Executive Summary

Gwinnett Medical Center (GMC) is also known as Gwinnett Hospital System, Inc. (GHS) is a not-for-profit and tax-exempt organization that operates exclusively to serve the community. Our mission is to meet the healthcare needs of the community by providing quality health services. For more than 65 years, we have been committed to the underserved, uninsured and indigent populations. We are diligent in our efforts to join with physicians, community and other healthcare organizations to provide health services.

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 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, as service to the community is one of our five core values.

GMC has produced community benefit reports since 1994. We expanded that support through the community benefit plan in 2006. The annually updated plan details how the facilities intend to fulfill both its mission and its tax-exempt requirements. The plan is approved by the GHS Board of Directors which is composed of independent community leaders dedicated to providing quality healthcare for our community.

The 2012-2013 Community Health Needs Assessments for Gwinnett Medical Center-Lawrenceville (GMC-Lawrenceville) and Gwinnett Medical Center-Duluth (GMC-Duluth) were conducted in partnership with local organizations to identify opportunities to continue to improve our community’s health. In addition to publicly-reported data, we gather input from Gwinnett County residents using focus groups, town hall meetings, interviews, and surveys. In collecting this information, we made every effort to ensure the information we gather represents the rich diversity of the individuals and families who live in our community. The assessments are available on the Gwinnett Medical Center website.

Based on the results of our recent needs assessment, the biggest opportunities lie in the following areas:

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

Following those assessments, this year’s plan includes the fiscal year 2013 Implementation Strategies to meet each facility’s prioritized health needs.

Through each of these documents the community benefit plan includes descriptions of GMC’s community benefit goals, objectives and program evaluation tools; inpatient and outpatient departments that provide community services; community involvement; and summary annual operating utilization statistics. The plan describes program implementation for fiscal years 2012
(July 1, 2011 through June 30, 2012) and action plans for fiscal year 2013 (July 1, 2012 through June 30, 2013) as they relate to identified health needs.

We involved departments from GMC-Duluth and GMC-Lawrenceville across the spectrum of patient care through the Community Health and Wellness Council in the development of this plan. Some areas of community health needs have more programs than others. Heart disease, stroke, cancer, emergency and trauma services, chronic lower respiratory disease, influenza and pneumonia, diabetes, maternal/infant health, injury prevention and wellness programs are areas where we provide most of our programs to improve community health.

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, GMC 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).

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

GMC makes every effort to deliver innovative services of superior quality to our community at the best value. Through our CHNAs, community benefit plan, and implementation strategies we are working to address community needs for all community residents including the uninsured, underinsured and vulnerable population. GMC’s women’s services department is a leading provider of obstetrical services in the state and continues to expand services to meet the need of our residents. In 2012, GMC opened the open heart surgery program in the Strickland Heart Center and we continue to advance our cardiac services through our plan to open the Electrophysiology Laboratories. 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.

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 the 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 Vision: Investing in our Community**

Our vision is to be the health system 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. The GHS Board of Directors is comprised of independent community leaders dedicated to providing quality healthcare for our community. These volunteer board members are persons who reside in our primary service area and neither they (nor their family members) are employees or contractors of the organization.

Medical staff privileges at the hospitals are available to all qualified physicians as determined through a detailed credentialing process. GMC has over 800 affiliated physicians as of June 30, 2012. GMC is the third leading employer in Gwinnett County with 4,566 employees for the same time period.

Full-time emergency departments are operated at both GMC-Lawrenceville and GMC-Duluth. Individuals requiring emergency care are not denied treatment.

The organization invests its margin back into facilities, equipment and physician and staff training, 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.

Both GMC-Lawrenceville and GMC-Duluth hospitals and all facilities participate in Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) and PeachCare as appropriate for services provided.

**Organization Description**

GHS is the leading healthcare provider in Gwinnett County. GMC is a licensed 553 bed healthcare system with two acute-care hospitals: GMC-Lawrenceville and GMC-Duluth. These two facilities are 10 miles apart. About 80 percent of the patients served at these facilities are from Gwinnett County. Outpatient auxiliary services offered at both the GMC-Lawrenceville and GMC-Duluth include: laboratory, respiratory, imaging and intensive care.

**Commitment to Quality**

- Gwinnett Medical Center received Continuing Medical Education (CME) reaccreditation ‘with commendation’ from the Medical Association of Georgia. This is awarded to the top 10 percent of CME providers and provides an accreditation cycle of six years.
- GMC-Lawrenceville received its fourth Beacon Award from the American Association of Critical Care Nurses.
- GMC-Duluth received the Beacon Award from the American Association of Critical Care Nurses.
• GMC is one of six hospitals who won the George Coverdell 2012 ‘Door to Needle Time’ Hospital Awards. GMC reduced its door to needle time by 20 percent for stroke patients.

• Glancy Rehabilitation Center completed their seventh survey by the Commission on Accreditation of Rehabilitation Facilities (CARF). There were no recommendations for improvements.

• GMC-Lawrenceville and GMC-Duluth successfully passed their intra-cycle Advanced Primary Stroke Certification review.

• Gwinnett Extended Care Center’s Nurse Aide Training Program was audited and was 100 percent compliant with certification/recertification and staff development requirements.

• The Strickland Heart Center has been awarded a Leed® Silver Recognition from the U.S. Green Building Council.

• GMC-Lawrenceville won 2nd place in the 251-400 Bed Size Category for the project titled “Reducing 30-Day Readmissions in High Risk Medicare Patients: Focus on Heart Failure, Heart Attack and Pneumonia.”

• GMC-Lawrenceville won 3rd place in the 251-400 Bed Size Category for the project titled “Ensuring Excellence with Rapid Treatment of ST-Elevation Myocardial Infarction (STEMI) in a New Percutaneous Coronary Intervention (PCI) Program.”

• GMC was ranked 2nd in the Georgia Trend’s 2012 Top Georgia Hospitals. These rankings are based on publicly available data that measures quality of care, patient satisfaction, mortality and readmission rates, as well as hospital-acquired infections and conditions.

• The Center for Surgical Weight Management at GMC-Duluth received accreditation from the American College of Surgeons as a Level I Accredited Bariatric Center.

• Gwinnett Extended Care Center (GECC) received the Georgia Department of Community Health Incentive Payment. The data were drawn from the family resident and employee satisfaction surveys, RN/LPN/CNA retention and quality profile (pressure ulcers, restraints, unplanned weight loss/gain, antipsychotic medication use, falls and Foley catheter use.)
<table>
<thead>
<tr>
<th>Service</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
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<tbody>
<tr>
<td>Admissions (total system excluding newborns)</td>
<td>23,497</td>
<td>23,182</td>
<td>24,788</td>
<td>26,824</td>
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<td>Emergency Departments visits (GMC-L and GMC-D)</td>
<td>127,250</td>
<td>134,058</td>
<td>132,293</td>
<td>137,796</td>
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<td>GMC Outpatients visits</td>
<td>240,994</td>
<td>241,080</td>
<td>204,660</td>
<td>207,598</td>
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<td>Care-a-Van screening mammograms</td>
<td>1,744</td>
<td>1,743</td>
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<td>Surgical cases (inpatient and outpatient)</td>
<td>26,919</td>
<td>27,297</td>
<td>27,362</td>
<td>26,915</td>
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<td>Women’s Pavilion deliveries</td>
<td>5,866</td>
<td>5,272</td>
<td>4,914</td>
<td>4,819</td>
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<td>Neonatal Intensive Care Unit (NICU) admissions</td>
<td>763</td>
<td>666</td>
<td>635</td>
<td>615</td>
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<td>Diabetes &amp; Nutrition Education Center (DNEC) contacts</td>
<td>5,858</td>
<td>6,333</td>
<td>7,087</td>
<td>8,543</td>
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<td>Dialysis treatments (GMC-L and GMC-D)</td>
<td>3,249</td>
<td>3,568</td>
<td>3,050</td>
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<td>Pain Management visits</td>
<td>6,390</td>
<td>6,351</td>
<td>7,423</td>
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<td>Wound Treatment Center visits</td>
<td>5,234</td>
<td>5,119</td>
<td>5,390</td>
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<td>Faith Community Nursing contacts</td>
<td>98,044</td>
<td>138,797</td>
<td>123,822</td>
<td>206,501</td>
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Source: GMC Operating Statistics and department reports FY 2009-2012

**Gwinnett Medical Center Foundation**

Founded in 1990, the Gwinnett Hospital System Foundation, Inc. is a not-for-profit philanthropic organization that supports Gwinnett Medical Center in fulfilling its mission - providing quality health services to our community. The Gwinnett Medical Center Foundation activities are governed by a Board of Directors, consisting of 55 volunteers who serve terms ranging from one to three years. The most recent capital campaign, Open Heart, funded capital construction and expansion of the cardiovascular services beginning in 2011. Over $9 million has been raised toward an $8 million goal. The Foundation employs six full-time associates including the foundation president, who is a member of the Senior Leadership team for the Gwinnett Hospital System. The Foundation office is located between GMC-Lawrenceville and GMC-Duluth at 1755 North Brown Road, Suite 100, Lawrenceville, Georgia.

Securing capital funding for improvements in the Neonatal Intensive Care Unit and Gwinnett Women’s Pavilion is a current focus of the Foundation’s fundraising activities. In addition the Foundation raises money for the Miles and Lib Mason Children’s Clinic, capital and equipment purchases for the Duluth and Lawrenceville campuses, cardiovascular services, cancer care, children’s and women’s services, neuroscience, orthopedics and a variety of other specialties. The Foundation offers a variety of options for donors to designate gifts to a specific cause, establish permanent endowments and provide charitable estate, gift planning, grants and sponsorships. A major gifts committee solicits gifts greater than $10,000 while the Cornerstone committee solicits gifts from $1,000 to $9,999. Cornerstone caregivers focus on gifts of less than $1,000. Gifts from the Heart, accepts gifts given in honor or memory of a person or organization. “STARS,” Standing Together Associates Reach Success, is a voluntary employee giving program raising nearly $300,000 per year in gifts from hospital employees. The Foundation solicits
and accepts gifts from charitable gift annuities, life insurance beneficiaries, and other estate planning options. Over 150 affiliated physicians donate more than $2,000 each a year to benefit GHS. Contributions to the Foundation are accepted based upon donors’ wishes and hospital needs.

**Community Benefit Communication**

Our Organization’s communication plan strives to effectively and clearly communicate key messages to all audiences. To address all audiences, GMC’s plan focuses on being respectful of unique characteristics and interests as well as providing materials in an accurate and timely manner with an emphasis on clarity and readability. We strive to provide meaningful information that helps consumers exercise choice and make healthcare and lifestyle decisions with knowledge and confidence. The communication section of our community benefit plan complements the organization’s communication objectives.

The community benefit report provides information on the financial contributions, by fiscal year, associated with indigent, charity care and uncompensated cost shortfalls of Medicaid. Additionally, information on how the services and programs are assigned monetary value both as community benefit and as a cost to provide these benefits. It is impossible to accurately measure the value of the relationships between individuals, families and the 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.

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

The GMC Auxiliary (GMC-Lawrenceville and GMC-Duluth) had more than 300 volunteers supplying more than 31,000 donated hours of staff support annually. While the organization doesn’t count volunteer monetary contributions as community benefit, the efforts of this group demonstrates how community members utilize the hospital as a vehicle to connect with and contribute to individuals and the overall community through philanthropy and volunteering.

Our Mission: Improving Community Health

Our mission is to provide quality health services to members of our community. Service to the community is one of our five corporate values and providing healthcare includes providing community services to those in need. Beyond our 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. This report focuses on the operating statistic for fiscal year 2012.

Research

GMC participates in several areas of clinical and community health research that are: 1) generalizable and shared with the public and 2) are funded by the government or tax-exempt entities. Examples include the Oncology Data Center, oncology research nurse and studies conducted in cooperation with the Centers for Disease Control and Prevention and research conducted by students in advanced academic degree programs.

Oncology Data Center

The Oncology Data Center is located at GMC-Lawrenceville. The Institute of Medicine (IOM) report “Crossing the Quality Chasm” recommends six aims of high-quality healthcare. Also referred to as the STEEEP principles, these are:

- Care must be Safe from avoidable errors
- Care must be Timely (avoiding unnecessary delays)
- Care must be Effective (based on best evidence)
- Care must be Efficient (avoiding or reducing waste)
- Care must be Equitable regardless of socio-demographic characteristics
- Care must be Patient-centered. Patient-centered care is established on communication that promotes an understanding of the patient as a whole person, tailors the care to patient preferences, and shares decision-making regarding treatment (Aiello Bowles, E.J., et al., 2008).
These six aims along with coordination of care across multiple providers and settings are the foundation of GMC’s oncology services and cancer program in providing quality cancer care. The Oncology Data Center department is comprised of four FTE and one PRN positions. The positions for the Oncology Data Center are: coordinator/certified tumor registrar, certified tumor registrar (3) and administrative assistant.

Safe

- Through the efforts of the Oncology Data Center department, GMC maintains accreditation with the American College of Surgeon’s Commission on Cancer (ACoS CoC) and the National Accreditation Program for Breast Centers (NAPBC). Performance reports for the last survey from both organizations are available for review. Both accreditations are for three years and require ongoing documentation to support meeting the standards. Both accreditations require regular meetings of the Cancer Committee and Breast Program Leadership which are coordinated by the Manager/Director of Oncology Services and the Coordinator of the Oncology Data Center.

- Through our weekly breast cancer and tumor conferences, GMC provides safe cancer care. These conferences allow discussion and coordination of care across disciplines, providing high quality cancer care. Additionally, these conferences are required by both accrediting bodies. Cases for these conferences are coordinated by the manager/director of oncology services and the oncology data center coordinator.

Effective

- Through the efforts of the Oncology Data Center, GMC provides effective cancer care. ”A cancer registry is an important program component for the evaluation of cancer care. Accurate and timely collection of cancer patient data with appropriate follow-up is required by the Commission on Cancer. The cancer registry contributes to administrative and programmatic planning, patient treatment planning, research, staging and continuity of care through data retrieval and monitoring of outcomes through annual analysis, and long-term follow-up” (ACCC, 2009 p. 9).

- Through the Oncology Data Center, GMC is in compliance with the Georgia State Assembly code to “Support a state-wide registry of all patients treated in certified cancer clinics in order to evaluate the nature and extent of the incidence of cancer and the effectiveness of treatment.” Additionally, GMC’s cancer registry is identified as part of the Surveillance, Epidemiology, and End Results (SEER) Program.

Efficient

- GMC has been accredited with the ACoS since 1989. We currently have 24,745 patients in our registry. The Oncology Data Center continues to follow 10,958 of these patients. In fiscal year 2012, we added 1,579 cases into the registry. For Standard 3.3 from the CoC: “For each year between surveys, 90 percent of the cases are abstracted within six months of date of first contact,” the Oncology Data Center has met this standard at every survey.
Equitable

- Our goal is to be the leading hospital in the region and to provide the highest quality care available. GMC is committed to making quality care available to all persons in need of vital healthcare regardless of their ability to pay. Financial assistance is offered to patients who are in need of medically-necessary care and who are uninsured, under insured or otherwise unable to pay for their care.

Patient-Centered

- Oncology Services and the Oncology Data Center coordinate the weekly breast cancer conferences. These conferences are required for accreditation through the NAPBC and provide an opportunity for multidisciplinary treatment planning. Breast cancer cases diagnosed at GMC are presented.

Subsidized Services

One area of community benefit reporting identified by the IRS is the cost of providing subsidized health services. A hospital service meets an identified community need if it is reasonable to conclude that if the hospital no longer offered the service: 1) the service would be unavailable in the community; 2) the community’s capacity to provide the service would be below the community’s need; or 3) the service would become the responsibility of the government or another tax-exempt organization.

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.

The following were subsidized services provided by GMC in fiscal year 2012:

- Trauma Services
- Wound Treatment Center
- Diabetes & Nutrition Education Center
- Care-a-Van
- Dialysis and Renal Services

Trauma Services

The purpose of Trauma Services is to care for patients who have sustained trauma-related injuries in Gwinnett County and the surrounding area. In June 2012, GMC-Lawrenceville was approved to continue its designation as a Level II Trauma Center by the Georgia State Office Emergency Medical Services and Trauma for three additional years. Our Trauma Center is one
of only 21 in the state. According to the Georgia Trauma Care Network Commission site (http://www.gtcnc.org/), the state’s need assessment determined that there should be between 25 to 30 Trauma Centers in Georgia.

**Wound Treatment Center**

The Wound Treatment Center is an outpatient program at GMC-Lawrenceville 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. With six staff members, the Center reported more than 5,390 outpatient visits last year; in addition, the Center coordinated monthly Ostomy/CCFA Support Groups for approximately 360 attendees. The Center also provided educational support for students from Emory and Mercer Universities as well as conducting lectures for nursing students at Emory and Brenau Universities and Gwinnett Technical College.

**Diabetes & Nutrition Education Center**

The Diabetes & Nutrition Education Center provides outpatient and inpatient patient services and programs at GMC-Lawrenceville and GMC-Duluth. 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.

**Care-a-Van**

The Care-a-Van provides low-cost screening mammograms, through our mobile mammography in multiple locations in the county. The residents served included uninsured, underinsured and those individuals with insurance.

**Dialysis and Renal Services**

Dialysis and Renal Services at GMC are performed through contract services with Fresenius Medical Care, which provides all resources, including machines and nursing staff. The fiscal year 2012 goals are to increase patient satisfaction, decrease complications with hemodialysis and meet all Joint Commission requirements. GMC works with Fresenius to assure that all quality measures are in place and monitored monthly.

**Community Building Activities**

Community building activities include programs that address root causes of health problems, such as poverty, homelessness and environmental problems. Community building activities are captured in the categories of coalition building and workforce development in an effort to enhance public health. Our organization did not participate in these activities to increase referrals or to fulfill regulatory requirements or current standard of care.
Coalition building includes participation of the Chaplaincy, Coordinated Care, Faith Community Nursing, Women’s Services, Physician Services and the Community Benefit departments. These departments participate in community coalitions and other collaborative efforts with the community to address safety and health issues to promote the health of the community; for examples, Gwinnett Fire Services Critical Incident Stress Management Team, Child Protection Task Force, Safe Kids Gwinnett, Senior Community Leadership and the YMCA Board of Directors.

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 for 20 years and services 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).

Our efforts in Workforce Development include recruiting physicians in multiple specialties for community practices according to community needs. The triennial Physician Needs Assessment was complete March 2013. The organization’s primary purpose in these efforts is to assist in community physician recruitment to improve access to care in our community.

**Financial Assistance Program Policy**

Gwinnett Medical Center is committed to providing financial assistance to persons who have healthcare needs and are uninsured or underinsured, ineligible for a government program, and otherwise unable to pay for medically-necessary care based on their individual financial situation as outlined in the Financial Assistance Program policy. The financial assistance policy includes descriptions for the provision of emergency care and medically-indigent or charity hardship care. The policy also describes the billing practices for patients eligible for financial assistance and explains what actions the hospital facility may take upon non-payment.

At GMC, our guidelines indicate that Indigent Care (free 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 300 percent of the Federal Poverty Income Guidelines. Patients are responsible for making application for these types of financial assistance services. Applying for financial assistance does not relieve those in need from contributing toward the cost of their care.

GMC makes information about its financial assistance program available by posting and distributing information in the patient registration areas, other public places throughout the hospitals, on patient bills, and on the Gwinnett Medical Center's website. The Financial Assistance web page includes the financial policy and financial assistance application in English, Spanish, Vietnamese and Korean.

Financial counselors are available at all facilities to assist patients and their families with billing questions as well as assisting patients with making their application for federal, state and local
programs including Medicare, Medicaid and local medical assistance programs for which they may be eligible.

GMC provides price estimates in advance of services and treatment at a patient’s request. In addition, our goal is to ensure that our medical bills are accurate and easy to understand. We are committed to finding ways to help every patient pay the portion of their bill for which they are responsible, without experiencing an overwhelming financial burden. Billing statements include information about how to contact financial representatives and arrange payment plans.

In 2008 the Internal Revenue Service (IRS) changed not-for-profit hospitals reporting community benefit through the revised Form 990, Schedule H. This new method of reporting is more in-depth and utilizes guidelines established by the Catholic Health Association of the United States and VHA Inc. The tax form is designed to provide not-for-profit hospitals consistent measurements to demonstrate their community benefit and in so doing, justify the maintenance of their tax-exempt status. Our community benefit report supports the IRS guidelines.

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 from; or contractual adjustments with any third-party payors.

**Current Health Issues: Goals, Programs, Evaluations and Action Plans**

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

**Plan Development and Adoption**

GMC’s purpose in developing and implementing the community benefit plan is to provide an executable document that demonstrates how our organization (including both hospitals and other facilities) plans, manages and measures the identified community health needs. Community needs are analyzed year-over-year with trend comparisons of State and national data as well as Healthy People 2020 objectives included in the analysis. These identified needs are aligned with the Organization’s strategic, operational, safety, quality and clinical service plans with community action plans created as needed. This year’s report provides a review of statistical data for fiscal year 2012 (July 1, 2011 through June 30, 2012) and the current events and programs with action plans for 2013 (July 1, 2012 through June 20, 2013).

The community benefit plan is developed by the Community Health and Wellness Council (CHW Council). The CHW Council’s goal is to continue to increase the cooperative alignment between the above-standard-care inpatient programs and programs that have elements of community outreach. The CHW Council includes representatives from 29 departments from both hospitals who are patient care providers and managers. The departments include Wound Care Center, Diabetes & Nutrition Education Center, Cardiac and Pulmonary Rehabilitation, Center for Surgical Weight Management, Emergency Departments, Chest Pain Center, Trauma
After the CHW Council approves the updated plan it is presented to administrative leadership for approval.

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

- Participating in the process of establishing priorities, plans and programs to enhance the health status of the community.
- Approving the annual community benefit plan.
- Monitoring progress toward identified goals.

After administrative leadership has made recommendations, the plan is presented to the Board Quality and Community Health Subcommittee for approval and then to the Board of Directors for approval. Having the support of this board integrates the community benefit plan with the strategic, operational, quality and clinical plans of the System.

**Community Benefit Inventory**

CBISA Online™ is a web-based and web-hosted community benefit tracking and reporting system developed by Lyon Software and supported through data entered by the departments of the Community Health and Wellness Council. This database complies with the Catholic Hospital Association of America (CHA), VHA Inc. and the new IRS reporting standards. It contains information on individual community-based activities that includes a brief description, target population and responsible department. At GMC, we report these uncompensated costs in components of the CBISA reporting system. This reporting system calculates the total community benefit and cost to GMC to provide our community health improvement services, health professional education, subsidized health services, financial and in-kind contributions and community building activities.

This document provides an overview of community benefit services that meet identified health needs. The primary goal of the departments represented on the committee is to provide the best possible health services in these designated areas.

The following are the objectives of our community benefit plan:

1. Identify community health needs.
2. Combine those needs with the board’s strategic plan and administration’s established priorities for community needs.
3. Evaluate present services, events and programs for alignment with established priorities, measurable outcomes and cost effectiveness.

4. Develop or modify these services to meet the prioritized community needs.

5. Collaborate with community service organizations when possible to meet our community benefit goals.

6. Gain acceptance of the plan from the board.

Program Evaluation Guidelines

The tools described in the previous section are used to evaluate the previous year’s plan and to adjust the plan for the coming year to meet the System’s goals and objectives. Program evaluation is established according to the department’s requirement; however, the following criteria may be used by departments as they evaluate their programs:

1. Does this program align itself with the directives from the board?

2. How has the health of our community changed in this area?

3. How does this program perform in applicable clinical measures?

4. How many contacts with the community does the program or activity have?

5. How satisfied were participants as measured through surveys?

6. Are we reaching the correct target market?

7. Is there still a need for this program?

8. What is the cost in dollars and manpower to continue the program? Is this a budget neutral program? Are we seeking grants for this program?

9. If costs have increased, what are the reasons and is this trend of increased cost expected to continue?

10. Are there opportunities to combine this program with other internal or community programs?

These criteria are evaluated at the operational level by managers responsible for these programs. By interacting with others who provide similar or complimentary programs many of these questions may easily be answered. If programs are being removed or reformatted, community members are redirected to other programs that meet their needs. The action plans and the results of the evaluation bring the committee an opportunity to move the System forward toward meeting our goal.

Target Guidelines

1. Measurable targets include visits/admissions and the cost of providing care for subsidized services. Examples of services that are evaluated include:

   a. Emergency Departments and Trauma Services
b. Acute disease processes (e.g., pneumonia, heart attacks)

c. Chronic health conditions (e.g., diabetes, cancer, heart disease) including outpatient disease management care, inpatient treatment, rehabilitation and palliative care.

2. Quality measures established by the Board of Directors are monitored through the Quality department.

3. Preventive Care is tracked through subsidized and community services categories that include:

a. Adult care by referrals and prescriptions

b. Low-cost screening mammograms, through our mobile mammography unit and the number of early stage breast cancers detected

c. Health contacts and screenings through our Faith Community Nursing program

d. Community education seminars, classes, programs and events

e. Medical and professional staff training and nursing or allied health students trained

4. Customer Satisfaction is evaluated for every community program or event by the sponsoring department using survey tools. The System also maintains continuous monitoring of customer satisfaction for inpatient treatment and specific outpatient services.

Gwinnett County Demographics and Health Statistics

Gwinnett County is located in the northeast suburbs of the metropolitan Atlanta area and is 98 percent urban. This is the 50th largest county in the state of Georgia by land mass (432.73 square miles) and the second leading by population (805,321 residents in 2010). The population of Gwinnett County has increased by 36.9 percent since 2000 as shown in Figure 2. According to the 2010 U.S. Census, Gwinnett County is the 65th most populated county in the nation.

Figure 2. Historical Population, Gwinnett County 1960-2010

<table>
<thead>
<tr>
<th>Historical Population, Gwinnett County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Census</strong></td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>1960</td>
</tr>
<tr>
<td>1970</td>
</tr>
<tr>
<td>1980</td>
</tr>
<tr>
<td>1990</td>
</tr>
<tr>
<td>2000</td>
</tr>
<tr>
<td>2010</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2011
Overall, Gwinnett County has a young population with a median age from 2005 through 2009 at 33.1 years of age. Thirty-one percent of the population was under 20 years of age and 11 percent was 60 years of age and older, according to the Georgia Division of Public Health (Online Analytical Statistical Information System, OASIS, 2011) as demonstrated in Figure 3.

Figure 3. Population by Lifestages, Gwinnett County 2010

<table>
<thead>
<tr>
<th>Lifestages</th>
<th>Male</th>
<th>Female</th>
<th>Total by Age</th>
<th>Percentage by Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 Infancy</td>
<td>5,985</td>
<td>5,783</td>
<td>11,768</td>
<td>1.46%</td>
</tr>
<tr>
<td>1-4 Early Childhood</td>
<td>25,963</td>
<td>24,511</td>
<td>50,474</td>
<td>6.27%</td>
</tr>
<tr>
<td>5-12 Later Childhood</td>
<td>54,245</td>
<td>52,338</td>
<td>106,583</td>
<td>13.23%</td>
</tr>
<tr>
<td>13-19 Adolescence</td>
<td>44,905</td>
<td>41,496</td>
<td>86,401</td>
<td>9.70%</td>
</tr>
<tr>
<td>20-29 Early Adulthood</td>
<td>52,964</td>
<td>50,120</td>
<td>103,084</td>
<td>12.80%</td>
</tr>
<tr>
<td>30-44 Young Adulthood</td>
<td>93,622</td>
<td>99,909</td>
<td>193,531</td>
<td>24.03%</td>
</tr>
<tr>
<td>45-59 Middle Adulthood</td>
<td>80,291</td>
<td>85,148</td>
<td>165,439</td>
<td>20.54%</td>
</tr>
<tr>
<td>60-74 Late Adulthood</td>
<td>31,311</td>
<td>35,685</td>
<td>66,996</td>
<td>8.32%</td>
</tr>
<tr>
<td>75+ Older Adulthood</td>
<td>7,867</td>
<td>13,178</td>
<td>21,045</td>
<td>2.61%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>397,153</td>
<td>408,168</td>
<td>805,321</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Source: Georgia Division of Public Health, OASIS, 2011

The population has become more racially and ethnically diverse with representation from across the nation and around the world. In 2010, the U.S. Census Bureau estimated the Gwinnett County population to be 44 percent non-Hispanic white, 22.9 percent non-Hispanic blacks, 10.5 percent non-Hispanic Asians (2.7 percent Korean, 2.6 percent Asian Indian, 2.0 percent Vietnamese, 3.3 other Asian) and 2.2 percent was non-Hispanic Others (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiracial or Unknown). 20.1 percent of the population was Hispanics or Latino with 10.7 percent of that population being Mexican.

The Gwinnett County Public School System includes 133 schools and other educational facilities and serves nearly 162,000 students.

The ratio of population to primary care physicians in Gwinnett County is 1,320:1. According to County Health Rankings, the national benchmark is 631:1 (90th percentile). The data on
primary care physicians were obtained from the Health Resources and Services Administration’s Area Resource File (ARF) for 2009. The ARF data on practicing physicians comes from the AMA Master File (2008), and the population estimates are from the U.S. Census Bureau’s 2008 population estimates.

According to the Centers for Medicare and Medicaid Services (CMS), the average number of Medicaid recipients in 2009 was 138,561 or 17.1 percent of the total Gwinnett population. Medicare payments for Gwinnett County residents in 2008 were $482,648,000.

The lack of health insurance coverage is a significant barrier to accessing needed healthcare. In 2009, the U.S. Census Bureau Small Area Health Insurance estimated 22.9 percent (168,416 residents) of Gwinnett residents under the age of 65 years were uninsured. According to the Census Bureau report, 232,856 Gwinnett County residents are at or below 200 percent of the poverty level; of that number 43.1 percent (100,330 residents) are uninsured.

The U.S. Census Bureau’s American Community Survey 5-Year Estimates for 2005-2009 provides a representation of average characteristics of the population and is not representative of a single point in time. From these surveys, the following information has been made available about Gwinnett County residents.

- There were 255,000 households in Gwinnett. The average household size was three. Families make up 75 percent of the households; 57 percent married-couple families and 17 percent other families. Non-family households made up 25 percent of all households; 20 percent were people living alone and five percent were composed of people living in households in which no one was related to the householder.
- Eighty-eight percent of residents 25 years of age and over had at least graduated from high school and 35 percent had a bachelor’s degree or higher. Twelve percent of residents were dropouts, were not enrolled in school and had not graduated from high school.
- Twenty-three percent of the population was foreign-born. Thirty-six percent were born in Georgia.
- Of individuals at least five years of age, 29 percent spoke a language other than English at home; of that 29 percent, 52 percent spoke Spanish and 48 percent spoke some other language. In addition, of those who spoke another language, 50 percent reported they did not speak English “very well.”
- Seventy-four percent of the population 16 years of age and older are in the labor force.
- Seventy-nine percent of workers drove to work alone, 11 percent carpooled, one percent took public transportation and three percent used other means. The remaining five percent worked from home. For those who commuted, the average travel time to work was 32.4 minutes.
- The median income of households was $65,136. Ninety-one percent of the households received earnings and 11 percent received retirement income other than Social Security. Fifteen percent of the households received Social Security. The average
income from Social Security was $15,586. These income sources are not mutually-exclusive; that is, some households receive income from more than one source.

- Ten percent of residents were below the poverty level. Thirteen percent of related children under 18 were below the poverty level, compared with eight percent of the people 65 years of age old and over. Seven percent of all families and 21 percent of families with a female head of household and no husband present had incomes below the poverty level.

- The median monthly housing costs for mortgaged owners was $1,591, non-mortgaged owners $433 and renters $939. Thirty-seven percent of owners with mortgages, 12 percent of owners without mortgages and 49 percent of renters spent 30 percent or more of household income on housing.

- There were 280,000 housing units in Gwinnett County, nine percent of which were vacant. Of the total number of housing units 78 percent were in single-unit structures, 20 percent were in multi-unit structures and two percent were mobile homes. The county had 255,000 occupied housing units; 74 percent (187,000 units) were owner-occupied and 26 percent (67,000 units) were renter-occupied.

- Four percent of the households did not have telephones.

- Three percent of the households did not have access to a car, truck or van for private use.

In addition to our facilities, Gwinnett County has one for-profit hospital, Eastside Medical Center in Snellville. There are many hospitals in surrounding counties of the metropolitan Atlanta area. SummitRidge Hospital in Lawrenceville is a for-profit hospital to serve mental health and substance abuse.

Three census tracts are designated medically-underserved areas (CT 0503.12, CT 0504.19 and CT 0504.21) in Gwinnett County.
Hospital Discharge Rates

The top causes of hospitalization (not including Emergency Department visits) were ranked by the aggregate discharge rates for residents of Gwinnett County for the years 2005 through 2009 in Figure 4. Ranked first was pregnancy with childbirthing (1,866.6 Gwinnett rate compared to 1,618.8 Georgia rate) because of the younger age distribution of Gwinnett’s population. Diseases of the heart, excluding hypertension, stroke, atherosclerosis and aortic aneurysm, (638.5 Gwinnett rate compared to 1,086.2 Georgia rate) were the second leading cause of hospitalization. Unintentional injuries or accidents (239.2 Gwinnett rate compared to 369.9 Georgia rate) took the third position with malignant neoplasms or cancer (208.9 Gwinnett rate compared to 292.7 Georgia rate) in fourth, followed by influenza/pneumonia (182.4 Gwinnett rate compared to 339.8 Georgia rate).

Figure 4. Top Causes of Hospital Discharges, Gwinnett County 2005-2009

Top Causes, Hospital Discharge Rate, All Races, Gwinnett County, Last 5 Year Aggregate

1. Pregnancy, Childbirth and the Puerperium
2. Diseases of the Heart
3. Unintentional Injuries
4. Malignant Neoplasms
5. Influenza and Pneumonia
6. Chronic Lower Respiratory Disease (CLRD)
7. In Situ Neoplasms, Benign Neoplasms and Neoplasms of Uncertain or Unknown Behavior
8. Cerebrovascular Diseases
9. Septicemia
10. Diabetes Mellitus

Source: Georgia Division of Public Health, OASIS, 2011
Emergency Department Visits

The top causes of emergency department visits were ranked by the aggregate visit rates for residents of Gwinnett County for the years 2005 through 2009 in Figure 5. Ranked first was unintentional injuries or accidents (5,244.6 Gwinnett rate compared to 7,105.4 Georgia rate) with pregnancy and childbirthing (735.5 Gwinnett rate compared to 846.2 Georgia rate) ranked second. Ranked third through fifth were respiratory systems conditions that included chronic lower respiratory diseases (CLRD), which includes emphysema and chronic bronchitis (626.5 Gwinnett rate compared to 994.6 Georgia rate); influenza/pneumonia (291.7 Gwinnett rate compared to 451.1 Georgia rate); and acute bronchitis and bronchiolitis (224.5 Gwinnett rate compared to 591.0 Georgia rate).

Figure 5. Top Causes of Emergency Room Discharges, Gwinnett County 2005-2009

Top Causes, Emergency Room Visit Rate, All Races, Gwinnett County, Last 5 Year Aggregate

Source: Georgia Division of Public Health, OASIS, 2011
Premature Death

The top causes of premature death are important to evaluate because in many situations these may be preventable. Figure 6 ranked the leading causes of premature death according to the aggregate rate of years of potential life lost before age 75 for residents of Gwinnett County for the years 2005 through 2009. Malignant neoplasms or cancers (983.0 Gwinnett rate compared to 1,456.9 Georgia rate) rank first in the cause of premature death. Unintentional injuries (855.4 Gwinnett rate compared to 1,160.8 Georgia rate) ranked second in premature deaths - these include motor vehicle crashes, falls, poisonings, or other accidents. Diseases of the heart (632.5 Gwinnett rate compared to 1,215.4 Georgia rate) ranked third. Certain conditions originating in the perinatal period (455.4 Gwinnett rate compared to 516.0 Georgia rate) ranked fourth. Intentional self-harm or suicide (290.6 Gwinnett rate compared to 303.6 Georgia rate) was fifth.

Figure 6. Top Causes of Premature Death, Gwinnett County 2005-2009

Top Causes, Premature Death Rate, All Races, Gwinnett County, Last 5 Year Aggregate

Source: Georgia Division of Public Health, OASIS, 2011
Age-Adjusted Death Rates

The top causes of age-adjusted death rates for Gwinnett County provides a measure of comparability to other counties and national health objectives like Healthy People 2020. These are aggregate age-adjusted rates for residents of Gwinnett County for the years 2005 through 2009. Diseases of the heart, excluding hypertension, stroke, atherosclerosis and aortic aneurysm (168.4 Gwinnett rate compared to 213.0 Georgia rate) were the top cause of death. Malignant neoplasms or cancer (158.1 Gwinnett rate compared to 181.7 Georgia rate) were ranked second and cerebrovascular disease or stroke (42.8 Gwinnett rate compared to 51.6 Georgia rate) ranked third. Chronic lower respiratory diseases or emphysema and chronic bronchitis (40.3 Gwinnett rate compared to 45.0 Georgia rate) ranked fourth and unintentional injuries (30.0 Gwinnett rate compared to 41.8 Georgia rate) ranked fifth. While diabetes mellitus (16.1 Gwinnett rate compared to 20.3 Georgia rate) ranked ninth it is considered a risk factor for the leaders.

At GMC, we believe Gwinnett residents from all lifestage, racial, ethnic, gender or economic groups deserve quality healthcare. For example, these groups include infants and children who need primary healthcare and immunizations, pregnant women in need of prenatal care and safe deliveries, individuals involved in accidents who need emergency care, specialized trauma services, surgical, neurological or orthopedic care, residents with chronic health concerns (e.g., asthma, hypertension, diseases of the heart, chronic lower respiratory diseases) in need of outpatient management or inpatient treatment, persons with acute disease processes (e.g., influenza, pneumonia, heart attacks, strokes) in need of hospitalization and elder citizens experiencing diseases of aging (e.g., Alzheimer’s disease, dementia, falls) in need of evaluation, treatment, stabilization, rehabilitation and/or long-term care.
Some need areas have more programs than others. Cardiovascular disease (heart conditions and strokes), cancer, emergency and trauma services, respiratory diseases (asthma, CLRD, flu and pneumonia), diabetes, maternal/infant health, injury prevention and wellness programs are areas where we provide most of our programs to improve community health. Our facility-level implementation strategies describe how our facilities are addressing and collaborating with community organizations to meet our community’s identified health needs.

There are identified community health needs that our hospitals only provide minimal supports because we do not have designated treatment units or outreach programs to treat these conditions. Although we triage patients with behavioral and mental health conditions and substance abuse problems in our emergency service areas, our organization does not have a facility to treat mental and behavioral conditions. There is a private for-profit mental health and substance abuse hospital in our community and the state of Georgia provides mental health services. GMC-Lawrenceville has a Level III Neonatal Intensive Care Unit and a 12-bed pediatric emergency department; however, the hospital does not have a primary focus on inpatient pediatrics. In Gwinnett County there is a wide range of pediatric healthcare services available through Children’s Healthcare of Atlanta.

**Conclusion**

Gwinnett Hospital System 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 ever-changing pressures of socioeconomic and governmental influences.

The healthcare needs of the community continue to evolve with out 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 adults with acute illnesses and chronic conditions.

There are identified community health needs which our hospitals currently only provide minimal support as we do not have designated medical units or outreach programs to treat these conditions. These include an inpatient hospitalization focus on mental health, substance abuse and pediatrics (after the neonate period); instead, we support other agencies in the community.

Our community benefit plan through our facility-based implementation strategies 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.