



{ 2011 Report to the Community }

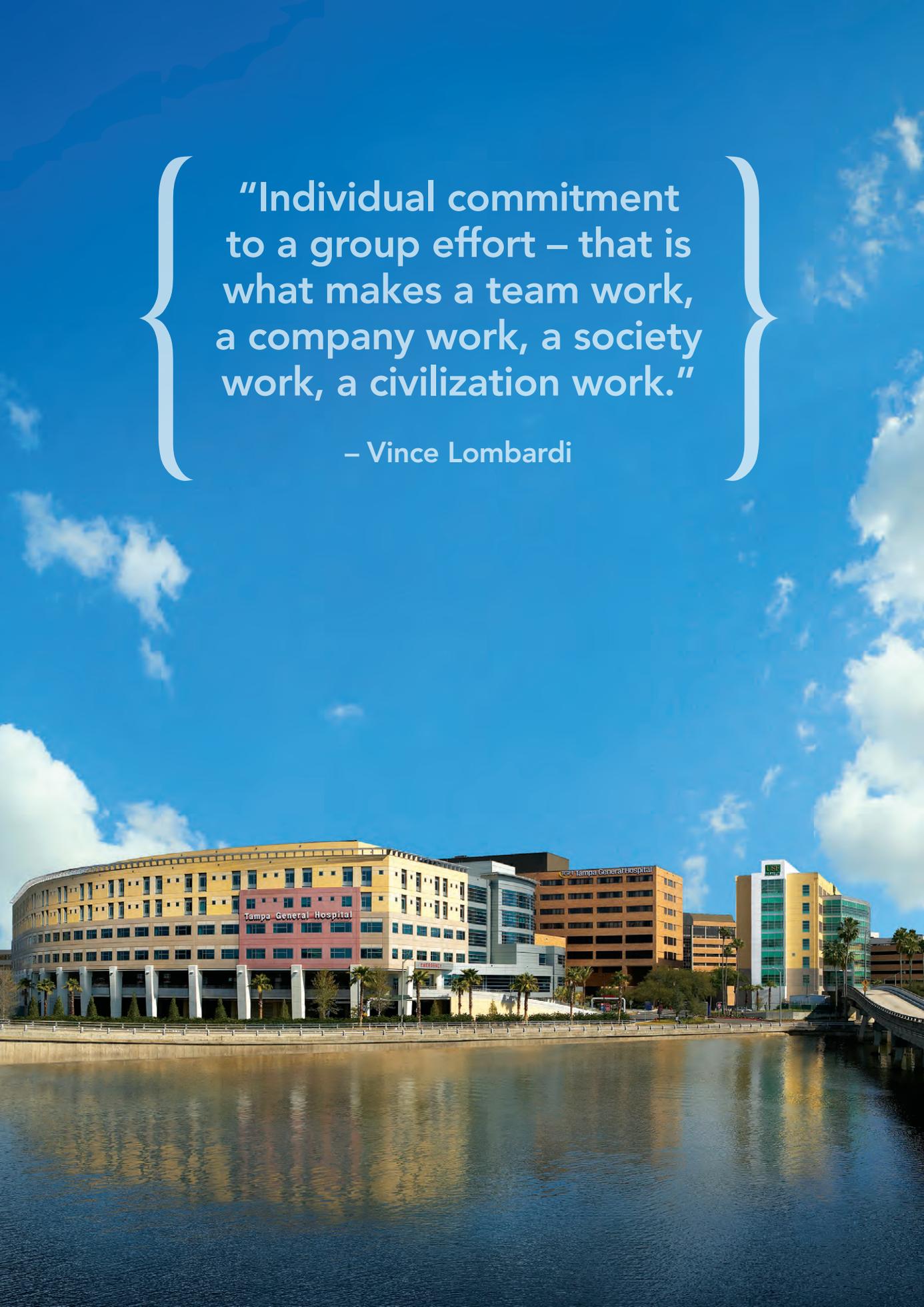


part•ner•ship (n)
a cooperative relationship between people
or groups who agree to share responsibility
for achieving a specific goal.



“Individual commitment to a group effort – that is what makes a team work, a company work, a society work, a civilization work.”

– Vince Lombardi



TGH Vision & Mission	2
Dear Community	3
Partners in Philanthropy	4
Partners in Clinical Service	6

{ Table of Contents }

Olivia Munoz: A Fiesty NICU ‘Graduate’	8
Partners in Teaching & Research	10
Operating Indicators	12
Senior Management	14
Community Benefit Report.....	15

{ 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.

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{ Dear Community }



Ronald A. Hytoff
President & CEO



David A. Straz, Jr.
Chairman of the Board

It's our pleasure to present Tampa General Hospital's Report to the Community for 2011. The theme of this year's report is partnership, primarily the one with the USF Health Morsani College of Medicine. Improving medical care depends on our ability to partner with institutions like USF and with the community.

The Jennifer Leigh Muma Neonatal Intensive Care Unit (NICU) illustrates how these partnerships work to provide our patients with the latest in medical advances. The NICU is named in memory of the infant daughter of Les and Pam Muma. The Muma's generous donation helped finance the construction and renovation of our 82-bed NICU within Tampa General Hospital's Children's Medical Center and to support medical research taking place at Tampa General. Les and Pam Muma have been active supporters of TGH and USF, and we are grateful for their continuing involvement.

Tampa General has served as the primary teaching hospital since USF opened its medical school in 1971. Today, community and university physicians teach the latest medical techniques and breakthroughs to more than 300 residents annually. Nursing students from the USF School of Nursing also come to Tampa General to learn from our talented and committed nursing staff.

Teaching is a large component of our partnership, but it is not the only one. Tampa General serves as an important venue for medical research, as clinical researchers try to develop innovative solutions to increasingly complex medical issues. Behind every advance in medicine is years of painstaking research.

The end result of these partnerships is quality medical care for the patients who most need our services, and this year's report provides a case study of one NICU patient.

Olivia Munoz started life on a medical "rollercoaster." Born prematurely, weighing 17-ounces, and struggling with serious medical complications, she is now a playful two-year-old. She spent more than four months in the neonatal intensive care unit (NICU) under the care of skilled nurses and physicians.

Infants like Olivia have much better survival rates today, thanks to advances in medical treatment. These advances are the result of partnerships that fuel research and education, and philanthropy that allows us to create state-of-the-art facilities for hundreds of patients like Olivia.

On behalf of Olivia and thousands of other patients who have come to us for medical care, we want to acknowledge the role partnerships play in our success.

Ronald A. Hytoff

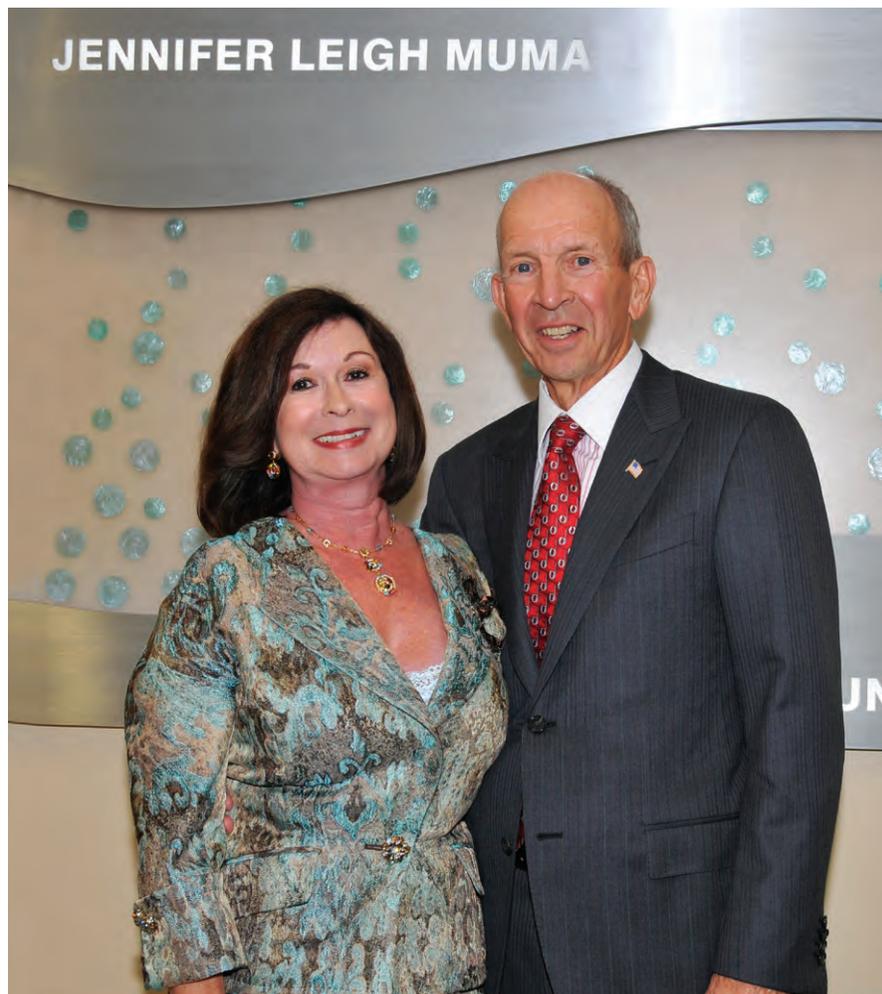
David A. Straz, Jr.

Partners in Philanthropy

To Pam and Les Muma, the Jennifer Leigh Muma Neonatal Intensive Care Unit represents much more than leading-edge treatment, much more than a 50,000-square-foot unit designed with a baby's entire family in mind, and much more than a first-rate teaching environment where research and ongoing education have created a foundation for the highest level of care.

To Pam and Les Muma, the NICU is a dream come true.

"We wanted to keep our daughter's memory alive," says Pam. "And we wanted to give back to the hospital."



They have succeeded, on both counts.

Since the loss of their baby girl 30 years ago, the couple has devoted a great deal of their generous philanthropic efforts in the Tampa Bay area to taking neonatal care to a new level, creating an environment where families and medical professionals have the finest setting and the most effective tools.

The Mumas made an incredibly generous gift of \$6 million to USF Health to support research at the USF Health Morsani College of Medicine and to construct a state-of-the-art neonatal intensive care unit at Tampa General Hospital's Children's Medical Center. Their gift, one of the largest in Florida to support research and care for newborns, had a total impact of \$14 million after eligible state and internal USF matches.

"The NICU has a feeling of hope," says Pam. "There are individual rooms for the babies and their families. Before, it was an open atmosphere where it was very difficult for parents and siblings to be involved and to have privacy. Our gift was to improve neonatal care by supporting teaching, research and clinical care."

Today, from the first step inside the NICU, the ambiance is soft and soothing. Lighting, acoustics and even works of art in the hallways were selected to foster an environment that would provide the best opportunity possible for care and healing.

The Mumas were involved every step of the way, providing the lead gift to kick off the capital campaign, fundraising throughout the entire process as honorary chairs, and working with Tampa General Hospital and University of South Florida leadership to ensure the vision was fulfilled.

"It was a wonderfully collaborative effort," says Pam. "The actual physical design incorporated input from doctors, nurses -- everyone had a say. The contractors would mock up a unit within the construction area, and everyone would come in and discuss what we were doing. It was a true partnership among everyone involved in TGH and USF."

Indeed, the efforts are ongoing. Fundraising continues, and Pam frequently takes guests on tours of the NICU. "We just accepted a \$1 million donation in May," Pam says. "People still want to contribute. And we get letters and calls from people we don't even know, who want to thank us for the fine care they've received at the hospital. It really is a dream come true."

Partners in Clinical Service

Throughout the NICU transformation, as new walls were built and monitors installed, lighting redesigned and acoustics rearranged, one element did not change: the level of clinical care each baby receives—both during the stay in the hospital—and, thanks to an innovative program established at TGH, after the baby goes home.

“NICU standards around the country are changing, and we’re definitely leading the way,” says Terry Ashmeade, M.D., medical director for the NICU and the chief of the neonatology division at the University of South Florida. “The partnership between USF and the NICU is a very important part of that.”

That partnership involves a medical team that meets every morning to review each baby’s status and progress, and to determine the course of action for the day. The team generally includes a neonatologist, a nurse practitioner, fellows, residents, nurses and medical students. “And we also hope the family is present,” says Dr. Ashmeade, “so that they can participate in the discussion and have a full understanding of what’s likely to happen with their baby that day.”



The care extends well after morning rounds to a team that can include specialists such as surgeons, cardiologists, nutritionists, respiratory therapist, and occupational therapists—any caregiver the baby may need.

“We also have best-practice teams that meet monthly,” says Dr. Ashmeade. “That’s a benefit of being in a teaching environment; we are always looking at the available knowledge, and determining how to apply it to patient care. We’re always evaluating, to make sure we’re doing everything possible for our patients that we can be doing.”

That mission was at the heart of the complete renovation of the NICU. Once an open space where medical staff tended to babies in full view of other families, the unit now features 80 single-family rooms, a procedure room, and a semi-private area for 12 “transitional” babies. The overall space covers about 50,000 square feet.

Every element was considered in the redesign, from the colors of the corridor walls to the placement of telephones in each patient room. “We want our families to have a quiet, safe place to be with their babies, and we want that place to be as comfortable and healing as possible,” says Pam Sanders, nurse manager, who played a critical role in the design of the new NICU. “That was our mission.”

After working in neonatal intensive care units for 18 years, Sanders had a distinct vision of precisely how the new unit would function most effectively—and, most importantly, how to best care for the babies.

And no detail was too small. The gliders in each room, for instance, are equipped with locks to prevent movement: “Before 32 weeks, a baby cannot be rocked,” says Sanders. Light switches are placed strategically and bulbs angled carefully, not only for ease of access, but to ensure that in the softly lit atmosphere the babies will not be startled by unintended bright light.

Even the hallways are appointed with the babies in mind. Acoustic ceiling tiles were refitted to absorb excess noise.

More than any other feature, the single-family rooms benefit everyone involved. “Our patient-to-patient rounds are conducted with a lot less distraction,” says Dr. Ashmeade. “We’re able to focus on the babies in a quieter environment, and the families are able to concentrate on their own relationship with their child.”

A new program the NICU has launched, the Neonatal Follow-up Clinic, takes that attention-to-detail even beyond the baby’s hospital stay. “Some of our high-risk babies have been in the NICU for a long time, and some will require ongoing outpatient care,” says Dr. Ashmeade. “In collaboration with the USF Department of Pediatrics, we have established ‘nurse navigators’ who work with our families to make sure they continue to be cared for after they leave.”

During that critical time period when families are adapting to life at home with a baby, the nurse navigator coordinates appointments, acts as a liaison with any needed specialists, and ensures that the highest level of care is maintained. “It can be overwhelming for a family to coordinate medications, doctor visits with various specialists, and everything it takes to adjust,” says Dr. Ashmeade. “This program helps them to receive ongoing comprehensive care so that they have the best possibility for a good outcome.”

Olivia Munoz:

A Fiesty NICU 'Graduate'

Olivia Munoz earned her nickname, "Feisty," in the NICU. Now a healthy and thriving two-year-old, the little girl was whisked away from her parents immediately after her pre-term birth, a tiny and fragile one pound, one ounce and just over 10 inches long.

Her mother, Jasmine Brito, found out she was having twins a few months earlier, on Christmas Day. However, the news quickly turned tragic with a diagnosis of twin-to-twin transfusion syndrome and the news that, at just 23 weeks, one of the babies had passed away in utero. Olivia, the surviving twin, was delivered immediately. And what a survivor she proved to be.

"Olivia was taken immediately to the NICU," says Jasmine. "My husband didn't even get to see her, and they had to resuscitate her. Then I had to say goodbye to Victoria, her sister."

The first three weeks of Olivia's stay in the NICU were harrowing. After spending 14 hours in the hospital with her baby, Jasmine's phone would ring in the middle of the night with an urgent call to come back. "There were many times we thought she wouldn't make it to the next day," she says. "She developed pneumonia, had to have spinal taps, and was diagnosed with a hole in her heart—there were things going on that first month that were terrifying."

The tiny girl nicknamed Feisty made it though.

"Because of the nurses and staff in the NICU, that rollercoaster ride was so much easier," Jasmine says. "They were pretty much her parents for the first 127 days—they taught us how to take care of her."

That careful attention included answering the new parents' every question, and helping them to understand the monitors and tubes and tests involved in the care of their baby. It also included securing a nearby private hospital room for Jasmine and her husband for the last two nights of Olivia's stay at TGH, so that they could experience a "trial run" on their own with Olivia before taking her home but still have the security of the nurses if they needed anything.

Along with continuity in the level of care and attention, the NICU provides that privacy and sense of security in every room. "That's one of the things I love about the new design," she says. "They put every thought and consideration into it, and it's wonderful—it makes the families feel safe and at home."

Today, Olivia is a happy toddler. Cleared by all of her specialists, she only needs to see her pediatrician on a regular basis. "We have a lot of catching up to do with her—so many things we want to see and do," says Jasmine. "And now that she's doing so well, the sky's the limit."



Olivia at seven weeks old and approximately two pounds.

Partners in Teaching & Research

Teaching and research are key components of the NICU mission and environment, transforming patient care here as well as furthering the study of neonatology in medical and academic institutions around the nation. The partnership between TGH and USF is key to those efforts.

“We not only want to provide the best care for our patients,” says Dr. Patricia Emmanuel, the chair of pediatrics at USF Health’s Morsani College of Medicine. “We also want to train the best practitioners and make sure we’re at the forefront of knowledge. It really is a true partnership.”

With the Mummas’ gift and renovation, the NICU now has a more effective physical space for a teaching environment, as well as expanded opportunities to conduct the research necessary to keep TGH positioned as a leading institution.

“It’s an important differentiator for us, the integration of education, research and care,” says Emmanuel. “It really raises the standard.”

A typical month in the NICU sees a number of students and practitioners in varying rotations. Neonatology fellows, pediatric residents and nurse practitioner students learn together, with a majority of teaching taking place bedside, patient to patient. “Our students learn about what’s going on with each patient, why we’re doing any particular treatment, and what the expected outcome should be,” says Terry Ashmeade, M.D., medical director for the NICU and the chief of the neonatology division at the University of South Florida.

Research, by contrast, is conducted primarily outside the patient-care environment. A variety of studies are underway at any given time, based on the interest and expertise of the faculty, and the identified needs in critical care. Currently, for instance, a neonatologist who specializes in immunology is working on a study of the immune systems of pre-term babies.

“A lot of his work involves cord-blood samples and seeing how maternal problems and prematurity affect a baby’s development,” Ashmeade says. “The research doesn’t involve as much hands-on work with the patient, but it is just as critical to understanding treatments and how best to take care of our patients.”

Research also goes on at the graduate level: every student in neonatology is required to have a research project mentored by a physician or nurse from USF.

Internal quality improvement falls under the research umbrella in the NICU, as well. “When we make changes in the unit to improve outcomes for the babies, we look at what’s already been published, and then we apply that to our own practice in a very structured way,” says Ashmeade. “We share that information with other neonatologists so they can benefit from our experience.”

It’s that kind of innovative work—and those critical partnerships—that differentiate the NICU.

“We are teaching our students and doctors to do important research,” says Ashmeade, “which leads all of us to gaining knowledge to take better care of the babies.”



{ Operating Indicators }

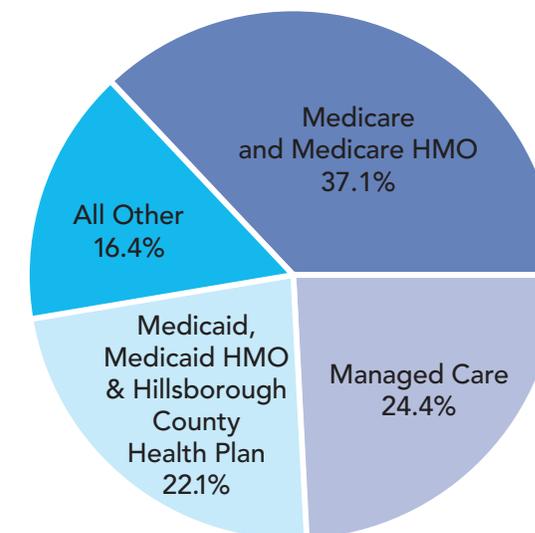
Tampa General Hospital

For the years ending September 30, 2011, 2010, 2009
(\$s in thousands)

	2011	2010	2009
TOTAL REVENUES	1,083,946	\$1,033,618	\$945,854
Expenses			
Salaries & Benefits	\$488,058	\$432,772	\$393,125
Medical Supplies	221,306	208,611	208,706
Provision for Bad Debts	68,656	63,990	58,505
Purchased Services	82,699	71,441	65,881
Depreciation, Amortization	36,816	35,992	34,528
Professional Fees	39,262	34,415	28,600
Utilities & Leases	21,106	20,854	21,614
Interest	18,541	18,966	19,438
Insurance	23,845	26,136	33,089
Other	76,430	75,827	63,672
Total Expenses	\$1,076,719	\$989,004	\$927,158
Gain from Operations	\$7,227	\$44,614	\$18,695
Non-Operating Net Gains (Losses)	\$15,702	\$21,924	\$19,624
Gain (Loss)	\$22,929	\$66,538	\$38,320
Total Assets	\$1,176,556	\$1,155,520	\$1,062,271
UTILIZATION			
Discharges (includes newborns)	44,309	43,645	43,731
Patient Days (includes newborns)	279,188	281,426	274,114
Deliveries	5,489	5,372	5,468
Surgeries	28,867	28,110	27,011
ER Visits	84,140	78,362	76,415

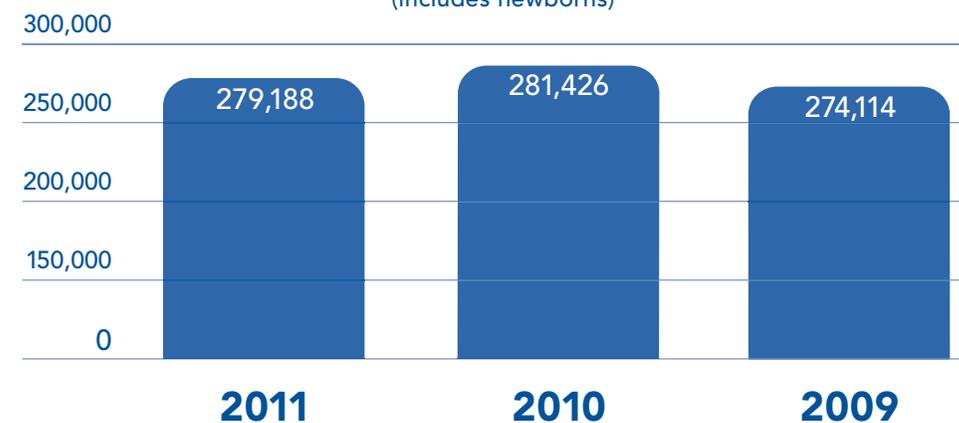
Payor Mix-2011

(based on gross revenue FY 2011)



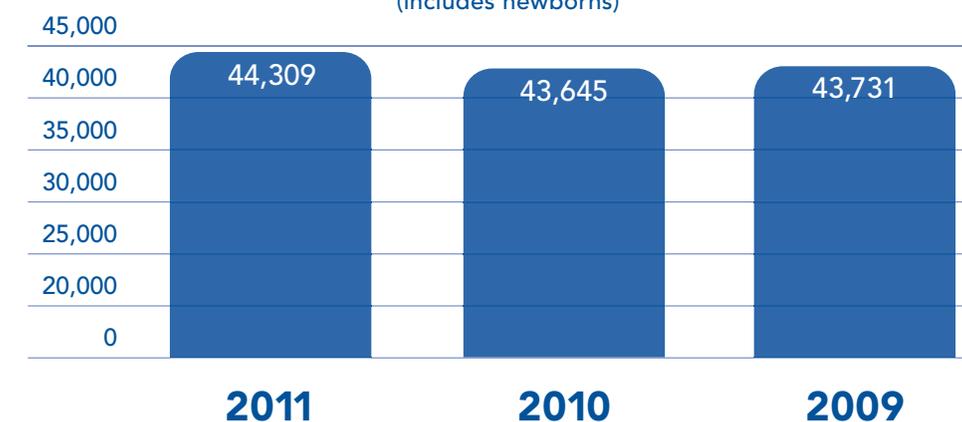
Patient Days

(includes newborns)



Discharges

(includes newborns)



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Chief Operating Officer

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Executive Vice President &
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