curriculum and predictability of student and resident rotations.

The continued effort of building graduate residency programs will require all of us, at all levels of experience, and all areas of expertise to be actively involved. The newest requirements for teaching programs put forward by the ACGME include multidisciplinary educational teams, the introduction and use of research techniques, and the presentation and use of quality and patient safety data and indicators. They also rely heavily on nursing, allied health and administration for participation in the process.

Since many issues and needs have already been given and continue to need to be given attention. GMC administration and the GME section have addressed and will continue to be focusing in the following major issues:

- Efforts to add further faculty and personnel needs to address staffing the GME clinical space and future faculty needs in both specialties are ongoing. Work continues to secure community offices and potential practice sites for both primary care and required specialty rotation.
• Work continues with the GMG Physicians Group to develop and secure inpatient rotations as required for both training specialties.

• Partner with local and regional medical schools and other educational institutions to develop these programs and layer in student rotations.

• Explore the possibilities and potential of adding other residency Training Programs and Fellowship Programs.

• Enlist the support and teaching expertise in our community in ALL other healthcare and allied healthcare professionals as most all of the new training curricula include a requirement of a multidisciplinary approach and the incorporation of research technique and quality indicator usage.

Physician Liaison

Physician Liaisons are responsible for developing and executing strategies and tactics to achieve business objectives, as well as providing feedback on physician requests by establishing relationships with physicians and their office staff. They are also responsible for the overall hospital and maintenance of effective relationships between hospital services and physicians and physician office staff in the community. They gather and disseminate information and perform growth and retention activities such as site visits, presentations, exhibit staffing, networking, one-on-one meetings and attending special functions. Finally, they report back concerns, issues and compliments to the appropriate operational personnel for the purposes of recognition or service improvement to the physician and physician office.

Physician Services

Physician Services department conducts a triennial physician community needs assessment to identify physician shortages in primary and specialty care areas. GMC recruits community physicians through income guarantees, employment, relocation assistance, signing bonuses and recruiter fee assistance.

The Physician Informatics team is based out of the Medical Staff Office and is designed to focus on the information technology education and support for our credentialed medical staff. The team works closely with the IT system analyst teams and individual medical staff members to design and document provider workflows within the electronic environment.

The team is responsible for new medical staff orientation including hands-on training for provider related IT systems insuring access to the systems is accurate, complete and functional (including remote access from office, home or mobile device). The team provides “at the elbow” support during new system implementations as well as on-going assistance to use the hospital’s computerized provider order entry, secure email and texting application, the emergency department’s electronic medical record and voice recognition system, the electronic cardiac monitoring system, and other clinical documentation systems utilized by various hospital departments that interface with providers.
GMC conducted it over a three month period with final report out March 2018. Our Service Area is the 31 zip codes that surround Lawrenceville, Georgia.

We looked at the Physician supply:

- Physician Ages in the service area
- GHS Physician Ages

We conducted interviews with physicians in primary care and specialty areas:

- Questioned what are their thoughts on top recruitment priorities
- Where they refer to
- What specialties are strong
- What specialties are weak
- Are they actively recruiting in their practice?

And we conducted Focus Groups:

- Associate leadership
- Women’s Advisory Council
- Community Coalition Members

We defined the Physician needs based on the above information and data. We then calculated the physician surplus and deficit and set recruitment Priorities & Plan.

**Coordinated Care Department**

The mission and vision of the Coordinated Care department is to provide services to improve the effectiveness and efficiency of healthcare delivery in order to facilitate optimal patient outcomes. Associates facilitate the coordination of patient services in order to provide quality healthcare within a reasonable time frame and with efficient and appropriate utilization of resources. Services include case management/utilization management and social work services. In fiscal year 2016, the Coordinated Care department had 54 associates including: registered nurse case managers (CM) and social workers (SW) who hold either a BSW, MSW or licensed masters (LMSW) and some maintain certification as a certified case manager (CCM) or an Accredited Case Manager (ACM). The associates interacted with 105,439 cases at GMC-Lawrenceville and 13,429 cases at Gwinnett Women’s Pavilion.

Case managers and social workers assess patients based on a high-risk screening tool and complete clinical reviews on all patients for better continuity of patient care.
Case managers provide education for physicians and guidance to the multi-disciplinary team caring for patients. Case managers review for medical necessity, certify admissions, evaluate patient progress and length of stay issues as well as facilitate transition planning.

Social workers assess for psychological and financial patient needs and implement transition planning, including nursing home placement, hospice, homeless shelters and personal care homes. They are also involved with complex patient transitions whereby they provide counseling; resources for transportation (domestic and international); and referrals for rent, housing, food, clothing, medication assistance programs and vocational rehabilitation. Social workers provide conflict resolution, grief and bereavement support, domestic violence support and assist patients in locating appropriate resources through referrals and community contacts. Social workers and case managers also provide community support through referrals to resources and information to those that are not patients.

The department provides patient’s access to a case manager and social worker at GMC-Duluth Monday through Friday, from 8:30AM-5:00PM, and provides on-call staff from 6:00PM-10:00PM. Saturday and Sunday; we have discharge coverage from 9:00AM-5:30PM, and provide on-call staff from 6:00PM-10:00PM.

Coordinated Care and the Emergency Department offer a collaborative outreach resource to those customers who frequently utilize the emergency room. ED/POC – “plan of care” offers monitoring by social workers to assist patients with connecting to a PCP, community clinics and/or neighboring resources.

Upon request, our department provides information sessions regarding hospital admissions to independent, assisted living and other senior organizations. The information sessions provide an overview on how our department interfaces with patient and families to plan for their discharge. It also provides information on Medicare inpatient versus observation status and nursing home information.

Goals for fiscal year 2017:

- Continue to provide in-home IV infusion services through various providers in the community
- Continue to provide home health services via provider rotation
- Maintain education provision for difficult end stage renal disease (ESRD) placements via our new relationship with Fresenius Medical Care’s (FMC) Renal In-patient Case Manager (RICM).
- Continue providing utilization management and discharge planning to inpatient customers
- Continue outreach into the community via ED/POCs and information sessions
- Provide continuum of care via GMC’s “Care Transition Coordinator”
- Provide specialized supportive CM/SW service for the Open Heart Center
• Collaborative support to Gwinnett Medical Center’s Physician-driven Palliative Program

• Continue partnership with local nursing homes, hospice companies and personal care home providers to assist in addressing readmissions

• Maintain monthly Round Table discussions with community partners to enhance the continuum of care.

Programs:

• FMC/RICM Education: provide education and outpatient placement for patients with End Stage Renal Disease (ESRD)

• Prescription Assistance program: provides assistance to indigent patients in need of medications at discharge

• Transportation program: arranges transportation for patients at discharge for patients via taxi or bus vouchers

• Supportive Community Care: provide arrangements for indigent or underinsured patients, no longer requiring hospitalization, but has a need for continued medical monitoring (i.e. Personal Care Home Placement or Extended Hotel Accommodations)

Community Collaborations:

• Medication Management: via agreements with IV Infusions Companies

• GMC’s Care Transition Coordinators (CTC) work collaboratively with population health clinicians to provide outreach to congestive heart failure and chronic obstructive pulmonary disease patients at risk for re-admission.

• Community Clinic referrals: contact information is provided for community clinics for uninsured and underinsured patients

• Complex/Team Lead Social Work role was established in October 2015 to manage complex length of stay patients, with a focus of minimizing length of stay.

Patient Representatives

The Patient Representatives department plays an important role as a liaison between the patient, family members and our healthcare team. The services provided include assistance with foreign and sign language interpretation, adaptive equipment and a system-wide grievance complaint process, allowing the clinical staff to devote their time to patient care. The Patient Representatives staff also provides information and education to patients who wish to complete an Advance Directive or update an existing one.

Patient Representatives have a dual role as a healthcare interpreter which is an important part of the services we provide to our non-English-speaking patients and their families to
ensure accurate and effective communication between our patients and staff. The Patient Representatives department has many representatives who are bilingual (Spanish and Korean). Below are some additional duties provided by the Patient Representatives department:

- Ensure compliance with regulatory standards and hospital services
- Perform a variety of interpretation and minor translations to ensure non-English-speaking patients receive appropriate care within the hospital system
- Maintain accurate daily records on all requests for service
- Promote patient’s satisfaction related to GMC services; notify department manager of problematic issues
- Provide patients and families with Advance Directive information
- Document patient concern information into the Risk Pro database
- Encourage communication between the patient and the healthcare team
- Inform patients of their rights and responsibilities
- Promote patient privacy and confidentiality
- Address and resolve patient/visitor concerns in a timely manner
- Document information and forward to the appropriate department head
- Visit all admitted patients
- Communicate with the Medical Examiner Office and Organ procurement agency, as required
- Provide and assist patients in using Adaptive equipment
- Notify family of trauma or critical patients when appropriate

**Faith Community Nursing**

Faith Community Nursing has contributed to the health of Gwinnett County communities for 20 years. Research has shown that people who are healthy in their spiritual and emotional life are better able to cope and become healthier in their physical bodies. Gwinnett Medical Center’s (GMC) Faith Community Nursing program encourages faith communities to implement health and wellness ministries within their congregations through training, supervising and supporting faith community nurses to promote whole person health. Faith Community Nursing is a recognized by the American Nurses Association as a specialty practice of nursing and GMC administers the Westberg Institute Foundations in Faith Community Nursing course biannually. The Foundations course is an important component of educational preparation for registered nurses in this field of specialized nursing practice.
Faith community nurses function as advocates, case managers, personal health counselors, educators and as coordinators of volunteers for creative programming to improve the health of community members. Programming varies in each faith community because each faith community is unique in their health needs. The faith community nurse assesses the faith community and develops programming that is tailored to those identified health needs.

During the past year, the Faith Community Nursing sites associated with Gwinnett Medical Center-Duluth made more than 1403 contacts in the community. Examples of these services include education and awareness programs, support groups, and, hospital, home and nursing home visitation. Relationships with area faith communities are a key link in providing health outreach and last year the Faith Community Nurses collaborated with more than 250 service agencies.

The Faith Community Nursing department includes a manager, a half-time registered nurse education coordinator, a half-time administrative assistant, and 14 registered nurses, whose positions are affiliated with GMC. The department is also home for the precedent-setting Faith Community Network Nurse Navigator.

Goals for fiscal year 2019:

- To integrate the work of the faith community nurses with the Healthy People 2020 goals and the hospital strategic goals for improving the health of our community
- To assist nurses in planning ways to address the current health challenges in our community
- To provide training to additional registered nurses through the Westberg Institute Foundations in Faith Community Nursing curriculum to enable them to provide a health ministry within their faith communities
- To provide outreach community-based education to clergy and faith communities to raise awareness of the power of the health system/faith community partnership in impacting the health of our community.
- To support the continued growth of the GMC Faith Community Network in both traditional faith communities as well as faith-based communities

Programs:

- Cancer Support Groups: support groups for victims of cancer and their families
- Emotional and Mental Health Programs: provide education and support for persons with conditions such as depression and abuse
- Grief and Bereavement Support Groups: groups for persons suffering grief from bereavement or other losses
- Additional Support programs for individuals and families: these groups are for persons needing support from situations of substance abuse, family violence, divorce, etc.
• Healthy Living: education and support programs which teach healthy eating, nutrition, and exercise such as Believercise, Tai Chi, and First Place Health,

• Parenting Skills & Issues: an educational program to assist parents in developing new or better skills in caring for their children.

• Healthy Aging: programs designed to help aging adults and their caregivers maintain safe and healthy practices, such as protecting against falls and other safety tips.

• Health Screenings: such as blood pressure screening, cholesterol, cancer, etc. are provided to persons in the faith community and during special events called health fairs.

• Cancer Awareness: in partnership with the GMC Cancer Institute, bring educational programs, screenings, and exhibits designed to alert persons to the warning signs of cancer such as skin cancer, colo-rectal, etc.

• Partnering with the Gwinnett Public School (GPS)System has been effective in bringing free tutoring services and a light meal (through a grant) to children identified by GPS as homeless.

Community Collaboration:

• Norcross Cooperative Ministries to provide medical referral and continued medical follow-up for those under-served/under-funded with chronic conditions; through grants and donation of professional services such as dentistry; Norcross Cooperative Ministries currently works closely with Good Samaritan to provide medical services to the underserved/underfunded which is supported by the funding from numerous grants.

• Gwinnett County Emergency Management: working with Gwinnett County Functional Need Support Services Resources Committee to facilitate the cultivation of relationships between the county and the faith community as related to emergency preparedness.

Faith Community Network

Gwinnett Medical Center (GMC) developed the Faith Community Network, which consists of a covenant partnership between Gwinnett Medical Center and faith communities in the Gwinnett County area, with the goal to build a healthier community. Through this Network a human bridge is created to connect the healthcare system with the community. The primary connection is between a hospital-based Faith Community nurse navigator [GMC] and a designated Network liaison [within the faith community].

Through the partnership covenant, roles and responsibilities of both Gwinnett Medical Center and senior clergy of the faith communities are defined. The Network liaisons are trained by the GMC Faith Community nurse Network Navigator to establish a health and wellness ministry in their respective faith communities as a part of the covenant agreement. A connection is established between the GMC Navigator and the Network liaison as well as the faith community. Membership in the Faith Community Network is voluntary and each faith community member may choose to enroll. Enrollment in the Network allows the Navigator to be informed whenever a member accesses
hospital services. This in turn allows the nurse Navigator to become part of the member’s care team while hospitalized as well as activates the coordination of the hospital and faith community resources [through the Network liaison] to facilitate the return of the member to optimal health.

The Faith Community Network benefits the members of the faith community through access to health and wellness support such as educational and preventative medicine programs addressing nutrition, physical activity, tobacco use, chronic disease prevention, health fairs, guest speakers, advocacy and a network of aftercare support following an illness or treatment of a medical condition. The Faith Community Network benefits the individual by facilitating the provision of efficient and appropriate care progressing toward a return to optimal health. Members of vulnerable populations and diverse cultures (languages) benefit by being connected to a program that will help them navigate the complexities of the healthcare system and increase their participation in healthy living practices. The healthcare system as a whole and society in general benefit from the decreased utilization of resources and costs associated with healthcare and hospital admissions.

Implementation Update: Since last year’s report, GMC has established covenant partnerships with sixteen faith communities. These churches are Christ the Lord Lutheran Church, Lawrenceville First United Methodist Church, Lawrenceville First Baptist Church, Hamilton Mill United Methodist Church, Holy Cross Anglican Church, Presbyterian Church of the Redeemer, Hopewell Missionary Baptist, Berean Christian Church, Salem Missionary Baptist Church, Faith Community Church, Amazing Grace Lutheran Church, Lawrenceville First Christian Church, Bethesda International and Missionary Church, New Jerusalem Baptist Church, McKendree United Methodist and Perimeter Church- Duluth/Lawrenceville parish. There are four churches that we are in the process of discussing the Network program with the possibility of adding them as members. These churches are St. Lawrence Catholic Church, Snellville First Baptist Church, Simpsonwood United Methodist Church and Good Shepherd Presbyterian Church. We are also networking with the pastor in charge of Presbyterian churches in the Gwinnett area through the Greater Presbytery of Atlanta to disseminate information about the Faith Community Network. In addition, we are working to bring the Faith Community Network to faith-based businesses such as Brookdale Independent Living and Peachtree Christian Health Adult Day Program.

There are presently over 2,000 members of the Network from our community. Network liaisons from each of the faith communities have been trained and have established wellness ministries and have implemented wellness programming at their places of worship. Examples of programs that have been started are a class on Advance Directives and on-going grief and caregiver support groups. There have been 277 member encounters (actual hospitalizations) since the Network inception and each has received follow-up care through the Network liaisons and appropriate care teams from their respective faith communities. The mean age of hospitalized Network members is 75.5 and all are a part of a vulnerable population. In July 2014, the Network liaisons began reporting member contacts monthly, which include hospital visits, home visits, phone contacts, meals delivered and transportation provided. They also report the number of contacts made through health promotion programming and health screenings. The combined total contacts were 17,229 for all Network churches, July 1, 2017 through June 30th, 2018 [FY 2018]. The Faith Community Network nurse navigator collects data on hospital visits, in-patient counseling, pastoral care, patient education, community building, community support, professional education and referrals to hospital and community resources. The combined total number of contacts made by the nurse navigator was 1,773 July 1, 2017-June 30th, 2018 [FY 2018].
Sports Medicine Program

GMC’s Sports Medicine Program was established with the goal of improving the level of care and access to care provided to athletes in Gwinnett County. The program has implemented a county-wide concussion testing program called ImPACT. This initiative provided neuro-cognitive baseline testing for 21 county high schools, three private schools, one local college, 27 county middle school basketball and cheerleading teams, local recreational soccer leagues, local recreational ice and roller hockey leagues the local youth football association, local police/fire departments and adult recreation leagues. This concussion program touched every high school football, basketball and soccer player as well as a large quantity of youth athletes in the county. More than 50,000 baseline tests were provided since 2010.

Through the program, GMC collaborates with all of the county high schools in Gwinnett County and provides full-time certified athletic trainers to 16 high schools in Gwinnett County (13 public and three private) in addition to one high school in a surrounding county. To ensure comprehensive and quality care of our community, 14 of those 17 high schools are provided two athletic trainers due to the large and continuously growing population of athletes. This ensures comprehensive and quality care.

In fiscal year 2018, our certified athletic trainers provided direct on-site care in approximately 62,000 encounters, resulting in more than 1.4 million contacts for the year. The program has over seven million program contacts since 2005.

GMC’s Sports Medicine Support department includes approximately 66 certified athletic trainers (38 full-time and the remaining staff are provided as needed). Under the direction of the Sports Medicine Committee physicians, the athletic trainers are responsible for the care of local injured athletes, from adolescents to geriatrics, at community sporting events. The athletic trainers assess, educate, instruct and treat athletes with movement dysfunction, emergency injuries or physical disabilities, both acute and chronic. The athletic trainers administer immediate, on-site medical care and are developing an on-going plan of care based on the nature of the injury, including but not limited to: complete on-site injury rehabilitation, post-surgical care, strength and conditioning and individualized at home exercise programs.

Goals for fiscal year 2019:

• Continue providing coverage in 17 local high schools with a goal of adding at least one Certified Athletic Trainer to each of the six county high schools we currently do not provide coverage.

• Promote SAFE schools as selected by our athletic training governing Board of Certification

• Monitor/Improve use of the county-wide concussion program.

• Successfully maintain a county-wide heat illness prevention program/policy.

• Maintain and improve an injury tracking surveillance program to improve delivery of services.

• Provide a High School Symposium to educate local high school students.
• Provide Gwinnett Football League parent education events.
• Provide physician education and grow needed awareness through CME offerings.
• Provide one large CPR and education clinic to local high school coaches
• Provide community awareness about concussions through scholastic offerings and career fairs
• Provide community awareness about injury prevention through educational offerings and marketing booths
• Increase access and levels of specialized medical care to athletic populations in Gwinnett County and metro Atlanta y use of Telemedicine service.
• Extend services to surrounding counties and organizations that have a recognized need
• Implemented new standards for the Gwinnett Football League by adding Safety Coaches and new educations for coaches, parents, and athletes
• Added quality indicators for our SM program that includes patient satisfaction, athlete safety, and injury prevention measurements
• Implement Process Improvements across all GMC schools which leads to a standardized continuity of care across all GMC schools and locations
• Yearly Interval training for staff

Public Relations and Community Affairs

The Gwinnett Medical Center Public Relations and Community Affairs department’s tactical plans for community involvement are outlined below. This department’s goal is to accurately reflect GMC’s strategic system identity of transforming healthcare to the community. This plan is executed through community sponsorships and speaking engagements.

The goals of speaking engagements and forums are to:

• Encourage proactive healthcare among consumers in the primary service area in an effort to avoid prolonged hospital stays.
• Use representatives and experts that offer a personal educational link between the community and our System by providing relevant content.
  • Inform the community of available services and facility locations.
  • Introduce physicians and professionals practicing at GMC facilities to the community.
Programs:

Community education programs and speaking engagements are presented by experts on various health education and prevention topics. Speakers include physicians and other members of the clinical staff.

- August 2018: Gwinnett Chamber Button Down Dash and Gwinnett County Community Health Fair.

- September 2018: Case Management Association Meeting at The Shepherd Center, Suwannee Festival, Duluth Fall Festival and Johns Creek Chamber Annual Meeting.

- October 2018: Norcross Art Splash & Wine Festival, Fall into Health Senior Wellness Fair, Breathe Better Gwinnett, Great Days of Service, Paint Gwinnett Pink, GMC Day at the Junior Achievement Discovery Center in Gwinnett, Gwinnett County Community Health Fair, Gwinnett County Senior Provider Network, Korean American Association of Greater Atlanta.

- November 2018: Gwinnett Medical Center Annual Stroke Conference, Gwinnett County Community Health Fair, Peach State Chili Cook Off, Faith, Healing and Opioids: A Holistic View of the Opioid Crisis, GMC Day at the Junior Achievement Discovery Center in Gwinnett, Suwannee Classic Car Show.

- December 2018: Peachtree Corners Business Association End of Year Celebration.

- January 2019: Leadership Gwinnett, Gwinnett Senior Provider Networking Meeting, GMC Day at the Junior Achievement Discovery Center in Gwinnett.

- February 2019: Suwannee Sweetheart Sprint.

- March 2019: Colon Cancer Awareness “Ask Me Why I’m Blue” Day, Global Partnership for Telehealth Conference, Parkview High School, Johns Creek Chamber Breakfast.

- April 2019: Mitsubishi Classic Golf tournament and Johns Creek Chamber Golf Tournament, City of Sugar Hill Health Fair, “Strollin’ 4 the Colon” at Sugarloaf Mills, March of Dimes.

- May 2019: Trauma Awareness Month, Gwinnett County Community Health Fair, Suwannee Jazz Fest, Gwinnett Chamber of Commerce’s Gwinnett leadership Organization for Women.

The GMC Speaker's Bureau presents seminars on various health education and prevention topics. Speakers include physicians and other members of the clinical staff.
Unmet Community Needs

When gathering input from community members through focus groups, community service organizations representatives and key informant interviews, our community identified needs in areas affecting quality of life, community relations and engagement, economic and financial stability, education, safety, youth, as well as health and wellness. The leading concerns were transportation and road congestion; community communication and engagement; increasing homelessness and affordable housing; jobs that don’t cover the cost of living; lack of diversity in community leadership; residents without adequate health insurance. These community needs are not being addressed directly by the hospital because these needs are outside the hospital’s scope of practice and the hospital does not have resources to address them. However, as a member organization of the Gwinnett Coalition for Health and Human Services we participate in Coalition initiatives that strive to improve these issues in collaboration with others in our community.

From a health perspective, lack of adequate dental care for residents without insurance, lack of access to medical care for individuals with Medicaid or some other types of insurance and lack of mental health services were identified needs by community representatives. While hospital leadership agrees that adequate dental care for residents without insurance is an issue, addressing this issue is outside the hospital’s scope of practice. The Coalition’s Health and Wellness Committee is aware of this problem and dental care is being provided on a sliding-scale at Good Samaritan Community Clinic. The American Dental Association’s Gwinnett chapter is also addressing this issue. Physicians determine their participation in insurance practices.

There are identified community health needs in which our hospitals only provide minimal support because we do not have designated treatment units or outreach programs for these conditions. Although we triage patients with behavioral and mental health conditions and substance abuse problems in our emergency departments, our organization does not have treatment units for these conditions. In 2017 a mental health holding unit was opened near the GMC-Lawrenceville emergency department. This holding unit is not intended to provide treatment but is intended to provide patients with a place to wait for placement in an appropriate facility. However, for medically indigent patients who meet certain criteria, GMC has a program to assist these patients in receiving care at a nearby psychiatric facility. Our Faith Community Nursing program interfaces with a number of community churches and other outreach agencies to provide education and support groups for many of these conditions. Summit Ridge Hospital in Lawrenceville and Lakeview Behavioral Health are private for-profit psychiatry and additional medicine facilities. Additionally, the state of Georgia provides mental health services through ViewPoint Health (formerly known as Gwinnett Rockdale Newton Community Service Board).

GMC-Lawrenceville has a Level III Neonatal Intensive Care Unit and a 12-bed pediatric emergency department; however, the hospital does not have a primary focus on inpatient pediatrics. Gwinnett County has a wide range of pediatric healthcare services available through Children’s Healthcare of Atlanta. The Sport’s Medicine program is a community outreach program that provides sports medicine trainers for youth in local high schools and community sports organizations.
Implementation Strategy

A team of department leaders and healthcare specialists completed a series of meetings that discussed, developed and evaluated implementation strategies for our identified community health needs. The outcome of those meetings was the compilation of a table of implementation strategies. The table identifies programs, community collaborations and programs under development for the following areas:

Manage Health Conditions and Chronic Disease Treatments

- Provide emergency services for acute conditions and injuries
- Provide services to treat and manage chronic diseases and acute conditions
- Provide services to promote independence for persons with disabling conditions
- Provide comprehensive services to those suffering from the disease of obesity
- Provide services to the international population

Improve Access to Care

- Collaborate with community healthcare providers to improve access to care
- Assist the international community in accessibility of healthcare services
- Collaborate with community organizations for access to treatment of behavioral health and mental disorders
- Collaborate with community organizations for access to services for persons with disabilities

Prevent Chronic Diseases and Increase Wellness

- Collaborate with community organizations to increase physical activities and healthy eating
- Collaborate with community organizations to raise healthy kids
- Collaborate with community organizations to promote healthy aging
- Collaborate with community organizations to prevent and detect chronic disease
Need: 1. Manage Health Conditions and Chronic Disease Treatment
  1.1. Provide Emergency services for acute conditions and injuries

Reporters: Karen Cliff, Susan Gaunt, Anita Parks and Cheryl Wunsch

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<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
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<tbody>
<tr>
<td>• CME: Department of Emergency Medicine</td>
<td>• Emergency Preparedness</td>
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<td>• FCN: Mental Health First Aid training course</td>
<td>• Duluth Fall Festival</td>
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<tr>
<td>• FCN: CPR/AED Training</td>
<td>• FCN: Blood Drives (American Red Cross and Life South)</td>
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Need: 1. Manage Health Conditions and Chronic Disease Treatment
  1.2. Provide services to treat and manage chronic diseases and acute conditions
    1.2.1. Heart Disease

Reporters: Elaine Smith, Cris Hartley, Anita Parks, Beth Hardy and Jolly Parayil

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<tr>
<th>Programs</th>
<th>Community Collaborations</th>
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<tr>
<td>• Cardiac Patient Education Library – GHS Website</td>
<td>• Free and discounted medication program with medication providers</td>
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<tr>
<td>• Medical Nutrition Therapy for Lipid, High Blood Pressure, Weight Management</td>
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<tr>
<td>• CME: Department of Medicine/Cardiology</td>
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<td>• FCN: Women’s Heart Health Education</td>
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<td>• Stroke Alert</td>
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<td>• Stemi Alert</td>
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**Need: 1. Manage Health Conditions and Chronic Disease Treatment**  
*1.2. Provide services to treat and manage chronic diseases and acute conditions*  
*1.2.2. Cancer*

Reporters: Domingo Valpuesta, Amy McEachin, Nancy McCormick, Angel Roussie, Anita Parks, Beth Hardy and Sharde Carter

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<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
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</table>
| • Low Dose CT Lung Cancer Screening  
• Oncology Research  
• Palliative Care Program  
• CME: Tumor Conference  
• CME: Interdisciplinary Breast Cancer Pre-Treatment  
• CME: Multi-disciplinary Lung Cancer Screening  
• CME: Oncology Lecture Series  
• CME: Neurology/Oncology  
• Oncology Research (Duke Affiliation)  
• Cancer Survivorship Plan  
• NAPBC Certificate  
• COC Certificate  
• Lung Screening Center of Excellence | • Relay for Life Education (American Cancer Society)  
• Health Fairs  
• Colorectal Awareness (American Cancer Society)  
• Paint Gwinnett Pink 5K  
• Skin Cancer screening events | • Cancer Survivorship Plan  
• Expanding Services of Duluth CCC |
**Need:** 1. Manage Health Conditions and Chronic Disease Treatment

1.2. Provide services to treat and manage chronic diseases and acute conditions

1.2.3. Stroke

Reporters: Sharde Carter, Mona Lippitt, Tracy Azar, Karen Cliff, Cheryl MacMillan, Susan Gaunt and Anita Parks

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<th>Programs</th>
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<tr>
<td>• Advanced Primary Stroke Center Certification&lt;br&gt;• Stroke Response Teams&lt;br&gt;• Stroke Awareness&lt;br&gt;  • Education and Presentations&lt;br&gt;  • Screenings&lt;br&gt;• Stroke Peer Visitors&lt;br&gt;• Medicine/Neurology&lt;br&gt;• CME: Stroke Talks&lt;br&gt;• FCN: Stroke Awareness FAST Program&lt;br&gt;• FCN: Stroke Awareness presentations&lt;br&gt;• Neuroscience Patient Reunion</td>
<td>• Professional Education&lt;br&gt;  • Stroke Conference&lt;br&gt;  • CME offerings&lt;br&gt;  • Professional Organization Presentations&lt;br&gt;• Genentech Education Programs&lt;br&gt;• Georgia Stroke Professional Alliance&lt;br&gt;• SCRN Review Course&lt;br&gt;• Interventional Stroke Care (Grady, Emory and Wellstar collaboration)&lt;br&gt;• Door-to-Needle Time for Stroke Care (Community EMS, Eastside and Johns Creek Collaboration)&lt;br&gt;• CME: Annual Stroke Conference&lt;br&gt;• Health Fairs</td>
<td>• Stroke Net Research Network&lt;br&gt;• Inpatient Rehab Stroke Certification (TJC/D SC program)</td>
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</table>
Need: 1. Manage Health Conditions and Chronic Disease Treatment
1.2. Provide services to treat and manage chronic diseases and acute conditions
1.2.4. Diabetes

Reporters: Cris Hartley, Debra Proulx, and Anita Parks

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<th>Programs</th>
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<th>Programs Under Development</th>
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| • Diabetes Self-Management Education  
• Gestational Diabetes Management Class and Individual Consultations  
• Insulin Pump Training  
• Pre Diabetes Education  
• CME: Diabetes/Endocrinology (Primary Care Grand Rounds) | • Diabetes Education Grant Program | |

Need: 1. Manage Health Conditions and Chronic Disease Treatment
1.2. Provide services to treat and manage chronic diseases and acute conditions
1.2.5. Respiratory Conditions

Reporters: Elaine Smith, Eddie Tong, Anita Parks and Cheryl Wunsch

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<th>Programs</th>
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<th>Programs Under Development</th>
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| • Smoking Cessation Counseling  
• Obstructive Sleep Apnea Education  
• CME: Intensivists (Pulmonary)  
• COPD Education | • FCN: Tobacco-Free Campus Policies (Church-Based) | |
Need: 1. Manage Health Conditions and Chronic Disease Treatment
   1.2. Provide services to treat and manage chronic diseases and acute conditions
       1.2.6. Orthopedic Conditions

Reporters: Nadirah Burgess, Cindy Kennedy, Linda Barberi and Traci Dowdall

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<td>• Orthopedic Certified Nurse Review Course</td>
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<td>• Preoperative Patient Education Presentation</td>
<td>• Professional Organization Presentations</td>
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<td>• JK Disease Specific Care Certified Total Knee Replacement Program</td>
<td>• CME Offerings</td>
<td>• Orthopedic Certified Nurse Review Course</td>
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<td>• JK Disease Specific Care Certified Total Hip Replacement Program</td>
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<td>• Joint Class</td>
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<td>• Preoperative Patient Education Presentation</td>
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Need: 1.3. Provide services to promote independence for persons with disabling conditions

Reporters: Sharde Carter, Angel Roussie, Beth Hardy, Tracy Azar, Kristin Crea, Mona Lippitt, Cheryl MacMillan and Cheryl Wunsch

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<th>Programs</th>
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<td>• Educational Exhibits</td>
<td>• Athletic Training Services</td>
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<td>• Festivals</td>
<td>• Gwinnett SportsRehab program (Sports Medicine)</td>
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<td>• Health Fairs</td>
<td>• Glancy Rehab Center inpatient program</td>
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<td>• GMC Health Talks</td>
<td>• Glancy Rehab Center outpatient program</td>
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<td>• Glancy Rehab Center</td>
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<td>• Transitional Fitness program</td>
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<td>• Glancy Rehab Center’s Resource Center</td>
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<td>• Resource materials on GMC Website</td>
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**Need: 1.4. Provide comprehensive service to those suffering from the disease of obesity**

Reporters: Debra Proulx, Anita Parks, Beth Hardy, Sharde Carter, Cheryl Wunsch and Cris Hartley

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<td>• Online seminars for obesity education and treatment options</td>
<td>• Community physician weight management program</td>
<td>• Corporate Medical Weight Loss Program</td>
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<td>• Life Coaching classes for behavioral modification</td>
<td>• Collaborations</td>
<td>• Telehealth-Behavioral Health Remote Therapy</td>
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<td>• Support groups</td>
<td>• Presentations to local employers</td>
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<td>• Pre/Post-op</td>
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<td>• Daytime</td>
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<td>• Cooking classes</td>
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<td>• Nutrition education programs</td>
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<td>• STRIVE</td>
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<td>• Back on Track Program</td>
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<td>• Bari-Angel Peer-Mentorship program</td>
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<td>• Therapy/Behavior Modification - individual and group</td>
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<td>• Medical Nutrition Therapy for obesity management</td>
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<td>• Metabolic Testing</td>
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<td>• Fitness services</td>
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<td>• Clothing closet</td>
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<td>• Medical weight loss group-Agents</td>
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<td>• Body Composition Evaluation</td>
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<td>• Adolescent bariatric surgery program</td>
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<td>• Body Composition Evaluation</td>
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<td>• CME: Medical Weight Loss Program</td>
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<td>• Pediatric/Adolescent Medical Weight Loss Program</td>
<td>•</td>
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<tr>
<td>• Telehealth-Behavioral Health Remote Therapy</td>
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</table>
### Need: 2. Improve Access to Care
#### 2.1 Provide Professional Education

Reporters: Linda Horst, Dr. Mark Darrow and Anne Kramer

<table>
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<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
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<tbody>
<tr>
<td>• Graduate Medical Education Program</td>
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<tr>
<td>• Professional Training</td>
<td></td>
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<tr>
<td>• Chaplaincy</td>
<td></td>
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<tr>
<td>• Diabetes Nursing</td>
<td></td>
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<tr>
<td>• Emergency Medical Technicians</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Exercise and Health Science</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Laboratory Technologists</td>
<td></td>
<td></td>
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<tr>
<td>• Pharmacists</td>
<td></td>
<td></td>
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<tr>
<td>• Radiology Technicians</td>
<td></td>
<td></td>
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<tr>
<td>• Rehabilitation Physical Therapists (Including Occupational and Speech)</td>
<td></td>
<td></td>
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<tr>
<td>• Radiology Technicians</td>
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<td></td>
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<tr>
<td>• Respiratory Therapists</td>
<td></td>
<td></td>
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<tr>
<td>• Registered Nursing (Undergraduate and Graduate)</td>
<td></td>
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<tr>
<td>• Midlevel Students</td>
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<td></td>
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<tr>
<td>• Social Workers</td>
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<td></td>
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<tr>
<td>• Sports Medicine</td>
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<td></td>
</tr>
<tr>
<td>• Graduate Medical Education Program (Academic Internal Medicine Partners)</td>
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<td></td>
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<tr>
<td>• CME: Primary Care Grand Rounds</td>
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</tr>
</tbody>
</table>
Need: 2. Improve Access to Care
   2.2. Collaborate with community physicians to improve access to care

Reporters: Jennifer Griffin, Sharde Carter, Beth Hardy, Dr. Mark Darrow, Janet Schwalbe, April Knowles, Mary Cooper, Cheryl Wunsch, Anita Parks and Amy McEachin

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
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</thead>
<tbody>
<tr>
<td>• Physician Liaisons</td>
<td>• Physician Community Needs Assessment</td>
<td>• FCN: Norcross Cooperative Ministries grant money for dental and medical services for uninsured/underinsured persons</td>
</tr>
<tr>
<td>• Women's Health Navigator coordinates services virtually to assist with access to services.</td>
<td>• Recruiting Community Physicians through income guarantees, employment, relocation assistance, signing bonuses and recruiter fee assistance</td>
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</tr>
<tr>
<td>• Cancer Navigators</td>
<td>• Neonatal Transport Services to outlying community hospitals promoting access to our advanced technology and neonatal specialists.</td>
<td></td>
</tr>
<tr>
<td>• Continue to recruit and assist OB/GYN physicians to recruit members to their groups in order to ensure that there are an adequate number of physicians to care for patients in Gwinnett County.</td>
<td>• Relay for Life (American Cancer Society)</td>
<td></td>
</tr>
<tr>
<td>• Graduate Medical Education Program (Strickland Family Medicine Center)</td>
<td>• Speakers Bureau</td>
<td></td>
</tr>
<tr>
<td>• Graduate Medical Education Program (Academic Internal Medicine Partners)</td>
<td>• One Call transfer system established to assist with regional trauma and STEMI transfers</td>
<td></td>
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<tr>
<td>• CME: Primary Care Summit</td>
<td>• Oncology Community Outreach Navigator</td>
<td></td>
</tr>
<tr>
<td>• FCN: Network Navigator</td>
<td>• ChoiceOne Urgent Care</td>
<td></td>
</tr>
<tr>
<td>• GMC Primary Care and Specialty Center - Suwannee</td>
<td>• FNC: Norcross Cooperative Ministries grant money for dental and medical services for uninsured/underinsured persons</td>
<td></td>
</tr>
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</table>
Need: 2. Improve Access to Care

2.3. Assist the international community in the accessibility of health services

Reporters: Allison Hamlet, Cris Hartley, Debbie Lee and Cheryl Wunsch

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
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<tbody>
<tr>
<td>Diabetes Education and Self Management</td>
<td>Community Health Fairs</td>
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<tr>
<td>Translation of educational documents:</td>
<td>Senior Health Fairs</td>
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<tr>
<td>Korean</td>
<td>Chamber of Commerce Korean/American</td>
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<tr>
<td>Spanish</td>
<td>Korean Task Force Team</td>
<td></td>
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<tr>
<td>Vietnamese</td>
<td>Korean Churches</td>
<td></td>
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<tr>
<td>Others, as needed</td>
<td>Korean Health Magazine</td>
<td></td>
</tr>
<tr>
<td>Language Line</td>
<td>Mammograms: targets Korean and Indian/Pakistani populations</td>
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</tr>
<tr>
<td>Full-time interpreters (Korean &amp; Spanish)</td>
<td>Korean Interpretation Training Programs</td>
<td></td>
</tr>
<tr>
<td>Korean “Friendly” Hospital</td>
<td>Norcross Cooperative Ministries</td>
<td></td>
</tr>
<tr>
<td>Patient menu</td>
<td>Good Samaritan Clinic</td>
<td></td>
</tr>
<tr>
<td>Retail food menu</td>
<td></td>
<td></td>
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<tr>
<td>Full-time interpreter</td>
<td></td>
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<tr>
<td>Maps/Signage/Brochures interpreted into Korean</td>
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</tr>
</tbody>
</table>

Need: 2. Improve Access to Care

2.4. Collaborate with community organizations for access to treatment of behavioral health and mental disorders

Reporters: Cheryl MacMillan, Karen Clift, Mary Cooper and Cheryl Wunsch

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health professionals assess medically-cleared patients in the ED for further treatment and disposition.</td>
<td>For medically indigent patients who meet certain criteria, GMC has a program to assist these patients in receiving care at a psychiatric facility.</td>
<td></td>
</tr>
<tr>
<td>Psychiatric CNS evaluation of mental health patients that are in the ED more than 24 hours</td>
<td>Freshstart: Outpatient Smoking Cessation Program (American Cancer Society and Georgia Department of Public Health)</td>
<td></td>
</tr>
<tr>
<td>Smoking Cessation Counseling</td>
<td>FCN: Faith Community Nurse Navigator</td>
<td></td>
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<tr>
<td></td>
<td>Peachtree Christian Health</td>
<td></td>
</tr>
</tbody>
</table>
Need: 2. Improve Access to Care

2.5. Collaborate with community organizations for access to services for persons with disabilities

Reporters: Beth Hardy, Sharde Carter, Tracy Azar, Allison Hamlet, Angel Roussie, Kristen Crea, Mary Cooper and Cheryl Wunsch

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
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<tbody>
<tr>
<td>• Occupational Therapy, Physical Therapy and Speech Pathology</td>
<td>• Amputee Support Group (Procare)</td>
<td></td>
</tr>
<tr>
<td>• Lymphedema Therapy</td>
<td>• Orthotist/prosthetist</td>
<td></td>
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<tr>
<td>• Oncology Rehab</td>
<td>• Athletic Trainers at high schools for school athletes for injury prevention and concussion</td>
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</tr>
<tr>
<td>• Amputee Rehab</td>
<td></td>
<td></td>
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<tr>
<td>• Vestibular/Concussion Rehab</td>
<td></td>
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<tr>
<td>• Comprehensive Concussion Management Program</td>
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</tr>
</tbody>
</table>

Need: 3. Prevent Chronic Diseases and Increase Wellness

3.1. Collaborate with community organizations to increase physical activities and healthy eating

Reporters: Cris Hartley, Angel Roussie, Kristen Crea, Cheryl Wunsch, Beth Hardy, Emily Frost, Jolly Parayil, Nadirah Burgess, Pam Garrett, Susan Gaum and Sheila Warren

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Vim and Vigor Articles</td>
<td>• Paint Gwinnett Pink</td>
<td></td>
</tr>
<tr>
<td>• Medical Nutrition Therapy for obesity management</td>
<td>• Strollin’ for Color</td>
<td></td>
</tr>
<tr>
<td>• Metabolic Testing</td>
<td>• Heart Health Education</td>
<td></td>
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<tr>
<td>• Fitness Services</td>
<td></td>
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<tr>
<td>• Fall Prevention</td>
<td></td>
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<tr>
<td>• Joint Prevention</td>
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<tr>
<td>• Pulmonary Health Education</td>
<td></td>
<td></td>
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<tr>
<td>• Heart Health Education</td>
<td></td>
<td></td>
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<tr>
<td>• Stroke Awareness Talks</td>
<td></td>
<td></td>
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<tr>
<td>• Bone Health</td>
<td></td>
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</tr>
</tbody>
</table>
**Need: 3. Prevent Chronic Diseases and Increase Wellness**

3.2. Collaborate with community organizations to raise healthy kids

Reporters: Kristin Crea, Anita Parks, Debra Proulx, Cris Hartley, Debbie Lee, Beth Hardy and Sharde Carter

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
</tr>
</thead>
</table>
| • Sports Trainers in area schools and parks  
  • Pre-participation physicals  
  • Injury evaluations  
  • Injury treatment and rehabilitation  
  • Injury clinic  
  • Educational Seminars  
  • Concussions  
  • Heat Illness  
  • Nutrition  
  • RIO  
  • Concussion Institute  
  • ImPACT (Concussion Testing program)  
  • Driver safety program  
  • Korean Summer Olympics  
  • Pediatric/Adolescent Medical Weight Loss Program  
  • CME: Medical Weight Loss Program | • CPR certification for coaches and student training (HS & college)  
  • Coach Education Events  
  • Student Symposium  
  • First Aid at Community Events  
  • County Board of Education  
  • County High Schools  
  • County Recreational Leagues  
  • National Strength & Conditioning Association  
  • Local Faith Communities  
  • Georgia Gwinnett College  
  • CES (Competitive Edge Sports)  
  • Junior Achievement | • SportsMetrics/ACL Prevention  
  • GGC Athletic Training Program  
  • Growth of Recreational Medical Programs into other Leagues  
  • STOP Collaboration |
Need: 3. Prevent Chronic Diseases and Increase Wellness

3.3. Collaborate with community organizations to promote healthy aging

Reporters: Sharde Carter, Beth Hardy, Emily Frost, Nadirah Burgess, Jolly Parayil, Mary Hodge and Tim Gustavson

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
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<tbody>
<tr>
<td>• PrimeTime Health Membership</td>
<td>• Senior Centers</td>
<td>• Silver Sneakers</td>
</tr>
<tr>
<td>• PrimeTime Health Tai Chi for Seniors</td>
<td>• Colorectal Screening Event</td>
<td>• Car Fit</td>
</tr>
<tr>
<td>• PrimeTime Health Yoga for Seniors</td>
<td>• Speakers Bureau</td>
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<tr>
<td>• PrimeTime Health Chair Fitness for Seniors</td>
<td>• Senior Health Fairs</td>
<td></td>
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<tr>
<td>• PrimeTime Health Strength Build for Seniors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• GMC Health Talks</td>
<td>• Vim &amp; Vigor Articles</td>
<td></td>
</tr>
<tr>
<td>• Senior Resource Directories</td>
<td>• Senior Driver Safety Course</td>
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<tr>
<td>Distribution</td>
<td>• Fall Prevention</td>
<td></td>
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<tr>
<td>• Senior Centers</td>
<td>• Joint Classes</td>
<td></td>
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<tr>
<td>• Colorectal Screening Event</td>
<td>• Pulmonary Health</td>
<td></td>
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<tr>
<td>• Speakers Bureau</td>
<td>• Stroke Health</td>
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<tr>
<td>• Senior Health Fairs</td>
<td>• Bone Health</td>
<td></td>
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<tr>
<td>• Silver Sneakers</td>
<td>• Heart Health</td>
<td></td>
</tr>
<tr>
<td>• Car Fit</td>
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</tbody>
</table>

• Joint Classes
• Pulmonary Health
• Stroke Health
• Bone Health
• Heart Health
Need: 3. Prevent Chronic Diseases and Increase Wellness

3.5. Collaborate with community organizations to prevent and detect chronic disease

3.5.1. Heart Disease

Reporters: Beth Hardy, Kelly Dunham and Cheryl Wunsch

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking Cessation Counseling</td>
<td>Community Day with EMS (CPR training and B/P Screenings)</td>
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<tr>
<td>Teaching Early Heart Attack Care (EHAC)</td>
<td>Senior Benefit Fair – Bethesda Park, cardiac risk factors and healthy living</td>
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<tr>
<td>FCN: AED/CPR</td>
<td>FRESHSTART: Outpatient Smoking Cessation Program (American Cancer Society and Georgia Department of Public Health)</td>
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<tr>
<td>FCN: B/P Screening</td>
<td></td>
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<tr>
<td>FCN: Health Fairs</td>
<td>FCN: Network Church Liaison Outreach</td>
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<tr>
<td>Speakers Bureau</td>
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</table>

3.5.2. Cancer

Reporters: Stevie Lee, Domingo Valpuesta, Amy McEachin, Cheryl Wunsch, Kelly Dunham and Beth Hardy

<table>
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<tr>
<th>Programs</th>
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<tr>
<td>Colorectal Cancer Prevention programs</td>
<td>Freshstart: Outpatient Smoking Cessation Program (American Cancer Society and Georgia Department of Public Health)</td>
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<tr>
<td>Health Risk Assessments</td>
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<td></td>
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<tr>
<td>Cancer Survivor Class</td>
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<tr>
<td>Healthy Eating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking Cessation Counseling</td>
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<tr>
<td>FCN: Colon Cancer &amp; Prevention</td>
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<tr>
<td>FCN: Cancer Awareness</td>
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<tr>
<td>Oncology Rehab</td>
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<tr>
<td></td>
<td></td>
<td>Relay for Life Education (American Cancer Society)</td>
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<td></td>
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<td>Atlanta Legal Aid</td>
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<td></td>
<td></td>
<td>Health Fairs</td>
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<tr>
<td></td>
<td></td>
<td>Colorectal Cancer Screening Event kits</td>
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</tbody>
</table>
**Need: 3. Prevent Chronic Diseases and Increase Wellness**

3.5. Collaborate with community organizations to prevent and detect chronic disease

### 3.5.3. Stroke

Reporters: Sharde Carter, Beth Hardy, Susan Gaunt, Tracy Azar and Cheryl Wunsch

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
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</thead>
<tbody>
<tr>
<td>• Stroke Awareness</td>
<td>• Senior Centers Assisted Living Facilities</td>
<td></td>
</tr>
<tr>
<td>• Presentations</td>
<td>• Independent Living Facilities</td>
<td></td>
</tr>
<tr>
<td>• Stroke Booths</td>
<td>• Health Fairs</td>
<td></td>
</tr>
<tr>
<td>• Stroke Screenings</td>
<td></td>
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<tr>
<td>• Speakers Bureau</td>
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### 3.5.4. Diabetes

Reporters: Cris Hartley and Cheryl Wunsch

<table>
<thead>
<tr>
<th>Programs</th>
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<th>Programs Under Development</th>
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<tr>
<td>• Diet by Design</td>
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<tr>
<td>• Medical Nutrition Therapy</td>
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<tr>
<td>• Metabolic Testing</td>
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<tr>
<td>• Pre-Diabetes Education</td>
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<tr>
<td>• Bariatric Consultations</td>
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### 3.5.5. Respiratory Conditions

Reporters: Beth Hardy, Sharde Carter and Pam Garrett

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<th>Programs</th>
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<th>Programs Under Development</th>
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<tbody>
<tr>
<td>• Smoking Cessation Counseling</td>
<td>• Breathe Better Gwinnett</td>
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<tr>
<td>• Obstructive Sleep Apnea Education</td>
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<tr>
<td>• Pulmonary Health Program</td>
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</tbody>
</table>
Need: 3. Prevent Chronic Diseases and Increase Wellness

3.5. Collaborate with community organizations to prevent and detect chronic disease

3.5.6. Orthopedic Conditions

Reporters: Nadirah Burgess and Traci Dowdall

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<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
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<tr>
<td>• Bone Health Awareness</td>
<td>• Health Fairs</td>
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<tr>
<td>• Presentations</td>
<td>• Senior Health Fairs</td>
<td></td>
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<tr>
<td>• Bone health booths</td>
<td>• Senior Centers</td>
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<tr>
<td>• Portable bone density screening</td>
<td>• Assisted/Independent Living Facilities</td>
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</table>

Need: 3.6 Collaboration with community organizations to promote the health of the international population

Reporters: Nadirah Burgess, Jolly Parayil, Pam Garrett, Susan Gaunt, Mary Hodge, Allison Hamlet, Debbie Lee and Cris Hartley

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
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<tbody>
<tr>
<td>• Community Education</td>
<td>• Community Health Fairs</td>
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<tr>
<td>• Translation of educational documents into</td>
<td>• Senior Health Fairs</td>
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<td>Korean and Spanish</td>
<td>• Chamber of Commerce</td>
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<tr>
<td>• Fall Prevention</td>
<td>Korean/American</td>
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<tr>
<td>• Joint Classes</td>
<td>• Korean Churches</td>
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<tr>
<td>• Pulmonary Health</td>
<td>• Korean Health Magazine</td>
<td></td>
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<tr>
<td>• Stroke Health</td>
<td>• Faces of Diabetes: Targets</td>
<td></td>
</tr>
<tr>
<td>• Bone Health</td>
<td>Hispanic Communities</td>
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<tr>
<td>• Heart Health</td>
<td>(American Diabetes Association)</td>
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