



2006 ANNUAL REPORT



VISION Tampa General Hospital will be recognized as a leading medical center in Florida and one of the best in the nation. We will be at the forefront of clinical services, medical research and education. With our physician and university partners, we will create, teach and deliver tomorrow's breakthroughs in medical science.

MISSION Tampa General Hospital is committed to providing the residents of West Central Florida with excellent and compassionate health care ranging from the simplest to the most complex medical services. As a teaching facility, Tampa General partners with academic and community institutions to support both their teaching and research missions. As the region's leading safety net hospital, we reaffirm our commitment to providing high quality health services to all residents.

Dear Community



RONALD A. HYTOFF
President & CEO



HAL MULLIS, JR. ESQ.
Chairman of the Board

On behalf of the Tampa General Hospital Board of Directors and the staff, physicians and volunteers on the Tampa General team, it is our pleasure to present the 2006 annual report.

The people featured in our 2006 annual report are linked in two important ways: each experienced a life changing medical event that could strike any of us at any time; and they all found help at Tampa General.

Every day people from all different walks of life come through our doors in need of medical care, some of it very specialized care. In every case a team of dedicated doctors, nurses and support staff work tirelessly to make them well enough to resume their usual activities.

Many of our patients are under the care of attending physicians and residents from the University of South Florida College of Medicine. As the primary teaching affiliate of the University of South Florida College of Medicine, more than 270 residents are receiving training at Tampa General. Our patients may also see physicians from the LifeLink HealthCare Institute. Or, perhaps undergo a procedure with one of the many other talented community physicians who round here every day.

In many instances, the patients featured here initially went to other hospitals, where they discovered the treatment they required was available only at Tampa General. Our ability to provide services not found in many community hospitals is rooted in the key partnerships we have developed over the years.

Mike Heath and Remi Storch discovered their roads to recovery came through the efforts of physicians associated with the University of South Florida College of Medicine. Adam McCann was able to resume the busy life of an active teenager thanks to a specialized team that featured LifeLink HealthCare Institute and other community physicians, as well as physicians from the University of South Florida College of Medicine. Another major partner for this hospital, the Florida Orthopaedic Institute, was there for Robert Tash when he needed help to repair his injuries.

Hospital reputations develop slowly and are based in large part on the quality of these partnerships. Tampa General is no exception. The National Research Corporation, a company that for 20 years has measured consumer perception of hospital quality and performance through a nationwide survey of 450,000 healthcare consumers, named Tampa General the winner of the prestigious Consumer Choice Award for 2006-07. This award identifies hospitals that healthcare consumers have selected for having the highest quality and image. We are the only hospital to earn this distinction in the counties of Hillsborough, Pinellas, Pasco, and Hernando.

We value your faith in us. And we value the clinical partnerships we have forged that allow us to continue providing quality medical care to those who need us.

RONALD A. HYTOFF

HAL MULLIS, JR. ESQ.

Board Members

DOTTIE BERGER-MACKINNON
Corporate Secretary

MARGARITA CANCIO, M.D.

LEROY COLLINS, JR.

RICHARD A. CORBETT

J. BRYAN GUYTON
TGH Foundation Chairman

SALLY H. HOUSTON, M.D.
Chief of Staff

STEPHEN K. KLASKO, M.D., MBA
Vice President, USF Health
Dean, University of South Florida
College of Medicine

CURTIS LANE

HAL MULLIS, JR. ESQ.
Chairman of the Board

LES MUMA

LANSING C. SCRIVEN, ESQ.
Corporate Treasurer

DANA L. SHIRES, M.D.

DAVID A. STRAZ, JR.

DON WALLACE

JIM WARREN
Vice-Chairman



Remi Storch is a lively little girl with big brown eyes, short curly brown hair, and a friendly smile. She loves singing, dancing, swimming, and dressing up in lace and ribbons. She's still deciding what to be when she grows up – a dancer, an ice skater, a model, or maybe a teacher. At eight years old, this Tampa resident has plenty of time to decide.

Time, however, was not on her side in late 2005, when she began having excruciating pain in her right leg. Her parents, Catherine and Patrick Storch, took her to a local emergency room where physicians found a lump in her abdomen and recommended emergency surgery.

During this operation, surgeons made a grim discovery. The lump was cancerous. A tumor about the size of a grapefruit was wrapped dangerously around vital blood vessels and nerves in Remi's abdomen. Thirty minutes into the surgery, the doctors closed her up and told her parents they couldn't operate. The procedure Remi needed required a physician experienced in this type of surgery.

Remi had rhabdomyosarcoma, a cancer made of cells that normally develop into skeletal muscles of the body. Rather than invading organs, these treacherous cells wrap themselves around major body structures.

In Remi's case, the rhabdomyosarcoma had developed in one of the most perilous areas to operate – right where the aorta, a major blood vessel, divides into two arteries that go to the legs. Doctors call that area “tiger country” because of the danger of operating there.

Remi Storch

Remi's parents conducted a national search to find the right doctor to operate on their child. They found him at Tampa General Hospital. Dr. Charles Paidas is a nationally-renowned pediatric surgeon with vast experience in rhabdomyosarcoma surgery. Dr. Paidas is Tampa General's chief of pediatric surgery and professor of surgery and pediatrics at the University of South Florida College of Medicine.

After more than three months of chemotherapy to shrink the tumor, Remi underwent surgery at Tampa General. It was Dr. Paidas' job, with the assistance of Dr. Murray Shames, a vascular surgeon and assistant professor of surgery and radiology with USF, and a team of nurses, to completely remove the tumor without damaging the vessels and nerves that serve the surrounding organs.

The surgery lasted seven hours. Remi survived the surgery, but at that point doctors still didn't know if the operation was a success. A month later, that question was answered: a CT scan showed the tumor was gone.

As a further precaution, Remi began a month of daily radiation therapy and went back to a weekly regimen of chemotherapy. By August, with all her treatments completed, doctors declared Remi cancer-free.

Today, Remi is still under the watchful eye of her physicians, with regular checkups and full body scans. There has been no sign of a recurrence.

Now Remi can dream about a future filled with possibilities. For that, her mother thanks Tampa General and Dr. Paidas. “Dr. Paidas is the most amazing person I have ever met, and I will never, ever forget him. He saved my daughter,” Catherine says.

“Remi's getting state-of-the-art care based on national protocols developed by the Children's Oncology Group, which keeps data on how all children with tumors are managed in this country. I'm a member of that group's soft tissue sarcoma discipline committee through the University of South Florida.”

— Charles Paidas, M.D., pediatric surgeon, TGH's chief of pediatric surgery and professor of surgery and pediatrics at the University of South Florida College of Medicine

Charles Paidas, M.D. with Remi



Murray Shames, M.D., vascular surgeon and assistant professor of surgery and radiology at the University of South Florida College of Medicine

“The most common form of a joint replacement is done because the surface of the joint wears out. The problem in the past had been that it wouldn’t help patients to merely replace the joint if there’s a large rotator cuff tear. As a cuff tears, it wears out. It’s not repairable; it has to be replaced as well.”



— Mark A. Frankle, M.D., orthopedic surgeon, Florida Orthopaedic Institute and inventor of the Reverse® Shoulder Prosthesis

Robert Tash’s wife, Grace, calls her husband “Mr. Fixit.” He’s the man to call if you want a ceiling fan hung, a new door installed, or anything else that requires handyman skills.

Until a year ago, those tasks were nearly impossible for the 82-year-old St. Petersburg resident. Suffering from arthritis in his right shoulder and tears in his rotator cuff, Robert couldn’t raise his right arm over his head. Even small shoulder movements were painful.

The rotator cuff is a group of muscles and tendons in the shoulder that are used to lift the arm and maintain the joint’s stability. A damaged cuff can substantially restrict the ability to move the arm. It can also make the shoulder joint unstable, leading to arthritis -- a painful condition that occurs when a joint’s lubricating cartilage wears out, allowing bone to rub against bone.

Robert’s shoulder problems began nearly 20 years ago and became progressively worse over the years. Cortisone shots worked for a while. Then Robert turned to physical therapy. When that failed to ease his pain, Robert’s physician referred him to orthopedic surgeon Mark Frankle, M.D., of the Florida Orthopaedic Institute.

Robert’s combination of arthritis and a torn rotator cuff presented a complex problem without a simple solution. Replacing his joint with a conventional prosthetic device would address the arthritic bones. But it would not fix his damaged rotator cuff.

ROBERT TASH

The solution for Robert was implantation of a Reverse® Shoulder Prosthesis, a device invented by Dr. Frankle specifically to address this combination of shoulder conditions.

Made of metal and polyethylene, the Reverse® Shoulder Prosthesis doesn’t attempt to mimic the shoulder’s natural ball-and-socket anatomy, Dr. Frankle explains.

“Instead of looking like the joint, we reverse the way the joint looks. So the socket is where the ball normally is, and the ball is where the socket is. Doing that makes the joint more mechanically stable, so you can take advantage of the muscles that are still present and improve the patient’s comfort and function,” he says.

In February, Robert underwent surgery at Tampa General Hospital to implant the new prosthesis. He went home two days later with his healing arm held immobile against his body by a Velcro strap. The biggest question on his mind – would this procedure really give him back the use of his arm?

Today, he answers that question with an enthusiastic “yes.” As proof, he shows a picture of himself waterskiing. The photo was taken this past October, eight months after the surgery and two weeks before his 82nd birthday.

“Now I can do just about anything I want to do,” he says. “I can reach way up for the first time in many years and do things I couldn’t do before.”





Looking out the window of his hospital room, 15-year-old Adam McCann could hear the steady sound of the mechanical device that kept his desperately ill heart beating. He dreamed of leaving the hospital, of being free, of soaring in the sky in an airplane like those that passed overhead.

Just months before, Adam was an active teenager brimming with health and enthusiasm. Tall and athletic, he loved playing basketball and skim boarding in the Ft. Myers Beach surf. Then on New Year's Eve he began having trouble breathing so his parents took him to a local hospital. A chest x-ray revealed his heart was significantly enlarged. Adam was critically ill and needed a hospital better equipped to treat this type of case. He was flown to two other hospitals in Florida - only to be told that they could not treat his critical case. Time was running out. Fortunately, the last hospital contacted Tampa General to request a transplant consultation.

When he arrived at Tampa General Hospital, physicians determined that Adam was in severe heart failure. The suspected cause was a viral infection. He needed immediate treatment or he would die. Initially, Adam was stabilized with medication, but that was only short term.

Over the next few weeks doctors determined the best treatment option for Adam would be a heart transplant, but Adam couldn't wait for a donor heart to become available. Cedric Sheffield, M.D., surgical director of heart and lung transplant programs at TGH, and Debbie Rinde-Hoffman, M.D., a transplant cardiologist at LifeLink HealthCare Institute, medical director of TGH's heart transplant program, and

ADAM McCANN

clinical assistant professor at the University of South Florida College of Medicine, decided to implant a Thoratec® Ventricular Assist Device System, also known as a VAD. This device allows the heart to rest while it pumps blood to the major blood vessels.

Adam's VAD consisted of a 15-pound portable compressor and battery pack that remained outside his body, and a system of tubes connecting his heart and blood vessels to a small pump.

With a nationwide shortage of organ donors, the VAD keeps patients alive while they wait for suitable donors. Sometimes, a heart can heal while on the device, making a transplant unnecessary. Adam and his family were hoping for that to happen.

Adam remained on the VAD for six months while physicians closely monitored his heart for signs of recovery. The heart, however, showed very little improvement.

Then in July, his heart rhythm spun out of control. He was placed on the active transplant list and miraculously, a suitable heart was located just one hour later. And just a few hours after that, Dr. Sheffield performed the delicate operation to remove Adam's damaged heart and implant a healthy one.

"It's been nothing but good for Adam ever since," says his mother, Melissa McCann. "He looks amazing. You never would have guessed the hell the poor kid went through."

Adam is 16 now. He's back in school, playing basketball, hanging out with friends and following his dream of learning how to fly.

"It's amazing to be up there," Adam says. "It's just you and the sky. You see things that people don't normally see, things from up above. You feel so free."

"Adam was a perfectly healthy kid who got sick, really sick, in a hurry. The VAD was doing what it was supposed to do - keeping him alive. If not for the VAD, he would have died."

— Debbie Rinde-Hoffman, M.D., medical director of TGH's heart transplant program

"Adam's prognosis is excellent. For patients with the most severe forms of heart failure, heart transplant is by far the best treatment for them and the only therapy that results in normal heart function."

— Cedric Sheffield, M.D., surgical director of heart and lung transplant programs at TGH



Cedric Sheffield, M.D., (L)
and Debbie Rinde-Hoffman, M.D.

“Pancreatic cancer is an aggressive disease. Over the course of the past 20 years, I have seen progress in the surgical outcomes. There now are many people out five years or more (since their operation). Between surgery, gastroenterology, interventional radiology, medical oncology and radiation oncology – taking that team approach – we’ve been able to make a tremendous impact on patients with pancreatic cancers.”



— Alexander Rosemurgy, M.D., a surgeon with Tampa General’s Digestive Disorders Center and professor of surgery at the University of South Florida College of Medicine

As a Royal Air Force navigator, Air Vice-Marshall Mike Heath knows the dangers of war. He’s been shot at in three different countries while leading British forces in Northern Ireland, Iraq, and Afghanistan.

But for nearly 20 years, Mike, 56, has faced an even greater enemy – one that lurks within his own body.

Mike has a rare genetic disorder, von Hippel Lindau Syndrome, which makes him exceptionally vulnerable to cancer. So he undergoes routine cancer screenings every six months to detect cancers in their earliest stages.

In 1988, the British national survived a battle against brain cancer. He overcame renal cancer 10 years later. Years went by without another recurrence, but Mike knew that eventually he’d have to deal with the dreaded disease again.

He was living in Tampa, serving as an advisor to the U.S. Central Command at MacDill Air Force Base when cancer struck again. Mike had developed a particularly aggressive and virulent disease – pancreatic cancer.

Pancreatic cancer is the fourth leading cause of cancer deaths in the United States. Close to 30,000 people die from it every year. The optimal treatment is surgical removal, or resection, of the cancer, a complex operation that requires the skills of a physician with special training and experience.

MIKE HEATH

For Mike, that doctor was Dr. Alexander Rosemurgy, a surgeon with Tampa General’s Digestive Disorders Center and a professor of surgery at the University of South Florida College of Medicine.

Shortly after consulting with Dr. Rosemurgy, Mike underwent a pancreaticoduodenectomy, or Whipple procedure, at Tampa General. Named after the physician who pioneered it, the Whipple procedure is a complex operation that involves removing the cancerous portion of the pancreas as well as other organs, including the gallbladder, common bile duct, and part of the intestines. Then the surgeon must construct a functioning digestive system from the organs that remain.

Dr. Rosemurgy has performed about 1,000 pancreatic resections over the past 23 years. The surgery’s outcome depends on the aggressiveness of each patient’s cancer and the completeness of resection. Air Vice-Marshall Heath’s prognosis is hopeful.

“It’s several years out (since the operation), and he’s alive and working. I’m counting on knowing Air Vice-Marshall Heath for many, many years,” Dr. Rosemurgy says.

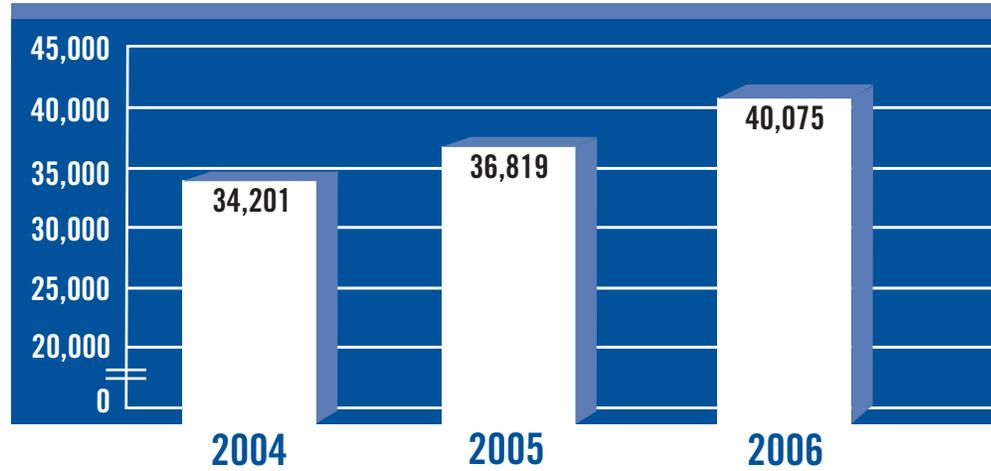
Mike continues to go for regular cancer screenings. And while he’s currently cancer-free, he stays vigilant against a familiar enemy. Meanwhile, he’s grateful to Dr. Rosemurgy and Tampa General for saving his life.

“Your hospital system, and especially Tampa General, is quite superlative. I’m really impressed with that,” he says.



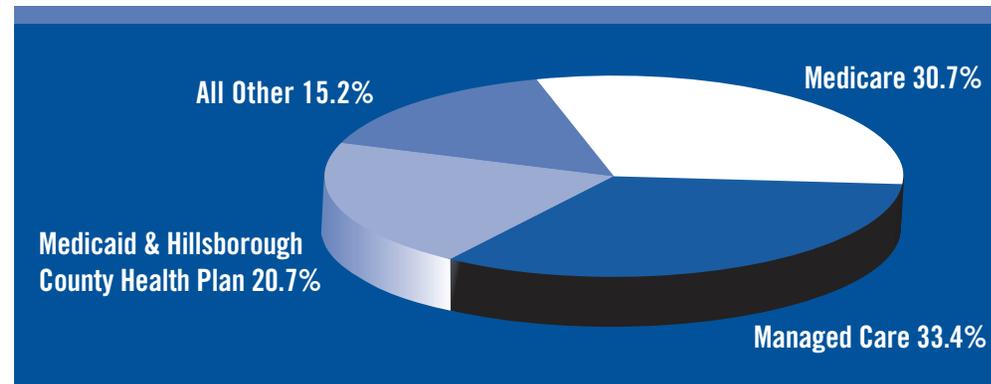
DISCHARGES

(includes newborns)



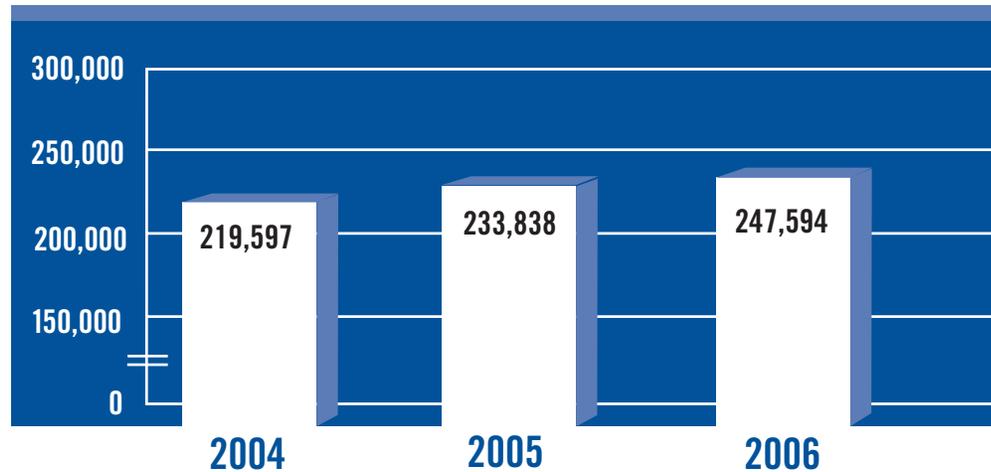
PAYOR MIX - 2006

(percentage of gross revenue)



PATIENT DAYS

(includes newborns)





THE 2006 ANNUAL REPORT WAS PUBLISHED BY THE STRATEGIC SERVICES DEPARTMENT.

Writer: SANDRA BUCKLEY • Editor: DONNA GEBBIA

Design: FKQ ADVERTISING & MARKETING • Photography: STEVEN WIDOFF, HUGH JONES

Shown here under construction, Tampa General Hospital's 340,000 square foot expansion will open in 2007 and 2008.

Tampa General Hospital Senior Management

Ronald A. Hytoff
President & CEO

Deana L. Nelson, RN
Executive Vice President
Patient Care Services

Steve Short
Executive Vice President
Finance and Administration

J. Thomas Danzi, M.D.
Senior Vice President &
Chief Medical Officer

Janet Davis, RN
Vice President
Acute Care Services

Robin W. DeLaVergne
Vice President Development

Steven L. Durbin
Vice President
Human Resources

Marcos F. Lorenzo, M.D.
Vice President
Governmental Affairs

Jean M. Mayer
Vice President
Strategic Services

Ginger Oliver
Vice President
Information Services

Judith M. Ploszek
Vice President
Finance

Maureen Ogden, RN, MHA
Vice President
Cardiovascular Services

Cheryl Eagan
Vice President
Support Services

David K. Robbins
Assistant Vice President
Clinical Services

Tampa General Hospital Medical Staff Officers

SALLY H. HOUSTON, M.D.
Chief of Staff

DEVANAND MANGAR, M.D.
Vice Chief of Staff

THOMAS L. BERNASEK, M.D.
Secretary/Treasurer

JOHN W. SCHWEIGER, M.D.
At-Large Representative

BRUCE R. ZWIEBEL, M.D.
At-Large Representative

STEPHEN G. BRANTLEY, M.D.
Immediate Past Chief

Facts about Tampa General Hospital (TGH)

REGIONAL TRAUMA CENTER

Tampa General Hospital is the only Level I Trauma Center in West Central Florida, providing emergency treatment to adults and children with critical injuries and acute illnesses.

This Level I rating means that a designated trauma team is in the hospital 24 hours a day, ready to respond to the most serious injuries. An adult trauma room, a pediatric trauma room, and a dedicated trauma operating room are available 24 hours a day.

Our trauma program has received disease-specific certification from The Joint Commission.

REGIONAL AEROMEDICAL TRANSPORT PROGRAM

Three aeromedical helicopters, equipped with the most advanced life support equipment, transport critically ill or injured patients from 23 surrounding counties.

REGIONAL BURN CENTER

TGH is one of just four burn centers in Florida and has earned Verification by the American Burn Association/American College of Surgeons. This distinction means the center has met stringent guidelines for patient care procedures, facilities and staffing. This self-contained unit treats critically burned patients from initial emergency admission through reconstructive surgery and follow-up care. Only 47 of the country's 126 burn centers have received the honor of Verification status. Our burn program has also received disease-specific certification from The Joint Commission.

TRANSPLANTATION PROGRAM

TGH is one of the busiest organ transplantation centers in the nation and the only hospital in West Central Florida performing adult heart, lung, kidney, liver and pancreas transplants. In addition, pediatric kidney transplants are also performed at TGH.

From October 1, 2005 through September 30, 2006, Tampa General Hospital transplanted 65 hearts, 33 lungs, 186 adult kidneys, 12 pediatric kidneys, 17 kidney/pancreas, 65 livers, six liver/kidney and three pancreas.

Tampa General Hospital is the fifth busiest cardiac transplant center in the nation and one of just eight in the nation to have performed more than 700 heart transplants. The first successful heart transplant in Florida was performed at TGH in 1985. Our heart and liver transplant programs were the first in the nation to receive disease-specific certification from The Joint Commission.

NEONATAL INTENSIVE CARE UNIT

As a Level III Neonatal Intensive Care Unit (NICU), TGH provides the most advanced treatment for critically ill newborns, including ECMO, a life-saving breathing treatment available at only eight hospitals in Florida. Our Level III status is the highest rating available.

CENTER FOR BLOODLESS MEDICINE & SURGERY

This program is designed to provide state-of-the-art medical care for patients who choose not to accept blood transfusions or blood products. Bloodless care can be applied to nearly every medical and surgical specialty.

CARDIAC SERVICES

TGH provides a complete range of non-invasive, invasive, surgical, diagnostic and rehabilitative cardiac services. Aspects of cardiac care include echocardiography, angiography, interventional cardiology, electrophysiology procedures including ablations, heart failure management, heart transplantation and cardiac rehabilitation. TGH routinely performs cardiac surgical procedures and has six operating rooms dedicated to cardiac surgery. TGH provides treatment of coronary artery and bypass graft blockages using balloon angioplasty, intracoronary stenting, and other modalities. Biventricular pacemakers and ventricular assist devices (VAD) are also implanted here.

REHABILITATION SERVICES

Specialized therapy for patients of all ages with head and spinal cord injuries, stroke, amputations and other neuromuscular disorders is available at TGH.

TGH is a state-designated adult and pediatric spinal cord and head injury center and is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

CHEST PAIN AND STROKE CENTER

Patients with symptoms of heart attack or stroke (brain attack) are taken directly to the Chest Pain and Stroke Center in our Emergency Care Center.

Diagnostic procedures begin immediately and, when indicated, treatment is administered to halt the attack's progress.

This specialized focus substantially reduces the time in which patients are diagnosed and treated compared to facilities without chest pain and stroke centers. Our stroke program has received disease-specific certification from The Joint Commission.

PhysicianFinder Physician Referral Service 1-800-822-DOCS

For more information on any of the TGH services mentioned, please contact TGH Marketing at (813) 844-4702.

Mailing Address: P.O. Box 1289 • Tampa, Florida 33601

Location: 2 Columbia Drive • Tampa, Florida 33606 www.tgh.org

FETAL MEDICINE & SURGERY

TGH is the only hospital in Florida providing minimally-invasive fetal surgery that can effectively treat previously untreatable, life-threatening disorders discovered in unborn babies.

CHILDBIRTH CENTER

Offering high-risk and normal obstetric services, more than 5,000 babies are delivered at TGH each year. The Childbirth Center offers childbirth education classes; pre-registration; 24-hour anesthesia services; labor, delivery and recovery in the same room; and lactation consultation. A free infant car seat is given to each new mother upon discharge.

CHILDREN'S MEDICAL CENTER

A hospital-within-a-hospital, the Children's Medical Center (CMC) provides a vast array of services including: pediatric surgery, neurosurgery, kidney transplantation, dialysis, and rehabilitation care. A specially staffed nine-bed pediatric intensive care unit is also part of the CMC.

Staffed with certified child life specialists, the CMC has its own playroom and school.

A Ronald McDonald House is located on the TGH campus and provides a home-away-from-home for families of children being treated in the CMC.

DIGESTIVE DISORDERS CENTER

TGH is a referral center for routine and complex disorders of the digestive system. Our surgical digestive disorders and gastro-intestinal cancers program as well as bariatric services have received disease-specific certification from The Joint Commission.

The American Society for Bariatric Surgery has named TGH a Bariatric Surgery Center of Excellence. TGH's bariatric services also received Gold Seal Certification from The Joint Commission. More than 1,000 weight loss surgeries have been performed at TGH since 1998.

INFECTIOUS DISEASE SERVICES

In addition to providing state-of-the-art patient care, this service provides specialized training, consultation and continuing education in infectious disease care for health professionals. Topics address problems arising from bio-terrorism, emerging pathogens, and bacterial resistance.

NEUROSCIENCES SERVICES

TGH provides a full range of neurosurgical services, including cerebrovascular surgery, surgical epilepsy treatment, spine and spinal cord surgery, and brain tumor surgery. Services also include diagnosis and treatment of patients with neurological injuries and impairments, including stroke, epilepsy and movement disorders such as Parkinson's and Huntington's diseases. Our epilepsy program has received disease-specific certification from The Joint Commission.

SLEEP DISORDERS CENTER

Tampa General Hospital's Sleep Disorders Center is the first in the country to have received both accreditation by the American Academies of Sleep Medicine (AASM) and disease-specific certification by The Joint Commission.

This center provides evaluation and follow-up care for children and adults with a variety of sleep-related disorders such as sleep apnea, narcolepsy, and insomnia.

ORTHOPEDIC SERVICES

A multidisciplinary team of physicians supported by nurses, physician assistants, and physical and occupational therapists provides total replacement of failed joints, including hips, knees, shoulders and elbows. TGH was named to *U.S. News & World Report's* list of America's Best Hospitals in orthopedics in 2005 & 2006. Our complex orthopedic services and orthopedic joint replacement programs have received disease-specific certification from The Joint Commission.

IMPORTANT PHONE NUMBERS

Main Switchboard (813) 844-7000

Patient Information (813) 844-7443

Rehabilitation Center (813) 844-7700

PhysicianFinder Physician Referral Service
1-800-822-DOCS

Family Care Center Kennedy
2501 W. Kennedy Boulevard
(813) 844-1385

Family Care Center at HealthPark
5802 N. 30th Street (813) 236-5300

Genesis (OB/GYN) at HealthPark
5802 N. 30th Street (813) 236-5100

Pediatric Clinic at HealthPark
5802 N. 30th Street (813) 236-5100

The Specialty Center at HealthPark
5802 N. 30th Street (813) 236-5200

KIDCare (daycare for sick children)
(813) 844-7192

Florida Poison Information Center
1-800-222-1222

MORE HEALTH, Inc. (school and
community health education)
(813) 258-6366

GOVERNANCE

Tampa General Hospital, a private not-for-profit corporation, is governed by a volunteer Board of Directors.

ACCREDITATIONS

- The Joint Commission with disease-specific certification in eleven areas
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Magnet Status for nursing excellence, American Nurses Credentialing Center

ADMINISTRATOR

Ronald A. Hytoff,
President and Chief Executive Officer

LICENSED BEDS

818 acute care and 59 rehabilitation care beds

PATIENTS (FY 2005-2006)

Inpatient Discharges – 40,075 (includes newborns)
Births – 5,284
Emergency Care Center – 64,716
Adult Emergency Care Center – 51,614
Pediatric Emergency Care Center – 13,102

SURGICAL SUITES – (37 total)

Main – 17 (including one dedicated trauma room)
Burn – 1
Cardiac – 6
OB/GYN – 4
Outpatient – 9

MEDICAL SCHOOL

TGH is affiliated with the University of South Florida College of Medicine and serves as the primary teaching hospital for the university.

Approximately 1,200 community and university affiliated attending physicians and more than 270 resident physicians in the University of South Florida College of Medicine residency program serve the community's medical needs.

FOUNDATION

The Tampa General Hospital Foundation provides ongoing financial support to many of Tampa General Hospital's programs and services. To learn how you can help, please call (813) 844-7250. Every gift is appreciated.

