

FY 2013 Implementation Strategy Gwinnett Medical Center-Duluth

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

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

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

Gwinnett Medical Center-Duluth

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

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

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

Figure 1. GMC-Duluth Service Volumes Fiscal Years 2011-2012

	2011	2012
Admissions (GMC-D & Glancy Rehab)	5,422	5,830
Emergency Departments visits	35,613	37,719
Surgical Cases (inpatient and outpatient)	8,199	8,782
Laboratory billable items (excluding Pathology)	230,047	232,085
Diabetes & Nutrition Education Center (DNEC) visits	1,146	1,187
Dialysis treatments	847	771
Glancy Rehab admissions	597	561
Faith Community Nursing contacts	75,785	147,647

Source: GMC Operating Statistics and department reports FY 2011-2012

Emergency Department

Gwinnett Medical Center-Duluth's Emergency Department (ED) is a 24-bed unit that treated 37,719 patients in fiscal year 2012. This 18-bed unit provides overall care for patients from birth to end-of-life. The average length of stay for all patients treated in the GMC-Duluth ED is just over three hours.

The 24-bed, stroke certified, GMC-Duluth Emergency Department treats approximately 36,000 patients annually. The department is comprised of:

- *Team Triage:* This is a 6-bed unit where most non-emergent patients are assessed and treated. Patients with lower acuity are often treated and discharged from this area to reduce their length of stay in the emergency department. Approximately 20% of all Emergency Department patients are treated and discharged from this area.
- *Main Department:* This 18-bed unit provides overall care for patients from birth to end-of-life. The average length of stay for all patients treated in the Duluth ED is just over three hours.

The department employs 70 staff and works in cooperation with a board certified emergency physician group that also employs nurse practitioners and physician assistants.

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

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

Emergency Preparedness Program

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

Hospital Incident Command Centers (HICC) are located at Gwinnett Medical Center-Lawrenceville, Gwinnett Medical Center-Duluth, Glancy Rehabilitation Center and 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, 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 and can be as large or small as needed. That is determined by the nature of the disaster and the Incident Commander which is usually the administrator on-call for that day, or the PSC.

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

The Emergency Management Plan is delineated in our Emergency Operations Plan which you can find on the Intranet site. This plan is driven by our Hazard Vulnerability Analysis which details the different types of disasters that can occur, with the likelihood and impact of each possible type of disaster occurring within our geographical area.

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

Surgical Care/Orthopedic

The scope of care for this unit includes the care of patients utilizing nursing process, of assessment, interventions, and evaluation of care given for surgical and medical patients. The unit primarily serves adults, ages 20-100 plus, but will serve pediatric patients in special circumstances. Care is provided for a vast number of patient types requiring pre and post operative care, intravenous therapy, nutritional needs, wound care, hemodialysis, blood glucose monitoring, physical therapy, respiratory therapy, pain control, and bariatric surgery. Remote telemetry is available on this unit and monitored from the fourth floor Medical/Telemetry Unit staff.

Inpatient Care Intensive Care Unit (ICU)

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

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

Intensive Medical Care Unit (IMCU)

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

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

Medical Telemetry

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

Cardiology

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

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

Monitoring, Ambulatory Blood Pressure Monitoring, Venipuncture, Specimen procurement and Drug Screening.

Oncology Services

Oncology Services' mission is to offer the citizens of our community compassionate cancer care in partnership with our patients and physicians through a network of integrated services and programs promoting the delivery of health and wellness. There has been a seven percent increase in cancer patients seen at GMC in the last five years (2006-2011) from 1,465 to 1,579.

The Oncology Services department is comprised of three FTEs, two of which are 72-hour a pay period associates and a contracted associate with the American Cancer Society. The positions for Oncology Services are: Manager of Oncology Services/Cancer Risk Counselor, Breast Health Navigator, Oncology Research Nurse and the American Cancer Society Patient Resource 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. The Breast Health Navigator (in place since 2005) made 3,082 patient contacts in fiscal year 2012. There are currently 52 patients followed through the Atlanta Regional Community Clinical Oncology program (ARCCOP). In fiscal year 2012, the Hereditary Cancer Risk Assessment program had 27 appointments for 40 unique patients.

As of December 3, 2012, Gwinnett Medical Center has built a formal relationship with Suburban Hematology-Oncology, a private physician practice, whereby their infusion centers in Lawrenceville, Duluth and Snellville are now known as the Center for Cancer Care, a service of Gwinnett Medical Center. We believe this relationship represents a major breakthrough in the way residents of Gwinnett and the surrounding communities receive cancer treatment. The idea is to provide cancer patients with a continuum of care, so that they can receive a growing range of oncology and hematology-related services through GMC. In short, we want to make it as convenient as possible for patients to get the high quality care they need.

The goal for the Oncology program for 2013-2014 is to support the 16 continuum goals identified in the Georgia Comprehensive Cancer Control Plan 2008-2012 by:

- Maintaining our accreditation through the Commission on Cancer (CoC) of the American College of Surgeons (ACoS). Accreditation achieved in June 2012.
- Maintaining our accreditation of our breast program through the National Accreditation Program for Breast Centers. Full three year accreditation was achieved on May 20, 2010.
- Continuing to promote Colon Cancer awareness.
- Continuing to promote Prostate Cancer awareness.
- Continuing to offer the mobile mammography van.
- Continuing to offer cancer support groups.
- Continuing to offer monthly Freshstart classes.
- Continuing to promote Lung Cancer awareness through educational offerings.

- Continuing to offer the Breast Health Navigator and the American Cancer Society Patient Resource Navigator services.
- Continuing to increase accrual of Georgia residents to cancer clinical trials.
- Continuing to expand and enhance cancer data collection from existing and new sources and implement improved information management tools and technologies.

Programs:

- *Breast Health Navigator* assists patients in securing services throughout the System.
- *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.
- *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 Web site.

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 a consortium of national, professional organizations dedicated to the improvement of the quality of care and monitoring of outcomes of patients with diseases of the breast. This mission is pursued through standard-setting, scientific validation, and patient and professional education.

Collaborations:

- American Cancer Society *Patient Resource Navigator* offered through Oncology Services
- *Women's Cancer* support group (monthly) offered through Oncology Services.

Programs under Development:

- Cancer Resource Center Expansion – GMC will expand its Cancer Resource Center in 2013. Currently this service includes patient navigation and genetics services. Our preliminary plans call for the addition of services such as social work, nutrition counseling and more cancer navigation. We also plan to expand our High Risk and genetics services.
- STAR Cancer Rehabilitation Certification – this voluntary certification program provides the training and processes needed to ensure a dynamic and integrated system of rehabilitation care for cancer patients.
- Cancer Data Center expansion – GMC provides cancer surveillance reporting for the State of GA and the National Cancer Database. We will be experiencing an added case load soon due to the development of the Center for Cancer Care and anticipate adding to our data center workforce.
- Breast cancer post-biopsy clinic and screening nurse navigation services – through the addition of a screening nurse navigator and a post-biopsy clinic GMC plans to begin providing more integrated, intensive services to patients in the diagnostic phase of breast cancer.
- Increasing the number of clinical trials available to cancer patients and the number of patients enrolled in clinical trials – currently GMC has a limited number of clinical trials available for patients to enroll in and we are actively seeking additional research opportunities.
- Psychosocial distress screening and referral process – we are currently piloting an approach to identifying psychosocial distress early in cancer patients so that we might intervene through appropriate referrals to decrease the level of psychosocial distress in this population.
- Participation in voluntary quality improvement initiative for medical oncology (Quality Oncology Practice Initiative or QOPI) – we will be initiating participation in this national quality benchmarking program which will include intensive chart abstractions twice annually to gather specific medical oncology practice information that will help us improve quality of care.
- Expanded genetics counseling and high risk genetics services – currently this service is offered but is not full in scope or scale and we have not marketed its availability fully to area physicians in need of a program to refer their patients to. We will be expanding it this year to include possible outreach to neighboring facilities.

Stroke Program

The Center for Neuroscience is dedicated to providing specialized care for neurological and neurosurgical patients in a multi-level care unit. The Center for Neuroscience provides specific levels of care for patients who have had neck surgery, back surgery, stroke, traumatic brain injury, cerebral aneurysm, brain tumor, spinal cord injury, seizures, neuromuscular disease and/or other

neurological problems. The Center for Neuroscience staff members respond to inpatient stroke calls on the GMC-Lawrenceville campus as part of the "Stroke Alert" team.

The Center for Neuroscience leads our System's efforts in maintaining our voluntary Primary Stroke Center certification by Joint Commission. The Joint Commission's Primary Stroke Center Certification program is based on the "Recommendations for Primary Stroke Centers," published by the Brain Attack Coalition and American Stroke Association statements to evaluate hospitals functioning as Primary Stroke Centers. The elements are surveyed on-site every two years. In addition, interim data is submitted annually, which includes leadership support, processes for timely and appropriate treatment, guideline updates and education to providers, patients and the community as well as performance improvement efforts. Since February 2005, both the GMC-Lawrenceville and GMC-Duluth campuses have been certified as Primary Stroke Centers.

Community education is supported through the efforts of the nursing team who provide presentations and screenings for at-risk groups which includes helmet education for school age children and stroke education for the adult population.

Programs:

- *Primary Stroke Center certification* by Joint Commission. The Joint Commission's Primary Stroke Center Certification program is based on the "Recommendations for Primary Stroke Centers," published by the Brain Attack Coalition and American Stroke Association statements to evaluate hospitals functioning as a Primary Stroke Center. Since February 2005, both the GMC-Lawrenceville and GMC-Duluth campuses have been certified as Primary Stroke Centers.
- *Stroke Response Team* for the Emergency Department and inpatient care areas in the GMC stroke program includes collaboration with Emergency Medical Services (EMS) in stroke recognition and notification. The Stroke Alert process is initiated in the Emergency Department with the stroke team's assessment, diagnosis and determination of a patient's eligibility for thrombolytics or stroke study participation. In addition, the Center for Neuroscience and the GMC-Duluth's critical care teams respond to in-hospital stroke alerts.
- *Stroke Risk Screenings* at the Gwinnett Senior Health Fair.
- Teleconference for the Georgia Coverdell Registry on updates from the International Stroke Conference.

Community Collaborations:

- Stroke Awareness presentations at Senior Centers, assisted living facilities, nursing homes, churches, businesses, community groups, and professional organizations.
- CME Conference: Advances in Stroke Care 2012: Unusual Causes and Innovative Treatment Approaches.
- Stroke Booths with mini stroke screenings at the Gladiator, Gwinnett Braves and Georgia Force games and other venues throughout the year.
- We partner with Genentech to provide community education materials such as "FAST" cards and magnets, table tents, and posters.

- Non-clinical staff continues to be trained on stroke signs and symptoms, activating 911, and risk factors, so that when they are in the community, they know what to do in the case of a possible stroke.
- GMC has partnered with Gwinnett Emergency Medical Services (EMS) and Eastside Medical Center to have EMS activate a stroke alert page when the patient is within three hours of symptom onset, draw labs in the field and take the patient directly to CT after quick registration and physician assessment.
- GMC has provided regional PAC's access to Grady for patients we transfer for neuro-interventional procedures.

Programs under Development:

- We plan to train-the-trainer by providing materials to the Faith Based nurses for their parish education efforts on stroke.

Diabetes & Nutrition Education Center

The Diabetes & Nutrition Education Center (DNEC) provides outpatient and inpatient patient services and programs at the Lawrenceville and Duluth GMC campuses. Outpatient services include diabetes education through an American Diabetes Association accredited diabetes education program, medical nutrition therapy, weight management programs and community classes to promote health in our community.

The Center's inpatient services support the glycemic management of hospitalized patients through diabetes assessment and education for patients, and serve as a resource to physicians and nursing staff. As part of the Center's inpatient care, the Diabetes Best Practice Team is an ongoing collaboration of physicians and clinicians that drives initiatives for optimal inpatient glycemic control, optimal patient outcomes and reduced hospital readmissions.

The Center's staff includes Nurses and Registered Dietitians (RD) who are Certified Diabetes Educators. The RDs hold additional certifications in weight management. Staff rotates between campuses to provide services. In fiscal year 2012, staff assessed and provided diabetes education to 3,400 hospitalized patients and provided diabetes and nutrition education to 7,000 outpatient contacts which included consultations and community programs. As a resource to the community, the Center strives to provide adequate access to and excellence in diabetes and nutrition education that positively impacts lives. The Center maintains partnerships 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 setting or individual consultations. Program is a recognized American Diabetes Association Diabetes Self-Management Education Program.
- *Gestational Diabetes Self-Management education:* Education provided by Certified Diabetes

Educators in class setting or individual consultations. Program is a recognized American Diabetes Associates 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.
- *Weight Management*: Individual counseling, classes and programs with registered dietitians including nutrition counseling and support for hospital's bariatric programs 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, workshop, and health forums) to address childhood obesity.

Community Collaborations:

- *Gwinnett Takes on Diabetes*: Annual 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 patients. To date 230 patients have utilized this program for education.
- *Faces of Diabetes Forum*: American Diabetes Association provides an annual outreach initiative partnering with Gwinnett Medical Center to bring diabetes information, education and screenings to our culturally diverse community.

Glancy Rehabilitation Center

Glancy Rehabilitation Center is a comprehensive, interdisciplinary treatment program designed to help survivors of stroke, accident or debilitating illness to increase their level of functioning and independence. From the day of admission, patients and their families work actively with their experienced rehabilitation team to develop goals and a treatment plan, as well as to project a discharge date and begin discharge planning. Overseen by a Physiatrist, the medical director who is board-certified in physical medicine and rehabilitation, our staff provides individualized treatment plans that focus on the patient's goals.

The program has earned the highest level of accreditation available from the Commission on Accreditation of Rehabilitation Facilities (CARF). In addition, Glancy Rehabilitation Center earned CARF designation as a Stroke Specialty Program.

Top 10 Diagnoses:

1. Stroke
2. Neurological conditions
3. Brain injury
4. Spinal cord injury
5. Amputation
6. Hip fracture
7. Joint replacement
8. Miscellaneous Orthopedic (Lum Lam included)
9. Major multiple fractures
10. Debility

Programs:

- *Resource Center:* Study/resource room is available for patients and families. On line access to resources are available. Written/video material resources are also available. This helps families and patients to educate themselves and plan for ongoing needs.

Glancy Rehabilitation Outpatient

Glancy Rehabilitation Center - Outpatient Program provides comprehensive outpatient medical rehabilitation for adults and adolescents with acquired physical, cognitive and psychosocial functional limitations to maximize potential for independent living. The admission process includes review of referral information about potential person to be served. An orientation is conducted for each new person served. The assessment and program planning process results in defined program goals and individualized plans. Goals and plans are discussed with patients and families on a regular basis. The discharge planning process starts before admission and continues throughout the patient's participation in the program. Appropriate referrals to community resources are made. Input from persons served is incorporated in the program planning process. Services provided: case management (as needed), neuropsychology (as needed), occupational therapy, physical therapy, speech-language pathology. On a consulting basis: nutrition services, chaplaincy and diabetic education.

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, running rehab, lymphedema therapy, vestibular rehabilitation, amputee rehabilitation, hand therapy, aquatic therapy, arthritis management, oncology rehabilitation, and fitness/conditioning programs. Patients receive an evaluation and customized treatment plan that are designed to address the specific needs of the individual.

Outpatient services on the GMC-Lawrenceville campus are located at 500 Medical Center Boulevard, Suite 130 and are staffed by occupational therapist (OT), physical therapists (PT), physical therapy assistant (PTA), rehabilitation case manager (CM), administrative assistants, rehabilitation aide and an exercise physiologist.

Outpatient services on the GMC-Duluth campus are located in the Hudgens Professional Building, Suite 400, and are staffed by an OT, PTs, a physical therapy assistant, a rehabilitation case manager, rehabilitation aide, exercise physiologist and administrative assistants.

Lymphedema Therapy is available in both locations of Gwinnett SportsRehab. Services are provided by occupational therapists with a specialty certification in lymphedema therapy. The highly qualified therapists offer 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 plans 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-Lawrenceville. The program provides specialty speech language pathology services for adults. The speech language pathologist provides cost-effective care that includes assessment and treatment for voice disorders, swallowing deficits, and cognitive and speech/language disorders. The comprehensive assessment and customized treatment plans are designed to address the specific needs of the individual in order to facilitate independent return to daily activities.

Programs:

- *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.
- *Fitness services* provided by an exercise physiologist at Gwinnett SportsRehab for personal training or open gym membership.
- *Running Clinic* offered by Gwinnett SportsRehab for new or seasoned runners to improve performance, reach a personal record and prevent injury.
- *Vestibular Rehabilitation* provided by a physical therapist, includes balance retraining and exercises/movement aimed at decreasing dizziness, vertigo and imbalance as a result of vestibular disorder.

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. One of our lymphedema therapist is a board member.
- *Fleet Feet* is a shoe store that does fittings for orthotics and tennis shoes. Once we do the "running evaluation" we refer to Fleet Feet for orthotics and shoes, we also give talks in their stores on injury prevention.
- *Amputee Support Group* meets monthly at Gwinnett SportsRehab-Lawrenceville. It is conducted collaboratively by a physical therapist and a local prosthetic/orthotic company.

Center for Surgical Weight Management

The Center for Surgical Weight Management at Gwinnett Medical Center-Duluth provides outpatient and inpatient services to those suffering from the disease of obesity. We perform three types of weight loss operations to include adjustable gastric banding, sleeve gastrectomy, and gastric bypass. Additionally we provide surgical bariatric revisions to those demonstrating medical necessity. We recognize that weight loss surgery is only the beginning of a lifelong journey to change behaviors and adopt new lifestyle habits that promote long term weight loss. As a result of our commitment to combat obesity, we offer many support programs to assist with these necessary changes.

The Center employs five full time employees to assist with the management of the surgical clinic, insurance process and the aftercare program. In fiscal year 2011, they processes approximately 75 patients for surgery patients and managed an average of 150 patients through different phases of the entire surgical process. As a resource to the community, the Center strives to promote the highest quality of pre- and post-op services and offers one of the most comprehensive support programs for patients seeking weight loss surgery. The Center maintains partnerships with physicians, community groups (e.g., churches, businesses) and other hospital departments in this pursuit.

Scope of Patient Care/Service: The scope of care for this program includes the surgical care of patients who suffer from obesity or morbid obesity. The program primarily serves adults, ages 18 to 65 plus. Surgical care provided consists of a 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. 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.

Nutrition Services

GMC's Nutrition Services provides basic food service to all hospitalized patients, according to their dietary and medical needs. The department provides services to Gwinnett Medical Center-

Duluth, as well as Glancy Rehabilitation Center. Medical nutrition therapy is provided to certain individuals as deemed appropriate by a registered dietitian. The dietitian monitors patients' intake, analyzes the intake and other conditions and then adds appropriate supplements or therapy to maximize nutrition. Nutrition education is provided for disease management on an individualized, personalized basis for hospitalized patients. Education is also provided for drug/nutrient interactions. There are 2.5 FTE RD's for Gwinnett Medical Center-Duluth including Glancy Rehabilitation Center.

Chaplaincy

The 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 and five Clinical Pastoral Education Residents (with a one-year commitment).

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

In addition to in-house services, the Chaplaincy Department takes the organizational value of service to the community seriously. 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

Palliative Care is patient- and family-centered care that optimizes quality of life by anticipating, preventing and treating suffering of all kinds. From diagnosis to death, Palliative Care addresses the complex/holistic needs of patients and their families while facilitating patient autonomy, access to information and choice. These services are provided for both campuses by one registered nurse. The main elements of palliative care are:

- Effective pain and symptom management
- Prognostication and disease education
- Establishing realistic goals based on the patient's condition, values and choices
- Psycho-Social/Spiritual/Cultural support for patients, their families and hospital staff
- Appropriate resource utilization for patient care both in and out of the hospital

Learning Resources

The Learning Resources (LR) department coordinates the majority of health professional educational training for both hospitals and all facilities. LR's mission is to grow excellence in our associates and future healthcare workforce, which we refer to as our healthcare pipeline. This year 3,209 students participated in professional training for many specialties including physician residents (oversight through physician CME coordinator), physician assistants, nurse practitioners, certified nurse anesthetists, nursing (undergraduate and graduate programs), biomedical technologists, cardiology technicians, chaplaincy, dietitians, diabetes educators, billing and coding, emergency medical technicians, exercise and health science, health informatics, laboratory technologists and phlebotomists, medical assistants, medical interpreters, nuclear medicine technologists, parish nurses, pharmacists, radiology technicians, rehabilitation physical therapists (including occupational and speech), respiratory therapists, social workers, surgical technicians and ultrasound technologists.

Locally, our organization is presently associated with 25 academic institutions including: Philadelphia College of Osteopathic Medicine, Gwinnett Technical College, Athens Technical College, Lanier Technical College, Emory University, Mercer University, Brenau University, Georgia State University, Georgia Gwinnett College, Georgia Regents University, University of Georgia, Kennesaw State University, University of North Georgia, Gwinnett County Fire, Gwinnett County Public Schools – Quest Intern program and Maxwell High School of Technology, Georgia Perimeter College, Cambridge Institute of Allied Health Professions, Le Cordon Bleu College, and Norcross Institute of Allied Health. We also provide training to over 32 other academic institutions for health professions.

Our system also provides numerous observation experiences for students to observe in their area of interest. These 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, that supports 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, a clear background check and drug screen and complete a comprehensive online orientation to Gwinnett Medical Center. Students who observe/ shadow complete a thorough online orientation to confidentiality and privacy requirements and provide validation they are free of a communicable disease (for the aforementioned students this is covered in the affiliation agreement) and sign an agreement to do no hands-on care. LR manages the required paperwork, tracking and data entry of all of the students' paperwork and also the appropriate orientation requirements of nursing instructors and any instructors who will visit their students 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, Maxwell High School Healthcare Science Advisory Committee, an active participant in the GA Hospital Association's (GCPP/Student Max®) Advisory Council and representative on the Georgia Gwinnett College Summit on 21st Century Nursing Education. LR also offers a Nurse Extern program in the summer for nursing students from more than 30 nursing schools and a variety of state contributing to their future transition into nursing. The day-to-day 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.

Glancy Outpatient Center

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

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

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

Endoscopy

The Center for Gastrointestinal and Pulmonary Endoscopy is available for outpatients, inpatients, and Emergency room patients. Procedures can also be done in the operating room, intensive care units or on the patient floors. Procedures for ICU patients are performed in the ICU unless the patient has written orders to be transferred to the floor. Procedures are scheduled with Surgical Scheduling for scheduled cases or the Shift Supervisor at Duluth Outpatient Center Endoscopy for add-on cases. On-call cases are scheduled with the Patient Services Coordinators at Gwinnett Medical Center-Duluth. A call team of a nurse and a specialty tech are available after business hours Monday through Friday 1500-0700, and 0700-0700 weekends and holidays.

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

Center for Screening Mammograms

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

Center for Women's Diagnostic Imaging

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

Ultrasound Duluth Outpatient Center

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

Computed Tomography (CT) Scan

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

Physician Services

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

Physician Liaison

Physician Liaisons are responsible for developing and executing strategies and tactics to achieve business objectives, as well as providing feedback on physician requests by establishing relationships with physicians and their office staff. They are also responsible for the overall hospital and maintenance of effective relationships between hospital services and physicians and

physician office staff in the community. They gather and disseminate information and perform growth and retention activities such as site visits, presentations, exhibit staffing, networking, one-on-one meetings and attending special functions. Finally, they report back concerns, issues and compliments to the appropriate operational personnel for the purposes of recognition or service improvement to the physician and physician office.

Health Education & Wellness Services

Health Education & Wellness Services (HEWS) employs two health educators and is responsible for planning, coordinating and providing health education programs and services for our community. PrimeTime Health, Physician 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 Speakers Bureau. In fiscal year 2012, HEWS had 11,054 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 2013:

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

Sports Medicine Program

GMC's Sports Medicine Program was established with the goal of improving the level of care and access to care provided to athletes in Gwinnett County. The program has implemented a county-wide concussion testing program called ImPACT. This initiative provided neuro-cognitive baseline testing for eighteen county schools, three private schools, local recreational 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 24,800 baseline tests were provided. Through the program, GMC collaborates with and provides full-time certified athletic trainers to 19 high schools in the county. In fiscal year 2012, our certified athletic trainers provided direct on-site care in approximately 11,200 encounters, resulting in more than 122,000 contacts for the year. The program has made 3.9 million program contacts since 2005.

GMC's Sports Medicine Support department includes approximately 60 certified athletic trainers (33 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 2013:

- Continue providing coverage in 19 local high schools.
- 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 5 youth injuries symposium to local coaches and parents.
- Provide community awareness about concussions through scholastic offerings.
- Provide community awareness about injury prevention through educational offerings.
- Increase access and levels of specialized medical care to local athletic populations.
- Extend services to surrounding counties and organizations that have a recognized need.

Faith Community Nursing

Faith Community Nursing completed its 18th year in 2012. 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 encourages faith communities to provide health ministry in their congregations by training, supervising and supporting faith community nurses to promote whole person health. GMC is the only site in Georgia that administers the Faith Community Nurse Foundations course, required for Registered Nurses to become Faith Community Nurses.

Faith community nurses function as case managers, personal health counselors, educators and volunteer coordinators for creative programs to improve the health of community members. In the past year, the Faith Community Nursing program made more than 208,267 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 500 service agencies.

The Faith Community Nursing department includes one manager, a half-time registered nurse education coordinator, a half-time administrative assistant and 12 registered nurses whose positions are affiliated with GMC.

Goals for fiscal year 2013:

- To integrate the work of the faith community nurses with the Healthy People 2020 goals and the hospital strategic goals for improving the health of our community.
- To assist nurses in planning ways to address the current health problems in our community.
- To provide training to additional registered nurses to enable them to provide health ministry in their faith communities.
- To encourage faith communities to provide health ministry in their congregations.
- To research additional financial support to enable the program to continue to grow.

Programs:

- *Women's Heart Health*: educational programs, such as *God Red for Women's Health* on women's heart disease.
- *Cancer Support Groups*: are support groups for victims of cancer and their families.
- *Quitting Smoking for Good: Lung Cancer Awareness*: educational program designed to teach persons about the harmful effects of smoking and steps to take to quit.
- *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 *Believerbise* and *First Place Health*.
- *Heat Related Sickness*: is an educational program designed to alert people to the signs and response to heat related sicknesses.
- *Fit Kids in a Fat World*: is a program designed specifically to help children eat healthy in a fast food world.
- *Parenting Skills & Issues*: is an educational program to assist parents in developing new or better skills in caring for their children.
- *Driver Safety Training*: is a driver safety training for new drivers.
- *Alateen and Rainbow Support for Children*: are support groups for children.
- *Alzheimer's Support Groups*: are groups for persons (and/or their caregivers) suffering from Alzheimer's disease.

- *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.
- *Am I Losing My Marbles? Warning Signs of Early Dementia and Alzheimer's Disease*: an educational program designed to inform persons and their caregivers of the signs of Dementia and Alzheimer's disease.
- *Be Mean to a Germ - Wash Your Hands*: is an educational program which teaches good hand washing techniques.
- *CPR/AED Training* is provided
- *Basic First Aid* courses are provided
- *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.
- *AARP Safe Driver Training*: is a driver safety training program for older adults (AARP)
- *Flu vaccine*: is offered at the faith community in collaboration with area pharmacists (Kroger, Walgreen, etc.)

Community Collaboration:

- *Basic First Aid*: provided to persons in need at community Fall Festival (Duluth Fall Festival).
- *Blood Drives*: provides site and support via space, media, and nourishments for blood drives (American Red Cross and Life South).
- *Diabetes Screening*: provided to seniors over 65 years of age as part of a research project to identify and treat seniors with Type II Diabetes (Medicare Diabetes Screening Project).

Programs under Development:

- *Tobacco-free campus*: We are asking each faith community that works with us to consider developing a campus tobacco-free policy.
- *Multicultural Foundations Course Module*: We are developing and implementing an additional module to our Foundations of Faith Community Nursing course that is specifically designed to assist in implementing Faith Community Nursing in faith communities or predominantly 'non-western' cultures.
- *Mental Health First Aid Course*: We are developing a course for Faith Communities to provide initial mental healthcare to congregations or community members who present with mental health concerns.

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 comparative data base 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 Gwinnett Medical System and the community, the Infection Preventionist educates other professionals as well as the public about infection risks and measures to minimize and/or eliminate risks and to enhance patient safety and quality.

Community Collaborations:

- Public Health Reporting and Case Management of communicable diseases works to identify inpatients and outpatients with communicable diseases and to assess adequacy of treatment and provide referrals to the public health department for further treatment as required. The predominant diseases requiring include sexually transmitted diseases, HIV, rabies, hepatitis and tuberculosis.
- The emerging pathogens program is a voluntary State program which seeks to compile information about emerging pathogens through the collection and testing of clinical samples. The results provide current information about emerging pathogens in our local community and additional support for requested funds for education, prevention and treatment of the community.
- State Bioterrorism Task Force develops tools for use by the regional Emergency Preparedness Coalition. The State bioterrorism task force consists of three main groups Laboratory, Epidemiology and Quality. The coalition has representation from, public health, hospitals, first responders and the community.

Coordinated Care Department

The mission and vision of the Coordinated Care department is to provide services to improve the effectiveness and efficiency of healthcare delivery in order to facilitate optimal patient outcomes. Associates facilitate the coordination of patient services in order to provide quality healthcare within a reasonable time frame and with efficient and appropriate utilization of resources. Services include case management/utilization management and social work services. In fiscal year 2012 the Coordinated Care department at Gwinnett Medical Center-Duluth had 9 associates including: registered nurse case managers (CM) and social workers (SW) who hold either a BSW, MSW or licensed masters (LMSW) and maintain certification as a certified case manager (CCM). The associates interacted with over 36,312.

Case managers assess all inpatient admitted to the hospital for financial, clinical and transitional needs. They 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 complicated 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 both Gwinnett Medical Center-Lawrenceville and Gwinnett Medical Center-Duluth 7 a.m.-7 p.m.; after 7 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 of 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 2013:

- Continue to provide in-home IV infusion services through various providers in the community
- Continue to provide home health services via provider rotation
- Maintain Davita Pathway Educator for difficult end stage renal disease (ESRD) placements
- Continue providing utilization management and discharge planning to inpatient customers
- Continue outreach into the community via ED/POCs and information sessions
- Partner with ARC (Atlanta Regional Commission) for Atlanta Community Based Care Transition Program
- Provide specialized supportive CM/SW service for the Open Heart Center
- Continue to assess Medicare patient re-admissions throughout GMC via "Re-admissions Risk Assessment Tool"
- Provide documentation training to Acadia Riverwoods "Assessment Counselors" for psych patient placement

- Collaborative support to GMC's Physician driven Palliative Program
- Partner with local nursing homes for Congestive Heart Failure patient management

Programs:

- *Davita Pathway Education*: provide education and outpatient placement for patients with End Stage Renal Disease
- *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
- *Community Clinic referrals*: contact information is provided for community clinics for uninsured and underinsured patients

Patient Representatives

The Patient Representative department plans 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 system-wide grievance complaint process, allowing the clinical staff to devote their time to patient care. The Patient Representative 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 Representative has many representatives who are bilingual (Spanish and Korean). Below are some additional duties provided by the Patient Representative 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 patient and families with Advance Directive information
- Document patient concern information into the Risk Pro database
- Encourage communication between the patient and the healthcare team
- Inform patients of their rights and responsibilities
- Promote patient privacy and confidentiality
- Address and resolve patient/visitor concerns in a timely manner
- Document information and forward to the appropriate department head
- Visit all admitted patients
- Communicate with the Medical Examiner Office and Organ procurement agency as required
- Provide and assist patients in using Adaptive equipment
- Notify family of trauma or critical patients when appropriate

Marketing and Communications

The Gwinnett Medical Center Marketing and Communications department's tactical plans for community involvement are outlined below. This department's goal is to accurately reflect GMC's strategic system identity of *transforming healthcare* to the community. This plan is executed through community sponsorships, forums and speaking engagements.

The goals of speaking engagements and forums are to:

- Use representatives and experts that offer a personal educational link between the community and our System.
- Inform the community of available services and campus 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.
- *Take the Pledge for a Healthy Heart*, February 2012
 - Free total cholesterol, glucose, full lipid profile
 - Cooking Demonstration - learned heart healthy recipes
 - Fitness Classes: Pilates, Cardio Dance, Yoga, Zumba
 - Screenings and Educational Booths: Sleep disorders, Surgical weight loss, exercise education, nutrition education, health risk counseling, smoking cessation, heart

health risk assessment, sleep apnea risk assessment, body fat composition, BMI, Bone density, Blood pressure, senior health.

- Screenings and Educational Booths: Stroke Risk Assessment
- *Get Heart Smart*, February 2013
 - Reduced cost total cholesterol, glucose, full lipid profile
 - Fitness Classes offered: Pilates, Cardio Dance, Yoga, Zumba
 - Event featured educational classes that focused on fitness, nutrition, stress, and sleep and how each of those affects your heart health. They also talked about how to prevent heart disease.
 - Screenings and Educational Booths: Stroke Risk Assessment
- *Paint the Mall Pink*, October 2012
 - Care-a-van at the mall to provide mammograms
- *A Healthier You*, August 2011
 - Free Screenings: BP, BMI, Bone Density, Sleep Apnea screening, Colorectal Screening Kits, Breast Cancer Risk Assessment
 - Fitness Education: Learn how to jump-start your exercise program, achieve long-term success, and more
 - Nutrition Education: Learn tips for healthy diet goals, healthy cooking, heart smart shopping, dining out, and more
- *Play Smart: A game plan to keep you active*, May 2012
 - A panel discussion for those who enjoy being active or whose children are active. (Panelists are able to answer questions about hydration, stretching, youth concussion testing, running shoes and attire, post-activity meals, how to stay safe in the heat, difference between women's and men's injuries, common injuries of the shoulder, elbow and knee, injury prevention measures.)
- *This One's for the Girls*, October 2012
 - Information about STDs and how to stop transmission through safe sex
 - Topics included: Cervical, breast, ovarian, uterine cancer
- *All About Wonder Women*, October 2011
 - Cancer Care Panel Discussion (Cervical, Breast, Ovarian, Uterine, Skin)
- The GMC Speaker's Bureau presents seminars on various health education and prevention topics. Speakers include physicians and other members of the clinical staff.

Unmet Community Needs

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

From a health perspective, lack of adequate dental care for residents without insurance and lack of mental health services were identified needs by community representatives.

The hospital leadership agrees that adequate dental care for residents without insurance is an issue; however, 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 no champion for this initiative has been identified.

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, Gwinnett Medical Center covers up to five days of the cost for treatment at Riverwoods for medically indigent Emergency Department or inpatient patients who meet the criteria and are in need of inpatient psychiatric treatment. SummitRidge Hospital is a private for-profit psychiatry and addiction medicine facility in Lawrenceville. Additionally, the state of Georgia provides mental health services through ViewPoint Health (formerly known as Gwinnett Rockdale Newton Community Service Board).

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

Looking to the Future

GMC makes every effort to deliver innovative services of superior quality to our community at the best value. Through our CHNA and implementation strategies we are working to address

community needs for all community residents including the uninsured, underinsured and vulnerable population. We have created the Center for Cancer Care by building a formal relationship with Suburban Hematology and Oncology Inc. We are also developing two new programs to address our community's needs: the Faith Community Network pilot and the Graduate Medical Education program for Family Practice and Internal Medicine.

Faith Community Network Pilot

Gwinnett Medical Center is developing a Faith Community Network, which consists of a covenant partnership between Gwinnett Medical Center and Faith Communities in the Gwinnett County area. The partnership covenant defines the role and responsibilities of Gwinnett Medical Center and senior clergy of the faith community. A health and wellness ministry is established in the faith community and requisite health liaison training is completed by the faith community's liaison. A connection is established between the GMC Navigator and the Faith Community liaison and the congregation is informed of the Faith Community Network. Whenever a member of the congregation accesses Gwinnett Medical Center and *self-identifies* with their faith community, the appropriate navigator is notified. The GMC navigator notifies the Faith Community liaison of the member's status and the two begin to coordinate their resources to facilitate the member's return to optimum health.

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

Graduate Medical Education (GME) Program

The Gwinnett Medical Center has begun the process of adding dually-accredited (MD and DO) residency training programs. This program will be accredited by both the Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA) in the Internal Medicine and Family Medicine that will enter the match for residents March of 2014.

There is a great amount of work to be done before then. The ultimate goal is to train primary care providers in our community setting, guided by the fact that many studies have shown success in keeping these individuals 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 our 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.

This effort of building a graduate residency program will require all of us, at all levels of experience and all areas of expertise, to be successful. 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 need to be addressed and resolved in a short period of time, administration and the GME section will be focusing in the following major issues:

- Develop and hire provider faculty for Internal Medicine and Family Medicine sections to include faculty, a program director and a program coordinator. At least one faculty member will need to be a DO and will be responsible for that portion of the curriculum as it relates to the certification requirement of DO residency training.
- Work with facilities to ensure clinical space on campus as required for both programs but also for community offices and potential practice sites for both primary care and required specialty rotations.
- Work with the GMC 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.
- 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 Department services for acute conditions and injuries
- Provide services to treat and manage chronic diseases and acute conditions
- Provide services to promote independence for persons with disabling conditions
- Provide comprehensive services to those suffering from the disease of obesity

Improve Access to Care

- Provide diagnostic services for the community
- Collaborate with community physicians to improve access to care
- Collaborate with community organizations for access to treatment of behavioral health and mental disorders
- Collaborate with community organizations for access to services for persons with disabilities

Prevent Chronic Diseases and Increase Wellness

- Collaborate with community organizations to increase physical activities and healthy eating
- Collaborate with community organizations to raise healthy kids
- Collaborate with community organizations to promote healthy aging
- Collaborate with community organizations to stop the spread of communicable diseases
- Collaborate with community organizations to prevent and detect chronic disease
- Collaborate with community organizations to promote the health of the international population

Need: 1. Manage Health Conditions and Chronic Disease Treatment

1.1. Provide Emergency Department services for acute conditions and injuries

Reporters: Phillip Shaffer, Cheryl MacMillan and Debbie Huckaby

Programs	Community Collaborations	Programs Under Development
	<ul style="list-style-type: none"> Emergency Preparedness Duluth Fall Festival FCN: Blood Drives (American Red Cross and Life South) 	<ul style="list-style-type: none"> FCN: Mental Health First Aid training course

Need: 1. Manage Health Conditions and Chronic Disease Treatment

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

1.2.1. Heart Disease

Reporters: Elaine Smith, Theresa Dorfling, Susan Troccia, Lil Mucklow, Dolores Ware, Amy Motteram and Debbie Huckaby

Programs	Community Collaborations	Programs Under Development
<ul style="list-style-type: none"> Cardiac Patient Education Library-GHS Web site Medical Nutrition Therapy for lipid, high blood pressure, weight management FCN: Women's heart health education 	<ul style="list-style-type: none"> Care Transition Coach Program Heart Health Expo 'Mended Hearts' support group Free and discounted medication program with medication providers 	

Need: 1. Manage Health Conditions and Chronic Disease Treatment

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

1.2.2. Cancer

Reporters: Dori Shepherd, Katie Michaud, Cindy Snyder, Melanie Hoover, Dolores Ware, Amy Motteram and Debbie Huckaby

Programs	Community Collaborations	Programs Under Development
<ul style="list-style-type: none"> • Lymphedema Therapy • Speech Language Pathology services • Cancer Rehabilitation • Women’s Cancer support group • Financial counseling for CCC patients • FCN: Cancer support groups 	<ul style="list-style-type: none"> • Look Good, Feel Better session (American Cancer Society) • Patient Resource Navigator (American Cancer Society) • Breast Health Navigator • Freshstart outpatient smoking cessation program (American Cancer Society) • Center for Cancer Care, formal relationship (formerly Suburban Hematology-Oncology, a private physician practice) • American College of Surgeons/Commission on Cancer (ACoS/CoC) Accreditation • American College of Surgeons National Accreditation Program for Breast Centers (NAPBC) Accreditation • Association of Community Care Centers (ACCC) • Paint the Mall Pink included participation of the Care-a-Van with reduced cost screening mammograms • Free and Discounted medication program with medication providers 	<ul style="list-style-type: none"> • Cancer Resource Center Expansion • STAR Cancer Rehabilitation Certification • Cancer Data Center expansion • Breast cancer post-biopsy clinic and screening nurse navigation services • Increasing the number of clinical trials available to cancer patients and the number of patients enrolled in clinical trials • Psychosocial distress screening and referral process in pilot stage • Participation in voluntary quality improvement initiative for medical oncology (Quality Oncology Practice Initiative or QOPI) • Expanded genetics counseling and high risk genetics services • Biopsy Clinic - share results with biopsy patients

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

Reporters: Kelly Dunham, Erica Chiado, Mona Lippitt, Cheryl MacMillan and Susan Gaunt

Programs	Community Collaborations	Programs Under Development
<ul style="list-style-type: none"> • Primary Stroke Center Certification • Stroke Response Teams • Stroke support group • Aphasia support group • Stroke Peer Visitor Training • Glancy Rehab Center Inpatient program • Glancy Rehab Center Outpatient program • Transitional Fitness program • Glancy Rehab Center's Resource Center • Stroke Education/Resource materials on GHS Website 	<ul style="list-style-type: none"> • Professional Education <ul style="list-style-type: none"> • Stroke Conference • CME offerings • Teleconference speaking • Genentech education programs • Stroke Awareness education for non-clinical staff to help with community stroke awareness <ul style="list-style-type: none"> • Engineering • Environmental services • Transporters • Security • Interventional stroke care (Grady collaboration) • Door-to-needle time for Stroke care (Community EMS, Eastside and Johns Creek collaboration) • Stroke Awareness (Speakers Bureau) • Educational Exhibits • Festivals 	<ul style="list-style-type: none"> • County-wide EMS collaboration for improved door-to-needle time for Stroke care

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

Reporter: Cris Hartley

Programs	Community Collaborations	Programs Under Development
<ul style="list-style-type: none"> • Diabetes Self Management Education • Gestational Diabetes Management Class and Individual Consultations • Insulin Pump Training • Pre Diabetes Education • Health Diabetes Series 	<ul style="list-style-type: none"> • Gwinnett Takes on Diabetes • Diabetes Education Grant Program (Cisco) • Faces of Diabetes (American Diabetes Association) 	

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

Reporters: Eddie Tong and Debbie Huckaby

Programs	Community Collaborations	Programs Under Development
<ul style="list-style-type: none"> • Smoking Cessation Counseling • Obstructive Sleep Apnea Education • FCN: Quitting Smoking for Good 		<ul style="list-style-type: none"> • FCN: Tobacco-Free campus policies (church-based)

Need: 1.3. Provide services to promote independence for persons with disabling conditions

Reporters: Kelly Dunham, Erica Chiado, Mona Lippitt and Cheryl MacMillan

Programs	Community Collaborations	Programs Under Development
<ul style="list-style-type: none"> • Aphasia support group • Athletic Training Services • Gwinnett SportsRehab program (Sports Med, Lymphedema, Hand Therapy) • Glancy Rehab Center inpatient program • Glancy Rehab Center outpatient program • Transitional Fitness program • Glancy Rehab Center's Resource Center • Resource materials on GHS Website 	<ul style="list-style-type: none"> • Speaker's Bureau for all Disabling Conditions • Educational Exhibits • Festivals 	

Need: 1.4. Provide comprehensive service to those suffering from the disease of obesity

Reporters: Debra Proulx and Cris Hartley

Programs	Community Collaborations	Programs Under Development
<ul style="list-style-type: none"> • Seminars for obesity education and treatment options • Coaching classes for behavioral modification • Cooking classes • Nutrition education programs • Diet by Design • Medical Nutrition Therapy for obesity management • Metabolic Testing • Fitness services 	<ul style="list-style-type: none"> • Faces of Diabetes (American Diabetes Association) • Community physician collaborations 	<ul style="list-style-type: none"> • Bariatric Boot Camp

Need: 2. Improve Access to Care

Reporters: Linda Horst and Dr. Mark Darrow

Programs	Community Collaborations	Programs Under Development
<ul style="list-style-type: none"> • Professional Training <ul style="list-style-type: none"> • Chaplaincy • Diabetes Nursing • EMS • Exercise/Health Science • Faith Community Nursing • Laboratory Technologist • Pharmacy • Physical Therapy • Occupational Health Therapy • Speech Therapy • Respiratory Therapy • RN • Social Worker • Sports Medicine 		<ul style="list-style-type: none"> • Medical Residency Program

Need: 2. Improve Access to Care

2.2. Collaborate with community physicians to improve access to care

Reporters: April Knowles, Janet Schwalbe, Cathie Brazell and Katie Michaud

Programs	Community Collaborations	Programs Under Development
<ul style="list-style-type: none"> • Physician Liaisons • Women’s Service Navigator coordinates services virtually to assist with access to services. • Cancer Navigators 	<ul style="list-style-type: none"> • Triennial Physician Community Needs Assessment • Recruiting Community Physicians through income guarantees, employment, relocation assistance, signing bonuses and recruiter fee assistance • One Call transfer system established to assist with regional trauma and STEMI transfers • Primary Care Summit • Complex Facial Trauma Seminar • Continue to provide and expand Neonatal Transport Services to outlying community hospitals promoting access to our advanced technology and neonatal specialists. 	<ul style="list-style-type: none"> • Graduate Medical Education Program • 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. • Partner with physicians in growth areas to develop offices in areas of Gwinnett County that are currently underserved (Hamilton Mill)

Need: 2. Improve Access to Care

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

Reporters: Allison Hamlet, Grace Cruz, Cris Hartley and Debbie Huckaby

Programs	Community Collaborations	Programs Under Development
<ul style="list-style-type: none"> • Diabetes Education and Self Management • Translation of educational documents: <ul style="list-style-type: none"> • Korean • Spanish • Vietnamese • Others, as needed • Language Line • Full-time interpreters (Korean & Spanish) • Facility tours to Korean Community • Korean "Friendly" Hospital <ul style="list-style-type: none"> • Patient menu • Retail food menu • Full-time interpreter • Maps/Signage/ Brochures interpreted into Korean 	<ul style="list-style-type: none"> • Community Health Fairs • Senior Health Fairs • Chamber of Commerce Korean/American • Korean Task Force Team • Korean Churches • Korean Health Magazine • Faces of Diabetes: targets Hispanic and Korean communities (American Diabetes Association) 	<ul style="list-style-type: none"> • FCN: Developing a program to implement faith community nursing in faith communities of predominately 'Non-Western' cultures

Need: 2. Improve Access to Care

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

Reporters: Cheryl MacMillan and Debbie Huckaby

Programs	Community Collaborations	Programs Under Development
<ul style="list-style-type: none"> • Mental Health professionals assess medically cleared patients in the ED for further treatment and disposition. • Psychiatric CNS evaluation of mental health patients that are in the ED more than 24 hours • FCN: Emotional and Mental Health programs • FCN: Grief and Bereavement support groups • FCN: Addition support programs for individuals and families 	<ul style="list-style-type: none"> • GMC covers us to five days of the cost for treatment at Riverwoods for medically indigent ED or inpatient patients who meet the criteria and are in need of inpatient psychiatric treatment. 	<ul style="list-style-type: none"> • FCN: Mental Health First Aid course

Need: 2. Improve Access to Care

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

Reporters: Kelly Dunham, Allison Hamlet and Melanie Hoover

Programs	Community Collaborations	Programs Under Development
<ul style="list-style-type: none"> • Occupational Therapy & Physical Therapy • Lymphedema Therapy/Oncology Rehab • Amputee Rehab • Amputee Support Group • Vestibular/Concussion Rehab • Speech Pathology for head and neck CA • Parkinson support group • Telecommunication for the deaf • Documents translated to Braille for visually-impaired • On-site Sign Language Interpreter • Contract Sign Language Interpreter • Assistive Devices and Auxiliary Aides 	<ul style="list-style-type: none"> • Lymphedema Lighthouse • Orthotist/prosthetist • Athletic Trainers at high schools for school athletes with concussion • A Voice for Hope and SPOHNC (support for people with oral head and neck cancer) • Fleet Feet • American Stroke Association • National Aphasia Association • National Stroke Association • Stroke Awareness for Everyone (SAFE) • American Heart Association • American Parkinson Disease Association 	<ul style="list-style-type: none"> • STAR Certifications • Compression garment fitting • Comprehensive concussion management program • FCN: Developing a program to facilitate the resources to maximize patient recovery and independent living

Need: 3. Prevent Chronic Diseases and Increase Wellness

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

Reporters: Tim Gustavson, Dolores Ware, Amy Motteram, Cris Hartley, Melanie Hoover and Debbie Huckaby

Programs	Community Collaborations	Programs Under Development
<ul style="list-style-type: none"> • Cardio Circuit Training • Cardio-Dance Mix • Pilates • Yoga • Pilates/Yoga • Vim and Vigor Articles • Nutrition education programs • Diet by Design • Medical Nutrition Therapy for obesity management • Metabolic Testing • Fitness services • FCN: Healthy living • FCN: Atonement Exercise classes • FCN: Believeercise & Faithfully Fit • FCN: First Place Health, Weight Watchers and Made to Crave • FCN: Fit for Duty • FCN: Healthy Cooking/Living/Eating groups • FCN: Walking for Health groups • FCN: P90X • FCN: Stretching & Yoga • FCN: Zumba • FCN: Step by Step with Jesus 	<ul style="list-style-type: none"> • Faces of Diabetes (American Diabetes Association) • Diabetes Education Grant Program (Cisco) • A Healthier You Expo included fitness nutrition education programs • Play Smart: A game plan to keep you active • A Well Balanced Life: Tools for healthier living 	

Need: 3. Prevent Chronic Diseases and Increase Wellness

3.2. Collaborate with community organizations to raise healthy kids

Reporters: Tim Simmons, Kristin Crea, Dolores Ware, Amy Motteram, Cris Hartley and Debbie Huckaby

Programs	Community Collaborations	Programs Under Development
<ul style="list-style-type: none"> • Sports Trainers in area schools and parks <ul style="list-style-type: none"> • Pre participation physicals • Injury evaluations • Injury treatment and rehabilitation • Injury clinic • Educational seminars <ul style="list-style-type: none"> • Concussions • Heat illness • Nutrition • RIO • ImPACT (Concussion Testing program) • Driver safety program • Weight! Have you had the Talk with your kids? • FCN: Fit Kids in a Fat World • FCN: Parenting Skills & Issues • FCN: Driver safety training • FCN: Alateen • FCN: Rainbow Support for Children 	<ul style="list-style-type: none"> • CRP certification for coaches and student training (HS & college) • Coach Education Events • Student Symposium • First Aid at Community Events • County Board of Education • County High Schools • Private High Schools • County Recreational Leagues • National Strength & Conditioning Association • Local Faith Communities • Georgia Gwinnett College • CES (competitive edge sports) • Play Smart: A game plan to keep you active 	<ul style="list-style-type: none"> • SportsMetrics/ACL Prevention • Concussion Institute • GGC Athletic Training Program • Middle School collaborations • Growth of recreational medical programs into other leagues • STOP Collaboration

Need: 3. Prevent Chronic Diseases and Increase Wellness

3.3. Collaborate with community organizations to promote healthy aging

Reporters: Kelly Dunham, Dolores Ware, Amy Motteram, Tim Gustavson, Jamila Brown and Debbie Huckaby

Programs	Community Collaborations	Programs Under Development
<ul style="list-style-type: none"> • PrimeTime Health Membership • PrimeTime Health Tai Chi for Seniors • PrimeTime Health Yoga for Seniors • Speaker's Bureau - Living with Rheumatoid - I Can't Believe My Eyes Turned 50: What to Watch for Arthritis - Chronic Kidney Disease - Improving your Sleep - Osteoporosis • Colorectal Screening Kits • Senior Resource Directories Distribution • Vim and Vigor Articles – Fall Prevention, Driver Safety, Stroke Awareness • FCN: Rest - Self Care in Crisis Program • FCN: Caregiver Classes • FCN: Protecting yourself from Falls & other Safety Tips • FCN: Alzheimer's Support Group/Respite Care • FCN: Am I Losing my Marbles? Warning Signs of Early Dementia and Alzheimer's Disease • FCN: End of Life Decisions, Critical Conditions 	<ul style="list-style-type: none"> • Senior Issues Action Team (SIAT) - Collaboration with multiple county-wide senior service providers including Gwinnett County Council for Seniors, Health and Human Services, Gwinnett Senior Services, Gwinnett County Health Department, local hospice providers, Eastside Medical senior programs, veterans groups and other social service providers • Host - AARP Driver Safety Courses • SIAT Caregiver Conference - Workshops on legal issues, education system updates, fall prevention, and grandparents raising grandchildren • Speakers Bureau: <ul style="list-style-type: none"> • Living With Rheumatoid Arthritis • I Can't Believe My Eyes Turned 50 • What to Watch for Chronic Kidney Disease • Improving your Sleep • Osteoporosis • Senior Centers • Assisted living facilities • Independent living facilities • 'A Healthier You' Expo included fitness and nutrition education and free screenings 	

Need: 3. Prevent Chronic Diseases and Increase Wellness

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

Reporters: Eve Early and Debbie Huckaby

Programs	Community Collaborations	Programs Under Development
<ul style="list-style-type: none"> Communicable Disease Control FCN: Be Mean to a Germ: Wash Your Hands 	<ul style="list-style-type: none"> Public health reporting and case management collaboration Emerging Pathogen Surveillance State Bioterrorism Task Force participation 	

Need: 3. Prevent Chronic Diseases and Increase Wellness

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

Reporters: Dolores Ware, Amy Motteram, Tim Gustavson and Debbie Huckaby

Programs	Community Collaborations	Programs Under Development
<ul style="list-style-type: none"> Health Risk Assessments FCN: AED/CPR FCN: B/P Screening FCN: Cholesterol Screening FCN: Health Fairs FCN: Women’s Heart Health FCN: Know the Signs of a Heart Attack FCN: Go Red for Women’s Heart Health FCN: Thump De Thump: How Healthy Is Your Heart FCN: Heart Health: Diet, Exercise and Sleep for Better Health 	<ul style="list-style-type: none"> Heart Health Expo GMC Health Forum Community Day with EMS (CPR training and B/P Screenings) Fire Department Healthy Cook-off 	

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: Dori Shepherd, Katie Michaud, Tim Gustavson, Dolores Ware, Amy Motteram and Debbie Huckaby

Programs	Community Collaborations	Programs Under Development
<ul style="list-style-type: none"> • Colorectal Cancer Prevention programs • Colorectal Screening Kits • Prostate Cancer Awareness • Health Risk Assessments • More Fruit and Veggies Matter • FCN: Health Fair screening • FCN: Breast Cancer Awareness programs • FCN: Lung Cancer Prevention programs • FCN: Colon Cancer & Prevention • FCN: Skin Cancer & Prevention • FCN: Cancer Awareness 	<ul style="list-style-type: none"> • Freshstart outpatient smoking cessation program (American Cancer Society) • Relay for Life screenings (community physicians and Oral, Head and Neck Cancer Alliance) • Care-a-Van mobile mammography screenings • GMC Health Forum • Health Fairs • All About Wonder Women program included a cancer care panel discussion for cervical, breast, ovarian, uterine and skin cancers • Women’s minimally-invasive surgery program included ovarian and uterine cancer discussion • This One’s for the Girls program included breast, cervical, ovarian and uterine cancer discussions • Pain the Mall Pink included services of the Care-a-Van as well as education about the importance of cancer support, genetic testing and breast education models 	

Need: 3. Prevent Chronic Diseases and Increase Wellness

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

3.5.3. Stroke

Reporters: Kelly Dunham, Dolores Ware, Amy Motteram and Susan Gaunt

Programs	Community Collaborations	Programs Under Development
	<ul style="list-style-type: none"> • Stroke Awareness <ul style="list-style-type: none"> • Presentations • Stroke Booths • Stroke Screenings • Educational Exhibits • Speaker’s Bureau • • Senior Centers Assisted Living facilities • • Independent Living facilities • • Take the Pledge program included stroke risk assessments, screenings and educational booths • • ‘Get Heart Smart’ Expo included stroke risk assessments screenings 	<ul style="list-style-type: none"> • Train the Trainer-Parish Nurses for Stroke Awareness

Need: 3. Prevent Chronic Diseases and Increase Wellness

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

3.5.4. Diabetes

Reporters: Cris Hartley, Jamila Brown and Debbie Huckaby

Programs	Community Collaborations	Programs Under Development
<ul style="list-style-type: none"> • Diet by Design • Medical Nutrition Therapy for obesity management • Metabolic Testing • More Fruit and Veggies Matter • • FCN: Diabetes Prevention: Lifestyle Changes that can Make a Lifelong Difference 	<ul style="list-style-type: none"> • Faces of Diabetes (American Diabetes Association) • FCN: Medicare Diabetes Screening Project 	

Need: 3. Prevent Chronic Diseases and Increase Wellness

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

3.5.5. Respiratory Conditions

Reporters: Eddie Tong, Dolores Ware, Amy Motteram and Debbie Huckaby

Programs	Community Collaborations	Programs Under Development
<ul style="list-style-type: none"> Smoking Cessation Counseling Obstructive Sleep Apnea Education FCN: Flu shots 	<ul style="list-style-type: none"> Take the Pledge for a Healthy Heart Expo included screenings and educational booths for sleep disorders, smoking cessation and sleep apnea 	

Need: 3. Prevent Chronic Diseases and Increase Wellness

3.6. Collaborate with community organizations to promote the health of the international population

Reporters: Allison Hamlet, Grace Cruz and Cris Hartley

Programs	Community Collaborations	Programs Under Development
<ul style="list-style-type: none"> Community Education Translation of educational documents: <ul style="list-style-type: none"> Korean Spanish 	<ul style="list-style-type: none"> Community Health Fairs Senior Health Fairs Chamber of Commerce Korean/American Korean Task Force Team Korean Churches Korean Health Magazine Faces of Diabetes: Targets Hispanic and Korean communities (American Diabetes Association) 	