FY 2016 Implementations Strategy
Gwinnett Medical Center-Lawrenceville

Gwinnett Medical Center-Lawrenceville (GMC-Lawrenceville) 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.

Community benefits programs or activities promote health and healing or provide treatment as a response to identified community needs or local public health priorities and meet at least one of these objectives: 1) enhances health of community, 2) improves access, 3) reduces burdens of government or 4) advances healthcare knowledge.

Approval Process

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

Community needs are analyzed year-over-year with trend comparisons of State and national data as well as Healthy People 2020 objectives included in the analysis. These identified needs are aligned with the Organization’s strategic, operational, safety, quality and clinical service plans with community action plans created as needed. This year’s report provides a review of statistical data for fiscal year 2015 (July 1, 2014 through June 30, 2015) and the current events and programs with action plans for 2016 (July 1, 2015 through June 30, 2016).

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

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

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

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

After administrative leadership made recommendations, the plan was presented to the Board Community Benefit Subcommittee for approval on February 9, 2016 and then to the Board of Directors for approval on February 22, 2016. Having the support of this board integrates the community benefit plan with the strategic, operational, quality and clinical plans of the System.

**Gwinnett Medical Center-Lawrenceville**

In September 2009, GMC-Lawrenceville opened the eight-floor North Tower. GMC-Lawrenceville now has 304 acute-care licensed beds (excluding the Women's Pavilion). This was an increase of 129 beds for the facility. GMC-Lawrenceville offers care services in the following: cardiac, neuroscience and spine, orthopedics, surgical, endoscopy and cancer care. The 40,000-square-foot Strickland Heart Center opened January 2012. This $33 million investment ensures that the people of Gwinnett have access to a complete range of cardiac services. Gwinnett Women's Pavilion located adjacent to GMC-Lawrenceville, has 37 Mother/Baby Unit beds and 12 High-Risk Pregnancy Unit beds. The Gwinnett Women's Pavilion has delivered more than 100,000 babies and offers extensive classes and pregnancy education as well as a Level III neonatal intensive care unit (NICU). The Level II Trauma Center is one of 24 designated trauma programs of the state's 152 acute-care hospitals.

Other services offered at GMC-Lawrenceville include: Cardiac and Pulmonary Rehabilitation, Center for Sleep Disorders, Outpatient Treatment Center, DaySurgery, Children's Emergency Center, Diabetes & Nutrition Education Center, Wound Treatment Center, Gwinnett SportsRehab, Gwinnett Sports Medicine, Pain Management Center, Brain & Spine Institute, Faith Community Nursing, Gwinnett Breast Center, 575 Outpatient Imaging Center, and 631 Imaging Center (PET/CT and MRI).

The Gwinnett Extended Care Center (GECC) is located at GMC-Lawrenceville. This facility
is licensed separately from GMC-Lawrenceville with 89 nursing home beds. GECC provides various levels of quality, cost-effective care for those individuals who need sub-acute or intermediate care. The primary goal of this facility is to help our patients achieve their highest level of functioning.

| Figure 1. GMC-Lawrenceville Service Volumes Fiscal Years 2012-2015 |
|-----------------|-----------------|-----------------|-----------------|
| Admissions (GMC-L, GWP, excluding GECC & newborns) | 20,973 | 22,149 | 22,224 | 23,334 |
| Emergency Departments visits | 100,077 | 101,263 | 102,269 | 109,031 |
| Care-a-Van screening mammograms | 1,508 | 1,499 | 1,594 | 1,592 |
| Surgical Cases (inpatient and outpatient) | 18,133 | 17,994 | 17,235 | 17,711 |
| Laboratory billable items (including Pathology) | 989,143 | 968,073 | 960,487 | 1,066,070 |
| High Risk Perinatal | 209 | 213 | 192 | 157 |
| Women’s Pavilion deliveries | 4,819 | 4,854 | 4,970 | 5,083 |
| Neonatal Intensive Care Unit (NICU) admissions | 615 | 682 | 518 | 523 |
| Dialysis treatments | 3,084 | 3,419 | 3,914 | 4,099 |
| Wound Treatment Center visits | 5,033 | 4,341 | 4,583 | 4,646 |
| Faith Community Nursing contacts | 58,854 | 54,677 | 36,976 | 32,216 |

Source: GMC Operating Statistics and department reports FY 2012-2015

**Emergency Department**

The GMC-Lawrenceville Emergency Department (ED) is a Level II Trauma Center, stroke certified and accredited chest pain center that treats approximately 106,000 patients annually. This 65 bed department is grouped into four sections to provide concentrated care centers for different types of illnesses and/or injuries.

- **Team Triage:** This is a five-bed unit where most patients are first assessed and treatment is started. Patients with lower acuity are often treated and discharged from this area to reduce their length of stay in the Emergency Department. On average, 25 percent of all patients are discharged from this area with an average length of stay of two hours.
- **Main Department:** This unit provides overall care for a variety of patient types. The average length of stay for patients discharged from this area is four hours.
- **Trauma Services:** This is a four-bed unit dedicated to the community’s trauma patients. On average, this unit services 70-80 traumas per month.
- **Children’s Emergency Center (CEC):** This 12-bed pediatric center provides 24/7 pediatric services to the community. The CEC is staffed with pediatric trained nurses and physicians. The average length of stay in this unit is less than two hours.

The ED employs 250 staff and works in cooperation with a board certified emergency physician.
group that also employs nurse practitioners and physician assistants. The department is also staffed with case managers, social workers, mental health advocates, customer service associates and other disciplines dedicated to patient care.

Staff training and development is a key initiative for the department. The 18-week Emergency Nursing Residency Program offers newly-graduated nurses a unique opportunity to be trained in all areas of the department and remain as newly-hired registered nurses. The department also offers a six-week Trauma Nurse Specialty course provided by the department’s clinical leaders and organization’s Trauma Program Manager.

The department’s primary goals for next year are to decrease door-to-provider time and increase the overall satisfaction of the patient to an outstanding score. Also included in the goals for next year are decreased wait times, improved quality measures, associate satisfaction and financial stability.

**Trauma Services**

As part of our Trauma Services program, GMC reports trauma patients to a state registry. The registry criteria include patients who were admitted to the hospital for at least 23 hours with an ICD-9-CM diagnosis code of 800.00 - 959.9 (with specific exceptions). Therefore, the registry is not inclusive of all patients who are treated by Trauma Services. In fiscal year 2015, the Trauma Services department reported 1,315 trauma patients in the registry.

Part of maintaining a Level II Trauma Center designation includes providing trauma-related education to physicians, nurses, pre-hospital providers and other ancillary personnel. GMC meets this requirement by providing the Trauma Nurses Core Course with three to four classes a year. GMC also provides Advanced Trauma Life Support class for physicians at least once a year.

Members of the Trauma Services department also participate in local and state activities that increase trauma awareness and support the need for a statewide trauma system. The Trauma Services department has nine employees: Trauma program manager, registrar, office manager, medical assistant, physician assistant and four trauma surgeons.

Goals for fiscal year 2016:

- Maintain Level II Trauma Center designation in accordance with the Georgia State Office of Emergency Medical Services and Trauma.
- Continued participation and support of the Georgia Trauma Care Network Commission for a statewide trauma system for Georgia.
- Continue to provide trauma education to physicians, nurses, pre-hospital providers and other ancillary personnel.
- Continued participation in local and state trauma awareness activities.
- Continue work with DirectCall as a transfer center to aid in receiving trauma patients from other hospitals.
Add additional physician extenders to the trauma service to help with increasing volume.

**Emergency Preparedness Program**

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

The Hospital Incident Command Centers (HICC) 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, or the Patient Services Coordinator (PSC).

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

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

An Emergency Management Steering Committee (EMSC) meets quarterly to discuss, plan and provide for the enhancement and improvement of our Emergency Operations Plan, exercise development and implementation. The EMSC provides recommendations to the Safety Committee and Leadership with respect to Emergency Planning and Operations.

The organization has two functional seats (Liaisons) at our local EMA office located at 780 Hi Hope Rd Lawrenceville, GA. The Liaisons operate out of the EMA officer during a declared disaster interfacing with various local and state officials facilitating communications from the county EOC (Emergency Operating Center) to the hospital EOC.
The hospital also has a seat (Liaison) on the Public Health and Region D Coalition located at Grady Health System.

**Center for Orthopedics**

The Center for Orthopedics provides specialized care to patients who have had joint replacement (Hip/Knee/Shoulder), hip fracture, acute multiple fractures secondary to trauma, continuous pulse oximetry/telemetry monitoring post-op, urological surgery, and general medical-surgical problems.

Scope of Patient Care/Service: Includes nursing assessment, monitoring and care for adult and geriatric patients requiring management and care of fractures including physical therapy on the unit, IV therapy, pain management, patient education, and discharge or transition planning.

The Center for Orthopedics achieved Disease Specific Care Certification for both their Total Knee Replacement and Total Hip Replacement programs from The Joint Commission for both the GMC- Lawrenceville and GMC-Duluth campuses. To achieve this certification, an organization is evaluated during an on-site review on their clinical outcomes and performance metrics, the organization’s commitment to improvement of care and validate that clinical care is provided according to evidence-based guidelines. To maintain the certification, we are surveyed on-site every two years. In August 2015, we maintained our certification through a two-day recertification survey conducted by the Joint Commission. In addition, we also submit performance data monthly.

We provide education at several community events such as:

- Senior Provider Network meetings
- Gwinnett Braves home games
- Gwinnett Tech Benefits Fair
- Georgia State Employees Benefits Fair
- Healthy Aging Expo
- Bethesda Park Senior Health Fair
- FCCI Insurance Group Health Fair
- Featured articles in Vim & Vigor on topics such as Back in the Swing; Stop Living with Joint Pain. Start Living Again; 3 Easy Ways to Reduce Joint Pain Before Considering a Total Joint Replacement.

**Action Plan:**

- Maintain Joint Commission Disease Specific Care Certification for both campuses.
- Increase bone health education in the community and marketing initiatives.

**Women’s Services**

Women’s Services are provided in the Gwinnett Women’s Pavilion, located at GMC-Lawrenceville. This facility is a leading provider of obstetrical services in the state, with 5,082 deliveries in fiscal year 2015. Services provided at this facility include the High-Risk Pregnancy
Unit, Labor and Delivery suites and the Level III Neonatal Intensive Care Unit (NICU). The NICU had 991 admissions in fiscal year 2015. Community education programs provided by Women's Services include childbirth education, lactation support, infant and child safety as well as additional classes to meet the educational needs of women of all ages. Several support groups are also provided at the Gwinnett Women’s Pavilion. We offer support groups for inpatients on the High-Risk Pregnancy Unit, parents of babies in the NICU, Breastfeeding Support, and a Perinatal Loss support group.

Women’s Health Navigator:
A women’s health navigator (WHN) is a registered nurse who is dedicated to guiding you and your family through healthcare experiences—no matter what stage of life. The WHN is an advocate for healthcare in the community. The WHN will provide health information at community events, offer free health screenings and guidance for those seeking help with their health questions and needs.

Screenings - WHN - Journey to Optimal Health Consult: The consult consists of a health screening and counseling. The screening includes the completion of a questionnaire, blood pressure/height/weight/body mass index measurements, and a lipid profile. Results are provided to patients immediately and follow-up counseling is provided during the consult. This screening is offered as a complementary service to all members of the community, including those who are underserved and in medically-indigent areas of Gwinnett County.

Health Fairs - WHN: The Women’s Health Navigator will attend community health fairs to provide information, verbal and written, to the community about their health and wellness needs.
Counseling - WHN - Phone Calls: The Women’s Health Navigator will provide direction, support and general counseling to clients that call into the office or visit a booth at a health fair or make contact at any other community event.

Community Building - WHN - Speaking Presentations: The Women’s Health Navigator will provide education to the general public about healthcare issues and concerns through speaking presentations at community events, physician offices, etc.

Education - WHN - Physician Office Education: The Women’s Health Navigator will provide education to physicians and their staff about the role of the WHN and how the WHN can assist their patients in knowing about and obtaining healthcare that is available within the Gwinnett County area.

Perinatal Education Programs:
Parent Review Weekly E-mail: A free weekly newsletter offered to our patients beginning at seven weeks of pregnancy and going through the first year of life. E-mails cover topics relevant to that week in pregnancy or age of child.
Classes:
• Healthy Childbirth: The participants in this class are in their 3rd trimester of pregnancy. They will learn the signs of true labor, influences on the length of labor, relaxation and breathing techniques, medications available during labor, medical interventions that can be used, and more. A full tour of the Women’s Pavilion is included with this class.

• Newborn Care: The participants in this class will learn how to take care of their baby when they get home. Topics include basic infant care (diapering, swaddling, feeding, etc.), choosing a pediatrician, infant development and more.

• Big Brother & Big Sister To Be: The children who take this class are expecting to become an older sibling in the near future. We teach them some baby care techniques, such as diapering, swaddling, and feeding. We talk about hand-washing, asking before picking up baby and make a special birthday card for the new baby. A tour of a post-partum room and a trip to the nursery viewing area are included in this class.

• Breastfeeding Basics: The participants in this class will learn tips to help them have a successful breastfeeding experience when the baby arrives. They learn different holds/techniques to use during breastfeeding, pumping and storing breastmilk and more.

• Car Seat Class: The participants in this class will learn about the different types of car seats, how to install/use them properly, and when to move to the next car seat. Everyone who attends this class has the opportunity to have their car seat installation checked by a Certified Car Seat Technician.

• OB Tours: Free tours of the Gwinnett Women’s Pavilion are offered weekly. Participants will start in the lobby with registration, see a Labor & Delivery room and a Post-Partum room, and end at the nursery viewing area. The NICU and OB Surgical Suites are discussed, but not entered during the tour.

• Infant CPR & Safety: The participants in this class will learn first aid, how to child-proof their home, basics of infant/child safety, and the AHA Friends & Family course on pediatric CPR and choking management.

• Babysitting Training: This class is an American Red Cross class taught by certified ARC instructors for children ages 11-15 who want to learn how to be prepared and responsible babysitters.

• Car Seat Safety Checks: Car Seat Installation Checks are offered at our car seat class. All checks are completed by a Certified Car Seat Technician.

Perinatal Support Groups:

• Lactation Services Support: We offer around-the-clock trained nursing staff for hands-on assistance, the Breastfeeding Help Line consultations for questions once you’re at home, inpatient consultations if breastfeeding isn’t progressing as expected and referrals for excellent outpatient breastfeeding assistance.

• Lactation Services Helpline: Phone calls returned when messages are left on the Breastfeeding Helpline. These are usually moms who have questions about breastfeeding or need additional support while breastfeeding.

• Neonatal Intensive Care Unit (NICU) Support Group: All parents of our NICU babies are invited to attend this support group twice a month. The group is led by our NICU social worker.

• Perinatal Loss Support Group: Parents who have lost their baby are invited to attend
our Perinatal Loss Support Group. This group is led by our Chaplain and meets once a month in the Chapel at Gwinnett Medical Center Resource Center.

- High-Risk Pregnancy Support Group: Weekly on the High-Risk Pregnancy Unit, our social worker and chaplains offer a support group to our patients admitted to the High-Risk Pregnancy Unit.
- Breastfeeding Support Group: New moms are invited to come join other breastfeeding moms in the community to discuss the joys and challenges of breastfeeding and beyond. Our support group meets the second Monday of every month from 11 a.m.-noon in the Azalea Room at the Gwinnett Women’s Pavilion, and is hosted by the Gwinnett, Newton & Rockdale Health Departments.

Baby-Friendly Hospital Initiative

Gwinnett Medical Center is currently a part of the Baby-Friendly Hospital Initiative (BFHI). BFHI is a global program that was launched by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) in 1991 to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding. Becoming a Baby-Friendly facility is a comprehensive, detailed and thorough journey toward excellence in providing evidence-based, maternity care with the goal of achieving optimal infant feeding outcomes and mother/baby bonding. It compels facilities to examine, challenge and modify longstanding policies and procedures. It requires training and skill building among all levels of staff. It entails implementing audit processes to assure quality in all aspects of maternity care operations.

To achieve this designation, we must successfully implement and adhere to the Ten Steps to Successful Breastfeeding. These ten steps are:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breast-milk, unless medically indicated.
7. Practice rooming in - allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.

STEP 4 – Help mothers initiate breastfeeding within one hour of birth, is interpreted as: Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognize when their babies are ready to breastfeed, offering help if
needed. Although skin-to-skin contact will make breastfeeding easier, due to the many benefits from skin-to-skin contact, this step applies to ALL babies, regardless of feeding method.

Skin-to-skin means holding your unclothed baby next to your bare skin and will help:

- Babies adjust to life outside the womb.
- Calm, comfort and keep the baby warm.
- Steady the baby's heartbeat, blood pressure, breathing, blood sugar levels and temperature.
- Mom and baby bond together. Skin-to-skin holding allows smelling, feeling, and getting to know each other.
- Make breastfeeding easier. The warmth, smell, and closeness to the breast lead to easier and longer breastfeeding.
- Make you feel more confident as a new parent.

Cardiovascular Care

Major diagnoses served: The most frequent types of patients include invasive heart procedures including but not limited to: coronary artery bypass graft, valve repair or replacement, intraaortic balloon pump, and percutaneous coronary intervention (PCI).

Scope of Patient Care/Service: The Cardiovascular Care unit is an 18-bed inpatient multi-level unit that provides specialized cardiovascular/thoracic surgical care at GMC. The focus of care delivery across the continuum may include: cardiovascular intensive care, cardiovascular stepdown and cardiovascular telemetry care. The multidisciplinary team will provide the appropriate level of care determined by the frequency of assessment and intensity of care needed as identified by the physician and the unit specific admission/discharge criteria. The unit will be supported by a main station for cardiac monitoring, bedside charting stations, nourishment areas, family waiting rooms, supply and equipment rooms, respiratory arterial blood gas lab, and a patient/family conference room.

Center for Cardiac Services

The most frequent diagnoses are: Post PCI, heart failure, cardiac arrhythmia, coronary artery disease, chest pain, patients on cardiac non-titrated drips and acute myocardial infarction.

Scope of Patient Care/Service: Scope of care includes nursing assessment, monitoring and care for adult patients post PCI and with all other cardiac diagnoses. Care includes telemetry monitoring, IV therapy, blood glucose monitoring, nutritional supplementation, and pain control. Special services particular to this unit include: antiarrhythmic and vasoactive drips, immediate care post PCI including ACTs, sheath removal, careful cardiac monitoring, interpretation and intervention. Post PCI/AMI classes are offered for patients and family members at least twice weekly or as needed.
The Strickland Heart Center is a 40,000-square-foot, state-of-the-art facility at GMC-Lawrenceville. This facility features the most advanced open heart surgery operating rooms and cardiac catheterization laboratories and electrophysiology laboratories in the Atlanta area. One of the many advanced programs we offer is our percutaneous coronary intervention (PCI) program. This program allows physicians to perform life-saving coronary angioplasty and stenting procedures within our cath lab. It also allows for advanced techniques for extracting blockages in patients’ blood vessels during these procedures. These advanced techniques mean faster response times to cardiac situations—and time saved is heart muscle saved. An additional program to our services is the electrophysiology laboratories (EP) which enables the electrophysiologists the ability to provide diagnosis and treatment of irregular heart rhythms using radiofrequency and/or cryoablation techniques. Our structural heart program offers a variety of advanced technologies to percutaneously treat problems related to the chambers and valves of the heart.

Programs:
- Chest Pain Center: GMC-Lawrenceville successfully achieved Cycle IV accreditation with Society of Chest Pain Centers. Achieving certification and following the suggested guidelines significantly reduces the mortality rate of heart disease patients by teaching the public to recognize and react to the early symptoms of a possible heart attack, reduce the time it takes to receive treatment, increase the accuracy and effectiveness of treatment and provide quality care during inpatient stay. These goals are accomplished by GMC through specialized cardiac emergency care teams that use advanced diagnostic techniques to provide rapid diagnoses and treatment, collaborate with community resources and follow best practice guidelines regarding inpatient care.
- Heart Failure Class: Held weekly in the heart failure unit by the unit educator and hospital dietitian. The class is to primarily assist inpatients and for their families to understand heart failure, dietary restrictions, how to manage symptoms and when to seek medical intervention.

Community Collaborations:
- Free and discounted medications: Collaboration with medication providers to help patients pay for normally expensive medications at a reduced cost. Multiple free and discounted medication cards are distributed to patients on discharge to help patients receive the most advanced medications.

**Intensive Care Unit**

The Intensive Care Unit caters to patients with severe and life-threatening illnesses and injuries, which require constant, close monitoring and support from specialist equipment and medications in order to ensure normal bodily functions. They are staffed by highly trained doctors and nurses who specialize in caring for critically ill patients.
The most frequent diagnoses in this 20-bed unit are: respiratory failure requiring ventilator support, acute myocardial infarction, heart failure, gastrointestinal hemorrhage, pneumonia, septicemia, pulmonary edema, renal failure, trauma, and complicated surgical and neurosurgical procedures.

Scope of Patient Care/Service: Scope includes delivery of nursing care to critically-ill adults and in some circumstances to adolescents, including those who require emergency intervention. Special services particular to this unit include: mechanical ventilation, transvenous pacing, Intraaortic balloon pumping (IABP), hemodynamic monitoring, intra-cranial pressure monitoring, rapid trauma resuscitation, hemodialysis/CRRT, hypothermia for cardiac arrest patients, administering vasoactive drips, antiarrhythmic and thrombolytic therapy.

GMC-Lawrenceville ICU 5 time Beacon Award Winner:
The American Association of Critical Care Nurses has recognized the GMC Lawrenceville ICU with the Beacon Award for Critical Care Excellence. This prestigious award is given to ICUs that distinguish themselves by improving every facet of patient care. For our patients, the Beacon Award signifies exceptional care through improved outcomes and greater overall satisfaction. For critical care nurses, it means a positive, supportive work environment with greater collaboration between colleagues and leaders, higher morale and lower turnover. GMC-L is the only unit in the state to win five consecutive awards.

Medical Oncology and Renal Unit

Medical Oncology: All patients requiring chemotherapy, cancer staging, post chemotherapy complications, patients with a history or diagnoses of cancer needing medical care including pneumonia, asthma, COPD, diabetes, sickle cell, gastrointestinal bleeds, overdose, sepsis and diverticulitis.

Renal: Physician ordered hemodialysis, and/or peritoneal dialysis

Scope of Patient Care/Service: Scope of care includes nursing assessment, monitoring and care for adult management, hemodialysis, peritoneal dialysis, intravenous therapy, blood glucose monitoring, nutritional supplementation (enteric and IV), pain control, patient education and discharge or transition planning.

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 2014, our last complete year of data, GMC saw a total of 1,540 new cancer cases.

The Oncology Services department is comprised of 10 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, an Oncology Support Clinic Manager, an Oncology Community Outreach Navigator and an Administrative Assistant. In addition, GMC contracts with the American Cancer Society for the services of an American Cancer Society Patient Navigator. The American Cancer Society Patient Resource Navigator (in place since 2007) is a collaborative agreement with shared cost between GMC and the American Cancer Society, and in 2015, our ACSPRN served 219 patients. The Breast Health Navigators (in place since 2005) made 3,896 patient contacts in fiscal year 2015. The Hereditary Cancer Risk Assessment program had 243 patients in fiscal year 2015, a 87 percent growth in this key service. In 2015, the Thoracic Oncology Program conducted 228 lung screenings, a 133% growth. There were 211 biopsy breast clinic visits in 2015. The launch of the Cancer Transitions class, an evidence-based approach to survivors had 23 patients to receive certificates of completion in 2015.

Hereditary Cancer Risk Assessment / Genetic Counseling services are a referral source for new patients to be seen BEFORE a cancer diagnosis. Currently, our breast imaging program provides a screening breast cancer risk assessment with the NCI Breast Cancer Risk Assessment Tool (Gail model). Expanding our risk assessment program to include models that are largely dependent on family history would allow patients to have a comprehensive cancer risk assessment, genetic counseling with/or without testing, and options for management of risk including increased screening and surveillance based on the National Comprehensive Cancer Network Guidelines (NCCN). Slanetz (2015) notes, that increased surveillance for women at high risk with the addition of MRI detects smaller cancers and more node-negative cancers in high risk women than other imaging modalities. Additionally, Snyder & Crihfield (2011) site evidence from a systematic review by Warner et al. (2008) that screening with both mammography and MRI may exclude cancerous lesions more effectively than mammography alone for women at high risk for breast cancer. Providing a proactive strategic approach to prevention and early detection improves quality of care by identifying high risk women and results in a large number of women undergoing these services.

In 2015, there were several achievements met to further the development of our Cancer Institute system of care:

- The Thoracic Oncology Program lung screening program hosted their 2nd annual Shine a Light on Lung Cancer event at the Gwinnett Historic Host. We were awarded for the site having the most online registrants nationwide and in Australia.
- The Oncology Support Clinic Manager Role was added to the Cancer Support Center to provide management and operational oversight of the support services employees and clinics. This position is responsible for managing the day to day operations of the oncology services support clinics, which include the Palliative Care Clinic, the Survivorship Clinic, Genetic Counseling, Nutrition and Social Work. This position will be responsible for growing these clinics in volume and scope, as well as, developing additional clinics to meet the needs of our patients.
- Established an Outpatient Palliative Care Clinic to offer patients comprehensive...
• Provided a number of community outreach to promote education, early detection, screening and prevention throughout the community.
• The Oncology Community Outreach Navigator was put in place to be a liaison between the doctors and the cancer support center. This position is responsible for the overall development and preservation of effective relationships between Oncology Services, Breast Imaging, physicians and physician office staff in the community.
• Added an Advanced Care Planning Seminar for patients and families.
• Two new support groups were added to help offer support to our patients, Teal Talk (for GYN cancers), Growing Through Cancer (a faith based support group).
• Added Atlanta Legal Aid Society that gives free legal help to low-income persons living with cancer who have civil legal problems and meet our guidelines and priorities.
• Achieved Commission on Cancer (CoC) accreditation in June 2015.
• Added a once a month Nutrition and Cancer class for patients receiving cancer treatment.
• Affiliated with Duke Medical Center for clinical trials access in 2015.
• The goal for the Oncology program for 2015-2016 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 2015.
  • 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.

- Continue to grow the outpatient palliative care clinic services.
- Establish a safety program to ensure medication adherence and safety for patients prescribed oral chemotherapy with Center for Cancer Care pharmacy, nurse staff and leadership.
- Continue to establish the Patient Care Fund used to provide financial assistance to cancer patients receiving treatment at GMC.

Programs:

- Breast Health Navigators and a Thoracic Nurse Navigator assist patients in securing services throughout the System.
- Oncology social work services assist patients with dealing with the emotional stress that a cancer diagnosis can bring and connecting them to needed resources.
- Thoracic Oncology Program including a multidisciplinary steering committee, lung cancer screening program and Thoracic Oncology Nurse Navigation services.
- Women’s Cancer Support Group, Men to Men Support Group, Hispanic Women’s Support Group, Teal Talk Support Group, Growing Though Cancer 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.
- Lymphedema Therapy, offered by appointment for excessive edema as a result of cancer treatment through Gwinnett SportsRehab.
- Speech Language Pathology services offered by appointment for voice and swallowing deficits as a result of head and neck cancer.
- Freshstart is an outpatient smoking cessation program created by the American Cancer Society. The program consists of four classes taught by trained facilitators. The goal of the program is to help participants stop smoking by giving them the information and strategies needed to create a personal plan for quitting while in a supportive group environment.
- Smoking cessation information and counseling is offered to hospitalized patients who have expressed a desire to quit smoking. Post discharge follow-up calls are also offered for continuous support and counseling.
- 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.

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, Teal Talk Support Group, Growing Though Cancer Support Group and Caregiver’s Support Group offered (monthly) through Oncology Services.
• 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 –
• 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 Emergency Departments in GMC Lawrenceville and Duluth, the Center for Neuroscience in Lawrenceville, GMC Duluth 4th floor telemetry and Glancy Rehabilitation Center comprise the areas for specialized stroke care which are supported by imaging and laboratory services, coordinated care, nutrition, and inpatient rehabilitation therapist. The Center for Neuroscience Supervisor/Charge Nurses serve as back-up to the MRT Team for inpatient stroke alert calls at GMC-Lawrenceville. The Supervisor/Charge Nurse for GMC-D IMCU/ICU responds to MRT Stroke Alerts for the Duluth campus.

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 and stroke team members who provide presentations and screenings for at-risk groups.

Programs:

- Advanced Primary Stroke Center certification by Joint Commission. The Joint Commission's Advanced 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 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. In addition, the MRT Team, Clinical Nurse Specialist or Neuroscience Supervisor/Charge Nurse 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, local college, schools and professional organizations.
- Annual CME Conference: Advances in Stroke Care
- Stroke Booths with mini stroke screenings at various venues 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 continue 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 6 hours of symptom onset or wake-up stroke, draw labs in the field and take the patient directly to CT after quick registration and physician assessment.
- GMC has provided regional PACs access to Grady 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 on-going stroke education through the Georgia Stroke Professional Alliance class currently under development.

Medical/Progressive Care

Medical Unit: Major diagnoses served: pneumonia, asthma, COPD, diabetes, sickle cell, GI bleeds, overdoses, sepsis and diverticulitis.

Progressive Care Unit: Clinical conditions requiring IMCU level nursing care, patients requiring interventions every two hours for more than 24 hours, medical patients requiring vasoactive drugs with occasional titration, hypertensive patients, pneumothorax, IV conscious sedation, hepatic failure and pancreatitis.

Scope of Patient Care/Service: Includes nursing assessment, monitoring and care for adult and geriatric patients requiring wound management, hemodialysis, intravenous therapy, blood glucose monitoring, nutritional supplementation (enteric and IV), pain control, patient education and discharge or transition planning.

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 2015, the net community benefit was $369,662.

The DNEC’s staff includes Nurses and Registered Dietitians (RD) who are Certified Diabetes Educators. The RDs hold additional certifications in weight management. Staffs rotate between facilities to provide inpatient and outpatient services as need dictate. 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 all nutrition programming and clinic coverage for the Center for Weight Management. In fiscal year 2015, 6,361 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 2015, there was 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 3,233 hospitalized patients. The DNEC Director and Diabetes Education Coordinator facilitate the Diabetes Best Practice Team. This ongoing collaboration of physicians and clinicians drives initiatives for optimal inpatient glycemic control, patient outcomes, patient safety and reduced hospital readmissions. As a resource to the community, the DNEC strives to provide adequate access to and excellence in diabetes and nutrition education that positively impacts lives. The DNEC maintains collaborations with physicians, community groups (e.g., churches, businesses, senior centers, indigent care clinics) and other hospital departments in this pursuit.

Programs:

- **Diabetes Self-Management education**: Diabetes education provided by Certified Diabetes Educators in class settings or individual consultations. Program is a recognized American Diabetes Association Diabetes Self-Management Education Program. The program has received over $200,000 in grant money to support education for the underserved.

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

- **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 and intervention for pre and post op bariatric surgery patients.

- **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

**Cardiac and Pulmonary Rehabilitation Programs**

The Cardiac and Pulmonary Rehabilitation programs are located at GMC-Lawrenceville. The philosophy of the programs is to deliver services that enable the participant to achieve a personal level of optimal physical, psychological, vocational and social health and to equip the participant and family to make wise decisions concerning the participant’s future health. The programs focus on the participant’s cardiovascular fitness without exceeding the safe limits of exercise, as well as educating the participant about their disease and its management. Other benefits include: aid in risk factor modification, assistance in returning to work (as applicable) and a healthy psychological readjustment for both the participant and family.

Both Cardiac and Pulmonary Rehabilitation is divided into three phases. Phase I includes an education program for hospitalized patients while Phase II is much more involved with intense education and several exercise visits as an outpatient. Phase III is a maintenance exercise program available to graduates of Phase II. For fiscal year 2015, this rehabilitation department admitted 230 with cardiac associated diagnoses for a total of 9,062 patient sessions. For the same time period, 62 patients with chronic pulmonary conditions participated in 3,500 sessions.

**Gwinnett SportsRehab**

Gwinnett SportsRehab provides cost-effective care that will restore strength, mobility and function in order to facilitate a safe return to daily activities. The highly-qualified staff of physical and occupational therapists offers comprehensive assessment and treatment of all types of physical injuries and diagnoses. Specialty programs include orthopedic/sports medicine, lymphedema therapy, amputee rehabilitation, hand therapy, aquatic therapy, arthritis management and oncology rehabilitation. Patients receive an evaluation and customized treatment plan that are designed to address the specific needs of the individual.
Outpatient services at GMC-Lawrenceville are located at 500 Medical Center Boulevard, Suite 130, and are staffed by occupational therapists (OT)—one is Lymphedema Certified and the other is a CHT (certified hand therapist), physical therapists (PT), a physical therapy assistant (PTA), administrative assistants, a speech language pathologist (SLP), and a rehabilitation aide.

Lymphedema Therapy is available in our Lawrenceville location of Gwinnett SportsRehab. Services are provided by an occupational therapist with a specialty certification in lymphedema therapy. The highly qualified therapist offers comprehensive assessment and treatment for patients with abnormal swelling in the arms, legs, face, neck or torso. This abnormality is typically due to congenital malformation of the lymphatic system or damage to lymph nodes or vessels from surgery, radiation, trauma, or infection.

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

Speech Language Pathology Services is available at Gwinnett SportsRehab in both our Lawrenceville and Duluth locations. 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 disorder, 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. FEES and Videostrobes are also available on both campuses.

Programs:
- Lymphedema Therapy, provided by an occupational therapist, treatment for excessive edema as a result of cancer treatment or impairment to the lymphatic system.
- 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 and Occupational Therapy for functional deficits resulting from an injury, post surgical or chronic disease.

Community Collaborations:
- Lymphedema Lighthouse is a non-profit education and awareness organization about lymphedema and related disorders. It provides assistance and support to those affected by the disorder and their friends and family.
- Amputee Support Group meets monthly at Gwinnett SportsRehab-Lawrenceville. It is conducted collaboratively by a physical therapist and a local prosthetic/orthotic company.
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 2015, 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 2015 the OOR screened 168 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 2016: The Office of Research (OOR) has set many goals for fiscal year 2016, including increasing access to NIH-sponsored research through the National Cancer Institute (NCI) and our ALLIANCE membership, 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.
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, five clinical pastoral education residents (with a one-year commitment) and shorter term clinical pastoral education interns.

Chaplaincy is well-integrated into the life of the hospital, 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 provide education on chronic diseases and assist patients and their loved ones in establishing Goals of Care, Starting conversations about Advanced Directives, and providing symptom management to ease suffering, and improve the patient’s quality of life.

Palliative Care is available to a patient at any time during their illness. Its availability does not depend on whether or not the patient’s condition can be cured. It provides relief from symptoms including pain, shortness of breath, fatigue, constipation, nausea, problems with sleep, and other physical challenges. It also provides emotional and resource support for the patient and the patient’s family, and can improve communication between the patient and the patient’s healthcare providers, including open discussions about treatment options.
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 2015, 2,158 consults were provided to patients admitted to Gwinnett Medical Center.

**Nutrition Services**

GMC’s Nutrition Services provides basic food service to all hospitalized patients, according to their dietary and medical needs. The department provides services to GMC-Lawrenceville as well as GECC. 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 4.5 FTE Registered Dietitians’s for GMC-Lawrenceville, including GECC.

**Infection Prevention and Control**

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

Community Collaborations:

- Public Health Reporting and Case Management of communicable diseases works to identify inpatients and outpatients with communicable diseases and to assess adequacy of treatment and provide referrals to the public health department for further treatment as required. The predominant diseases requiring referral include: sexually transmitted diseases, HIV, rabies, hepatitis and tuberculosis.
- The emerging pathogens program is a voluntary State program which seeks to compile information about emerging pathogens through the collection and testing of clinical samples. The results provide current information about emerging pathogens in our local community and additional support for requested funds for education, prevention
and treatment of the community.

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

**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 2015, the Coordinated Care department had 58 associates including: registered nurse case managers (CM) and social workers (SW) who hold either a BSW, MSW or licensed masters (LMSW) and some maintain certification as a certified case manager (CCM) or an Accredited Case Manager (ACM). The associates interacted with 103,077 cases at GMC-Lawrenceville and 12,388 cases at Gwinnett Women’s Pavilion.

Case managers and social workers assess patients based on a high-risk screening tool and complete clinical reviews on all patients for better continuity of patient care.

Case managers provide education for physicians and guidance to the multi-disciplinary team caring for patients. Case managers review for medical necessity, certify admissions, evaluate patient progress and length of stay issues as well as facilitate transition planning.

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

The department provides 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 8 a.m.-8 p.m.; after 8 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 2016:
- Continue to provide in-home IV infusion services through various providers in the community
- Maintain education provision for difficult end stage renal disease (ESRD) placements via our new relationship with Fresenius Medical Care’s (FMC) Renal In-patient Case Manager (RICM).
- Continue providing utilization management and discharge planning to inpatient customers
- Continue outreach into the community via ED/POCs and information sessions
- Provide continuum of care via GMC’s “Care Transition Coordinator”
- Provide specialized supportive CM/SW service for the Open Heart Center
- Collaborative support to Gwinnett Medical Center’s Physician-driven Palliative Program
- Continue partnership with local nursing homes, hospice companies and personal care home providers to assist in addressing readmissions
- Maintain monthly Round Table discussions with community partners to enhance the continuum of care.

Programs:
- FMC/ RICM Education: provide education and outpatient placement for patients with End Stage Renal Disease (ESRD)
- Prescription Assistance program: provides assistance to indigent patients in need of medications at discharge
- Transportation program: arranges transportation for patients at discharge for patients via taxi or bus vouchers
- Supportive Community Care: provide arrangements for indigent or underinsured patients, no longer requiring hospitalization, but has a need for continued medical monitoring (i.e. Personal Care Home Placement or Extended Hotel Accommodations)

Community Collaborations:
- Medication Management: via agreements with IV Infusions Companies
- 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 Academic Inpatient Medical Partners (AIMP) to outreach to patients at risk for re-admission for population health management. This collaboration provides physician home visits to patients who are unable to transport to their clinic/doctor visits in the community.
- 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 medication assistance to uninsured and underinsured patients. This partnership will offer GMC and the community clinics an added level of collaboration to address and bridge community needs.

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

• United Way/Community Health Worker Project to provide a Community Health Worker to facilitate extended service to patients discharging from GMC back to the community. The provision of service will extend to patients requiring clinical and psychosocial support for periods up to six months.

**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
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 1,100 students were trained and over 350 students trained on the Duluth campus in fiscal year 2015.

The healthcare specialty areas trained on the Lawrenceville campus in fiscal year 2015 were: chaplaincy, cardiology technicians, corporate counsel, emergency medical technicians, exercise and health science, health administration, health information management, marketing and communication, laboratory technologists and phlebotomists, radiology technicians and nuclear medicine technologists, pharmacists, midlevel students, rehabilitation therapists (including cardiac, physical therapy, occupational therapy and speech therapy), radiology technicians, respiratory therapists, social workers, surgical technicians, ultrasound technologists, midlevel students and registered nursing: undergraduate and graduate, doctorate nurse practitioner and nursing specialty areas including nursing informatics and wound ostomy. Both a high school and college certified nursing assistant program were trained. Also trained were high school students in sports medicine and in county gifted programs.

On the Duluth campus, the healthcare specialty areas trained in fiscal year 2015 included the following: chaplaincy, diabetes nursing, emergency medical technicians, pharmacists, rehabilitation physical therapists (including occupational and speech), radiology technicians, respiratory therapists, registered nursing (undergraduate and graduate), midlevel students, surgical technicians, ultrasound, and social workers. Also trained were high school students in sports medicine and in county gifted programs.

Our organization is presently affiliated with many academic institutions for both undergraduate and graduate level students. The following lists many of the affiliations in place: Albany State University, Philadelphia College of Osteopathic Medicine, Gwinnett Technical College, Georgia Gwinnett College, GA College and State University, 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, Georgia Southwestern State University, Gonzaga University, Gordon State University, Gwinnett County Fire Academy, Georgia Perimeter College, Cambridge Institute of Allied Health Professions, Truett-McConnell College, Chamberlain College of Nursing, Benedictine University, Iowa State, LaGrange
College, Nova Southeastern University, Vanderbilt University, Walden University, 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 50 students for their Certified Nursing Assistant program with our Patient Care Technicians for their training; gifted student program for high school students, in two different counties, 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. The Grayson High School Sports Medicine Program is supported by our Sports Medicine area and the Concussion Institute, which afford the high school students observation and closely supervised hands-on with our sports trainers in both Duluth and Lawrenceville.

Our system also provides numerous observation experiences for students and lay people to observe in their area of healthcare interest. Over 220 post-secondary individual observations were facilitated for those adults exploring future healthcare careers and those in programs requiring observational hours on our Lawrenceville campus. The Duluth campus provided 35 such observations. These observations embrace both pre-nursing and nursing students; students who must observe as a requirement to apply to a particular healthcare program such as radiology, physical therapy, or anesthesiology assistant school; pre-med students; persons pondering a healthcare career; and students participating in our high school programs.

The Learning Resources department is the gatekeeper for all students, with the exception of medical students, promoting quality patient care and safety while affording the student excellence in learning experiences. Within this endeavor, LR assures all the academic institutions’ students interacting with our patients and customers have a current affiliation agreement in place between their academic institution and GMC as appropriate. LR also assures the student has a clear background check and drug screen, flu shot documentation or waiver, completes a comprehensive online orientation to Gwinnett Medical Center, and receives a GMC 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, Georgia Baptist of Mercer University Advisory Committee (Community of Interest), 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 advanced practice 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. Online access to selected CME conferences was added in calendar year 2014 with the addition of WebEx connections, allowing remote physicians and other providers access to live CME conferences. 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. For calendar year 2015, 252 CME conferences were provided which included 628 hours of instruction. We had a total attendance of 5,288 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. For calendar year 2015, the “brick and mortar” Medical Libraries were utilized by 22,082 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 Librar 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
- 16+ 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
- AccessMedicine – An innovative online reference and practice resource for clinicians, faculty and residents providing access to 85 top medical textbooks, an integrated drug database, diagnostic tools, patient education and more
- JAMAevidence – An online resource to teach, learn and apply evidence-based medicine, providing the tools needed to evaluate and interpret the medical literature so that physicians / clinicians can make the best treatment decisions for patients
- 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
- 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.

Physician Services

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

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

The team is responsible for new medical staff orientation including hands-on training for provider related IT systems insuring access to the systems is accurate, complete and functional (including remote access from office, home or mobile device). The team provides “at the elbow” support during new system implementations as well as on-going assistance to use the hospital’s computerized provider order entry, secure email and texting application, the emergency department’s electronic medical record and voice recognition system, the electronic cardiac monitoring system, and other clinical documentation systems utilized by various hospital departments that interface with providers.

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 2015, HEWS had 11,610 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 2016:
- 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.

Faith Community Nursing

Faith Community Nursing has contributed to the health of Gwinnett County communities for 20 years. Research has shown that people who are healthy in their spiritual and emotional life are better able to cope and become healthier in their physical bodies. Gwinnett Medical Center’s (GMC) Faith Community Nursing program encourages faith communities to implement health and wellness ministries within their congregations through training, supervising and supporting faith community nurses to promote whole person health. GMC is the only site in Georgia that administers the Faith Community Nurse Foundations course Faith Community Nursing is a recognized by the American Nurses Association as a specialty practice of nursing and the Foundations course is an important component of educational preparation for registered nurses in this field of practice.

Faith community nurses function as advocates, case managers, personal health counselors, educators and volunteer coordinators for creative programs to improve the health of community members. Programming varies because each faith community site assesses their population health needs and develops programming tailored to address the identified needs.
During the past year, the Faith Community Nursing sites associated with Gwinnett Medical Center-Lawrenceville made more than 32,216 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 18 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 2016:

- 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 and faith-based organizations to provide health ministry in their respective congregations and organizations
- To support the continued 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)
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 50,000 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 14 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 62 certified athletic trainers (38 full-time and the remaining staff are provided as needed). Under the direction of the Sports Medicine Committee physicians, the athletic trainers are responsible for the care of local injured athletes, from adolescents to geriatrics, at community sporting events. The athletic trainers assess, educate, instruct and treat athletes with movement dysfunction, emergency injuries or physical disabilities, both acute and chronic. The athletic trainers administer immediate, on-site medical care and develop an on-going plan of care based on the nature of the injury.

Goals for fiscal year 2016:

- Continue providing coverage in 16 local high schools with a goal of adding a Certified Athletic Trainer to the six 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.
Center for Surgical Weight Management

The Center for Weight Management at Gwinnett Medical Center-Lawrenceville- Duluth provides outpatient and inpatient services to those suffering from the disease of obesity. We currently perform three types of weight loss operations to include adjustable gastric banding, sleeve gastrectomy and gastric bypass. We will be adding a fourth operation called the Duodenal Switch in the third quarter of FY 2016. 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 , is the Director of Bariatric Services; Additional team members consist of dietitians, exercise specialists, financial coordinators, nurses and office coordinators.

For those patients who do not qualify for surgery or would like to pursue a non-surgical weight loss option, we offer a physician supervised medical weight loss program with 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. Most recently, we have added another non-surgical weight loss option using the most recent FDA approved ORBERA Gastric Balloon.

The Center employs eleven full-time employees to assist with the management of the surgical and medical weight loss clinic, insurance process and the aftercare program. The Center has also expanded its practice location to the Lawrenceville campus of Gwinnett Medical Center, offering clinic hours two afternoons per week. In fiscal year 2015, the program assisted 302 patients in order to improve their health through surgical intervention. The program consistently manages an average of 200 patients through different phases of the surgical preparation process. The medical weight management program averages 40 patients in a 16 week plus program. The demand for this program is significant and an advanced family nurse practitioner has been added to the team to assist in meeting patient care needs. 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).

Goal for third and fourth quarter of FY 2016 would include the development of a childhood and adolescent medical weight loss program serving children from age 8-17.

Scope of Patient Care/Service: The scope of care for this program includes the surgical and non-surgical 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.

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**
  - Topics included: Women’s health
  - Featured comedienne Anita Renfroe
  - Featured GMC service lines in Hamilton Mill: GM Specialty center, Covenant Family Medicine, GMC Imaging, Women’s Health Navigator, Maternal Gynерations

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

**Unmet Community Needs**

When gathering input from community members through focus groups, community service organizations representatives and key informant interviews, our community identified needs in areas affecting quality of life, community relations and engagement, economic and financial stability, education, safety, youth, as well as health and wellness. The leading concerns were transportation and road congestion, community communication and engagement, increasing homelessness and 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 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 in Lawrenceville and Lakeview Behavioral Health in Norcross are private, for-profit psychiatry and addiction medicine facilities. Additionally, the state of Georgia provides mental health services through ViewPoint Health (formerly known as Gwinnett Rockdale Newton Community Service Board).

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

**New Programs**

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. The Gwinnett Women’s Pavilion is a leading provider of obstetrical services in the state and continues to expand services to meet the need of our residents. In 2012, GMC opened the open heart surgery program in the Strickland Heart Center and we continue to advance our cardiac services through the opening of the Electrophysiology Laboratories in April 2014. 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**

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

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

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

Implementation Update: Since last year’s report, GMC has established covenant partnerships with nine faith communities. These churches are Christ the Lord Lutheran Church, Lawrenceville First United Methodist Church, Lawrenceville First Baptist Church, Hamilton Mill United Methodist Church, Holy Cross Anglican Church, Presbyterian Church of the Redeemer, Hopewell Missionary Baptist, Berean Christian Church, and Salem Missionary Baptist Church. We have registered Network members in seven of the faith communities with plans to have the final two congregations registered by fall. There are presently 1,309 members of the Network from our community. Network liaisons from each of the faith communities have been trained and have established wellness ministries and have implemented wellness programming at their places of worship. Examples of programs that have been started are a class on Advance Directives and on-going grief and cancer support groups. There have been 107 member encounters since the Network inception and each has received follow-up care through the Network liaisons and appropriate care teams from their respective faith communities. With the exception of six patients, all have been over 65 and a part of a vulnerable population. In July 2014, the Network liaisons began reporting member contacts monthly, which include hospital visits, home visits, phone contacts, meals delivered and transportation provided. They also report the number of contacts made...
through health promotion programming and health screenings. The combined total contacts were 3,253 for all Network churches, July 1, 2014 through June 30th, 2015 [FY 2015].

**Graduate Medical Education (GME) Program**

GMC has added dually-accredited (MD and DO) residency training programs in Family Medicine, Internal Medicine and a Transitional or Traditional internship Training Program. These programs are accredited by both the Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA). Our Family Medicine Program started with five resident physicians July of 2014 and are currently recruiting for their third class. Family Medicine is a three year residency training program. The Strickland Family Medicine Center 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 Program recruited its first call in July of 2015 and is currently recruiting for its second group of residents. There are also five resident physicians per year and this program is also a three year training program. A separate office, Academic Internal Medicine Partners or AIMP has recently completed and along with Preoperative Internal Medicine and Transitional care patients, our new Internal Medicine residents train and deliver healthcare in this new outpatient setting. GMC- Duluth serves as the major Family Medicine teaching site and GMC-Lawrenceville serves as the major Internal Medicine in patient teaching site. The Transitional Year Residency Program will recruit for a start date of July 2016 with ten resident physicians slots and those residents will train with us for only one year. Most all of these resident physicians have committed to specialty training in areas such as Anesthesiology, Dermatology, Ophthalmology, and the like and are required to do a traditional internship year before they start their specialty training.

GMC’s goal is to train primary care providers in our community setting; it is a well-known fact that many studies have shown success in keeping physicians who train in a community setting in or near the communities in which they have trained. Once established, there will likely be further opportunities to add more specialties and subspecialties as time progresses. 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 GME clinical space and future faculty needs in both specialties are ongoing. Work continues to secure community offices and potential practice sites for both primary care and required specialty rotation.
• Work continues with the GMG Physicians Group to develop and secure inpatient rotations as required for both training specialties.
• Partner with local and regional medical schools and other educational institutions to develop these programs and layer in student rotations.
• Explore the possibilities and potential of adding other residency Training Programs and Fellowship Programs
• Enlist the support and teaching expertise in our community in ALL other healthcare and allied healthcare professionals as most all of the new training curricula include a requirement of a multidisciplinary approach and the incorporation of research technique and quality indicator usage.

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 Women’s Services associated with pregnancy and childbirth
• Provide services to treat and manage chronic diseases and acute conditions

Improve Access to Care
• Provide diagnostic services for the community
• Collaborate with community healthcare providers to improve access to care
• 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

Gwinnett Medical Center-Lawrenceville
**Need: 1. Manage Health Conditions and Chronic Disease Treatment**

1.1. Provide Emergency and Trauma services for acute conditions and injuries

Reporters: Mary Cooper, Becky Weidler, Gina Solomon, Joe Bellino, Anita Parks and Cheryl Wunsch

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Life Net program (Gwinnett and Barrow Counties)</td>
<td>• One Call program</td>
<td>• Regional Trauma Plan</td>
</tr>
<tr>
<td>• Trauma Nurse Core Course (community)</td>
<td>• Emergency Preparedness</td>
<td>• Trauma Ortho Clinic</td>
</tr>
<tr>
<td>• CME: Department of Emergency Medicine</td>
<td>• FCN: Blood Drives (American Red Cross and Life South</td>
<td>• ATCN Program</td>
</tr>
<tr>
<td>• CME: Trauma Rounds</td>
<td>• FCNN: Network Church Liaison Outreach</td>
<td>• A Matter of Balance</td>
</tr>
<tr>
<td>• CME: Complex Facial Trauma</td>
<td></td>
<td>• ATLS Program (community) - Gwinnett Tech</td>
</tr>
<tr>
<td>• FCN: CRP/AED training (faith communities)</td>
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<tr>
<td>• FCN: Basic First Aid course</td>
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<tr>
<td>• FCN: Mental Health First Aid training course</td>
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</tbody>
</table>
Need: 1. Manage Health Conditions and Chronic Disease Treatment
   1.2. Provide Women’s Services associated with pregnancy and childbirth

Reporters: Nicole Lescota, Sheila Warren, Jennifer Robinson, Anita Parks and Cheryl Wunsch

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Parent Review Weekly Email</td>
<td>● Women’s Advisory Council to provide advice to the hospital regarding the special needs of women in our community.</td>
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<tr>
<td>● Classes</td>
<td>● Georgia Hospital Association and March of Dimes programs to reduce and ultimately eliminate elective deliveries prior to 39 weeks.</td>
<td></td>
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<tr>
<td>o Healthy Childbirth</td>
<td>● FCN: Lactation Support Policies for Individual Faith Communities</td>
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<tr>
<td>o Newborn Care</td>
<td></td>
<td>● Plan and construct a state of the art facility to provide services for Obstetrical and Neonatal patients.</td>
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<tr>
<td>o Big Brothers &amp; Big Sisters</td>
<td></td>
<td>● Work towards earning the Baby-Friendly Hospital designation</td>
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<tr>
<td>o To Be</td>
<td></td>
<td>● Develop a comprehensive bereavement program for patients and community members who experience a Perinatal loss.</td>
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<tr>
<td>o Breastfeeding Basics</td>
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<tr>
<td>o Car Seat Class</td>
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<tr>
<td>o Infant CPR &amp; Safety</td>
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<tr>
<td>o Babysitter Training</td>
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<tr>
<td>o Car Seat Safety Checks</td>
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<tr>
<td>o Facility Tours and</td>
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<tr>
<td>Information Sessions</td>
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<tr>
<td>● Lactation Support and</td>
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<tr>
<td>Lactation Helpline</td>
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<tr>
<td>● High Risk Pregnancy Support</td>
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<tr>
<td>Group</td>
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<tr>
<td>● NICU Parents Support Group</td>
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<tr>
<td>● Perinatal Loss Support</td>
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<tr>
<td>Group</td>
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<tr>
<td>● Breastfeeding Support</td>
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<tr>
<td>Group</td>
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<tr>
<td>● Women’s Health Navigator</td>
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<td>to develop and provide</td>
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<td>educational programs to</td>
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<td>extend to interests of all</td>
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<td>life stages of women.</td>
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<tr>
<td>● CME: OB/GYN</td>
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<tr>
<td>● FCN: Parenting Skills</td>
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</tbody>
</table>
**Need: 1. Manage Health Conditions and Chronic Disease Treatment**

**1.3. Provide services to treat and manage chronic diseases and acute conditions**

**1.3.1. Heart Disease**

Reporters: Mary Cooper, Jayne Kulp, Leslie Holcomb, Mary Hudgens, Lisa Williams, Sloan Stephens, Susan Troccia, Jolly Parayil, Juneasa Jordan, Jamila Brown, Dolores Ware, Amy Motteram, 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>• Chest Pain Center Accreditation</td>
<td>• Freshstart: Outpatient Smoke Cessation Program (American Cancer Society and Georgia Department of Public Health)</td>
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<tr>
<td>• STEMI alert preparedness coordinated with EMS</td>
<td>• Door to Balloon Time for all patients with called ST-elevation MI (STEMI)</td>
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<tr>
<td>• Cardiac Catheterization Lab</td>
<td>• ‘Mended Hearts’ Support Group</td>
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<tr>
<td>• Cardiac Cath</td>
<td>• Free and discounted medication program with medication providers</td>
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<tr>
<td>• PCI</td>
<td>• Community Round Table (Home Health and Skilled Nursing)</td>
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<tr>
<td>• Cardiac Device implantation</td>
<td>• United Way Americorps</td>
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<tr>
<td>• TAVR - Transcatheter Aortic Valve Replacement</td>
<td>• FCNN: Network Church Liaison Outreach</td>
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<tr>
<td>• Dedicated Electrophysiology Services</td>
<td></td>
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<tr>
<td>• Cardiac Rehab Phase I</td>
<td></td>
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<tr>
<td>• Weekly Heart Failure Class</td>
<td></td>
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<tr>
<td>• Cardiac Research</td>
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<tr>
<td>• Cardiac Patient Education Library-GHS Web Site</td>
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<tr>
<td>• Cardiac Rehabilitation Phase I, II and III</td>
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<tr>
<td>• Medical Nutrition Therapy for Lipid, High Blood Pressure, Weight Management</td>
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<tr>
<td>• Cardiac Rehab Nutrition Classes</td>
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<tr>
<td>• Care Transition Coordinators</td>
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<tr>
<td>• Mitraclip Cardiomemes Heart Failure System</td>
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<tr>
<td>• CME: Department of Medicine/Cardiology</td>
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</tbody>
</table>
Need: 1. Manage Health Conditions and Chronic Disease Treatment  
1.3. Provide services to treat and manage chronic diseases and acute conditions  
1.3.2. Cancer

Reporters: Domingo Valpuesta, Amy McEachin, Brad Humphrey, Angel Roussie, Anita Parks, Jamila Brown, Dolores Ware, Amy Motteram, Mary Cooper, 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>• Prostate Cancer Awareness</td>
<td>• Freshstart: Outpatient Smoking Cessation Program (American Cancer Society and Georgia Department of Public Health)</td>
<td>• Cancer Survivorship Plan</td>
</tr>
<tr>
<td>• More Fruit and Veggies Matter</td>
<td>• Relay for Life Education (American Cancer Society)</td>
<td>• Oncology Research (Duke Affiliation)</td>
</tr>
<tr>
<td>• Low Dose CT Lung Cancer Screening</td>
<td>• Care-a-Van mobile mammography screenings</td>
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<tr>
<td>• Oncology Research</td>
<td>• Health Fairs</td>
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<tr>
<td>• Survivorship Training and Rehab (STAR)</td>
<td>• Colorectal Screening kits (American Cancer Society)</td>
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<tr>
<td>• Cancer Transitions</td>
<td>• Shine a Light (Lung Cancer Alliance)</td>
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<tr>
<td>• Palliative Care Program</td>
<td>• Gwinnett County Extension</td>
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<tr>
<td>• High Risk Assessment Genetic Counseling</td>
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<tr>
<td>• CME: Tumor Conference</td>
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<tr>
<td>• CME: Interdisciplinary Breast Cancer Pre-Treatment</td>
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<tr>
<td>• CME: Multi-disciplinary Lung Cancer Screening</td>
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<td></td>
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<tr>
<td>• CME: Oncology Lecture Series</td>
<td></td>
<td></td>
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<tr>
<td>• FCN: Cancer Support Groups</td>
<td></td>
<td></td>
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<tr>
<td>• Prostate</td>
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<tr>
<td>• Breast</td>
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<tr>
<td>• Colorectal</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>• Relay for Life Education (American Cancer Society)</td>
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<tr>
<td>• Care-a-Van mobile mammography screenings</td>
<td></td>
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<tr>
<td>• Health Fairs</td>
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<tr>
<td>• Colorectal Screening kits (American Cancer Society)</td>
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<tr>
<td>• Shine a Light (Lung Cancer Alliance)</td>
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<tr>
<td>• Gwinnett County Extension</td>
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</tbody>
</table>
Need: 1. Manage Health Conditions and Chronic Disease Treatment  

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

1.3.3. Stroke

Reporters: Mary Cooper, Susan Gaunt, Elizabeth Hudson-Weires, Anita Parks, Kelly Dunham, Mary Cooper, and Cheryl Wunsch

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
</tr>
</thead>
</table>
| • Advanced Primary Stroke Center Certification | • Professional Education  
  • Stroke Conference  
  • CME offerings  
  • Professional Organization Presentations  
  • Genentech Education Programs  
  • Georgia Stroke Professional Alliance  
  • SCRN Review Course  
  • Interventional Stroke Care (Grady collaboration)  
  • Door-to-Needle Time for Stroke Care (Community EMS, Eastside and Johns Creek Collaboration)  
  • CME: Annual Stroke Conference  
  • FCNN: Network Church Liason Outreach | • Stroke Net Research Network  
  • Neuroscience Patient Reunion                                      |
Need: 1. Manage Health Conditions and Chronic Disease Treatment
   1.3. Provide services to treat and manage chronic diseases and acute conditions
      1.3.4. Diabetes

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

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Diabetes Self-Management Education</td>
<td>• Gwinnett Takes on Diabetes - November</td>
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<tr>
<td>• Spanish Diabetes Self-Management Education Class</td>
<td>• Diabetes Education Grant Program (Cisco) &amp; Gwinnett Rotary</td>
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<tr>
<td>• Gestational Diabetes Management Class and Individual Consultations</td>
<td>• University of Georgia Extension Services Cooking Classes</td>
<td></td>
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<tr>
<td>• Insulin Pump Training</td>
<td>• FCNN: Network Church Liaison Outreach</td>
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<tr>
<td>• Pre Diabetes Education</td>
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<tr>
<td>• Healthy Diabetes Community Class Series</td>
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<tr>
<td>• CME: Diabetes/Endocrinology</td>
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</tbody>
</table>

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

Reporters: Domingo Valpuesta, Amy McEachin, Cheryl Odell, Paige Hull, Anita Parks, Pam Garrett, Mary Cooper, and Cheryl Wunsch

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
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<tbody>
<tr>
<td>• Pulmonary Rehabilitation Phase I, II and III</td>
<td>• FCN: Tobacco-Free Campus Policies (Church-Based)</td>
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<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>
<td>• FCNN: Network Church Liaison Outreach</td>
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<tr>
<td>• COPD Education</td>
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<tr>
<td>• CME: Intensivists (Pulmonary)</td>
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</tbody>
</table>
## Need: 2. Improve Access to Care

Reporters: Linda Horst and Dr. Mark Darrow

<table>
<thead>
<tr>
<th>Programs</th>
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<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>
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<tr>
<td>• Professional Training</td>
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<tr>
<td>• Chaplaincy</td>
<td></td>
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<tr>
<td>• Dietitians</td>
<td></td>
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<tr>
<td>• Diabetes Nursing</td>
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<tr>
<td>• Cardiology Technician</td>
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<tr>
<td>• Corporate Counsel</td>
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<tr>
<td>• Emergency Medical Technicians</td>
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<tr>
<td>• Exercise and Health Science</td>
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<td>• Health Information Management</td>
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<tr>
<td>• Laboratory Technologists and Phlebotomists</td>
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<tr>
<td>• Nuclear Medicine Technologists</td>
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<td>• Nursing Informatics</td>
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<td>• Oncology Nursing</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>
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<tr>
<td>• Respiratory Therapists</td>
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<tr>
<td>• Registered Nursing (Undergraduate and Graduate)</td>
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<tr>
<td>• Social Workers</td>
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<tr>
<td>• Surgical Technicians</td>
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<tr>
<td>• Ultrasound Technologists</td>
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<tr>
<td>• Midlevel Students</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, Anita Parks, Domingo Valpuesta, Cheryl Wunsch and Sheila Warren

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Liaisons</td>
<td>Physician Community Needs Assessment</td>
<td>Expand Neurosurgical services by recruitment of two new neurosurgeons.</td>
</tr>
<tr>
<td>Women’s Health Navigator</td>
<td>Recruiting Community Physicians through income guarantees, employment, relocation assistance, signing bonuses and recruiter fee assistance</td>
<td>FCN: Lawrenceville Cooperative Ministries</td>
</tr>
<tr>
<td>coordinates services virtually</td>
<td>Neontal Transport Services to outlying community hospitals promoting access to our advanced technology and neonatal specialists.</td>
<td>connecting uninsured/working poor with community clinics/physicians</td>
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<tr>
<td>to assist with access to services.</td>
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<tr>
<td>Cancer Navigators</td>
<td>Relay for Life (American Cancer Society)</td>
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<tr>
<td>Continue to recruit and assist OB/GYN physicians to recruit members to their groups in order to ensure that there are an adequate number of physicians to care for patients in Gwinnett County.</td>
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<tr>
<td>Graduate Medical Education Program (Strickland Family Medicine Center)</td>
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<tr>
<td>Graduate Medical Education Program (Academic Internal Medicine Partners)</td>
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<tr>
<td>CME: Primary Care Summit</td>
<td>One Call transfer system established to assist with regional trauma and STEMI transfers</td>
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<tr>
<td>FCN: Network Navigator</td>
<td>Oncology Community Outreach Navigator</td>
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<td></td>
<td>FCN: Collaboration with Lawrenceville Cooperation</td>
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</tbody>
</table>
Need: 2. Improve Access to Care

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

Reporters: Becky Weidler, Kelly Levine, Mary Cooper, 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>• Mental Health professionals assess medically-cleared patients in the ED for further treatment and disposition.</td>
<td>• For medically indigent patients who meet certain criteria, GMC has a program to assist these patients in receiving care at a psychiatric facility.</td>
<td></td>
</tr>
<tr>
<td>• Psychiatric CNS evaluation of mental health patients that are in the ED more than 24 hours</td>
<td>• Freshstart: Outpatient Smoking Cessation Program (American Cancer Society and Georgia Department of Public Health)</td>
<td></td>
</tr>
<tr>
<td>• Smoking Cessation Counseling</td>
<td>• FCN: Faith Community Nurse Navigator</td>
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<tr>
<td>• FCN: Emotional and Mental Health programs</td>
<td>• FCNN: Network Church Liaison Outreach</td>
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<tr>
<td>• FCN: Grief and Bereavement support groups</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>• FCN: Stress Management</td>
<td></td>
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</tr>
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</table>
Need: 2. Improve Access to Care

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

Reporter: Brad Humphrey, Angel Roussie, Kristin Crea, and Mary Cooper

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
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</thead>
<tbody>
<tr>
<td>• Occupational Therapy &amp; Physical Therapy</td>
<td>• Amputee Support Group (Procare)</td>
<td>• Amputee Support Group (Procare)</td>
</tr>
<tr>
<td>• Lymphedema Therapy/Oncology Rehab</td>
<td>• Orthotist/prosthetist</td>
<td>• Orthotist/prosthetist</td>
</tr>
<tr>
<td>• Amputee Rehab</td>
<td>• Athletic Trainers at high schools for school athletes for injury prevention and concussion</td>
<td>• Athletic Trainers at high schools for school athletes for injury prevention and concussion</td>
</tr>
<tr>
<td>• Vestibular/Concussion Rehab</td>
<td>• SPOHNC (Support for People with Oral Head and Neck Cancer)</td>
<td>• SPOHNC (Support for People with Oral Head and Neck Cancer)</td>
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<tr>
<td>• Speech Pathology for head and neck</td>
<td>• Fleet Feet</td>
<td>• Fleet Feet</td>
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<tr>
<td>• Survivorship Training and Rehab (STAR) Certifications</td>
<td>• FCNN: Network Church Liaison Outreach</td>
<td>• FCNN: Network Church Liaison Outreach</td>
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<tr>
<td>• Comprehensive Concussion Management Program</td>
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</tr>
</tbody>
</table>
Need: 3. Prevent Chronic Diseases and Increase Wellness

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

Reporters: Mary Cooper, Tim Gustavson, Jamila Brown, Cris Hartley, Dolores Ware, Amy Motteram, Kristin Crea, and Cheryl Wunsch

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Cardio Circuit Training</td>
<td>• Faces of Diabetes (American Diabetes Association</td>
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<tr>
<td>• Pilates/Yoga</td>
<td>• Diabetes Education Grant Program (Cisco)</td>
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<tr>
<td>• Zumba</td>
<td>• Whole Foods: food demonstrations and education</td>
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<tr>
<td>• Endurance Boot Camp</td>
<td>• UGA Extension - Gwinnett County</td>
<td></td>
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<tr>
<td>• Vim and Vigor Articles</td>
<td>• FCNN: Network Church Liason Outreach</td>
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<tr>
<td>• Nutrition education programs</td>
<td></td>
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<tr>
<td>• Diet by Design</td>
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<tr>
<td>• Medical Nutrition Therapy for obesity management</td>
<td></td>
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<tr>
<td>• Metabolic Testing</td>
<td></td>
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<tr>
<td>• FCN: Healthy living</td>
<td></td>
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<tr>
<td>• FCN: Atonement Exercise classes, Stretching &amp; Yoga</td>
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<tr>
<td>• FCN: Believcise &amp; Faithfully Fit</td>
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<tr>
<td>• FCN: First Place Health, Weight Watchers and Made to Crave</td>
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<tr>
<td>• FCN: Healthy Cooking/Living/Eating groups</td>
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<tr>
<td>• FCN: Walking for Health groups</td>
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<tr>
<td>• FCN: Exercise</td>
<td></td>
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<tr>
<td>• FCN: Step by Step with Jesus</td>
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<tr>
<td>• FCN: Eating for Healthy Aging</td>
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<tr>
<td>• FCN: Lose Weight - Keep it Off</td>
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</tr>
</tbody>
</table>
### Need: 3. Prevent Chronic Diseases and Increase Wellness

#### 3.2. Collaborate with community organizations to raise healthy kids

Reporters: Kristin Crea, Dolores Ware, Amy Motteram, Cris Hartley, Anita Parks, Cheryl Wunsch, Sheila Warren

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
</tr>
</thead>
</table>
| • Sports Trainers in area schools and parks  
  • Pre-participation physicals  
  • Injury evaluations  
  • Injury treatment and rehabilitation  
  • Injury clinic | • CPR certification for coaches and student training (HS & college)  
  • Junior Achievement | |
| • Educational Seminars  
  • Concussions  
  • Heat Illness  
  • Nutrition | | |
| • Medical Explorers | | |
| • ImPACT (Concussion Testing program) | | |
| • Weight! Have you had the Talk with your kids? | | |
| • CME: Department of Pediatrics | | |
| • FCN: AARP Safe Driver Course | | |
| • FCN: Divorce Care for Kids | | |
| • FCN: Parenting Skills | | |
| • FCN: Back to School Health Fair/Backpack Ministry | | |
| • FCN: Safe Sanctuaries | | |
| • FCN: Understanding Asthma in Children | | |
| • Babysitter Training | | |
| • Carseat Class | | |
Need: 3. Prevent Chronic Diseases and Increase Wellness

3.3. Collaborate with community organizations to promote healthy aging

Reporters: Mary Cooper, Jamila Brown, Dolores Ware, Amy Motteram, Gina Solomon and Cheryl Wunsch

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>• PrimeTime Health Membership</td>
<td>• 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, veterans groups and other social service providers.</td>
<td>• A Matter of Balance</td>
</tr>
<tr>
<td>• Vim and Vigor Articles</td>
<td>• Annual Senior Fall Health Fair at Bethesda Senior Center – providing hospital information on various services</td>
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<tr>
<td>• Senior Driver Safety Course</td>
<td>• Senior Centers</td>
<td></td>
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<tr>
<td>• FCN: Personal Safety</td>
<td>• Assisted Living Facilities</td>
<td></td>
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<tr>
<td>• FCN: Rest – Self care in Crisis</td>
<td>• Independent Living Facilities</td>
<td></td>
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<tr>
<td>• FCN: Caregiver Classes</td>
<td>• Speakers Bureau</td>
<td></td>
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<tr>
<td>• FCN: Protecting yourself from Falls &amp; other Safety Tips</td>
<td>• Colorectal Screening kits (American Cancer Society)</td>
<td></td>
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<tr>
<td>• FCN: Alzheimer’s Support Group/Respite Care</td>
<td>• Elder Care and Ethics Program</td>
<td></td>
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<td></td>
<td>• FCNN: Network Church Liaison Outreach</td>
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</tbody>
</table>
Need: 3. Prevent Chronic Diseases and Increase Wellness

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

Reporters: Nickie Graves, Anita Parks, Mary Cooper, and Cheryl Wunsch

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
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<tbody>
<tr>
<td>• Communicable Disease Control</td>
<td>• Public health reporting and case management collaboration</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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<td></td>
<td>• FCN: Flu vaccination</td>
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<td></td>
<td>• FCNN: Network Church Liaison Outreach</td>
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</tr>
</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: Cheryl Odell, Mary Hudgins, Dolores Ware, Amy Motteram, Domingo Valpuesta, Jamila Brown, Sheila Warren, Mary Cooper, and Cheryl Wunsch

<table>
<thead>
<tr>
<th>Programs</th>
<th>Community Collaborations</th>
<th>Programs Under Development</th>
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<tbody>
<tr>
<td>• Health Risk Assessments</td>
<td>• Community Day with EMS (CPR training and B/P Screenings)</td>
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<tr>
<td>• Cardiac Rehab: Phase I, II and III</td>
<td>• Senior Benefit Fair – Bethesda Park, cardiac risk factors and healthy living</td>
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<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>• Teaching Early Heart Attack Care (EHAC)</td>
<td>• FCNN: Network Church Liaison Outreach</td>
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<tr>
<td>• FCN: AED/CPR</td>
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<td>• FCN: B/P Screening</td>
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<tr>
<td>• FCN: Health Fairs</td>
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<tr>
<td>• Speakers Bureau</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: Domingo Valpuesta, Jamila Brown, Cheryl Odell, Dolores Ware, Amy Motteram, Angel Roussie, Sheila Warren, Amy McEachin, and Cheryl Wunsch

<table>
<thead>
<tr>
<th>Programs</th>
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<th>Programs Under Development</th>
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<tr>
<td>Colorectal Cancer Prevention programs</td>
<td>Freshstart: Outpatient Smoking Cessation Program (American Cancer Society and Georgia Department of Public Health)</td>
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<tr>
<td>Prostate Cancer Awareness</td>
<td>Relay for Life Education (American Cancer Society)</td>
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<tr>
<td>Health Risk Assessments</td>
<td>Care-a-Van mobile mammography screenings</td>
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<td>Cancer Transitions</td>
<td>Atlanta Legal Aid</td>
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<td>Healthy Eating</td>
<td>Health Fairs</td>
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<tr>
<td>Smoking Cessation Counseling</td>
<td>Whole Foods - food demonstrations and education</td>
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<td>Survivorship Training and Rehab (STAR)</td>
<td>UGA Extension - Gwinnett County</td>
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<tr>
<td>FCN: Colon Cancer &amp; Prevention</td>
<td>Colorectal Screening kits (American Cancer Society)</td>
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<td>FCN: Cancer Awareness</td>
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</tbody>
</table>

Need: 3. Prevent Chronic Diseases and Increase Wellness

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

3.5.3. Stroke

Reporters: Susan Gaunt, Jamila Brown Mary Cooper, and Cheryl Wunsch

<table>
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<tr>
<th>Programs</th>
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<tr>
<td>Stroke Awareness</td>
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<td>Presentations</td>
<td>Community Education Materials (Genentech)</td>
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<td>Stroke Booths</td>
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<td>Stroke Screenings</td>
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<td>Speakers Bureau</td>
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<td>FCN: Stroke Awareness</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

3.5.4. Diabetes

Reporters: Mary Cooper, Cris Hartley, Jamila Brown and Cheryl Wunsch

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<tr>
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<td>• FCNN: Network Church Liaison Outreach</td>
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<tr>
<td>Healthy Eating</td>
<td></td>
<td></td>
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<tr>
<td>Diabetes Education</td>
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<tr>
<td>FCN: Diabetes Prevention Class</td>
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</table>

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: Mary Cooper, Cheryl Odell, Jamila Brown, Pam Garrett, and Cheryl Wunsch

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<thead>
<tr>
<th>Programs</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>Smoking Cessation Counseling Follow Up Phone Calls</td>
<td>• UGA Extension - Gwinnett County (Radon Awareness)</td>
<td></td>
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<tr>
<td>Pulmonary Rehab I, II, and III</td>
<td>• FCNN: Network Church Liaison Outreach</td>
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