Gwinnett Medical Center-Duluth

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 our recent 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.

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 Suwanee. 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 Surgical Weight Management, and the Diabetes & Nutrition Education Center.
Figure 1. GMC-Duluth Service Volumes Fiscal Years 2011-2014

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions (GMC-D &amp; Glancy Rehab)</td>
<td>5,422</td>
<td>5,830</td>
<td>5,676</td>
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<td>Emergency Departments visits</td>
<td>35,613</td>
<td>37,719</td>
<td>39,207</td>
<td>38,039</td>
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<td>Surgical Cases (inpatient and outpatient)</td>
<td>8,199</td>
<td>8,782</td>
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<td>Laboratory billable items (excluding Pathology)</td>
<td>230,047</td>
<td>232,085</td>
<td>224,171</td>
<td>246,457</td>
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<td>Diabetes &amp; Nutrition Education Center (DNEC) visits</td>
<td>1,146</td>
<td>1,187</td>
<td>1,214</td>
<td>1,225</td>
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<td>Dialysis treatments</td>
<td>847</td>
<td>771</td>
<td>1,134</td>
<td>1,096</td>
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<td>Glancy Rehab admissions</td>
<td>597</td>
<td>561</td>
<td>553</td>
<td>65</td>
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<tr>
<td>Concussion Institute visits</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<td>Center for Weight Management visits</td>
<td>N/A</td>
<td>N/A</td>
<td>5,696</td>
<td>6,606</td>
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<td>Faith Community Nursing contacts</td>
<td>75,785</td>
<td>147,647</td>
<td>67,349</td>
<td>28,189</td>
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</table>

Source: GMC Operating Statistics and department reports FY 2011-2014 N/A = Not Available

Emergency Department

Gwinnett Medical Center-Duluth’s Emergency Department (ED) is a 24-bed unit that treated 39,157 patients in fiscal year 2014. 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 40,000 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 and 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 FSE must include an escalating situation that involves multiple injects and scenarios and is called by our system a Code Alert, Level III.

The Hospital Incident Command Centers (HICC) are 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 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 for that day, or the PSC.

We have 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 which you can find on the 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.

We have an Emergency Management Steering Committee (EMSC) meeting each quarter to discuss, plan and provide for the enhancement and improvement of our county’s Emergency Management Agency. The EMSC provides recommendations to the Safety Committee and Leadership.

Surgical Care/Orthopedic and Surgical Short Stay Units

The scope of care for the fifth floor includes the care of patient utilizing nursing process, of assessment, interventions, and evaluation of care given for surgical and medical patients. The unit primarily serves adults, ages 20-11 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.

**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 and in some circumstances to children, including those who require emergency intervention. Special service particular to this unit include: mechanical ventilation, transvenous pacing, hemodynamic monitoring, peritoneal dialysis, hemodialysis, and administering vasoactive drips, antiarrhythmic and thrombolytic therapy.

**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.

**Medical Telemetry**

The fourth 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 process, 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.

**Cardiology**

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

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. For 2013, our last complete year of data, GMC saw a total of 1,586 new cancer cases, an increase of 1.1 percent over 2012.

The Oncology Services department is comprised of nine FTEs, which is a significant increase over 2012 year’s of three FTEs. The positions for Oncology Services are: Director of Oncology Services, Advance Practice Genetics/Cancer Risk Specialist, two Breast Health Navigators, a Thoracic Oncology Navigator, an Oncology Social Worker, an Oncology Dietitian, a Nurse Clinician 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 in 2014, our ACSPRN served 489 new patients, a 66 percent increase over 2013. The Breast Health Navigators (in place since 2005) made 3,898 patient contacts in fiscal year 2014. The Hereditary Cancer Risk Assessment program had 130 patients in fiscal year 2014, a 441 percent growth in this key service. The launch of the Cancer Transitions class, an evidence-based approach to survivors had 30 patients to receive certificates of completion in 2014.

In 2014, there were several achievements met to further the development of our Cancer Institute system of care:

- **Cancer Support Center Expansion** - a new center is available to patients and families in Lawrenceville. This center houses our cancer navigation, social work, genetics and high risk management as well as a patient resource center with a wealth of educational materials free to the public.

- Within the Cancer Support Center, we launched an oncology nutrition program with our own oncology registered dietitian to begin providing crucial medical nutrition therapy for our patients under cancer treatment to help them maintain good nutritional status.

- **The Psychosocial Distress Screening Program** was developed to screen all of our new patients at the Center for Cancer Care for emotional distress and linking them with our oncology social worker to provide emotional support and other needed services.

- **Thoracic Oncology Program** including a multidisciplinary steering committee, lung cancer screening program and Thoracic Oncology Nurse Navigator services.

- The Thoracic Oncology Program lung screening program received recognition as a Lung Cancer Screening Center for Excellence through the Lung Cancer Alliance and we were proud to host one of 200 Shine a Light on Lung Cancer events nationwide.

- An Oncology Nurse Clinician role was established to provide oversight and support for oncology nurse practice in all of our locations.
• Developed a robust safe-handling program for all of our caregivers who come in contact with potentially hazardous drugs such as chemotherapy.
• Provided a number of community outreach to promote education, early detection, screening and prevention throughout the community.
• Expanded financial navigation services at Center for Cancer Care facilities to assist patients with managing the financial cost of oncology services.
• Added an Oncology chaplain resident to round in the Center for Cancer Care facilities to provide pastoral care.
• The Cancer Transitions class series for survivors was launched offering an evidence-based approach to survivorship education around topics such as nutrition, exercise and emotional well-being.
• Three new support groups were added to our very successful women's cancer support group; Men to Men (for all cancer types); a Hispanic women's support group and a caregiver support group.
• Twisted Sisters Yoga for Breast Cancer Survivors
• Increased transportation in collaboration with American Cancer Society Road to Recovery.
• Developed the Cancer Resource Volunteer Program to provide an extension of cancer support in the Center for Cancer Care facilities, Cancer Support Center, Breast Biopsy Clinic and Surgery.
• Developed the Patient Cancer Care Fund to offer financial assistance for food, gas, utilities, housing, prescriptions, durable medical equipment (lymphedema, colostomy supplies) to cancer patients receiving treatment at Gwinnett Medical Center.
• Developed a Cancer Support Service Agreement which communicates GMC and the patient commitments to obtaining needed interventions and resources to the treatment team.

The goal for the Oncology program for 2014-2015 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 2012.
• Maintaining our accreditation of our breast program through the National Accreditation Program for Breast Centers. Full three-year accreditation was achieved on May 20, 2010.
• Continuing to promote Colon Cancer awareness.
• Continuing to promote Prostate Cancer awareness.
• Continuing to offer the mobile mammography van.
• 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.
• Continuing to build a strong psychosocial program including new patient agreement form and process that communicates GMC and the patient commitments to obtaining needed resources to the treatment team. This procedure and form were adopted as a model tool in the 2015 ACCC Patient Financial Assistance Guide.
• Expand nutrition services to Center for Cancer Care-Duluth and -Snellville.
• Expand Cancer Transitions to CCC-Duluth
• Increase lung cancer screenings
• Develop Cancer Survivor Clinic at the Center for Cancer Care facilities.
• Improve the timeliness and overall quality of data integrity for the oncology data center through recruitment of a manager and consultative engagement with Care Communications, Inc.
• Establish an outpatient palliative care clinic to improve earlier access to end of life care for Center for Cancer Care patients.
• 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.
• Women’s Cancer Support Group, Men to Men Support Group, Hispanic Women’s Support Group and Caregiver 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.

- 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.

- More Fruit and Veggies Matter campaign is promoted by Health Education & Wellness
  Services.

- Certified 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.

- Oncology nutrition program with a registered dietitian providing crucial medical nutrition
  therapy for our patients under cancer treatment to help them maintain good nutritional
  status.

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.
• Voluntary Certification for Oncology Rehabilitation through Oncology Rehab Partners. The goal of attaining this certification is to encourage more referrals for needed rehabilitation services for cancer patients.

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, Men to Men Cancer Support Group, Hispanic Women’s Cancer Support Group and Caregiver’s Support Group offered (monthly) through Oncology Services.
• Georgia core grant to expand screening mammography to the underserved population.
• Lung Cancer Alliance for Shine a Light event and Center of Excellence
• University of Georgia Extension Services assisting Georgians to become healthier, more productive, financially independent and environmentally responsible.
• 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 - currently GMC has a limited number of clinical trials available for patients to enroll in and we are actively seeking additional research opportunities.
• Establishing an outpatient palliative care approach for GMC cancer patients. While we have robust end of life care for inpatients, we see a potential gap with regards to outpatient palliative care.
• Establishment of a Cancer Survivorship Plan for patients of the Center for Cancer Care. This plan will summarize the patient’s treatment, ongoing care recommendations and other pertinent information for cancer survivors and will be provided to the patient and their Primary Care Provider.

Stroke Program

The designated stroke unit for GMC-Duluth is on the fourth floor. GMC-Duluth fourth floor provides care to stroke patients and other medical conditions. The GMC-Duluth ICU responds to inpatient stroke calls on the GMC-Duluth campus as part of the “Stroke Alert” team.

The Center for Neuroscience leads our System’s efforts in maintaining our voluntary 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. Since February 2005, both the GMC-Lawrenceville and GMC-Duluth campuses have been certified as Primary Stroke Centers.

Community education is supported through the efforts of the nursing, coordinated care and marketing team who provide presentations and screenings for at-risk groups.

Programs:

- **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 a Primary Stroke Center. Since February 2005, both GMC-Lawrenceville and GMC-Duluth campuses have been certified as Primary Stroke Centers.

- **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 or stroke study participation. In addition, the GMC-Duluth’s critical care team responds to in-hospital stroke alerts.

- **Stroke Risk Screenings at the Gwinnett Senior Health Fair.**

- **Stroke Awareness presentations at senior centers, assisted living facilities, nursing homes, churches, businesses, community groups, and professional organizations.**

- **Annual CME Conference: Advances in Stroke Care**

- **Stroke Booths with mini stroke screenings throughout the year.**

- **CME Stroke 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.

- Non-clinical staff continues to be trained on stroke signs and symptoms, activating 911, and risk factors, so that when they are in the community, they know what to do in the case of a possible stroke.

- 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 4.5 hours of symptom onset, 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 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 for possible Advanced Stroke Life Support (ASLS) training.

Diabetes & 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. In fiscal year 2014, the net community benefit was $419,000.

The DNEC’s staff includes Nurses and Registered Dietitians (RD) who are Certified Diabetes Educators. The RDs hold additional certifications in weight management. Staff rotate 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 programs for the Center for Weight Management patients. In fiscal year 2014, 4,893 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 2014, 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 3,547 hospitalized patients. The DNED 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.

- **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.

- **Healthy Diabetes Series**: Community talks offered six times a year addressing pre-diabetes and current, relevant diabetes management topics.

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

- **Diet by Design**: A personalized, flexible approach to weight management that is facilitated through individual consultations with a Registered Dietitian.

- **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 Initial Nutrition consultations**: Nutrition assessments provided to those pursuing surgical weight management.

- **Weight Management**: Individual counseling, classes and programs with registered dietitians including nutrition counseling and support for hospital's bariatric program's patients.

- **Metabolism Testing**: Registered Dietitian uses a device to measure how many calories the body burns and includes a personalized meal plan based on an individual's metabolism.

- **Weight! Have you had the Talk with your kids?**: Program offered to the community in various formats (e.g., classes, workshops, and health forums) to address childhood obesity.

Community Collaborations:

- **Gwinnett Takes on Diabetes**: Annual free community education event featuring experts in the field of diabetes and its management.

- **Diabetes Education Grant Program**: Program that provides access to diabetes education for uninsured/underinsured patients. To date, 470 patients have utilized this program for education.

- **University of Georgia Extension Program**: Cooking classes for people with diabetes.

- **Intern Program**: Provide dietetic internships for UGA and GSU students.
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 to 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. Overseen by a Physiatrist, the medical director who is 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 adolescent, adult and geriatric age patients. At Glancy Rehabilitation Center, treatment is provided by a team of the area's most experienced rehabilitation professionals. From the day of admission, patients and their families work actively with the rehabilitation team to develop goals and a treatment plan, as well as to prepare a plan for discharge.

A physiatrist — a medical doctor who specializes in rehabilitation — leads the inpatient rehabilitation team, which includes:

- Case manager/counselor
- Chaplain
- Neuropsychologist
- Nutrition specialist
- Occupational therapist
- The patient and family
- Physical therapist
- Rehabilitation nurses
- Respiratory therapy
- Speech-language pathologist
- Therapeutic recreation specialist

Stroke Rehabilitation Program: Brain injury resulting from a stroke 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 program combines state-of-the-art therapies with compassionate care to provide our patients with the best opportunity to achieve their maximum potential and best quality of life.

Inpatient Programs:

- Resource Center: Study/resource room is available for patients and families. Online access to resources is available. Written/video material resources are also available. This helps families and patients to educate themselves and plan for ongoing needs.
- Support Groups: Stroke, Parkinson's, Amputee
- Peer Visitor Program (Stroke, Traumatic Brain Injury, Amputee)
- Aphasia Conversation Group
Glancy Rehabilitation Center has earned the highest level of accreditation available from the Commission of Accreditation of Rehabilitation Facilities (CARF). In addition, Glancy Rehabilitation Center earned CARF designation as a Stroke Specialty Program.

Glancy Rehabilitation Center Outpatient Program provides comprehensive outpatient medical rehabilitation for adolescents, 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. An orientation is conducted for each new person served. 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: case management (as needed), neuropsychology (as needed), occupational therapy, physical therapy, and speech-language pathology. On a consulting basis: nutrition services, chaplaincy, and diabetic education.

Transitional Fitness Program is an outpatient program 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.

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, amputee rehabilitation, 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 on the GMC-Duluth campus are located in the Hudgens Professional Building, Suite 400, and are staffed by physical therapists (PT), a physical therapist assistant (PTA), rehabilitation aide, and administrative assistants.

Speech Language Pathology Services is available at Gwinnett SportsRehab in both our Lawrenceville and Duluth locations. FEES and Videostrobes are also available on both campuses. The program provides specialty speech language pathology services for adults. The speech language pathologist provides cost-effective care that includes assessment and treatment for voice disorders, swallowing deficits, and cognitive and speech/language disorders. The comprehensive assessment and customized treatment plans are designed to address the specific needs of the individual in order to facilitate independent return to daily activities.

Programs:

- Voice and Swallowing Rehabilitation provided by a Speech Language Pathologist, treatment for voice and swallowing deficits as a result of head and neck cancer.
• 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.

Center for Weight Management

The Center for Weight Management at Gwinnett Medical Center-Duluth provides outpatient and inpatient services to those suffering from the disease of obesity. We perform three types of weight loss operations to include adjustable gastric banding, sleeve gastrectomy and gastric bypass. Additionally, we provide surgical bariatric revisions to those demonstrating medical necessity. 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 two in the state of Georgia.

The Adolescent surgery program has oversight by Dr. Kimberly Bates, a Pediatric Medical advisor; Drs. Richard and del Mazo, bariatric surgeons; Dr. Megan Ratcliff, Ph.D., a Pediatric/Adolescent Behavioral Health Advisor; Dr. Rebecca Gomez, Psy.D., a Behavioral Health Coordinator for adults; Debra Proulx, RN, BHS, MBA, the Director of Bariatric Services; and Edwin Mancia, CFC, the Front Office Supervisor. 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 Eileen Javellana, M.D. Recognizing that weight loss/maintenance is a lifelong journey, we offer a comprehensive support 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.

The Center employs ten full-time employees to assist with the management of the surgical 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 2014, the program assisted 240 patients in order to improve their health through surgical intervention. The program consistently manages an average of 100 patients through different phases of the surgical preparation process. 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, community groups (e.g., churches, businesses) 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).

**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 15 to 17 and adults, ages 18 to 65 plus. Surgical care provided consists of gastric bypass, sleeve gastrectomy, adjustable gastric band, 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, and support group meetings. These classes/groups occur on select evenings and weekends.

**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 performed within GHS. The OOR is charged with (1) helping to create and sustain a 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 the ability to assume specific research project.

**Description of Services:** The Office of Research (OOR) provides research administrative and operations services to Gwinnett Medical Center-Lawrenceville, Gwinnett Medical Center-Duluth, Glancy Rehabilitation Center and Gwinnett Medical Group. The OOR was formed in December of 2012 and oversees a vast spectrum of research in oncology, cardiology, neuro-science, pulmonology, wound care and concussion research. The OOR is staffed with seven Full-Time Equivalents (FTEs) with positions represented in research nursing, research coordination, regulatory affairs, quality assurance, financial coordination and administrative oversight.

**Current Research:** Currently, the Office of Research (OOR) oversees government-sponsored, non-profit, academic and industry-sponsored clinical research. In fiscal year 2014, the OOR was involved in research through the Atlanta Regional Cancer Cooperative (ARCCOP), National Cancer Institute (NCI), and the National Institutes of Health (NIH). In addition, the OOR has partnered with academic research centers of excellence, including Duke University, Johns Hopkins University, UCLA, and Harvard University. Through these research engagements, in fiscal year 2014 the OOR screened 92 patients from the greater Gwinnett community for access to research opportunities. For many of these patients,
access to these innovative treatment options resulted in improved health outcomes otherwise not available through standard of care or routine options.

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 some of the most innovative medical options available today. 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 2015: The Office of Research (OOR) has set many goals for fiscal year 2015, including increasing access to NIH-sponsored research through the National Cancer Institute (NCI), National Heart, Lung and Blood Institute (NHLBI), National Institute of Neurological Disorders and Stroke (NINDS) and National Institute of Nursing Research (NINR). Increasing access to these trials will augment our current research offerings and further support medical treatment options to the greater Gwinnett community.

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 Gwinnett Medical Center-Duluth, as well as Glancy Rehabilitation 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 Dietitian's for Gwinnett Medical Center-Duluth, including Glancy Rehabilitation 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 four staff chaplains, four clinical pastoral education residents (with a one-year commitment) and shorter term clinical pastoral education interns.

Chaplaincy is a well-integrated part of the life of the hospital, serving 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 Gwinnett County Fire and Police to assist in Critical Incident Stress debriefings.

Palliative Care Program

The Palliative Care Department at Gwinnett Medical Center provides comprehensive and individualized treatment to patients with chronic or serious illness. With the patient’s goals established, a plan of care is established to help relieve 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 prevent the ease and 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.

In 2014, 1,066 consults were provided to patients admitted to Gwinnett Medical Center.

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 over 1,400 students participated in professional training. On the Lawrenceville campus over 1,000 students were trained and over 400 students trained on the Duluth campus in fiscal year 2014.

The healthcare specialty areas trained on the Lawrenceville campus in fiscal year 2014 were: chaplaincy, dietitians, diabetes nursing, cardiology technicians, corporate counsel, emergency medical technicians, exercise and health science, health information management, nursing informatics,
laboratory technologists and phlebotomists, nuclear medicine technologists, oncology nursing, pharmacists, rehabilitation physical therapists (including occupational and speech), radiology technicians, respiratory therapists, registered nursing (undergraduate and graduate), social workers, surgical technicians, ultrasound technologists, midlevel students and high school students in sports medicine, certified nursing assistant programs as well as in programs exploring future healthcare careers.

On the Duluth campus, the healthcare specialty areas trained in fiscal year 2014 included the following: chaplaincy, diabetes nursing, emergency medical technicians, exercise and health science, laboratory technologists, pharmacists, rehabilitation physical therapists (including occupational and speech), radiology technicians, respiratory therapists, registered nursing (undergraduate and graduate), midlevel students, social workers and sports medicine.

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: Philadelphia College of Osteopathic Medicine, Gwinnett Technical College, Georgia Gwinnett College, Emory University, Mercer University, Brenau University, Georgia State University, Georgia Regents University, 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, Bauder College, Chattahoochee State, Georgia Southern University, DeVry University, University of Indiana, South University, Georgia Northwestern Technical College, 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, Walden University, Kaplan University, Gwinnett County Public Schools - Quest Intern program, Medical Explorers and Maxwell High School of Technology, and Grayson High School Sports Medicine, and in Fulton County, the Fulton County Public Schools’ gifted program.

Lawrenceville supports three high school programs on site including Maxwell High School of Technology which places approximately 100 students for their Certified Nursing Assistant program with our Patient Care Technicians for their training; a gifted student program for high school students interested in observing healthcare workers in action; 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 Duluth another high school partnership continues in its second year with the Fulton County High School Program for students to observe healthcare workers on the Duluth campus. The Grayson High School Sports Medicine Program, supported by our Sports Medicine area and the Concussion Institute, affords the high school students observation with our sports trainers in both Duluth and Lawrenceville.

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, completes a comprehensive online orientation to Gwinnett Medical Center, and receives a GMC picture ID badge. LR manages GMC required paperwork, tracking and data entry 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. A portion of that meeting is devoted to nursing school placement for the upcoming academic year.

Additional contributions to our student affiliations are ongoing. LR is a member of the 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, and Maxwell High School Healthcare Science Advisory Committee. LR also offers a summer Nurse Extern program which supports the nursing student’s future transition into nursing. Typically 30 or more nursing schools participate in the Nurse Extern Program from a variety of states. 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.

Continuing Medical Education/Medical Library

The Continuing Medical Education/Medical Library department provides accredited continuing medical education (CME) conferences and library services and resources for our physicians, clinicians, hospital associates and community.

Gwinnett Medical Center is accredited to provide Category 1 CME credit through the Medical Association of Georgia. We have been an accredited provider since 1994 and most recently were awarded CME Accreditation “with Commendation” as a provider of continuing medical education. This recognition confirms GMC’s commitment to excellence in its CME programming.

Our mission is to provide relevance in CME program development – “Education that matters to patients.” We are dedicated to delivering quality, balanced and evidence-based educational opportunities that stimulate and empower physicians and clinicians to improve patient care.

The Gwinnett Medical Center Continuing Medical Education Program provides lifelong learning opportunities for physicians to enhance their competence, practice performance and improve the health status and outcomes of patients in the Gwinnett community.
Emphasis is placed on:

- Assisting physicians to identify their professional practice gaps and designing appropriate and effective educational interventions to meet these gaps, promote changes and improvement in clinical practices.

- Collaborating with Quality Improvement and other departments in designing, planning and implementing learning opportunities to address quality or safety issues within the hospital system.

- Providing up-to-date, evidence-based, clinically-relevant and scientifically-rigorous educational opportunities for physicians.

CME conferences at Gwinnett Medical Center address a wide range of topics related to clinical practice, current research and professional development. Each medical department provides conferences in its respective field/therapeutic area. Content is also influenced by best practice recommendations, key strategic plan initiatives, new clinical services and our hospital mission. Conferences are planned based on the identified needs of the target audience and may occur in multiple formats to address the practice gap.

The primary target audience is practicing Gwinnett Medical Center physicians. Other physicians in the Gwinnett community as well as mid-level providers and healthcare professionals at Gwinnett Medical Center are also invited to attend the CME conferences. Some of our conferences may target local or regional physicians and healthcare professionals with whom we wish to share our expertise or clinical information.

The CME Program offers both traditional and innovative conferences including live CME conferences based on current, relevant topics and annual seminars. Types of conferences include departmental conferences, grand rounds, interactive, hands-on workshops, multidisciplinary case conferences, journal clubs and computer-based learning. Live teleconferences may also be transmitted to our second facility, allowing additional physicians and healthcare professionals to participate in the conference. Joint providership of conferences with local healthcare organizations are occasionally undertaken to provide quality continuing medical education for other local entities. In 2014, 237 CME conferences were provided which included 561.7 hours of instruction. We had a total attendance of 5,478 participants.

Medical Library

The Gwinnett Medical Center has two Medical Libraries - one on each hospital campus. The Gwinnett Medical Center-Lawrenceville Library is located on the Ground Floor of the hospital and provides medical resources, access to computers and library services. Our second Medical Library is located on the Terrace Level of Gwinnett Medical Center-Duluth. This library provides similar resources, computer access and services.

The mission of the Gwinnett Medical Center Medical Libraries is to provide the highest quality medical information services and resources to support excellence in patient care, clinical and management
decision-making, research, community wellness and the educational needs of our customers. Our libraries provide a diverse collection of medical resources and a wide range of library services available to physicians, clinicians and the community. In 2014, the “brick and mortar” Medical Libraries were utilized by 25,480 physicians, associates, students and community members.

While offering onsite collections of current and relevant materials, the library staff is able to provide reference services that stretch beyond the walls of the physical library.

The on-site collection includes:

- Medical online databases for physicians, nurses, allied health professionals, patients and the community
- Medical textbooks and DVDs
- Electronic medical journals and textbooks covering all specialties
- Ten-year collection of 50+ paper journals
- Extensive drug information
- Evidence-based practice guidelines, patient information and much more

The Electronic Medical Library

- Provides access to an extensive electronic library collection including:
  - 20,000+ full-text medical and surgical journals
  - 1,500+ full-text electronic medical and surgical reference textbooks
  - 14+ electronic medical databases
  - Seamless retrieval of information from these resources
- Electronic journals and e-books are organized by our A to Z list - A searchable tool which allows users to alphabetically search through our entire electronic journal and e-book collections
- Article Linker - A link resolver product that easily and directly links users to the full-text of requested journals when conducting a literature search

Online Database Resources Include:

- Up-to-Date - A “Point of Care” Clinical Information database. Provides concise, practical answers to the physician/clinician’s clinical questions at the point of care
- Clinical Key - A comprehensive, new medical database providing access to an expansive collection of medical journals, e-books, procedures, practice guidelines, drug information and patient education handouts - all in one resource
- Ovid - Another medical database that provides access to Medline and the latest peer-reviewed articles in medical journals and e-books
- PubMed - The National Library of Medicine’s Medline, the world’s premier index to medical literature
• VisualDx - A visually presenting diagnostic, decision support database providing access to over 17,000 clinical images to help the physician/clinician determine the definitive diagnosis

• EbscoHost Database - A comprehensive collection of multiple databases including the following: Medline Complete, Health Business Elite, Psychology and Behavioral Sciences Collection, Cochran Evidence-Based Databases, Nursing Reference Center, CINAHL Plus and Nursing and Allied Health Collections

• Lexicomp - A pharmacology database that provides comprehensive drug and clinical information including drug interactions, calculators, IV compatibility, toxicology information and patient education

• Neofax - A neonatal drug database providing drug monographs, enteral formulas and calculators for the neonate population

• Natural Standard - An evidence-based database that provides information on complementary and alternative therapies

• Rittenhouse Full-Text e-Books Collection - A web-based, fully integrated, searchable medical, nursing and allied health electronic book database of content from key health-science publishers.

• STAT!Ref - Another full-text e-book database which includes access to many medical, nursing and pharmacology textbooks

• MedlinePlus - The National Library of Medicine’s free index to consumer health information in over 40 languages with links to clinical trials and drug information. It also includes a medical dictionary and medical encyclopedia.

• Krames On-Demand - A comprehensive, customizable patient education database available in 11 different languages.

**The Outpatient Center at GMC-Duluth**

Duluth Outpatient Center 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 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 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 1500-0700, and 0700-0700 weekends and holidays.

Scope of Patient Care/Service: Endoscopy services consist of two procedure rooms. Therapeutic and diagnostic procedures such as Colonoscopy, Esophagogastroduodenoscopy, Bronchoscopy, and Endoscopic Retrograde Cholangiopancreatography 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.

Ultrasound Duluth Outpatient Center

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

Physician Services

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

Health Education & Wellness Services

Health Education & Wellness Services (HEWS) employs two health educators and is responsible for planning, coordinating and providing health education programs and services for our community. PrimeTime Health, Physician's Speakers Bureau, fitness classes and health screenings are examples of HEWS services. PrimeTime Health is a senior program providing health information to meet the needs of community members over 50 years of age. HEWS also provides access to quality health information presented by a team of local physicians on a variety of health and wellness topics through the Physician's Speakers Bureau. In fiscal year 2014, HEWS had 18,181 community contacts.

HEWS's fitness classes are led by certified professional fitness instructors with the goal of decreasing the risk of heart disease and diabetes; bolstering participants’ immune system; and improving their moods and fitness levels through regular physical activity. These classes also work to improve both physical and psychological wellness by focusing on relaxation and stress reduction.

Goals for fiscal year 2015:

- Continue to offer health education and prevention programs to community and associates.
- Increase PrimeTime Health membership.
- Increase Fitness Class participation.
- Increase Physician's Speakers Bureau participation.

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 and the local youth football association. 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 60,000 baseline tests were provided. Through the program, GMC collaborates with all of the county high schools in Gwinnett County and provides full-time certified athletic trainers to 13 high
schools in Gwinnett County, and two in surrounding counties. In fiscal year 2014, our certified athletic
trainers provided direct on-site care in approximately 30,000 encounters, resulting in more than 1.6
million contacts for the year. The program has made 6 million program contacts since 2005.

GMC’s Sports Medicine Support department includes approximately 59 certified athletic trainers (25
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 develop an on-going
plan of care based on the nature of the injury.

Goals for fiscal year 2015:

- Continue providing coverage in 13 local high schools with a goal of adding a Certified
  Athletic Trainer to the eight county high schools we currently do not provide coverage.
- 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 10 youth injuries symposiums to local coaches and parents.
- Provide three education clinics to local high school coaches
- Provide community awareness about concussions through scholastic offerings.
- Provide community awareness about injury prevention through educational offerings.
- Increase access and levels of specialized medical care to local athletic populations.
- Extend services to surrounding counties and organizations that have a recognized need.

The Concussion Institute

The Concussion Institute opened on the Duluth campus. The institute serves student athletes,
collegiate athletes, professional athletes and adults who have suffered a concussion. Concussions are
all too common and frequently not treated comprehensively. The Concussion Institute is committed to
improving concussion treatment by increasing awareness of the signs and symptoms of concussions
and other head trauma as well as providing state of the art diagnostic and treatment approaches.

Major diagnoses served: Concussions and concussions related but not limited to those with a history
of migraines, learning disorders, and attention issues. General guidelines and management plans
for concussions in sport are provided as an outpatient service as a part of Gwinnett Medical Center-
Duluth. Neuropsychologists provide acute and chronic assessment including neuro-behavioral testing which tests the memory, reaction time, and reliability of the injury presented. The Certified Athletic Trainers provide general examination physical abnormalities that are associated with concussions. They also provide supervised exertion therapy as followed by the GA Return to Play Act. The Physical Therapy service provides a wide variety of evaluative procedures in the realm of vestibular and ocular therapy for patients who present with persistent dizziness, ocular motor deficiencies and balance problems. Physical therapists will use procedures such as exercise, ROM and gait training among others to treat these areas.

Department Staff/Structure: Professional staff is comprised of Neuropsychologists, Certified Athletic Trainers, Physical Therapists, Education Coordinators, and Administrative Assistants, whom operate the day-to-day needs of the office and clinic staff.

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 Faith Community Nursing encourages faith communities to provide health ministry to their congregations by training, supervising and supporting faith community nurses to promote whole person health. GMC is the only site in Georgia that administers the Faith Community Nurse Foundations course, required for Registered Nurses to become Faith Community Nurses.

Faith community nurses function as case managers, personal health counselors, educators and volunteer coordinators for creative programs to improve the health of community members. Programming varies because each faith health site assesses their population health needs and develops programming to address the identified needs.

During the past year, the Faith Community Nursing sites associated with Gwinnett Medical Center-Duluth made more than 28,189 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 200 service agencies.

The Faith Community Nursing department includes one manager, a half-time registered nurse education coordinator, a half-time administrative assistant and 19 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 2015:

- 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 problems in our community
- To provide training to additional registered nurses to enable them to provide health ministry in their faith communities
• To encourage faith communities to provide health ministry in their congregations
• To support the implementation and growth of the GMC Faith Community Network

Programs:

• Cancer Support Groups: are 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: are groups for persons suffering grief from bereavement or other losses
• Additional Support programs for individuals and families: are groups for persons needing support from situations of substance abuse, family violence, divorce, etc.
• Healthy Living: are education and support programs which teach healthy eating, nutrition, and exercise such as Believercise and First Place Health
• Parenting Skills & Issues: is 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: educational programs and exhibits designed to alert persons to the warning signs of cancer such as skin cancer, colon-rectal, etc.

Community Collaboration:

• Blood Drives: provides site and support via space, media, and nourishments for blood drives (American Red Cross and Life South)

Programs under Development:

The Faith Community Network is a partnership between Gwinnett Medical Center and clergy of faith communities in Gwinnett County. The Network provides a bridge of care for faith community members who are admitted to GMC by connecting a GMC Faith Community Nurse Navigator with a faith community Liaison within the faith community. Work is currently underway to explore the possibility of including non-traditional faith communities such as multi-church sponsored “cooperatives” to partner and positively impact resource-deficient areas of our community as well as expanding the Network offering to all faiths within the Gwinnett County area.

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 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.

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 2014, the Coordinated Care department had 61 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).

Case managers and social workers assess patients based on a high-risk screening tool and complete clinical review 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 patients access to a case manager and social worker. Monday through Friday, from 8 a.m.-11 p.m. Saturday and Sunday, we have discharge coverage for GMC- Lawrenceville 7 a.m.-10 p.m.; after 10 p.m. all coverage is remotely addressed by an on-call associate.

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 2015:

- 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 relations 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
- Continue partnership with ARC (Atlanta Regional Commission) for Atlanta Community-Based Care Transition Program
- 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: 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
• Partnership for Domestic Violence: collect and provide phone donations for victims of domestic violence
• GMC’s Care Transition Coordinator (CTC) works directly and collaboratively with Strickland Family Medical Center (SFMC) and the physicians of Strickland Family Medical Group (SFMG) to outreach to patients at risk for readmission.
• Community Clinic referrals: contact information is provided for community clinics for uninsured and underinsured patients
• Partner with United Way/AmeriCorps “Project Health Access” to provide member assistance in the emergency department to offer direct care coordination and education for medical assistance to uninsured and underinsured patients.

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

Marketing and Communications

The Gwinnett Medical Center Marketing and Communications 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, forums and speaking engagements.

The goals of speaking engagements and forums are to:

- Use representatives and experts that offer a personal educational link between the community and our System.
- 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 forums are presented by experts on various health education and prevention topics.
• Moonlight & Music Concerts, May, June, July, August, September 2014
  • Provided information about healthy aging

• Wellness Seminar One, June 2014
  • Participants were able to register for their wellness seminars to prepare to run the Button Down Dash that was hosted by the Gwinnett Chamber
  • Topics included: strength and conditioning and hydration and nutrition for runners
  • Participants received a “Couch to 5K” running plan

• Wellness Seminar Two, July 2014
  • Participants were able to register for the wellness seminars to prepare to run the Button Down Dash that was hosted by the Gwinnett Chamber
  • Topics included: general fitness and running injury free
  • Introduction to general fitness guidelines, techniques and body composition
  • Tips and techniques for running injury free

• Healthy Habits. Healthy Kids., September 2014
  • Topics included: myths about weight management in children
  • Factors affecting energy balance
  • Tips to address weight and healthy habits with your child

• Paint the Mall Pink, October 2014

• Girlology, February 2015
  • Something New About You
  • Topics included: growth and development, bras and bra shopping, hygiene, nutrition, feminine care products, emotions and respect for self and others

• Hamilton Mill event, April 2015

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, town hall meetings 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 job losses, lack of diversity in community leadership and residents without adequate health insurance. These community needs are not being addressed directly by the hospital because these needs are outside of 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 to 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 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 would like to work with the community’s dental care providers to develop a plan of support for this issue. At this time, the American Dental Association’s Gwinnett chapter is the champion for this initiative.

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. 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. SummitRidge Hospital is a private, for-profit psychiatry and addiction medicine facility in Lawrenceville. 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.

**Looking to the Future**

GMC makes every effort to deliver innovative services of superior quality to our community at the best value. Through our CHNA and implementation strategies we are working to address community needs for all community residents including the uninsured, underinsured and vulnerable population. We have created the Center for Cancer Care, significantly increasing the staff and building a formal relationship with Suburban Hematology and Oncology Inc. We are also developing two new programs to address our community’s needs: the Faith Community Network pilot and the Graduate Medical Education program for Family Practice and Internal Medicine.
Faith Community Network Pilot

Gwinnett Medical Center is developing a Faith Community Network, which consists of a covenant partnership between Gwinnett Medical Center and Faith Communities in the Gwinnett County area. The partnership covenant defines the role and responsibilities of Gwinnett Medical Center and senior clergy of the faith community. A health and wellness ministry is established in the faith community and requisite health liaison training is completed by the faith community’s liaison. A connection is established between the GMC Navigator and the Faith Community liaison and the congregation is informed of the Faith Community Network. Whenever a member of the congregation accesses Gwinnett Medical Center and self-identifies with their faith community, the appropriate navigator is notified. The GMC navigator notifies the Faith Community liaison of the member’s status and the two begin to coordinate their resources to facilitate the member’s return to optimum 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, and chronic disease prevention, health fairs, guest speakers, and assistance in choosing the right clinic or physician for health needs, advocacy and a network of aftercare support following an illness or treatment of a medical condition. The medical center and society in general benefit from the decreased utilization and costs associated with healthcare and hospital admissions. The Faith Community Network benefits the individual by facilitating the provision of efficient, effective and appropriate care towards a return to optimum health. Members of vulnerable populations and diverse cultures (languages) benefit by being connected to a system that will help them navigate the complexities of the healthcare system and increase their participation in healthy living.

Implementation Update: Since last year’s report, GMC has established covenant partnerships with eight 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 and Berean Christian Church. We have registered Network members in six of the faith communities with plans to have the final two congregations registered by fall. There are presently 1,122 members of the Network from our community. Liaisons from each of the faith communities have been trained and are beginning to establish wellness ministries and implement wellness programming at their places of worship. Examples of programs that have been started are a class on Advanced Directives and on-going grief and cancer support groups. There have been 67 member encounters since the Network went live and each has received follow-up care through the Network liaisons and appropriate care teams from their respective faith communities. With the exception of four patients, all have been over 65 and a part of a vulnerable population. In July 2014, the Network church 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. Combined total contacts for all Network churches, July 1 through December 31, 2014, came to 1,321.
Graduate Medical Education (GME) Program

GMC has added dually-accredited (MD and DO) residency training programs in Family Medicine and Internal Medicine. These programs will be accredited by both the Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA). Five Family Medicine first year residents started our program and their training in June 2014. The Strickland Family Medicine Center opened its doors in June of 2014 and serves as a major outpatient training site for these Family Medicine residents but also the main outpatient care setting for them and their patients. Internal Medicine has entered the Match and will start its program in June of 2015. A separate office has been recently completed and along with Preoperative Internal Medicine and Transitional care patients, our new Internal Medicine residents will train and deliver healthcare in this new outpatient setting. GMC-Duluth serves as the major Family Medicine teaching site and GMC-Lawrenceville will serve as the major Internal Medicine in patient teaching site.

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. Further, development of a formal physician educational section and teaching structure in the GMC system will greatly assist 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 both the ACGME and the AOA include multidisciplinary educational teams, the introduction and use of research techniques, and the presentation and use of quality 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 Family Medicine 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. Recent agreements with PCOM-Georgia Campus, GUR/UGA-Athens and Morehouse Medical School have been secured.

- 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.

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 and Trauma 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

Improve Access to Care

- Provide diagnostic services for the community
- Collaborate with community physicians 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 stop the spread of communicable diseases
- Collaborate with community organizations to prevent and detect chronic disease
- Collaborate with community organizations to promote the health of the international population
Need: 1. Manage Health Conditions and Chronic Disease Treatment
   1.1. Provide Emergency services for acute conditions and injuries

Reporters: Phillip Shaffer, Cheryl MacMillan, 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>
<td>• A Matter of Balance</td>
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<tr>
<td>• FCN: Mental Health First Aid training course</td>
<td>• Duluth Fall Festival</td>
<td>• ATLS Program (community) - Gwinnett Tech</td>
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<td></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, Susan Troccia, Lil Mucklow, Dolores Ware, Amy Motteram, Cris Hartley, Anita Parks and Cheryl Wunsch

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<tr>
<th>Programs</th>
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<tr>
<td>• Cardiac Patient Education Library-GHS Web Site</td>
<td>• Freshstart: Outpatient Smoke Cessation Program (American Cancer Society and Georgia Department of Public Health)</td>
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<td>• Medical Nutrition Therapy for Lipid, High Blood Pressure, Weight Management</td>
<td>• ARC Care Transition Coach Program</td>
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<td>• Cardiac Research</td>
<td>• ‘Mended Hearts’ Support Group</td>
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<td>• CME: Department of Medicine/Cardiology</td>
<td>• Free and discounted medication program with medication providers</td>
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<td>• FCN: Women’s Heart Health Education</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: Katie Michaud, Domingo Valpuesta, Cindy Snyder, Brad Humphrey, Angel Roussie, Anita Parks, Dolores Ware, Amy Motteram and Cheryl Wunsch

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<th>Programs</th>
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<td>Colorectal Cancer Prevention</td>
<td>Freshstart: Outpatient Smoking Cessation Program</td>
<td>Cancer Survivorship Plan</td>
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<td>programs</td>
<td>(American Cancer Society and Georgia Department of Public Health)</td>
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<td>Prostate Cancer Awareness</td>
<td>Relay for Life Education (community physicians and Oral, Head</td>
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<td>and Neck Cancer Alliance)</td>
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<td>Health Risk Assessments</td>
<td>Care-a-Van mobile mammography screenings</td>
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<td>More Fruit and Veggies Matter</td>
<td>Health Fairs</td>
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<td>New Low Dose CT Lung Cancer</td>
<td>Colorectal Screening kits</td>
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<td>Screening</td>
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<td>Oncology Research</td>
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<td>Palliative Care Program</td>
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<td>CME: Tumor Conference</td>
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<td>CME: Interdisciplinary Breast</td>
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<td>Cancer Pre-Treatment</td>
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<td>CME: Multi-disciplinary Lung</td>
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<td>Cancer Screening</td>
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<td>CME: Oncology Lecture Series</td>
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<td>FCN: Health Fair Screening</td>
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<td>FCN: Colon Cancer &amp; Prevention</td>
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<td>FCN: Skin Cancer &amp; Prevention</td>
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<td>FCN: Cancer Awareness</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

#### 1.2.3. Stroke

Reporters: Kelly Dunham, Dee Morgan, Mona Lippitt, Cheryl MacMillan, Susan Gaunt and Anita Parks

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<th>Programs</th>
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<td>• Primary Stroke Center Certification</td>
<td>• Professional Education</td>
<td>• ASLS Training with Gwinnett County EMS</td>
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<td>• Stroke Response Teams</td>
<td>• Stroke Conference</td>
<td>• A Matter of Balance</td>
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<td>• Stroke Support Group</td>
<td>• CME offerings</td>
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<td>• Aphasia Support Group</td>
<td>• Teleconference speaking</td>
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<td>• Stroke Peer Visitor Training</td>
<td>• Genentech Education Programs</td>
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<td>• Glancy Rehab Center Inpatient Program</td>
<td>• Stroke Awareness Education for Non-Clinical Staff to Help with Community Stroke Awareness</td>
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<td>• Glancy Rehab Center Outpatient Program</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>• Stroke Education/Resource materials on GMC Website</td>
<td>• Security</td>
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<td>• CME: Stroke Talks</td>
<td>• Interventional Stroke Care (Grady)</td>
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<td>• Door-to-Needle Time for Stroke Care (Community EMS, Eastside and Johns Creek Collaboration)</td>
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<td>• Stroke Awareness (Speakers Bureau)</td>
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<td>• Educational Exhibits</td>
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<td>• Festivals</td>
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<td></td>
<td>• CME: Annual Stroke Conference</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
     1.2.4. Diabetes

Reporter: Cris Hartley, Debra Proulx, Anita Parks and Kelly Dunham

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<th>Programs</th>
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<td>• Diabetes Self-Management Education</td>
<td>• Gwinnett Takes on Diabetes - November</td>
<td>• CME: Diabetes/Endocrinology</td>
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<td>• Gestational Diabetes Management Class and</td>
<td>• Diabetes Education Grant Program (Cisco) &amp; Gwinnett Rotary</td>
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<td>Individual Consultations</td>
<td>• University of Georgia Extension Services Cooking Classes</td>
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<td>• Insulin Pump Training</td>
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<td>• Pre Diabetes Education</td>
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<td>• Healthy Diabetes Community Class Series</td>
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<td>• CME: Diabetes/Endocrinology</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
     1.2.5. Respiratory Conditions

Reporters: Eddie Tong, Anita Parks and Cheryl Wunsch

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<th>Programs</th>
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<td>• Smoking Cessation Counseling</td>
<td>• FCN: Tobacco-Free Campus Policies (Church-Based)</td>
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<td>• Obstructive Sleep Apnea Education</td>
<td>• Freshstart: Outpatient Smoking Cessation Program (American</td>
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<td>• Pulmonary Rehab: Phase I</td>
<td>Cancer Society and Georgia Department of Public Health)</td>
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<td>• CME: Intensivists (Pulmonary)</td>
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<td>• FCN: Quitting Smoking for Good</td>
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Need: 1.3. Provide services to promote independence for persons with disabling conditions

Reporters: Kelly Dunham, Tim Simmons, Dee Morgan, Mona Lippitt, Cheryl MacMillan and Cheryl Wunsch

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<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Aphasia support group</td>
<td>• Speakers Bureau for all Disabling Conditions</td>
<td></td>
</tr>
<tr>
<td>• Athletic Training Services</td>
<td>• Educational Exhibits</td>
<td></td>
</tr>
<tr>
<td>• Gwinnett SportsRehab program (Sports Medicine)</td>
<td>• Festivals</td>
<td></td>
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<tr>
<td>• Glancy Rehab Center inpatient program</td>
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<tr>
<td>• Glancy Rehab Center outpatient program</td>
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<tr>
<td>• Transitional Fitness program</td>
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<tr>
<td>• Glancy Rehab Center’s Resource Center</td>
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<tr>
<td>• Resource materials on GMC Website</td>
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<tr>
<td>• FCN: Safety in the Home</td>
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<tr>
<td>• FCN: Caregiving Strategies for Aging Parents</td>
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</tbody>
</table>
Need: 1.4. Provide comprehensive service to those suffering from the disease of obesity

Reporters: Debra Proulx, Anita Parks and Cris Hartley

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Online seminars for obesity education and treatment options</td>
<td>• Faces of Diabetes (American Diabetes Association)</td>
<td>• Adolescent bariatric surgery program</td>
</tr>
<tr>
<td>• Life Coaching classes for behavioral modification</td>
<td>• Community physician weight management program collaborations</td>
<td>• CMEs for physicians</td>
</tr>
<tr>
<td>• Support groups</td>
<td>• Presentations to local employers</td>
<td></td>
</tr>
<tr>
<td>• Support Person</td>
<td>• Obesity Awareness 5k Walk/Run - April 18, 2015</td>
<td></td>
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<tr>
<td>• Alumni</td>
<td></td>
<td></td>
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<tr>
<td>• Pre/Post-op</td>
<td></td>
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<tr>
<td>• Daytime</td>
<td></td>
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<tr>
<td>• Men’s Discussion</td>
<td></td>
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<tr>
<td>• Cooking classes</td>
<td></td>
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<tr>
<td>• Nutrition education programs</td>
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<tr>
<td>• STRIVE</td>
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<tr>
<td>• Back on Track Program</td>
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<tr>
<td>• Bari-Angel Peer-Mentorship program</td>
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<tr>
<td>• Therapy/Behavior Modification - individual and group</td>
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<tr>
<td>• Diet by Design</td>
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<tr>
<td>• Medical Nutrition Therapy for obesity management</td>
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<tr>
<td>• Metabolic Testing</td>
<td></td>
<td></td>
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<tr>
<td>• Fitness services</td>
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<tr>
<td>• Clothing closet</td>
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<tr>
<td>• Medical weight loss group</td>
<td></td>
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<tr>
<td>• Initial inquiry</td>
<td></td>
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<tr>
<td>• Weight loss</td>
<td></td>
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<tr>
<td>• Maintenance</td>
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<td></td>
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<tr>
<td>• FCN: Exercise Classes</td>
<td></td>
<td></td>
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<tr>
<td>• FCN: Nutrition Classes</td>
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</tr>
</tbody>
</table>

• Faces of Diabetes (American Diabetes Association) 
• Community physician weight management program collaborations 
• Presentations to local employers 
• Obesity Awareness 5k Walk/Run - April 18, 2015 
• Adolescent bariatric surgery program 
• CMEs for physicians
Need: 2. Improve Access to Care

Reporters: Linda Horst and Dr. Mark Darrow

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

Reporters: Angel Roussie, Kelly Dunham, Janet Schwalbe, April Knowles, Mary Cooper, Cathie Brazell, Jennifer Robinson, Anita Parks, Katie Michaud and Domingo Valpuesta

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Physician Liaisons</td>
<td>• Triennial Physician Community Needs Assessment</td>
<td>• Graduate Medical Education Program (Academic Internal Medicine Partners)</td>
</tr>
<tr>
<td>• Women’s Service Navigator</td>
<td>• Recruiting Community Physicians through income guarantees, employment, relocation assistance, signing bonuses and recruiter fee assistance</td>
<td>• Intensivists Program</td>
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<tr>
<td>coordinates services virtually to assist with access to services.</td>
<td></td>
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<tr>
<td>• Cancer Navigators</td>
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<tr>
<td>• Graduate Medical Education Program (Strickland Family Medicine Center)</td>
<td></td>
<td></td>
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<tr>
<td>• CME: Primary Care Summit</td>
<td></td>
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<tr>
<td>• FCN: Network Navigator</td>
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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, Grace Cruz, Cris Hartley and Cheryl Wunsch

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
</tr>
</thead>
</table>
| • Diabetes Education and Self Management  
• Translation of educational documents:  
  • Korean  
  • Spanish  
  • Vietnamese  
  • Others, as needed  
• Language Line  
• Full-time interpreters (Korean & Spanish)  
• Facility tours to Korean Community  
• Weekly talk show at Korean radio station  
• Korean “Friendly” Hospital  
  • Patient menu  
  • Retail food menu  
  • Full-time interpreter  
  • Maps/Signage/Brochures interpreted into Korean | • Community Health Fairs  
• Senior Health Fairs  
• Chamber of Commerce Korean/American  
• Korean Task Force Team  
• Korean Churches  
• Korean Health Magazine  
• Faces of Diabetes: targets Hispanic and Korean communities (American Diabetes Association)  
• Mammograms: targets Korean and Indian/Pakistani populations  
• FCN: Korean Community Presbyterian Church (Duluth)  
• FCN: Program to implement faith community nursing in faith communities of predominately ‘Non-Western’ cultures |
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 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 nearby psychiatric facility.</td>
<td>• SBIRT Screening and Brief Intervention</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>
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<tr>
<td>• FCN: Emotional and Mental Health programs</td>
<td>• FCN: Faith Community Nurse Navigator</td>
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<tr>
<td>• FCN: Grief and Bereavement support groups</td>
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<td></td>
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<tr>
<td>• FCN: Addiction support programs for individuals and families</td>
<td></td>
<td></td>
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<tr>
<td>• FCN: Mental Health First Aid course</td>
<td></td>
<td></td>
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<tr>
<td>• Freshstart: Outpatient Smoking Cessation Program (American Cancer Society and Georgia Department of Public Health)</td>
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<td></td>
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<tr>
<td>• FCN: Faith Community Nurse Navigator</td>
<td></td>
<td></td>
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<tr>
<td>• SBIRT Screening and Brief Intervention</td>
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</tbody>
</table>
Need: 2. Improve Access to Care
2.5. Collaborate with community organizations for access to services for persons with disabilities

Reporter: Kelly Dunham, Allison Hamlet, Brad Humphrey, Angel Roussie, Tim Simmons, 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>• Occupational Therapy &amp; Physical Therapy</td>
<td>• Orthotist/prosthetist</td>
<td></td>
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<tr>
<td>• Amputee Rehab</td>
<td>• Athletic Trainers at high schools for school athletes with concussion</td>
<td></td>
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<tr>
<td>• Amputee Support Group</td>
<td>• A Voice for Hope and SPOHNC (Support for People with Oral Head and Neck Cancer)</td>
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<tr>
<td>• Vestibular/Concussion Rehab</td>
<td>• Fleet Feet</td>
<td></td>
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<tr>
<td>• STAR Certifications</td>
<td>• American Stroke Association</td>
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<tr>
<td>• Comprehensive Concussion Management Program</td>
<td>• National Aphasia Association</td>
<td></td>
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<tr>
<td>• Speech Pathology for Head and Neck Cancer</td>
<td>• National Stroke Association</td>
<td></td>
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<tr>
<td>• Parkinson's Support Group</td>
<td>• Stroke Awareness for Everyone (SAFE)</td>
<td></td>
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<tr>
<td>• Telecommunication for the deaf</td>
<td>• American Heart Association</td>
<td></td>
</tr>
<tr>
<td>• Documents translated to Braille for visually-impaired</td>
<td>• American Parkinson Disease Association</td>
<td></td>
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<tr>
<td>• On-site Sign Language Interpreter</td>
<td>• FCN: Faith Community Network: Facilitates the resources to maximize patient recovery and independent living</td>
<td></td>
</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: Tim Gustavson, Jamila Brown, Cris Hartley, Brad Humphrey, Angel Roussie, Dolores Ware, Amy Motteram, Tim Simmons 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>• Cardio Circuit Training</td>
<td>• Faces of Diabetes (American Diabetes Association</td>
<td></td>
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<tr>
<td>• Pilates/Yoga</td>
<td>• Diabetes Education Grant Program (Cisco)</td>
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<tr>
<td>• Endurance Boot Camp</td>
<td>• Whole Foods: food demonstrations and education</td>
<td></td>
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<tr>
<td>• Vim and Vigor Articles</td>
<td>• Comprehensive Wellness Center</td>
<td></td>
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<tr>
<td>• Nutrition education programs</td>
<td>• AARP</td>
<td></td>
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<tr>
<td>• Diet by Design</td>
<td>• Sprouts</td>
<td></td>
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<tr>
<td>• Medical Nutrition Therapy for obesity management</td>
<td>• Nature's Garden Express</td>
<td></td>
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<tr>
<td>• Metabolic Testing</td>
<td>• Fleet Feet</td>
<td></td>
</tr>
<tr>
<td>• Fitness services</td>
<td>• Pure Barre</td>
<td></td>
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<tr>
<td>• Open gym</td>
<td>• ThermaLife</td>
<td></td>
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<tr>
<td>• FCN: Healthy living</td>
<td>• Assisted Choice, Senior Living Experts</td>
<td></td>
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<tr>
<td>• FCN: Atonement Exercise classes</td>
<td>• His Grip Home Care Services</td>
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<tr>
<td>• FCN: Believercise &amp; Faithfully Fit</td>
<td>• SarahCare of Snellville</td>
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<tr>
<td>• FCN: First Place Health, Weight Watchers and Made to Crave</td>
<td>• Golfsmith</td>
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<tr>
<td>• FCN: Fit for Duty</td>
<td>• Center for Cosmetic &amp; Sedation Dentistry</td>
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<tr>
<td>• FCN: Healthy Cooking/Living/Eating groups</td>
<td>• Wellcare Health Plans, Inc.</td>
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<tr>
<td>• FCN: Walking for Health groups</td>
<td>• ARC Area Agency on Aging RSVP</td>
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<tr>
<td>• FCN: P90X</td>
<td></td>
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<tr>
<td>• FCN: Stretching &amp; Yoga</td>
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<tr>
<td>• FCN: Zumba</td>
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<tr>
<td>• FCN: Step by Step with Jesus</td>
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</tbody>
</table>
Need: 3. Prevent Chronic Diseases and Increase Wellness

3.2. Collaborate with community organizations to raise healthy kids

Reporters: Tim Simmons, Kristin Crea, Dolores Ware, Amy Motteram, Cris Hartley, Grace Cruz 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>• Sports Trainers in area schools and parks</td>
<td>• CPR certification for coaches and student training (HS &amp; college)</td>
<td>• SportsMetrics/ACL Prevention</td>
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<tr>
<td>• Pre-participation physicals</td>
<td>• Coach Education Events</td>
<td>• GGC Athletic Training Program</td>
</tr>
<tr>
<td>• Injury evaluations</td>
<td>• Student Symposium</td>
<td>• Middle School Collaborations</td>
</tr>
<tr>
<td>• Injury treatment and rehabilitation</td>
<td>• First Aid at Community Events</td>
<td>• Growth of Recreational Medical Programs into other Leagues</td>
</tr>
<tr>
<td>• Injury clinic</td>
<td>• County Board of Education</td>
<td>• STOP Collaboration</td>
</tr>
<tr>
<td>• Educational Seminars</td>
<td>• County High Schools</td>
<td></td>
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<tr>
<td>• Concussions</td>
<td>• County Recreational Leagues</td>
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<tr>
<td>• Heat Illness</td>
<td>• National Strength &amp; Conditioning Association</td>
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<tr>
<td>• Nutrition</td>
<td>• Local Faith Communities</td>
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<tr>
<td>• RIO</td>
<td>• Georgia Gwinnett College</td>
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<tr>
<td>• Concussion Institute</td>
<td>• CES (Competitive Edge Sports)</td>
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<tr>
<td>• ImPACT (Concussion Testing program)</td>
<td>• Healthy Habits, Healthy Kids. Community Event</td>
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<tr>
<td>• Driver safety program</td>
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<tr>
<td>• Weight! Have you had the Talk with your kids?</td>
<td></td>
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<tr>
<td>• Korean Summer Olympics</td>
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<td></td>
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<tr>
<td>• FCN: Driver safety training</td>
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<tr>
<td>• FCN: Rainbow Support for Children</td>
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<tr>
<td>• FCN: Child and babysitting safety course</td>
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</tbody>
</table>
### Programs
- PrimeTime Health Membership
- PrimeTime Health Tai Chi for Seniors
- PrimeTime Health Yoga for Seniors
- PrimeTime Health Chair Fitness for Seniors
- PrimeTime Health Strength Build for Seniors
- Speakers Bureau
- Senior Resource Directories Distribution
- Vim & Vigor Articles
- Senior Driver Safety Course
- FCN: Rest – Self-care in Crisis
- FCN: Caregiver Classes
- FCN: Protecting yourself from Falls & other Safety Tips
- FCN: Alzheimer's Support Group/Respite Care
- FCN: Am I Losing my Marbles? Warning Signs of Early Dementia and Alzheimer's Disease
- FCN: End of Life Decisions, Critical Conditions
- FCN: Meals to Shut-Ins

### Community Collaborations
- Senior Issues Action Team (SIAT) - Collaboration with multiple county-wide senior service providers including Gwinnett County Council for Seniors, Health and Human Services, Gwinnett Senior Services, Gwinnett County Health Department, local hospice providers, Eastside Medical senior programs, veterans groups and other social service providers.
- SIAT Caregiver Conference - Workshops on legal issues, education system updates, fall prevention, and grandparents raising grandchildren
- Senior Centers
- Colorectal Screening Kits
- Assisted Living Facilities
- Independent Living Facilities
- Speakers Bureau
- Comprehensive Wellness Center
- AARP
- Sprouts
- Nature’s Garden Express
- Fleet Feet
- Pure Barre
- ThermaLife
- Assisted Choice, Senior Living Experts
- His Grip Home Care Services
- SarahCare of Snellville
- Golfsmith
- Center for Cosmetic & Sedation Dentistry
- Whole Foods
- Wellcare Health Plans, Inc.
- ARC Area Agency on Aging RSVP

### Programs Under Development
- Elder Care and Ethics Program
- Silver Sneakers
Need: 3. Prevent Chronic Diseases and Increase Wellness

3.4. Collaborate with community organizations to stop the spread of communicable disease

Reporters: Eve Early, Sabrina Thomas and Anita Parks

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
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<tbody>
<tr>
<td>• Communicable Disease Control</td>
<td>• Public health reporting and case management collaboration</td>
<td></td>
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<tr>
<td>• CME: Infectious Diseases</td>
<td>• Emerging Pathogen Surveillance</td>
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<td></td>
<td>• State Bioterrorism Task Force participation</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

3.5.1. Heart Disease

Reporters: Dolores Ware, Amy Motteram, Tim Gustavson and Cheryl Wunsch

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>• FCN: AED/CPR</td>
<td>• Community Day with EMS (CPR Training and B/P Screenings)</td>
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<tr>
<td>• FCN: B/P Screening</td>
<td>• Freshstart: Outpatient Smoking Cessation Program (American Cancer Society and Georgia Department of Public Health)</td>
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<tr>
<td>• FCN: Health Fairs</td>
<td>• FCN: Million Hearts Campaign with Health Department</td>
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<td>• FCN: Women’s Heart Health</td>
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<tr>
<td>• FCN: Know the Signs of a Heart Attack</td>
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<tr>
<td>• FCN: Heart Health: Diet, Exercise and Sleep for Better Health</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

3.5.2. Cancer

Reporters: Stevie Lee, Katie Michaud, Domingo Valpuesta, Jamila Brown, Dolores Ware, Amy Motteram, 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>• Prostate Cancer Awareness</td>
<td>• Relay for Life screenings with physicians and Oral, Head and Neck Cancer Alliance</td>
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<tr>
<td>• Healthy Eating</td>
<td>• Freshstart: Outpatient Smoking Cessation Program (American Cancer Society and Georgia Department of Public Health)</td>
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<tr>
<td>• Oncology Research</td>
<td>• Care-a-Van mobile mammography screenings</td>
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<tr>
<td>• FCN: Health Fair Screening</td>
<td>• Health Fairs</td>
<td></td>
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<tr>
<td>• FCN: Breast Cancer Awareness Programs</td>
<td>• Paint the Mall Pink included services of the Care-a-Van as well as education about the importance of cancer support, genetic testing and breast education models</td>
<td></td>
</tr>
<tr>
<td>• FCN: Lung Cancer Prevention Programs</td>
<td>• Whole Foods - food demonstrations and education</td>
<td></td>
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<tr>
<td>• FCN: Colon Cancer &amp; Prevention</td>
<td>• Colorectal Screening Kits</td>
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<td>• FCN: Cancer Awareness</td>
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<tr>
<td>• FCN: Prostate Cancer Awareness</td>
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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: Kelly Dunha, Dolores Ware, Amy Motteram, Susan Gaunt and Cheryl Wunsch

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Stroke Awareness</td>
<td>• Senior Centers Assisted Living Facilities</td>
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<tr>
<td>• Presentations</td>
<td>• Independent Living Facilities</td>
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<tr>
<td>• Stroke Booths</td>
<td>• Train the Trainer - Faith Community Nurses for Stroke Awareness</td>
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<td>• Stroke Screenings</td>
<td>• Health Fairs</td>
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<td>• Speakers Bureau</td>
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<tr>
<td>• FCN: Stroke Awareness</td>
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Need: 3. Prevent Chronic Diseases and Increase Wellness
   3.5. Collaborate with community organizations to prevent and detect chronic disease
   3.5.4. Diabetes

Reporters: Cris Hartley, Jamila Brown and Cheryl Wunsch

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<thead>
<tr>
<th>Programs</th>
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<tbody>
<tr>
<td>• Diet by Design</td>
<td>• Whole Foods: food demonstrations and education</td>
<td>• FCN: Medicare Diabetes Screening Project</td>
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<tr>
<td>• Medical Nutrition Therapy</td>
<td>• University of Georgia Extension Services - Cooking Classes</td>
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<tr>
<td>• Metabolic Testing</td>
<td>• FCN: Diabetes Prevention: Lifestyle Changes that can Make a Lifelong Difference</td>
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<tr>
<td>• Healthy Eating</td>
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<tr>
<td>• Diabetes Education</td>
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<td>• Bariatric Consultations</td>
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<tr>
<td>• FCN: Diabetes Prevention: Lifestyle Changes that can Make a Lifelong Difference</td>
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Need: 3. Prevent Chronic Diseases and Increase Wellness
   3.5. Collaborate with community organizations to prevent and detect chronic disease
   3.5.5. Respiratory Conditions

Reporters: Eddie Tong, Dolores Ware, Amy Motteram, Cheryl Odell and Cheryl Wunsch

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<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
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<tbody>
<tr>
<td>• Smoking Cessation Counseling</td>
<td>• Freshstart: Outpatient Smoking Cessation Program (American Cancer Society and Georgia Department of Public Health)</td>
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<tr>
<td>• Obstructive Sleep Apnea Education</td>
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<td>• FCN: Spring Allergies: Help! I can't breathe</td>
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Need: 3.6 Collaboration with community organizations to promote the health of the international population

Reporters: Allison Hamlet, Grace Cruz and Cris Hartley

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<thead>
<tr>
<th>Programs</th>
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<tbody>
<tr>
<td>• Community Education</td>
<td>• Community Health Fairs</td>
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<td>• Translation of educational documents into Korean and Spanish</td>
<td>• Senior Health Fairs</td>
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<td>• Weekly Talk Show on Korean Radio Station</td>
<td>• Chamber of Commerce Korean/American</td>
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<td>• FCN: Korean Community Presbyterian Church (Duluth)</td>
<td>• Korean Churches</td>
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<td>• Korean Health Magazine</td>
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<td></td>
<td>• Faces of Diabetes: Targets Hispanic Communities (American Diabetes Association)</td>
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