Transforming health care locally

2012 ANNUAL REPORT
FROM THE PRESIDENT

Quality is a word that has become a little clichéd over the years. Advertisers seem to use the word repeatedly. In fact, one journalist described it this way: “every product worth buying is a quality product. It may be high-priced quality or it may be low-priced quality, but it’s quality either way. That means every company believes it can use the word “quality” in its advertising. Too many have, and as a result, now it has become just seven empty letters.”

At East Alabama Medical Center, our mission is “high quality, compassionate health care.” However, we like to believe those are not empty letters or an empty promise. We truly strive toward that mission every day with every patient, and the results from numerous reports show that our efforts are making an impact.

Just prior to our fiscal year ending on September 30th, we received confirmation that the energy we pour into quality does indeed make a difference. The Joint Commission, the leading accrediting organization for hospitals in the United States, named EAMC as one of the nation’s Top Performers on Key Quality Measures. That puts our hospital in the top 18 percent nationwide among accredited hospitals reporting data. We were one of only eight hospitals in Alabama to achieve and sustain excellence in all four main core measures.

As you look through this year’s annual report, you will see that our employees and physicians are continuously working together to meet our mission of high quality, compassionate health care. With all the changes in health care—policy, standards, reimbursements—the one thing that remains constant is our commitment to quality and efficiency. Through various initiatives and programs, we are transforming health care locally. And, we are doing so with a lean mindset, meaning that we seek to increase value, where possible, while simultaneously improving quality. Is it easy? No. Is it necessary in today’s economic environment? Absolutely!

Terry Andrus, President and CEO
East Alabama Medical Center
# Table of Contents

- Challenging Times ........................................ 4
- Making a Good Thing Even Better .................. 5
- Evidence-Based Medicine ............................... 8
- Measuring Our Performance ............................ 12
- Community Investment .................................. 14
- Income Statement .......................................... 15
Medicare crisis. Aging populations. Reduced reimbursements. Health care reform. The challenges facing East Alabama Medical Center and virtually every hospital in the United States are numerous. Health care organizations across the nation are being asked to treat sicker patients with better equipment while reducing expenses and infections, and accepting lower payments for services. This seemingly impossible task is forcing some hospitals to announce layoffs—at best—and close their doors in some situations.

The uncertainty over the Affordable Care Act (ACA)—which passed in 2010 and is projected to be implemented in 2014—also has hospitals and physicians wondering about the future of health care. The ACA is expected to provide health insurance to 32 million more Americans, but how exactly the logistics and finances play out is of concern to many hospital administrators and physicians.

Another challenge may be fewer physicians. According to the Association of American Medical Colleges, there was a shortage of 13,700 physicians in 2010. The AAMC predicts that shortage could balloon to 62,900 by 2015 and 91,500 by 2020.

As for consumers of health care, they are struggling as well. Only slightly more than 50 percent of Americans have employer-based insurance. Of the remaining balance, 30 percent rely on public insurance programs such as Medicare and Medicaid, while 16 percent have no insurance at all. What impact will the Affordable Care Act have on these figures?

The health of Americans could also play a significant role in health care in the coming years. The latest figures from the Centers for Disease Control and Prevention (CDC) show that 32.2 percent of Alabamians are obese. The CDC also reports that “the medical costs for people who are obese were $1,429 higher than those of normal weight.”

These challenges are daunting. The future is definitely uncertain. However, through performance improvement efforts and dogged determination, EAMC has been proactive in its approach to clinical quality and fiscal responsibility, and will continue to face these challenges head on.
Making a Good Thing Even Better

When you look at the past, it’s easy to measure your successes and pinpoint your opportunities for improvement. While our employees and physicians have garnered various awards over the years, we are proponents of raising the bar. In fact, our vision is “to be a national leader in quality, cost and service.” That vision was introduced in January 2009 and our employees and physicians strive for it every day. It’s a lofty goal, no doubt, but our philosophy is that average is not good enough.

Joining the Premier alliance has had many benefits for EAMC, and ultimately, for our patients.

Our alliance with Premier

For several years now, East Alabama Medical Center has been aligned with a Charlotte-based company called Premier. Premier is a collaborative health care alliance of more than 2,600 member hospitals and health systems and 86,000-plus other health care sites. Their mission is simple: “To improve the health of communities.”

Joining the Premier alliance has had many benefits for EAMC, and ultimately, for our patients. Perhaps the most visible and easily understood aspect of this relationship is the purchasing power offered through Premier. This partnership allows us to keep our supply costs low without sacrificing quality.

Premier, however, is about much more than group purchasing. They are an industry leader and have created the most comprehensive database of actionable data, best practices and cost reduction strategies. In fact, they have helped their member hospitals and health systems save nearly 25,000 lives and $4.5 billion.

Education plays key role at EAMC

At EAMC, keeping a well-trained, educated and motivated workforce is a priority and has a huge impact on the quality of patient care. “EAMC puts a great deal of effort in developing our employees,” says Terry Andrus, president and CEO. “We like to ‘grow our own’ when it comes to leadership, and we do that through our commitment to education. We believe that it is not only an investment in our employees, but also an investment in the community.”

Currently, there are 200 people on EAMC’s scholarship program, according to Karen Gresham, EAMC’s director of Education. The program awards scholarships to students pursuing a health-related career in which EAMC has an actual or projected need, which typically includes nursing, radiology, physical therapy, pharmacy and coding.

For employees who wish to continue their education and advance to better-paying jobs, there is the School at Work (SAW) program. This program is for employees who have been out of school for a while and want to enhance their skills. In May 2012, 19 EAMC employees completed the SAW program, bringing the total number of SAW graduates over seven years to 68.

In addition to SAW, EAMC offers a new executive MBA program through Auburn University at Montgomery.

(continued on page 7)
In a move that started in 2011 and expanded in 2012, EAMC has worked extensively with Premier to identify innovative approaches to improving quality, service delivery and cost savings. The hospital had already developed an initiative for continuous improvement and dubbed it EPIC—EAMC’s Performance Improvement Culture. Therefore, the project involving Premier was tagged as EPIC Star.

An EPIC Adventure
When describing EPIC and its impact on health care at EAMC, it’s important to take a historical step back and look—perhaps surprisingly—at car manufacturing. You see, EAMC’s EPIC initiative evolved from lean manufacturing practices in the car industry. The philosophy originated on Henry Ford’s assembly line in the early 1900s and was updated and fine-tuned by Taiichi Ohno of Toyota Motor Company in the 1940s and 1950s. The primary objective was to maximize value for the customer while minimizing waste.

EPIC is EAMC’s adaptation of lean and seeks to sustain the performance improvement culture at EAMC. It follows a systematic approach to identifying and eliminating waste while improving quality and value.

EPIC works in many different forms. Probably the most recognizable form is a rapid improvement event (RIE), which is a three to five day event that helps identify and eliminate waste as quickly as possible. Each RIE is multi-disciplinary as patient care involves multiple units working together to provide seamless service.

Over the past few years, EPIC RIEs have helped in numerous ways. Here’s a look at five of the most successful RIEs from fiscal year 2012 and the impact they made on patient care at EAMC.

The primary objective was to maximize value for the customer while minimizing waste.

Nuclear Medicine/ECHO RIE – September 2011
This rapid improvement event included 18 team members from Nuclear Medicine, Cardiology, Radiology, Application Support, and Process Management. There were three focus areas: (1) Improve patient flow and thereby reduce patient wait time; (2) Optimize scheduling for both patients and staff; (3) Improve charge entry and reconciliation processes.

Patient flow was improved by changing from manual patient folder triggers to the use of wireless phones and paging systems. Nurse resource sharing/integration between Bent Creek Diagnostic Imaging and the hospital created more efficient staffing. The patient schedule was adjusted to fit the resource allocation between the two locations. Several report and interface changes were tested, reducing charge errors, processing steps, rework, and delayed payments.

CT Standardization and ED Turn-Around Time RIE – October 2011
Computerized Tomography (CT) procedures in the Emergency Department (ED) that included contrast dosing (dye) were experiencing excessive delays, resulting in higher turn-around times than were desired. A group of staff members from Radiology, Application Support, and the ED carefully examined and mapped all processes, and then brainstormed improvement ideas until a solution was determined. Changes implemented enabled ED nurses (and eventually floor nurses) to administer contrast agents to patients, where previously only Radiology techs had administered contrast doses. The changes resulted in better efficiencies between Radiology and ED staff, better communication, and fewer report result delays to ED physicians.

DEBORAH OWEN (EAST ALABAMA MEDICAL CENTER’S DIRECTOR OF PSYCHIATRIC MEDICINE) WAS HONORED AS
One of our managers, Tanya Rice, was traveling back and forth to Troy pursuing her MBA,” explains Andrus. “With a young family, a stressful job and school, it seemed clear to me that if we could provide the school locally, it would be great for Tanya and other employees.” Rice, who was one of 20 EAMC employees who graduated from the program in May, was ecstatic.

“i am honored to work for a company that invests in the future of its employees,” states Rice. “i was able to learn more about my current position, understanding strategies that help our organization make decisions, and also attain more knowledge about our institution from my fellow classmates.”

Perhaps as a result of these programs, the most recent employee opinion survey at EAMC showed the overall Job satisfaction to be 85 percent favorable (the national health care norm is 79 percent).

“When we have satisfied employees, we have employees who are loyal to the organization, who go above and beyond what is expected in their job and in patient care. When they know we are supportive of them, they can keep their focus on caring for patients and staying up to date on the latest technology and clinical best practices to enhance that care. So ultimately, investing in our employees helps our patients and our community,” says Susan Johnston, assistant vice president/Human Resources.

Rapid Response Team RIE–July 2012

This two-day rapid improvement event included representatives from the Rapid Response Team (RRT), Respiratory Care, Nursing, Education, Quality, Application Support, and Process Management. Problems included communication inefficiencies between RRT nurses, floor nurses, and physicians. Additionally, RRT staff did not have effective data collection and tracking practices, making reporting difficult and inconclusive. RRT nurses also found themselves being asked to perform excessive blood draws and IV starts, keeping them from their more critical responsibilities. The RIE team was able to standardize documentation in Cerner, where physicians and floor nurses could easily find it. Blood draws and IV starts were reduced by providing floor nurses with increased awareness and education. RRT developed a teaching approach with floor nurses, enabling them to attempt difficult blood draws and IV starts before calling RRT for help. Data collection and reporting was improved and standardized, providing more accurate assessments of RRT effectiveness, which leads to better patient outcomes.

Time-Out RIE–July 2012

Time-out procedures are utilized in departments (such as the OR) to verify procedure details and make certain that medical errors do not occur. This RIE examined EAMC’s time-out procedures, and implemented action plans to improve time-outs. Goals included standardized processes, accountability plans, and the creation of a training video. Following a Joint Commission survey completed in October 2012, the Director of Patient Safety reported that surveyors found zero time-out misses, and were very impressed with EAMC’s time-out processes.

Series Accounts RIE–September 2012

Patients that return for multiple procedures or education are designated as series account patients. Series accounts, due to their nature, are prone to a number of paperwork errors and delays, beginning with registration and scheduling, all the way through coding, billing and reconciliation. Team members from six departments have mapped individual practices—all of which differ from department to department—in an effort to clearly identify each department’s problem areas. A one-day event is scheduled for November 2012 to pull the six departments together into a common work session. The goal is to standardize processes across departments. The expected benefit is to reduce registration and scheduling errors, to reduce patient complaints of excessive paperwork, and to reduce coding and billing errors.
Evidence-Based Medicine

East Alabama Medical Center uses evidence-based medicine to guide improvements in patient care. Evidence-based medicine is defined as “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients.”* A recent example of how EAMC used evidence-based medicine is in the reduction of the sepsis mortality rate.

In January 2012, Terry Andrus was asked to participate in a press conference and congressional update in Washington, D.C., on sepsis mortality at EAMC. He was able to proclaim that as a result of EAMC’s involvement with a national Premier collaborative, “36 lives were saved...36 people who probably would otherwise have died did not.” EAMC and 156 other hospitals had joined with Premier on their QUEST collaborative in 2009 to work toward reducing the number of deaths related to sepsis. Each year, 750,000 people in the U.S. acquire sepsis infections, and an alarming percentage (20-60 percent) die from it. The mortality rate is so high because the infection has the ability to appear almost anywhere and presents a wide range of symptoms, making it difficult to diagnose and even more challenging to treat quickly.

Like many hospitals, EAMC struggled to diagnose sepsis quickly and lacked a standard, rapid-response protocol for fast treatment. Through the Premier QUEST program, EAMC was able to see what other top hospitals were doing to reduce sepsis mortality numbers. The most significant change made was in implementing the sepsis bundle of care. (A bundle is a set of evidence-based tasks that, when performed together, are proven to make patient outcomes better.) Through early recognition of sepsis and the application of this bundle, EAMC’s mortality rate from sepsis has dropped 71 percent. And, because we’ve been able to provide this care more efficiently—avoiding complications, misdiagnoses and readmissions—this work has also saved millions of dollars over the past three years.

Value-based purchasing

The Centers for Medicare and Medicaid Services (CMS) hospital value-based purchasing program seeks to promote better clinical outcomes and patient experiences of care. Under this program, Medicare makes incentive payments to hospitals based on how they perform on each clinical quality measure or how much hospitals improve their performance on each measure compared to their baseline scores.

Two primary areas are measured: 1) clinical process of care, which consists of 12 clinical core measures, and 2) patient experience of care, or patient satisfaction. The patient satisfaction data come from the Hospital Consumer Assessment of Health Providers and Systems (HCAHPS), a government survey for measuring patient satisfaction at hospitals across the country. The Centers for Medicare and Medicaid Services and the Agency for Healthcare Research and Quality (AHRQ) sponsor the survey. It is the first national, publicly reported survey of patients’ perspectives of hospital/inpatient care.

East Alabama Medical Center has been in the top 10 percent in the nation for consistently high performance in patient satisfaction for the past three years. Because of our benchmark success in evidence-based care and patient satisfaction, EAMC will receive a higher payment from Medicare in 2013.

Other Clinical Quality Measures

East Alabama Medical Center is currently meeting or exceeding benchmark performance for many clinical core measures. The term “core measures” refers to 35 measures altogether, in four categories (each of which are highlighted below). For each core measure category, key clinical actions are listed that represent the most widely accepted, evidence-based medicine for delivery of reliable, high-quality care. (See FIGURE A)

One core measure is ensuring that heart attack patients receive percutaneous coronary intervention (PCI—commonly known as angioplasty) within 90 minutes of arrival, when clinically appropriate. East Alabama Medical Center has been a benchmark performer on this measure for the last two years. (See FIGURE B)

A Healthy Start

The best way to have healthy adults is to start with healthy babies. Thanks to a grant this year from the CDC, East Alabama Medical Center will be participating in a program called Best Fed Beginnings. EAMC was one of 3 Alabama hospitals—and 90 hospitals nationally—to be selected for participation by the National Initiative for Children’s Healthcare Quality.

The initiative is designed to improve breastfeeding support in hospitals. Participating hospitals will undergo a 22-month educational program that will involve working with national breastfeeding and quality improvement experts to put into practice 10 steps for successful breastfeeding that have been established by the World Health Organization/UNICEF Baby Friendly Hospital Initiative and endorsed by the American Academy of Pediatrics. The program will also include a leadership track for the hospitals’ senior level executives to assist them in implementing system-level changes.

In Fiscal Year 2012 alone, the auxiliary volunteers (adult and teenage) worked a total of 37,817 hours.
As you have already read, quality care is a staple of service at EAMC. I have practiced here since 1994 and the commitment to performance improvement has never been stronger than it is now. Furthermore, the involvement of the medical staff in these efforts has grown each year. Together, EAMC employees and our medical staff are raising the bar on health care for the residents of east Alabama and west Georgia.

Here are a few examples of how our physicians are collaborating on initiatives at EAMC:

- Developing standardized physician orders consistent with best-practice care guidelines for various conditions such as stroke, anticoagulation, total joint replacement, and acute myocardial infarction (heart attack).
- Participation in rapid improvement events (RIEs) directed at providing better patient experience and improved patient safety. The results include reducing patient wait times in the ED; streamlining breast, mammography and test-to-biopsy-to-report so as to reduce patient wait and anxiety; reducing door-to-balloon angioplasty time for clinical events.

Clinical evidence shows that when patients with heart failure receive comprehensive discharge instructions, their compliance with their treatment plan is better and they are less likely to be re-hospitalized in the short term.

East Alabama Medical Center has made steady improvements toward benchmark on this measure through process design work and through nursing engagement. (See FIGURE C)

When people come to our Emergency Department (ED) with upper respiratory issues and it is determined that they have pneumonia, they are usually treated with antibiotics. It is important that the antibiotic selected is the right one. For most patients, we provide one of a group of antibiotics that have been proven to be effective. After taking the patient’s history, the physician may decide that a blood culture is needed to further guide treatment. Evidence-based medicine tells us that if we draw blood cultures in the ED for pneumonia patients, we should do so before giving the IV antibiotic to ensure accurate test results. At EAMC, we have made steady improvements toward benchmark performance for both of these measures. (See FIGURE D)
The final core measure is related to the Surgical Care Improvement Project, or SCIP. This project consists of a bundle of best practices related to ensuring that surgical patients have positive outcomes. The types of surgeries included in SCIP are total joint replacements (TJR), coronary artery bypass graft (CABG) and other cardiac surgeries, abdominal hysterectomy, colon, vascular and other major surgeries. The graphs below depict each measure that, combined, make up the SCIP bundle. (See FIGURES E, F)

**FIGURE E**

One major component of SCIP is preventing postsurgical infections. Therefore, delivering standards of care such as starting IV antibiotics within an hour before surgery, selecting the appropriate antibiotics, and controlling blood glucose levels after CABG surgeries are key to EAMC keeping post-surgical infection rates low. Other protocols, like ensuring that patients take their home dose of beta-blocker therapy prior to surgery, or providing blood clot prevention therapy (shown on the graph as Venous Thromboembolism, or VTE) after surgery, help us reduce complications. East Alabama Medical Center has been a benchmark performer for the past three years on the majority of these SCIP measures.

**FIGURE F**

patients with heart attack to improve patient survival and recovery.

- Involvement in roundtable discussions centered on preventing adverse events and improving patient safety.
- Entering into co-management relationships with the hospital to help manage, monitor and improve care in areas such as orthopaedics, general surgery and cardiology.
- Assisting in piloting new inpatient care models centered on the patient and the patient experience. These models utilize a team approach to care consisting of the physician, pharmacist, bedside nurse and patient.
- Having physician-led medical and nursing staff meetings whereby the use of real-life, patient case studies are presented. These meetings highlight areas of best practice as well as areas of opportunity. The topics range from documentation being the key for continuity of care to the importance of delivering evidence-based care to the right patient every time.

These initiatives and others are helping EAMC transform health care locally. While EAMC has been recognized with awards from national organizations, it’s the positive outcomes and thank-you notes from patients that let us know our efforts are making a difference in the lives of families in our community. We thank you for the privilege to serve you.

Dr. Harris is the current Chief of Staff and serves patients through the Lee Obstetrics and Gynecology practice.

Of course, our first priority is appropriate care for our patients. Our employees—and not just our clinical employees—know that their sole purpose each day is to provide the best possible care to every patient. This requires our employees working in concert with our physicians to follow best practices as it relates to quality health care.

Patients also benefit from a work force that is not satisfied with being average. When you look at the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS, pronounced h-caps) patient satisfaction rankings, EAMC consistently scores above other hospitals.

In the most recent yearly results, the question of “overall rating of hospital” found that EAMC was 8 percent higher than state and national averages. Plus, EAMC was a full 14 percent higher than both on the “willingness to recommend this hospital” question.

**Infection Control**

Reducing or eliminating infections is a key component of quality health care, so we make every effort to keep our patients safe.

Catheter-associated urinary tract infections (CAUTIs) are the most common hospital-acquired infection in the nation. Besides adding to patient discomfort, CAUTIs lead to increased use of antibiotics, increased cost and length of stay, and depending on the patient's condition, can even lead to life-threatening illness.

**Our employees—and not just our clinical employees—know that their sole purpose each day is to provide the highest possible care to every patient. This requires our employees working in concert with our physicians to follow best practices as it relates to quality health care.**

At EAMC, we take CAUTIs seriously. Our most current rates can be seen in FIGURE G, opposite page.

Another serious hospital-acquired infection issue concerns patients who have a central line inserted for medication infusion. Central line associated bloodstream infections (CLABSI) are currently the focus of major national and state quality initiatives. In 2010, EAMC joined CUSP
EAMC’s patient safety team is multidisciplinary and uses a standardized, direct observation approach to monitor compliance with The Joint Commission’s National Patient Safety Goals (NPSG). Practices that have been redesigned to improve safety include the time-out process (a final check before a procedure begins to verify patient identification, surgical site location and the procedure to be performed); medication administration and specimen labeling; hand hygiene; barrier precautions (proper use of gloves, gowns, masks and eye shields), and completing patient falls risk assessments.

While we are dedicated to quality care and patient safety and are constantly looking at ways to make improvements, there are some things that you can do to help ensure a safe hospital experience, such as:

- Bring your medications and/or medication list with you. (A Universal Medication Form is available by going to www.eamc.org and clicking on the Keep Track of Your Meds button.)
- If you have been given a red folder from a previous visit to EAMC, bring it with you.
- Wash your hands and make sure those who care for and visit with you wash theirs as well.
- Make sure your patient ID armband is checked each time before you are given medications or treatment.
- Be thorough in the information you give to your health care providers.
- Never be afraid to ask questions, speak up, or call for help.

Together we can make your visit to EAMC safe.

![Reducing Catheter Associated Urinary Tract Infections (CAUTIs)](image)

**FIGURE G**

(Exceptional Unit Based Safety Program)—Stop BSI, a two-year, national collaborative aimed at reducing CLABSI rates and improving safety culture. At EAMC, the ICU went 16 months without a CLABSI and there have been 0 CLABSIIs in the cardiovascular ICU since December 2010.

In 2011, hospitals in Alabama began reporting metrics for infection control. The data include portions of CAUTI, CLABSI and surgical site infection (SSI) rates. EAMC performs similar or better than expected when comparing actual rates to expected rates.

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![Exceptional adherence to hand hygiene and personal protective equipment have resulted in a 50 percent decline in MRSA rates over the past five years.](image)

A more common infection is MRSA (Methicillin Resistant Staphylococcus Aureus). While multi-drug resistant organisms are not yet state or federal reported data, EAMC has a strong focus on prevention and spread of such organisms. Exceptional adherence to hand hygiene and personal protective equipment have resulted in a 50 percent decline in MRSA rates over the past five years.

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**Patient Safety**

It was first surveyed in September 2010 and became the only certified program in Alabama.
For years, the EAMC Foundation has worked to improve health care locally and provide support for much-needed community outreach programs. The Foundation has had another exciting year both within the hospital and working with the community.

This year’s biggest event and fundraiser was the inaugural Celebrate Life event in February.

“We wanted to do a fresh and new event,” Julia Pipes, director of the Foundation, said. “We got some of the volunteers from the old hospital Galas together and told them to think outside the box, and they came up with this two-day event.”

Proceeds from the event have helped fund purchases and programs in the Cancer Center, Diabetes and Nutrition Center, Cardiology, Mother/Baby and Psychiatric Services.

While EAMC has a history of giving to the community, the community has done its fair share of giving back. This year, generosity from community members allowed the Foundation to make several innovative purchases. These include a pediatric accu-vein illuminator that allows nurses on the Pediatric unit to quickly and easily find a good vein in which to insert an IV.

The Foundation works with community members and donors to bring what is needed to the hospital to improve health care.

The Foundation has a dedicated board of 19 members who work closely with the Foundation staff. Together, they look for donors who have a special interest in a certain program, and try to match them with an opportunity.

“The good thing about Celebrate Life is that it has a little bit of something for everybody,” Pipes said. “It’s a great community event.” The event raised more than $72,000.

The giving spirit continues within the hospital with the HERO campaign. HERO stands for Healthcare Employees Reaching Out. The campaign involves EAMC employees donating money through payroll deduction to raise funds for specific programs. The Patient Crisis Fund, which is used to help patients and their families experiencing short-term crises, benefitted from this campaign in 2012.

Other purchases made by the Foundation this year include: a recumbent bike, educational videos for patients, an ambulatory fetal monitor, the NOELLE and Newborn Hal birthing simulators, an AutoPulse machine, a urinalysis machine and a therascape playground at RehabWorks for children with physical challenges.
East Alabama Medical Center Income Statement 2012

Net Patient Revenue 303,526,000
Other Revenue 24,280,000

Total Revenue $327,806,000

Expenses
Salaries & Benefits 139,787,000
Charity Care & Bad Debt 42,011,000
Medical & Other Supplies 56,401,000
Interest & Depreciation 24,736,000
Professional Services 29,018,000
Utilities & Repairs 15,323,000
Other Operating Expenses 9,824,000

Total Expenses $317,100,000

Net Income $10,706,000

Community Benefit
In fiscal year 2012, EAMC provided free health screenings and educational programs to benefit thousands of people in our community. These were offered at our Diabetes and Nutrition Center, Cancer Center, the Darden Community Wellness Center, in schools, food pantries, and the Food Bank. Many programs were provided in area churches, thanks to the involvement of the EAMC Parish Nurses. The hospital and its staff also provided education to more than 800 future nurses, pharmacists, radiology technicians, clinical dietitians and other professionals. Over the past three years, EAMC has donated more than $1.6 million in financial and in-kind donations to non-profits, civic groups and area schools, and in FY 2012, more than $6 million in charity care was provided to the uninsured or underinsured. In addition, EAMC re-invested more than $11 million in the hospital. That figure includes new equipment and technology such as a dual nuclear medicine camera, a PACS system upgrade, a Haloflex system and an ultrasound machine, as well as an extensive expansion and renovation of the psychiatric unit.

Economic Impact
With an operating budget that surpasses $300 million and 2700 employees—the 2nd largest employer in Lee County—EAMC has a substantial impact on the local economy. About $103 million annually is paid to employees for salaries and much of that money ends up being spent in local stores and restaurants. Plus, EAMC tries to purchase locally as well, whenever possible; In 2011 alone, the hospital spent more than $19 million on goods and services from businesses in and around Lee County. From a tax standpoint, EAMC paid nearly $1.6 million in taxes to Auburn, Opelika and other local governments in 2011. EAMC also believes in investing in workforce development: in 2011, more than $900,000 was spent on education scholarships for employees and area students.

BEACON AWARD FROM THE AMERICAN ASSOCIATION OF CRITICAL-CARE NURSES (AACN) IN SEPTEMBER 2012.
East Alabama Medical Center has been continuously accredited by The Joint Commission since 1959.