Gwinnett Medical Center
Community Benefits Report
2006-2007
Our Commitment

Gwinnett Medical Center is a not-for-profit and tax-exempt organization that operates exclusively to serve residents of Gwinnett county and surrounding communities. Our mission is to meet the healthcare needs of the community by providing quality health services. For more than 60 years, we have been committed to the undeserved, uninsured and indigent populations.

Our rapid community growth over the last 40 years has created challenges and opportunities for GMC in the provision of healthcare services for our residents. We continue to systematically expand our range of services and programs in order to meet our community's growing identified healthcare needs. Our community has responded with strong and continuing support of our organization. We are fully committed to giving back to the community that supports us. Service to the community is one of our five core values.

The 2006-2007 community benefit report is the executive summary of our community benefit plans and follows the guidelines outlined by the Catholic Health Association of the United States, VHA Inc., and the new guidance from the Internal Revenue Service. This report is a planned, managed and measured approach that demonstrates ways Gwinnett Medical Center – its physicians, staff, boards, programs and services – responds to the healthcare needs of our community. This year’s report provides a review of program and financial data for fiscal year 2006 - 2007 (July 1, 2005 - June 30, 2007).

Charity care costs and un-reimbursed Medicaid combined for fiscal year 2006 was $19,613,156 and for 2007, $23,905,672. Community benefit programs and community building activities combine for fiscal year 2006 was $6,729,473 and for 2007, $8,136,395. The total community benefit for fiscal year 2006 was $26,341,910 and for 2007 the total was $32,041,944.

The community benefits provided by GMC go well beyond the financial contributions associated with indigent and charity care. It is impossible to accurately measure the value of the relationships between individuals, families and GMC associates who care for them. Though the benefits gained through human interactions in the acts of caring, listening, teaching, helping, sharing and encouraging are intangible, they are the essential foundation for healing.
Our Community

Gwinnett County is located in the northeast suburbs of the metro Atlanta area and is 98 percent urban. Gwinnett is the 50th largest county in the state of Georgia by land mass (432.73 square miles) and the second leading by population (more than 726,000 residents in 2005). By 2004, Gwinnett had grown to become one of the 75 most populated counties in the nation. Two of the three hospitals in the county are facilities of Gwinnett Medical Center; the other hospital is a for-profit organization.

At GMC, we believe Gwinnett residents from all stages of life, racial and ethnic backgrounds, gender or economic groups deserve quality healthcare. The population has become more racially and ethnically diverse with representation from across the nation and around the world. In 2004, the U.S. Census Bureau estimated the Gwinnett County population to be 57 percent non-Hispanic Caucasians, 17.5 percent non-Hispanic African-Americans, 15.2 percent Hispanics, 8.8 percent non-Hispanic Asians and 1.5 percent were non-Hispanic Others (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiracial or Unknown).

The median age of the population in Gwinnett is 33 years of age with 72.4 percent of the population under the age of 45 (507,329 residents) and only 5.7 percent of the population over the age of 65 (39,860 residents).

Of the population, 25 or older, 12.9 percent have not completed high school or passed the general education development test (GED). More than 45 percent of Gwinnett residents work outside the county and have a per capita income of $30,570 for the same year.

According to the Centers for Medicare and Medicaid Services, the percentage of Medicaid recipients compared to the total Gwinnett population has increased from 6.9 percent in 2000 to 15.8 percent in 2004. That is a numerical increase of 70,044 recipients in a five-year period.
Our Community Health Assessment

GMC conducts a community needs assessment at regular intervals. The 2006-2007 Gwinnett Community Health Status Report is the most recent needs assessment and provides a snapshot of our community in the areas of demographics including: crime, economics, education, housing, labor, transportation and public assistance using secondary data collected through the U.S. Census Bureau and other state and public agencies.

In addition, the report assesses community health needs of Gwinnett county residents by measuring mortality and hospitalization morbidity rates for disease states gathered by the Georgia Department of Human Resources, Division of Public Health in collaboration with the East Metro Health District. With this information we feel that we can better provide for the healthcare needs of our community.

**Figure 1. Leading Causes of Hospitalization, Gwinnett County 2000-2004**

<table>
<thead>
<tr>
<th>Leading Causes of Hospitalization</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pregnancy with Childbirthing Complications</td>
<td>842.6</td>
</tr>
<tr>
<td>2. Major Cardiovascular Diseases</td>
<td>705.2</td>
</tr>
<tr>
<td>3. Respiratory Diseases</td>
<td>472.6</td>
</tr>
<tr>
<td>4. Digestive System Diseases</td>
<td>460.9</td>
</tr>
<tr>
<td>5. Mental &amp; Behavioral Disorders</td>
<td>354.8</td>
</tr>
<tr>
<td>6. Bone &amp; Muscle Diseases</td>
<td>280.9</td>
</tr>
<tr>
<td>7. External Causes</td>
<td>271.0</td>
</tr>
<tr>
<td>8. Reproductive &amp; Urinary System Diseases</td>
<td>268.8</td>
</tr>
<tr>
<td>9. Cancer</td>
<td>185.0</td>
</tr>
<tr>
<td>10. Endocrine, Nutritional &amp; Metabolic Diseases</td>
<td>163.1</td>
</tr>
</tbody>
</table>

*Morbidity includes persons discharged from an acute-care hospital and counted only once per diagnosis.*

Source: Georgia Division of Public Health, OASIS, 2006

The leading causes of hospitalization (not including emergency room visits) were pregnancy with child birthing complications; these complications were the leaders because of the large number of younger individuals in Gwinnett’s population. Major cardiovascular diseases, including heart attack and stroke, were the second leading cause of mortality. Respiratory diseases took the third position with influenza/pneumonia as the leader in this category followed by asthma. The external causes category includes accidents and injuries, falls ranked as the number one reason for hospital admissions and motor vehicle crashes (MVC) ranked second.
Leading Causes of Premature Death
Ranked by Years of Potential Life Lost (YPLL)
Gwinnett County 2000-2004

1. External Causes 1,468 1,108 88.1%
2. Cancer 1,101 1,287 66.7%
3. Major Cardiovascular Disease 944 1,059 43.2%
4. Fetal & Infant Conditions including SIDS 571 243 100%
5. Respiratory Diseases 221 204 39.3%
6. Infectious & Parasitic Diseases 221 188 69.2%
7. Birth Defects 206 97 97.1%
8. Digestive System Disease 186 212 64.5%
9. Endocrine, Nutritional & Metabolic Diseases 130 129 51.7%
10. Nervous System Diseases 124 109 26.4%

1 YPLL 75 represents the number of years of potential life lost due to death that occur per 100,000 population less than 75 years of age.
2 Premature is death prior to age 75.

Source: Epidemiology Unit, East Metro Health District, 2006

Our Vision: Investing in our Community

Our vision is to be the hospital of choice in our community by enhancing the health of our patients and other customers. We live that vision by joining with physicians, community and other healthcare organizations to treat injury and disease as well as providing preventive and early intervention care. GMC’s Board of Directors is comprised of independent community leaders dedicated to providing quality healthcare for our community. Medical staff privileges in the hospitals are available to all qualified physicians as determined through a detailed credentials process. GMC has 822 affiliated physicians with 570 physicians in the active or active provisional categories as of June 30, 2007.

Full-time emergency rooms operate at both the Lawrenceville and Duluth campuses. No one requiring emergency care is denied treatment. We reinvest all profits back into physician and staff training, facilities and equipment to continually improve patient care. In contrast to investor-owned hospitals, no part of net earnings directly or indirectly benefits any private shareholders or individuals.
Gwinnett Medical Center
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Fiscal Year 2006 - 2007
(July 1, 2005 - June 30, 2007)

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Legend:
*1 2006
*2 2007
‡ non-voting, ex officio member
Our Mission: Improving Community Health

Beyond our hospital system’s commitment to providing medical care to all persons, regardless of their financial status, we endeavor to provide services and programs focused on improving the health status of our community. As a not-for-profit organization, our commitment remains firm despite the fact some of these services and programs are provided at a financial loss.

Figure 3. Community Benefit
Community benefit programs promote health and healing or provide treatment as a response to identified community needs or local public health priorities and meet at least one of these objectives:
• enhances health of community
• improves access
• reduces burdens of government
• advances healthcare knowledge

Community building activities include programs that address root causes of health problems, such as poverty, homeless situations and environmental problems. Community benefit programs and community building activities combined for fiscal year 2006 was $6,729,473 and for 2007, $8,136,395.

The Congregational Health Ministry program encourages faith communities to provide a health ministry in their congregations by training, supervising and supporting parish nurses to promote whole person health. Parish nurses function as case managers, personal health counselors, educators and volunteer coordinators for creative programs to improve the health of community members. Examples of these services include awareness programs, support groups and shut-in visitation. The program made more than 99,700 community contacts in fiscal year 2006 and 89,000 contacts in 2007. Another important element of the role of parish nurses is the collaboration with other service agencies in the community.

Our community collaborations continue to support our vision and mission and further tie us to the community we serve. As a founding and permanent member, GMC has actively participated on the Gwinnett Coalition for Health and Human Services board and serves the community through initiatives driven by its subcommittees (e.g., executive committee, board of directors, Great Days of Service, research and accountability committee and the task force for the Youth Survey Fact Book).

GMC works with national agencies which have local chapters including the American Heart Association, American Red Cross, March of Dimes, American Stroke Association, American Cancer Society, American Diabetes Association and the United Way.

GMC is involved with state and county government agencies; examples of those collaborations include: Georgia Department of Health and Human Services, East Metro District of the Public Health Department, GRN Community Service Board and the Georgia Trauma Care Network Commission.

GMC has focused on prevention, early detection and diagnostic activities for breast cancer. The Hereditary Cancer Risk Assessment program provides counseling and testing for breast cancer. The American Cancer Society Patient Resource Navigator is a collaborative agreement where the cost is shared by GMC and the American Cancer Society. The Breast Health Navigator has been in place since 2006.
In August and September 2005, during the aftermath of Hurricane Katrina, GMC was part of the community service collaboration providing emergency healthcare to thousands of individuals who evacuated from Louisiana, Mississippi and Alabama. Within hours of the tragedy, medical care was provided in tents at the Salvation Army center; as soon as possible, services were relocated to the American Red Cross Joint Resource Recovery Center in Lawrenceville. GMC support efforts included providing hospital staff, medical equipment, supplies and medications following the devastating natural disaster.

Figure 4. Charity Care Costs and Unreimbursed Medicaid
Charity care is reported as the cost of care provided and does not include uncollectible charges that the hospital recorded as revenue but wrote off due to failure to pay by the patients. Medicaid shortfalls are created when a facility receives payments that are less than the cost of caring for the public program beneficiaries. Charity care costs and unreimbursed Medicaid combined for fiscal year 2006 was $19,613,156 and for 2007, $23,905,672.

GMC provides financial assistance to Gwinnett County residents who meet the established eligibility requirements. At GMC, our guidelines indicate that indigent care is for a family who has an income that does not exceed 125 percent of the federal poverty income guidelines. The charity care criteria apply when a family’s income is between 125 and 200 percent of the federal poverty income guidelines. However, a family that has unusual financial circumstances may qualify for charity care with a reduced patient liability. Families are responsible for filling out applications for these types of financial assistance services. Financial counselors are available at all facilities to assist patients and their families with billing questions as well as assisting patients in applying for federal, state and local programs including Medicare, Medicaid and local medical assistance programs for which they may be eligible. Patient price estimates are another service provided by request, call 678-312-4212.

Figure 5.

The total community benefit for fiscal year 2006 was $26,341,910 and for 2007, $32,041,944.
On December 20, 2007, the Internal Revenue Service released new requirements for not-for-profit hospitals to report community benefit through the revised Form 990, Schedule H. This new reporting method is more in-depth and utilizes guidelines established by the Catholic Health Association of the United States and VHA, Inc. The IRS’s intention for revision of the tax form is to provide not-for-profit hospitals consistent measurements to demonstrate their community benefit and in so doing, justifying the maintenance of their tax-exempt status. Our community benefit report supports the IRS guidelines. This year’s report provides a review of program and financial data for fiscal year 2006 and 2007 (July 1, 2005 -June 30, 2007).

According to the IRS, charity care does not include: bad debt or the cost of care provided to patients who fail to pay for services; the difference between the costs of care provided under Medicare and the revenue derived therefrom; or contractual adjustments with any third-party payers. The hospital system in fiscal year 2006 experienced bad debt costs and Medicare shortfalls of $39,469,713 and in 2007 the amount was $51,073,450.

One area of community benefit reporting identified by the IRS is the cost of providing subsidized health services. To qualify as a subsidized health service, the hospital must provide the service at a financial loss and it must meet an identified community need.

According to the IRS definition, subsidized health services are clinical services provided despite a financial loss to the organization. However, the financial loss is measured after removing losses measured by cost associated with bad debt, charity care, Medicaid and other means-tested government programs.

A hospital service meets an identified community need if it is reasonable to conclude that if the hospital no longer offered the service, the service would be unavailable in the community; the community’s capacity to provide the service would be below the community’s need; or the service would become the responsibility of the government or another tax-exempt organization. For fiscal years 2006 and 2007 the following were subsidized services provided by GMC:

The Miles & Lib Mason Children’s Clinic is dedicated to serving the uninsured and under insured children in Gwinnett County for both preventative and sick-child care. In the hospital setting, this clinic provides care to newborns, emergency room pediatric patients as well as hospitalized children without established physician relationships. The clinic addresses the need of increasing the awareness of prevention of childhood illnesses that can be avoided through proper and timely immunization. The clinic participates in the Georgia State Vaccines for Children program, and provides more than 18,500 vaccines to children each year; resulting in approximately 96 percent of the children at the clinic having current immunization by the age of three.
The Miles H. Mason Jr. Community Clinic is a provider of primary healthcare services to uninsured adults who reside in Gwinnett County and who qualify under the guidelines of the federal poverty levels. Patients at the Miles Mason Clinic received comprehensive healthcare. The clinic closed on June 29, 2007 due to an increasing number of similar clinics providing these services.

The Wound Treatment Center is an outpatient program on the Lawrenceville campus that is dedicated to the treatment of both acute and chronic non-healing wounds. The center’s specialized approach to wound management integrates current assessment, treatment, technology and education to develop a plan of care that is individualized to each patient's needs. This service addresses an identified need to increase care and education about a variety of wounds and the need to avoid further and unnecessary complications through proper wound care.

The Diabetes & Nutrition Education Center is located at both our Lawrenceville and Duluth campuses and is an accredited program by the American Diabetes Association. The center provides inpatient diabetes management and individualized outpatient diabetic support by providing access to personalized care.

Gwinnett SportsRehab’s goal is to provide cost effective care that restores strength, mobility and function to facilitate a safe return to the client’s daily activity. Specialty programs include orthopedic/ sports medicine, vestibular and amputee rehabilitation as well as hand and aquatic therapies, arthritis management, lymphedema, pediatric rehabilitation and fitness/conditioning programs. Customized treatment plans are designed to address the specific needs of the individual.

The Care-a-Van is a mobile mammography unit that provides low-cost breast health screenings throughout Gwinnett County. The unit distributes educational literature and provides a video on breast care to help further the education and awareness of the participants. Working together with the Breast Health program, the Care-a-Van participates in health fairs and travels to under served areas throughout Gwinnett county and surrounding areas. This service addresses the need of accessibility by providing screenings to those who otherwise would not have had access to regular testing.

Dialysis and Renal Services at GMC are performed through a contract service with Fresenius Medical Care, which provides all resources, including machines and nursing staff. Through our joint efforts, we provide care for approximately 250 patients per month with an average of 20 nurses.

SummitRidge Center for Psychiatry and Addiction Medicine has 76 acute care beds and specializes in caring for individuals with both behavioral and mental disorders. SummitRidge Center provides assessment, treatment and counseling for a variety of emotional and substance related issues. The center maintains a 24-hour a day, seven days-a-week telephone crisis-line center that handles calls and preforms assessments for psychiatric and substance abuse concerns.
Our Values: Service to the Community

Gwinnett Medical Center is a 500 bed healthcare system with over 4,400 employees. The hospital system includes two general hospitals, Gwinnett Medical Center-Lawrenceville and Gwinnett Medical Center–Duluth serving our area both within Gwinnett County and several surrounding counties.

GMC-Lawrenceville has one of the busiest emergency rooms (ER) in Georgia providing emergency and trauma care to more than 100,000 patients in fiscal years 2006 and 2007. GMC-Lawrenceville has a children’s emergency room and the ER is designated as a Level II Trauma Center providing 24-hour a day, seven days-a-week trauma team coverage. Trauma service is supported by the Center for Neuroscience, a multi-level neurological and neurosurgery unit, medical-surgical intensive care and orthopedic services.

The Gwinnett Women’s Pavilion, located adjacent to GMC-Lawrenceville, has 34 Mother/Baby Unit beds, 15 High-Risk Pregnancy Unit beds and has become one of the largest providers of obstetrical services in the state. These services include maternal and infant care through childbirth education, High-Risk Pregnancy Unit, labor and delivery, surgical care, Level III Neonatal Intensive Care Unit (NICU), post-delivery care rooms and lactation support services.

The GMC OB/GYN Clinic is dedicated to serving the obstetric and gynecological needs to women of Gwinnett County who are uninsured, under insured or Medicaid recipients through the clinic and hospital settings. One of the goals of the clinic is to provide early and comprehensive care throughout pregnancy in order to reduce infant and maternal mortality as well as maternal complications at delivery. In addition to care of pregnant women, the clinic provides screening for sexually transmitted diseases and treatment for chlamydia and gonorrhea.

The Gwinnett Extended Care Center (GECC) is located on the campus of Gwinnett Medical Center-Lawrenceville. This facility is licensed separately from GMC with 89 nursing home beds. GECC provides various levels of quality, cost-effective care for those individuals who need subacute or intermediate care. The primary goal of this facility is to help our patients achieve their highest level of functioning.
**Gwinnett Medical Center-Duluth** opened October 2006 as a replacement facility for Joan Glancy Memorial Hospital. This facility has 81 beds with an expanded emergency room and auxiliary services.

**Glancy Rehabilitation Center** in Duluth is located in the newest section of the building on the old Joan Glancy Memorial Hospital campus with 30 rehabilitation beds and outpatient treatment services for individuals recovering from many disorders (e.g., strokes, joint surgery and brain trauma).

![GMC Auxiliary](image)

**Figure 7. Gwinnett Medical Center Service Volumes Fiscal Years 2005-2007**

<table>
<thead>
<tr>
<th>Service</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
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</thead>
<tbody>
<tr>
<td>Emergency Department discharges (GMC and GMC-D)</td>
<td>117,013</td>
<td>120,719</td>
<td>131,558</td>
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<td>GMC Outpatient visits</td>
<td>244,844</td>
<td>242,078</td>
<td>239,868</td>
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<td>Women’s Pavilion deliveries</td>
<td>5,644</td>
<td>5,843</td>
<td>6,206</td>
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<tr>
<td>Neonatal Intensive Care Unit (NICU) admissions</td>
<td>785</td>
<td>734</td>
<td>774</td>
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<td>Total System admissions (excluding newborns)</td>
<td>25,458</td>
<td>25,792</td>
<td>27,853</td>
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<td>Surgical patients (inpatient and outpatient)</td>
<td>25,546</td>
<td>26,274</td>
<td>27,020</td>
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<td>Care-a-Van screening mammograms</td>
<td>1,237</td>
<td>1,522</td>
<td>1,583</td>
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<td>Wound Treatment Center visits</td>
<td>4,123</td>
<td>4,520</td>
<td>5,000</td>
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<td>Diabetes &amp; Nutrition Education Center (Inpatient and Community)</td>
<td>5,592</td>
<td>5,081</td>
<td>5,587</td>
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<tr>
<td>Miles H. Mason, Jr. Community Clinic visits</td>
<td>3,386</td>
<td>4,191</td>
<td>4,099</td>
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<tr>
<td>Miles and Lib Mason’s Children’s Clinic visits</td>
<td>23,397</td>
<td>24,080</td>
<td>26,427</td>
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<tr>
<td>OB/GYN Clinic visits</td>
<td>20,012</td>
<td>20,280</td>
<td>21,007</td>
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<tr>
<td>OB/GYN Clinic deliveries</td>
<td>1,381</td>
<td>1,457</td>
<td>1,446</td>
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</table>

*Source: GMC Operating Statistics FY 2005-2007*

The GMC Auxiliary had more than 225 volunteers who supplied **30,900** donated hours of staff support. In addition to the time they spent volunteering at our facilities, the GMC Auxiliary contributed almost $100,000 for equipment and supplies, including a $15,000 pledge to the Foundation’s TIME MATTERS in the fight against Breast Cancer campaign. Gifts presented to departments included funds to have a harpist play music in different departments once a week, funds to purchase bed alarm systems to prevent patient falls on designated units, funds for a new parish nurse program for a local worship center and funds for stuffed bears for pediatric patients.
Conclusion

Gwinnett Medical Center is committed to providing services to our community. We continue to strive to identify and plan for the growing needs of this unique community. Patient safety and quality care are of the utmost importance within our organization. As GMC continues to face the financial challenges of operating a growing healthcare system with the ever-changing pressures of socioeconomic and governmental influences.

The healthcare needs of the community continue to evolve with our changing demographics and as an organization, we continue to adjust to meet these needs. At this time, our organization focuses on providing care for young people, growing families and individuals with acute illnesses and chronic conditions.

There are still areas of need in our community that GMC does not directly address, but instead supports other agencies in the community. For example, crime is growing with an increasing number of homicides reported each year and traffic related deaths continue to increase with more teenagers being killed in motor vehicle crashes. Gwinnett Medical Center supports those agencies that inform and educate the community.

Our community benefit plan continues to detail programs, while making the necessary adjustments in our reporting structure to meet the new documentation requirements of the IRS. Our community has grown rapidly in the last 40 years which has created challenges and opportunities for GMC. We continue to systematically expand our range of services and programs in order to meet our community’s growing identified healthcare needs.