



2010 REPORT TO THE COMMUNITY

## 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.

*Affiliated with the USF College of Medicine*

## Dear Community

It is a pleasure to present Tampa General Hospital's 2010 Report to the Community. Most people know about the medical care available at TGH, but this year we are highlighting other benefits we provide to the community. In keeping with our not-for-profit status, this community benefit takes many forms and ranges from providing free care to those who have limited funds, to training new physicians, to providing blood pressure screenings.

Our Report to the Community includes examples of care that exemplify our tagline: "Trusted for our expertise. Chosen for our care."

Often, TGH is involved at the moment a new life enters the world, and very often when one ends. This year's report reflects upon both. We used medical innovation to cool a baby's brain when a complication at birth resulted in a loss of oxygen. The cooling allowed the brain time to heal. We also describe a new program that ensures a hospitalized patient, who has no family or friends present, does not pass away alone.

Innovation also helped a woman who spent a decade trying to discover why she felt so ill. What she discovered was a disease that she never knew existed, yet was resolved by a minimally-invasive procedure that took less than 30 minutes.

Last year, we had the privilege of celebrating a true medical milestone, as the state's second heart transplant patient marked 25 years with his new heart. That surgery was performed at Tampa General in June 1985.

Following a devastating earthquake that ravaged Haiti, Tampa General worked with emergency management officials to provide medical care to Haitian citizens flown here for treatment. We used our expertise to treat the medical conditions resulting from the earthquake, but it was the care from members of our TGH family – some of whom are from Haiti – that made the difference.

Tampa General is honored to be involved in all the communities that make up the area we know as Tampa Bay. We take pride in the work we do here and recognize the trust placed in us.



Ronald A. Hytoff  
President & CEO



James W. Warren, III  
Chairman of the Board

Ronald A. Hytoff

James W. Warren, III



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October 2009 – September 2010

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# NICU Neuro-protection Program

William Andrew Mueller, IV became a medical pioneer on March 4, 2010. He was less than six hours old.

William was one of the first “total body cooling babies” at Tampa General Hospital, a procedure that saved his life.

Meredith Mueller was 35-weeks pregnant with William when she developed a placental abruption that severed the lifeline to her baby. It can cause death or serious injury to both the mother and the baby. She underwent an emergency C-section at a local hospital.

“Our Will came into this world pale, limp and unable to breathe on his own,” the infant’s father, Trey, said. The medical report was grim: doctors said Will’s brain had been deprived of oxygen, and if he did survive his first night, he would likely suffer brain damage. Doctors referred the Muellers to Tampa General to undergo a “total body cooling” procedure.

There was no time to waste. At 3.5 hours old, Will was whisked to TGH and the cooling therapy began. His father said his body was cooled to 92 degrees for three days, while he lay in a coma-like state.

The day after he was born, Will became the patient of Dr. Terri L. Ashmeade, Medical Director of Tampa General Hospital’s NICU, and Associate Professor of Pediatrics, University of South Florida College of Medicine. She explained that total body cooling, studied for years before being used on babies, is designed to halt potential ongoing damage caused by the baby’s oxygen deprivation.

Total body cooling has to begin by the sixth hour of life, so Will’s speedy transfer was vital. It has been exciting to participate in the process, Dr. Ashmeade says. “All of us in the neonatal community have been waiting and watching for this type of therapy. For years, all we could do was watch and hope.”

By the end of the third day, Will’s temperature was slowly warmed back up to 98.6 degrees.

“Our family and friends prayed that God would protect and heal Will’s body,” his father said. “It seemed like the whole NICU team was watching and cheering him on, too.”

Will’s grandmother, Sherrie Chambers Mueller, said the family was treated with utmost kindness and her grandson was clearly provided with top-notch care – for which they are all extremely appreciative. “It is very emotional to go through,” she says. “We cannot say enough about the wonderful way we were treated at Tampa General.”

Today, the mother of two little girls can enjoy the growth of her third child. Will has met every developmental milestone to date.

“He’s perfect,” she says. She will be forever thankful for the support and kindness she and her husband were shown by the hospital in the anxiety-ridden days while they waited for his development to unfold – demonstrating that he was truly all right.

They did not wait alone. “I was so amazed, because Will didn’t even open his eyes for about the first week of his life,” she says. “And then, on the day he did open his eyes, the whole NICU – everyone – was just as excited as we were.”

Dr. Ashmeade says those are the moments that nourish the hearts of the medical community. “I think that’s what keeps you going,” she says. “When you have a family bring a child back and you see how happy they are, and how well the child is doing, that’s what it’s all about.”



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## Parathyroid Surgery

Annette Ellman checked in at Tampa General Hospital's Parathyroid Center for her surgery, and emerged a self-appointed cheerleader for the procedure.

The Tampa resident was unaware she had hyperparathyroidism, or that it even existed. She knew something was wrong for nearly a decade – her blood showed high calcium levels. But no one could give her answers. She didn't know her depression was a symptom of the disease. "I just felt so out of it," she said. An endocrinologist finally identified her problem, and this past year, a 20-minute, minimally invasive operation performed at Tampa General cured her.

Hyperparathyroidism often goes undiagnosed, said Dr. James Norman, one of world's foremost experts on the often devastating disorder. "Between 50 and 70 percent of those who have the disease do not know it," he said. "It slowly destroys bodies and lives. It makes people miserable."

Symptoms include loss of energy, irritability, thinning hair, high blood pressure, kidney stones, frequent headaches, depression, aches, difficulty sleeping, trouble concentrating, gastric acid reflux, osteoporosis and/or osteopenia, and heart palpitations. Dr. Norman said people with parathyroid disease lose between five and six years of life expectancy because of increased rates of stroke, heart disease, high blood pressure and several types of cancers.

"I was about two weeks away from death," Annette said. "There was so much calcium being produced in my system, it was shutting my body down." She feels fortunate to have found Dr. Norman. He not only cured her, but spared her the larger scar the standard surgery for the disease leaves. "Mine is very small. It's amazing. Dr. Norman did save my life," Annette said.

Each year, about 100,000 people in the U.S. develop the disease, which is brought on by excessive production of parathyroid hormone (PTH) by the parathyroid glands. The mini-parathyroid operation was developed at TGH nearly 20 years ago and about 2,200 are performed here annually. By January 2011, Dr. Norman had performed his 15,000th outpatient, mini-parathyroid operation. TGH is the leading parathyroid center in the world, performing more than 20 times the procedures done at other hospitals.

The technique involves the use of intraoperative nuclear mapping, which allows operations to be performed through a one-inch incision. There are four parathyroid glands, which are not related to the thyroid, although both are located in the neck area. A special probe is used to determine the location of each gland. The probe can distinguish between the glands that are overproducing hormone and those that are normal.

Patients usually go home within an hour or two – nearly always cured. Annette has gradually seen improvements to her overall well-being.

Dr. Norman, who pioneered the minimally invasive way her procedure was performed, said watching patients emerge cured of difficult symptoms is a great feeling. "I have one of the greatest jobs in the entire world. We are changing lives," he said.

"At TGH, we have developed some of the most modern, advanced tools and technology for this operation," Dr. Norman said. Our patients come from all over the world to have this mini-operation at TGH."

Chosen for our Care.

# 25th Anniversary of Heart Transplantation

When surgeons transplanted a donor heart into the chest of Glen Frank Spurlin on June 21, 1985, he became just the second person to have a heart transplant at Tampa General Hospital – and in Florida.

As he marked his 25th anniversary in 2010, the 69-year-old retiree has given thanks to TGH and his donor ever since. “I am very blessed, and very fortunate to have been given this extra time,” he said.

When he came to TGH, Glen’s time had just about run out. Diagnosed with cancer in the 1970s, he had undergone a leg amputation, and his cancer-fighting drugs had weakened his heart. His body was shutting down. Doctors told his wife, Marie, that not much else could be done. Glen was 43 years old.

But the couple learned that TGH had a program to perform the novel heart transplant procedure. Glen was accepted and transported to Tampa to wait for a donor heart. His wife recalls driving behind the ambulance in a fierce rainstorm, her own heart pounding, her thoughts a blur.

“It was terrifying,” she said, “but it was all that was left.” Glen underwent the three-and-a-half-hour operation, and is now the longest-surviving heart transplant recipient in Florida.

After a quarter century of semi-annual visits to the hospital, Glen says the staff feels like family. And that goes both ways. Sjonne Mabbott, ARNP, MS, manager of regulatory compliance for transplant programs, said those who have been fortunate enough to get to know the Spurlins have benefited.

“Mr. Spurlin and his wife, Marie, are an inspiration to not only patients but the transplant staff as well,” Sjonne said. “He believes that he will do well no matter what the obstacle – and he does. He is dedicated to keeping himself healthy for his family, and to honor the sacrifice of his donor and donor family.”

Glen’s life-saving transplant became possible when a 20-year-old Ohio man died in South Carolina, and his family agreed to donate his heart. TGH had just performed Florida’s first heart transplant two weeks earlier.

Nearly 1,000 people have undergone heart transplant surgery at TGH. The transplant program is the busiest in the state, and fourth busiest in the nation, based on the latest data compiled by the Organ Procurement and Transplantation Network. There were 53 heart transplants performed at TGH in 2010. Approximately half of the hospital’s heart recipients survive 10 years or more.

Angie Korsun, RN, MSN, MPA, administrator transplant programs, said that the miracle of organ transplants has proven to be personally and professionally rewarding. “TGH, as an organization, has much to be proud of for the caliber of the program that exists here, and the thousands of lives that have been helped through the miracle of a transplant,” she said.

Glen is honored and grateful to be a success story. “I was dying when they took me in,” he said. “I did not have any time to spare. I really could not have asked for any better treatment, from doctors, nurses, the whole bunch.”

“And you know money can’t buy 25 years of your life.”



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## Compassionate Companions

Cathy Phillips, an auxiliary volunteer at Tampa General Hospital, believes that the end of a life should be honored with the presence of someone who cares.

She became the driving force behind Tampa General's Compassionate Companions program with the idea of providing bedside companionship for patients who are alone as they face the last days of their lives. A personal experience gave Cathy insight into the need for the program.

Several years ago, she says, a fellow volunteer was ill. "I told her, 'If you need anything, just let me know.' And as it turned out, what she needed was for someone to be with her as she faced the end of her life. I was with her in her last waking hours," Cathy said.

The experience was moving and meaningful. And it made her wonder. "I kind of thought in the back of my mind, I bet there are a lot of others by themselves, and they don't have anybody."

At an Association of Florida Healthcare Auxiliaries Volunteers, Inc., conference, Cathy networked with others and learned about groups formed to provide companionship for terminally ill patients at the end of their lives. She helped launch TGH's program in the fall of 2010.

"I always say that when you are born, everybody is excited and can't wait to be there. It is an exciting time, and everybody wants to be a part of it," she said. "But somehow, through life, a lot of people either move or are displaced from their family somehow, or all of their family has passed, and people may find themselves alone in the end."

"That's the time when you shouldn't be alone. That's who we sit with," she said.

The fledgling group of volunteers has had enriching experiences, she said. "People ask me, 'Doesn't it make you sad?' But I tell them, 'No, it's part of life.'" She stresses to prospective volunteers that it truly can be an uplifting experience to sit with the dying.

"It's important that people understand that it is almost a rejoicing feeling," she said. "You have something that is a potentially sad thing, and of course it is sad for the people who are here. But it's also a beautiful thing, to be able to share and be a part of – to be with them."

Rev. William Baugh, D. Min., TGH's director of pastoral care provides a training session for those who are interested in volunteering with the program. "We want people to know what they are getting in to, and they have to recognize that every patient is unique, with their own set of circumstances. This is not the type of volunteer work that comes with many guidelines." He also works with the medical staff, pastoral care staff and other volunteers to identify patients in need. "We see the need, and we are moved by the need, and by the fact that there are no relatives or friends around," Baugh said.

A check is conducted first to find out if there are friends or relatives who can be contacted. If not, a Compassionate Companions volunteer visits.

"Volunteers offer what they are able to give," he said. "They give whatever time they can, and whatever time they can is a blessing in many ways."

Like Cathy, Rev. Baugh says there can be deeply rewarding moments spent with someone who is saying goodbye to life.

"We want to get across that it's really not sad," he said. "They are sacred moments. For me, when I am able to give of myself – to really be there with that patient and allow myself to be fully present to them – it becomes a holy moment. It is a sacred moment."

# Chosen for our Care.

# Haiti: The Earthquake, Heartache and Hope

Volunteers and professionals at Tampa General Hospital opened their hearts – and the doors of the hospital – to dozens of victims of the earthquake in Haiti last year. With a combination of medical treatment, spiritual guidance, attention to cultural needs and compassion, they worked to offer them a healing environment.

Medical Mass Casualties Director, Dr. Catherine Carrubba, led a team that met more than 70 injured Haitians flown to Tampa more than a week after the January 12, 2010, disaster. Dr. Carrubba, a TGH Emergency & Trauma Center physician and commander of the Hillsborough Medical Reserve Corp., worked around the clock to triage the victims, who were sent to area hospitals.

“We had a lot of burn victims, spinal cord injuries and broken bones,” she said. Mostly younger patients were sent here, because they are more resilient. “To be honest, anybody older would have most likely died from the injuries they had initially,” she said.

Watching the injured as they were taken off the planes was emotional, she said. “Their faces were unforgettable.”

“It was pretty sad,” she says of the scene at Tampa International Airport. “But we had some very good cooperation from the hospitals. Tampa General took more than anybody.”

The injured were clearly traumatized, but obviously knew they were getting help. “They were just really glad, and a little scared. They were really quiet,” she said.

Without paperwork, records or other information on the patients, emergency workers made do with their skills and interpreters to determine names, injuries and priorities.

Hospital chaplain Celillon Alteme, MDiv, MACE, BCC, ACPE, a native of Haiti, was trying to get information on his own family when he was called to help 36 of the victims brought to Tampa General. “I came in and stayed all night,” he said. “The kids, they were frightened, and shaking. It was the first night away from home for most of them. It was a very traumatic time. They were in pain, and it was just so much.”

Hospital staff, volunteers and representatives of various agencies mobilized to provide patients with other necessities. Clothing was donated, and the hospital even brought in a cook who could prepare Haitian dishes.

“The hospital also gave them the opportunity to call home and talk to their families,” Celillon said. Most came with a family member who spoke Creole or French. For Celillon, learning firsthand what the injured from his native country had been through was difficult. “It was so heartbreaking hearing their stories, one after another. It was just overwhelming.”

Gladys Earnest, RN, BSN, a TGH nurse manager and native of Haiti, has worked tirelessly with the patients since their arrival. Gladys, who has a villa in Haiti and a brother who is still there, said she feels grateful and proud to be connected with the hospital and the relief efforts. “Like Celillon, being so involved has also been emotionally draining,” she said.

Many of the patients remain in the Tampa area in apartments or nursing homes. Gladys and Celillon are among those who have stayed in touch with them.

As Celillon interpreted for her, patient Magdala Joseph expressed gratitude for the excellent care she received from the hospital and volunteers. She remains in Tampa with her husband. Their losses were enormous, but they are working to pull their lives together.



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**Chosen for our care.**

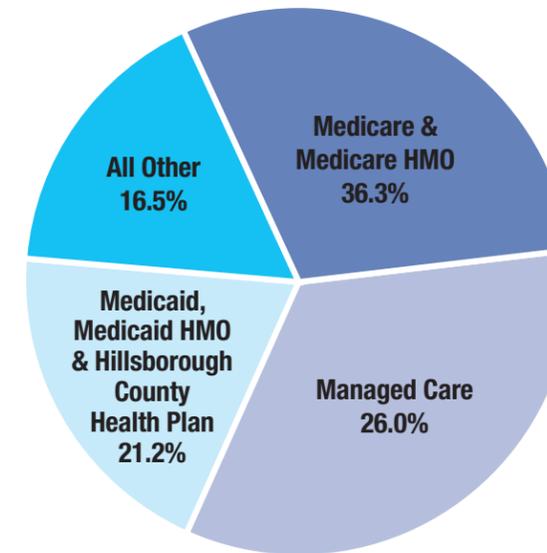
# Operating Indicators

## Tampa General Hospital For the years ending September 30, 2010, 2009, 2008 (\$s in thousands)

	2010	2009	2008
<b>TOTAL REVENUES</b>	<b>\$1,033,618</b>	<b>\$945,854</b>	<b>\$874,892</b>
<b>Expenses</b>			
Salaries & Benefits	\$432,772	\$393,125	\$358,162
Medical Supplies	208,611	208,706	187,828
Provision for Bad Debts	63,990	58,505	68,053
Purchased Services	71,441	65,881	63,833
Depreciation, Amortization	35,992	34,528	28,039
Professional Fees	34,415	28,600	32,819
Utilities & Leases	20,854	21,614	19,300
Interest	18,966	19,438	19,528
Insurance	26,136	33,089	27,599
Other	75,827	63,672	52,050
<b>Total Expenses</b>	<b>\$989,004</b>	<b>\$927,158</b>	<b>\$857,211</b>
<b>Gain from Operations</b>	<b>\$44,614</b>	<b>\$18,695</b>	<b>\$17,681</b>
<b>Non-Operating Net Gains (Losses)</b>	<b>\$21,924</b>	<b>\$19,624</b>	<b>(\$12,660)</b>
<b>Gain (Loss)</b>	<b>\$66,538</b>	<b>\$38,320</b>	<b>\$5,021</b>
<b>Total Assets</b>	<b>\$1,155,520</b>	<b>\$1,062,271</b>	<b>\$979,539</b>
<b>UTILIZATION</b>			
Discharges (includes newborns)	43,645	43,731	41,996
Patient Days (includes newborns)	281,426	274,114	260,549
Deliveries	5,372	5,468	5,585
Surgeries	28,110	27,011	26,048
ER Visits	78,362	76,415	70,577

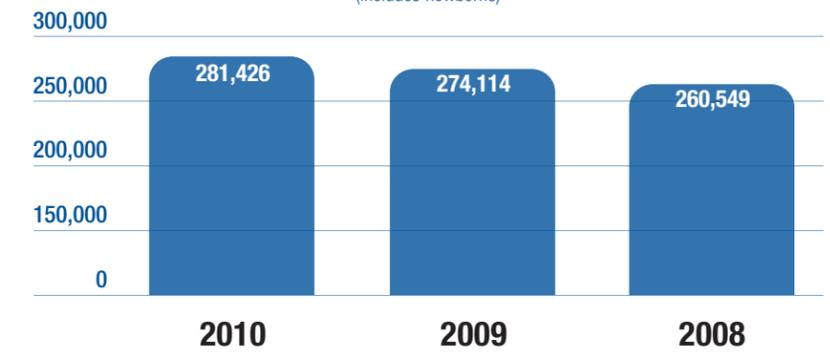
## Payor Mix-2010

(based on gross revenue FY 2010)



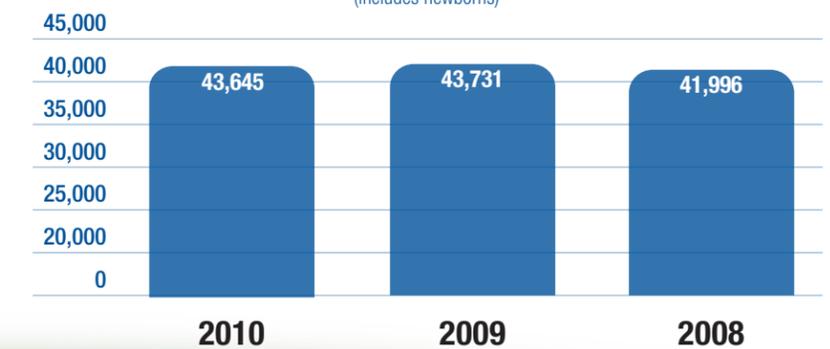
## Patient Days

(includes newborns)



## Discharges

(includes newborns)



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