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## 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.

# D E A R C O M M U N I T Y

One of the earliest quality measures recognized by the American public was produced by a national magazine called *Good Housekeeping*. Many generations can probably remember growing up hearing about the *Good Housekeeping* "Seal of Approval". It meant that an independent panel of experts had tested a consumer product and verified that it performed as advertised.

Today, a plethora of rankings seem to cover a broad spectrum of products and services. As with any survey or ranking, some are much better than others. It is up to the users of those goods and services to determine how much weight to give any particular ranking.

Over the years this trend has grown to include hospitals and health care. Many of these healthcare rankings are produced by industry associations to measure various aspects of health care. Once again, however, a national magazine has produced a ranking that is almost instantly recognizable by the public.

Every year, *U.S. News & World Report* publishes its listing of the country's top 50 hospitals. Tampa General was listed as one of America's Best Hospitals 2007, placing among the top 50 hospitals in five medical specialties: ear, nose, and throat; gynecology; kidney disease; orthopedics; and urology. We are honored to receive this kind of recognition — it is the first time Tampa General was recognized in five specialties. It reflects the strength of our partnerships with the University of South Florida College of Medicine, Florida Orthopaedic Institute, LifeLink HealthCare Institute, and our community physicians.

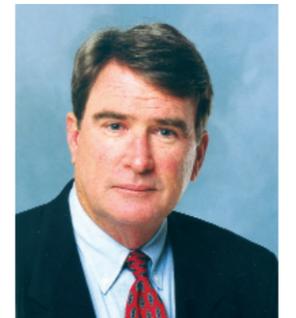
However, we never want to lose sight of one significant fact: Health care is a personal and often extremely complex decision with very high stakes. Everyone in the field of health care recommends that you do your research when it comes to finding the right provider and not rely on a single survey or ranking.

This year, we profile five people who made the decision to receive their medical care at Tampa General Hospital. Their successful outcomes are just a small part of what goes into the *U.S. News & World Report* rankings. However, from our perspective, their positive experience is its own reward — and the reason we exist in the first place.

It is our pleasure to present the 2007 Annual Report for Tampa General Hospital.



Ronald A. Hytoff  
President & CEO



Jim Warren  
Chairman of the Board

Ronald A. Hytoff

Jim Warren

## PATRICIA GUSSIN



*“The biggest concerns with this type of surgery are getting the tendon adequately released and getting the joint to fuse. If either one doesn’t happen, deformity can reoccur and you’re back to square one. Pat has done pretty well. She has been healed.”*



— *Dr. Michael Clare, orthopedic surgeon and director of fellowship education for foot and ankle surgery at Florida Orthopaedic Institute*

Pat Gussin’s right foot was a mess. Her big toe arched outward at the joint and then inward at the top. The toe next to it was no prettier — pressure from the big toe had forced its middle joint upward, creating an unsightly bend.

But it was the pain that bothered Pat the most. Walking was uncomfortable, and her life was becoming increasingly limited. She could spend just minutes on the treadmill before the pain took over. She had given up hiking with her children and grandchildren. And she could no longer maneuver the sandy beach outside her Longboat Key home.

Pat, a family practice physician, first turned to a podiatrist, who treated her foot with injections of anesthetics and steroids. That worked for a while. But over time, Pat realized her severely disabled foot required the skills of an orthopedic surgeon.

A friend in Sarasota recommended Florida Orthopaedic Institute, where Pat was placed under the care of Dr. Michael Clare, a specialist in foot and ankle surgery and FOI’s director of fellowship education for foot and ankle surgery.

Pat had a bunion, a simple term for a complex problem. With bunions, the most visible symptom is a bump near the big toe. But beneath the surface is a tangle of dislocated and misshapen bones and distressed connective tissue. In Pat’s case, surgery was the only cure. Without it, her foot would have become increasingly more deformed and painful.

Pat had surgery at Tampa General Hospital last May. There, Dr. Clare performed a Lapidus procedure, a complex operation involving shaving and realigning delicate foot bones, shortening a tendon that runs across the foot, and fusing a joint of the big toe with tiny screws to stabilize it.

For Pat, coming to Tampa General was both a relief and a comfort — a relief knowing she was in capable hands and comforting because of her past relationship with the hospital: as a young doctor in training, she had worked there as a resident in pediatric medicine.

Over the next three months, Pat progressed from a heavy cast on her foot to a lighter cast, and then to a soft orthopedic boot, as her foot was allowed to bear increasingly more weight.

By early September, the long healing process was complete. Pat’s foot looked — and felt — completely normal. “Everything was off — no cast, no special shoes, no activity restrictions. I didn’t have to do anything different, just walk on it,” Pat says.

Nearly a year after the surgery, Pat is still feeling great. “I’m now able to do things I would have been prevented from doing for the rest of my life. I’m back on the treadmill, doing a couple of miles every day. I can keep up with my grandchildren, go on hikes. I can do anything I want.”





# K I D N E Y   D I S E A S E

## MATTHEW ALMONTE

Five-year-old Matthew Almonte was looking forward to his first day in kindergarten when a routine preschool exam revealed a suspiciously large amount of protein in his urine.

Matthew had FSGS, or focal segmental glomerulosclerosis, a kidney disease that would ultimately threaten his life.

FSGS is a hardening of tiny blood vessels in the kidney called glomeruli. These structures remove waste products and excess water from the blood while keeping red blood cells, proteins, and other vital substances in the bloodstream. Diseased glomeruli can dangerously impair the body's chemical balance.

Over the next 10 years, Matthew's kidneys continued to decline and by August 2006 were barely working. Matthew, then 15, went on dialysis, a process in which a machine takes on the kidneys' role of cleaning the blood of waste products. That December, his kidneys failed completely, and Tampa General Hospital surgeons had to remove them.

Now dialysis would not be enough; Matthew's only hope for a normal life was a kidney transplant, says Dr. Alfonso Campos, medical director of Tampa General Hospital's pediatric renal transplant program and a University of South Florida College of Medicine associate professor of pediatric nephrology.

"The quality of life and survival rate are much better with transplantation," Dr. Campos explains. "Dialysis removes impurities from the blood system, but kidneys have many other important functions. They also produce a variety of hormones that are important for production of red blood cells that control calcium levels in bones and that regulate blood pressure."

Matthew was placed on the kidney transplant list. As he waited for a donor, he got increasingly sicker. He stopped attending school and was tutored at home. Visits from friends were limited, and Matthew's visitors had to wear face masks to protect him from infection.

On February 3, 2007, Matthew got the call to come to Tampa General Hospital; a suitable kidney had been found. In a three-hour surgery, TGH's transplant team implanted the healthy new organ, and five days later, Matthew left the hospital to begin his new life.

Since his transplant, Matthew is just like any other healthy 17-year-old. The high school junior enjoys the company of friends, and he's making plans for college. For that, his mother, Lourdes, thanks Tampa General Hospital and the transplant team.

"Having a healthy child again is a wonderful gift," she says. "I can't say thank you enough to everyone for the difference it has made for all of us. Now he can start enjoying his teenage years, going to school, and everything else that comes with being his age."

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*"Kids benefit much more from transplantation than staying on dialysis. It eliminates any problems with bone diseases and bone growth issues and provides smoother blood pressure control, and you avoid inherent problems such as catheter problems and access issues associated with dialysis."*

— Dr. Victor Bowers, surgical director of the renal transplant program for Tampa General Hospital and LifeLink HealthCare Institute

*"By the time he had the transplant, he was on dialysis every night, taking multiple medicines every day and shots every week, which he no longer needed after transplant."*

— Dr. Valerie Panzarino, division chief of pediatric nephrology at Tampa General Hospital and associate professor of pediatrics at the University of South Florida College of Medicine

*"This year, we will celebrate 25 years of pediatric transplantation at Tampa General Hospital. We've had over 150 kidney transplants during this time, and the majority of them are doing well."*

— Dr. Alfonso Campos, medical director of Tampa General Hospital's pediatric renal transplant program and associate professor of pediatric nephrology at the University of South Florida College of Medicine

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ARCHAMBAULT FAMILY

*“The USF IVF Program is about a year old, and we’ve had about 50 or so pregnancies, at about a 50 percent pregnancy rate. This compares well to the national average of 40 percent. Our success lies in our team — they are superb at taking care of the details and doing everything really carefully. We have also built a team of caring, compassionate, and empathetic doctors and nurses. This is not just a job, but a passion for us.”*

— *Dr. David Keefe, James M. Ingram, professor of obstetrics and gynecology, chairman, department of obstetrics and gynecology, USF College of Medicine*

Five-month-old David Tyler Archambault is an adorable baby with big brown eyes and a ready smile. His parents, Dawn and Don Archambault, are all smiles these days too, because of the joy little David Tyler has brought them. He is their miracle baby, a child they thought they might never have. Dawn, 35, and Don, 61, were ready to give up on having a child of their own. Then, Don read a newspaper article about Dr. David Keefe, an infertility specialist with the University of South Florida College of Medicine In Vitro Fertilization (IVF) & Reproductive Endocrinology Program at Tampa General Hospital, where he serves as chairman of the department of obstetrics and gynecology. The couple had just gone through two failed attempts to have a baby through a local fertility clinic, and Dawn was reluctant to place her trust in Dr. Keefe and the IVF Program. Her momentous decision to give the program a chance, however, changed the Archambaults’ lives forever.

Dawn and Don knew they were in the right place on their first visit: “Dr. Keefe spent an hour with us explaining everything in great detail. I got a good feeling right away about him and the program,” Dawn says.

The IVF medical team faced two challenges: Dawn needed help getting pregnant as well as assistance in bringing the pregnancy to full term.

A thorough physical evaluation revealed Dawn had a few problems that were barriers to pregnancy; these were easily addressed with medication. Then she was given drugs to stimulate her ovaries to produce eggs.

A month after she began the fertility drugs, 19 eggs were retrieved from Dawn’s ovaries during a simple outpatient procedure at Tampa General. Now it was up to Dr. Ying Ying, USF IVF laboratory director and assistant professor of obstetrics and gynecology with the University of South Florida College of Medicine, to fertilize the eggs in the laboratory.

Using a high-powered microscope, robotic equipment, and a video monitor, Dr. Ying gently and meticulously injected a single sperm from Don into each egg. This procedure’s difficulty lay in the size of each egg — about 100 times smaller than the period ending this sentence — and each sperm — about 100 times smaller than an egg.

Six embryos developed from that process. Five days later, Dr. Keefe transferred two of them into Dawn’s uterus in the hope that at least one would result in a successful pregnancy. The other four embryos were saved for another time.

A few weeks later, a blood test confirmed the good news — Dawn was indeed pregnant. And on September 14, 2007, David Tyler was born at Tampa General Hospital. In gratitude, his parents named him David in tribute to Dr. Keefe and the IVF Program.

“Everyone at the IVF Program was so wonderful,” says Dawn. “They treated us like human beings, not just another number in the office. The outcome was so good too. With the IVF Program, you have a much better chance of having your dream come true.”





# E A R , N O S E & T H R O A T

JACOB POMPEO

Fourteen-year-old Jacob Pompeo can finally breathe through his nose. After years of painful headaches and difficult breathing, he feels like a normal kid.

For four years Jacob and physicians at Tampa General Hospital have waged a battle against the child's allergic fungal sinusitis, a condition that stimulated development of large polyps, fungal debris, and an abundance of thick mucus in his sinuses.

The condition required 11 surgeries to remove the polyps and clean out his sinuses. Each procedure not only provided welcome relief but also prevented serious complications from occurring, says Dr. Tapan Padhya, Tampa General Hospital's vice chief of ear, nose and throat surgery and assistant professor and director, division of head and neck oncology, department of otolaryngology – head and neck surgery, USF College of Medicine.

Allergic fungal sinusitis is an overactive response to fungi that commonly exist in nasal passages. Young children are particularly susceptible, and most eventually outgrow it. However, says Dr. Padhya, "the polyps can press on the eyeball and the brain, causing conditions such as loss of vision, headaches, or brain abscesses. So it's important to catch it early and treat it early surgically and medically."

Jacob was 10 when his allergist detected the nasal polyps. A CT scan confirmed that the boy's sinus cavities were packed with them, with one dangerously pushing against an eye. Because of the boy's complex condition, a local ear, nose, and throat physician

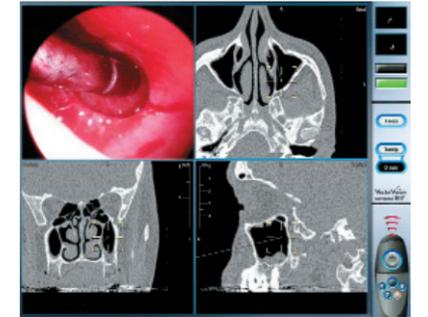
referred Jacob to Dr. Padhya for the delicate surgery he needed. The surgery involves guiding a tool known as a sinus debrider through the nostrils and into the sinuses, where it breaks up the polyps and fungal debris and suctions them out.

The operation's delicacy lies in the sinuses' close proximity to the brain, eyes, and major arteries. To prevent injury to those organs, surgeons at Tampa General Hospital are aided by state-of-the-art BrainLAB image-guided equipment, which provides three-dimensional images of the surgical instrument's position as they navigate through the sinuses.

Jacob's first surgery was a success, but the polyps grew back. That first year, the 10-year-old had four operations to clear out his sinuses. The next year he had three operations; the number went down to two operations the following year, and just two more the year after that.

Jacob's last surgery was in March 2007, and he's felt good ever since. He now breathes easily through his nose and his headaches are gone. Freed from his debilitating illness, he is excelling in school and spending more time with friends.

And while he may face a few more surgeries in the future, Jacob is confident that with Dr. Padhya's help he will conquer allergic fungal sinusitis: "Now I can breathe through my nose," Jacob says. "Before, trying to breathe through my nose was like trying to walk on the moon without oxygen."



Courtesy of BrainLAB

*"Allergic fungal sinusitis is a chronic condition Jacob will have to deal with for the next several years. Until his immune system develops, we have to keep managing the sinuses. We want to get him to the point where he doesn't need surgery as much as he did, where he sees a surgeon only occasionally."*

— *Dr. Tapan Padhya, Tampa General Hospital's vice chief of ear, nose and throat surgery and assistant professor and director, division of head and neck oncology, department of otolaryngology – head and neck surgery, USF College of Medicine*

BARRI SANDERS

*“InterStim® is a minimally invasive surgical intervention that I reserve for women who have tried other overactive bladder therapies that didn’t work for them. I’ve performed over 50 of them since 2003, and they have been very successful in my patients.”*

*“The biggest difficulty in addressing fecal incontinence is determining the source of the problem and deciding how to address it. There’s also the challenge of preventing the breakdown of the surgical site. I am extremely compulsive about keeping the area clean, the stools soft, and ensuring it heals.”*

— *Dr. Lennox Hoyte, director of urogynecology for Tampa General Hospital and associate professor and division chief of urogynecology and female pelvic reconstructive surgery, USF College of Medicine*

Barri Sanders had a “deep dark secret” that she went to great lengths to keep from her friends and family. For 20 years, Barri suffered from urinary incontinence that was getting progressively worse. And over the past five years, she’d developed fecal incontinence.

“I hid my life in a diaper bag,” says Barri, a sociology professor with the University of New Mexico and an expert on international relations. “I learned to carry all kinds of supplies – pads, diapers, even a change of clothes. I knew every bathroom between my home and work. Eventually, I had to give up going to places that required traveling long distances, and I was close to giving up teaching in front of a class.”

Barri sought relief from her problems, but medication, biofeedback, nor pelvic floor exercises did any good. Her doctors told her there was nothing else they could do.

Then Barri learned about the innovative work of Dr. Lennox Hoyte, director of urogynecology for Tampa General Hospital and associate professor and division chief of urogynecology and female pelvic reconstructive surgery for the University of South Florida College of Medicine.

She flew to Tampa for a consultation, where Dr. Hoyte told her about InterStim® sacral neuromodulation, a device that is surgically placed under the skin in the lower back. Like a pacemaker, InterStim® sends mild

electrical pulses to the nerves that control the bladder, giving the patient more control over their bladder.

For the first time, Barri was hopeful that her urinary incontinence could be cured. Her hope was realized in August 2007 when Dr. Hoyte implanted the InterStim®. Now, her days are no longer interrupted with constant bathroom breaks, and she can sleep uninterrupted all night.

A few months after the surgery, Barri returned to Dr. Hoyte to address her fecal incontinence. The physician determined that her anal sphincter, a circular muscle controlling release of stool from the intestine, was weak and not completely closed.

In January, Dr. Hoyte performed an overlapping sphincter repair surgery to tighten Barri’s sphincter. But it would be several weeks after the operation before Barri would know if it was successful.

Four weeks after the operation, the stitches were removed from the surgical site, and Barri knew she was cured.

Since then, Barri has gone back to teaching and traveling and has added outdoor activities such as hiking and snowshoeing. She has also traded in an old accessory — “No more diaper bags,” she says. “I now carry a little clutch purse.”



# O P E R A T I N G I N D I C A T O R S

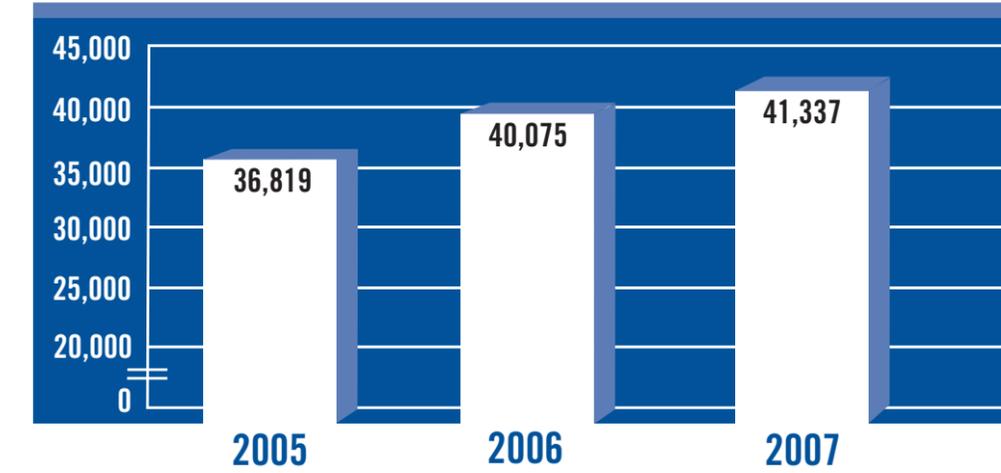
## TAMPA GENERAL HOSPITAL

For the years ending September 30, 2007, 2006, 2005 (\$'s in thousands).

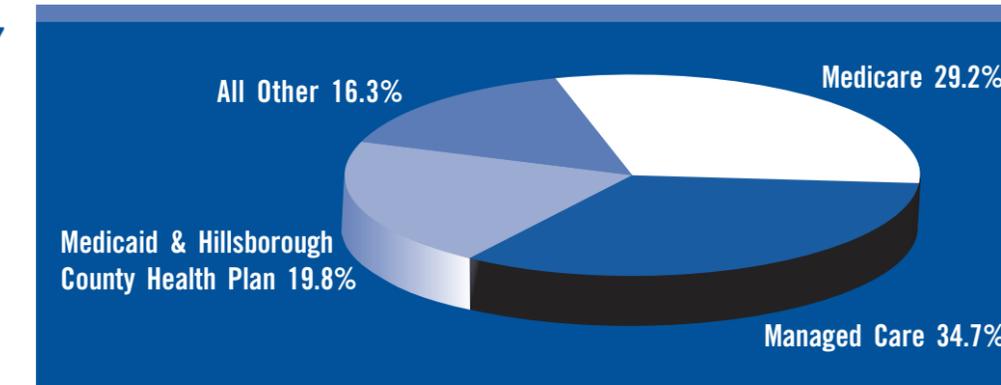
	2007	2006	2005
<b>TOTAL REVENUES</b>	<b>\$838,295</b>	<b>\$758,502</b>	<b>\$666,026</b>
<b>Expenses</b>			
Salaries & Benefits	\$320,276	\$293,570	\$264,597
Medical Supplies	179,573	159,309	141,178
Provision for Bad Debts	73,179	61,017	52,087
Purchased Services	52,978	49,143	46,834
Depreciation, Amortization	21,650	22,459	20,487
Professional Fees	27,158	22,924	19,658
Utilities & Leases	19,658	15,425	15,438
Interest	20,827	9,015	10,604
Insurance	29,837	36,582	29,934
Other	50,824	46,528	38,708
<b>Total Expenses</b>	<b>\$795,960</b>	<b>\$715,972</b>	<b>\$639,525</b>
<b>Gain from Operations</b>	<b>\$42,335</b>	<b>\$42,530</b>	<b>\$26,502</b>
<b>Non-Operating Net Gains (Losses)</b>	<b>\$24,838</b>	<b>(\$946)</b>	<b>\$5,850</b>
<b>Gain (Loss)</b>	<b>\$67,173</b>	<b>\$41,584</b>	<b>\$32,352</b>
<b>Total Assets</b>	<b>\$975,310</b>	<b>\$892,936</b>	<b>\$626,825</b>
<b>UTILIZATION</b>			
Discharges (includes newborns)	41,337	40,075	36,819
Patient Days (includes newborns)	249,096	247,594	233,838
Deliveries	5,454	5,284	4,670
Surgeries	25,722	25,222	24,121
ER Visits	67,009	64,716	66,355

CARE PROVIDED TO INDIGENT PATIENTS						
	2007	as a % of total	2006	as a % of total	2005	as a % of total
<b>Charges Foregone</b>						
Medicaid	\$348,077	12%	\$344,543	14%	\$286,012	13%
HCHCP	94,855	3%	77,167	3%	79,760	4%
Charity	187,672	7%	162,294	6%	139,679	6%
<b>Total Indigent</b>	<b>\$630,604</b>	<b>22%</b>	<b>\$584,004</b>	<b>23%</b>	<b>\$505,451</b>	<b>23%</b>
<b>Hospital Gross Charges</b>	<b>\$2,832,205</b>		<b>\$2,575,202</b>		<b>\$2,199,761</b>	
<b>Utilization of Services</b>						
Discharges (includes newborns)						
Medicaid	11,404	28%	10,503	26%	10,666	29%
HCHCP	1,764	4%	1,281	3%	1,236	3%
Charity	4,841	12%	5,818	15%	3,848	11%
<b>Total Indigent</b>	<b>18,009</b>	<b>44%</b>	<b>17,602</b>	<b>44%</b>	<b>15,750</b>	<b>43%</b>
<b>Total Discharges</b>	<b>41,337</b>		<b>40,075</b>		<b>36,819</b>	

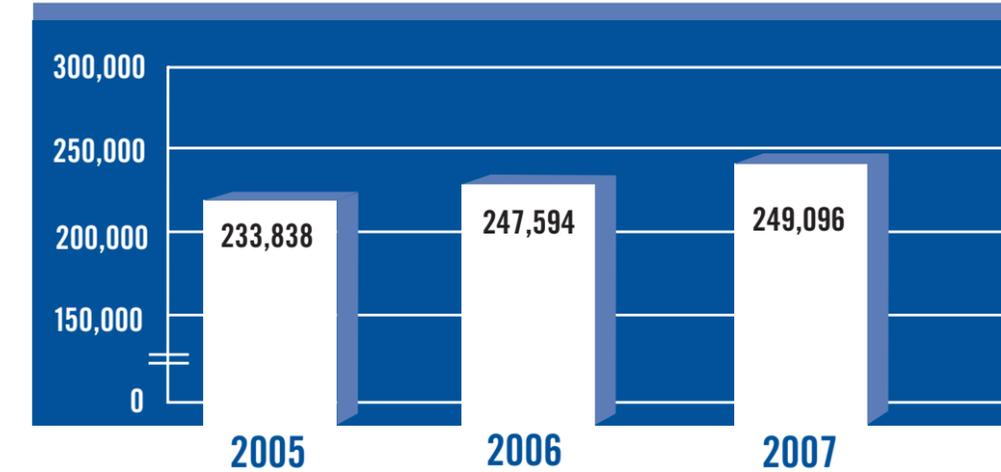
## DISCHARGES (includes newborns)



## PAYOR MIX - 2007 (percentage of gross revenue)



## PATIENT DAYS (includes newborns)



## Emergency & 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. Six trauma rooms, one dedicated to pediatrics, 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

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 the first in the state to earn 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 53 burn centers in the country 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, 2006, through September 30, 2007, Tampa General Hospital transplanted 48 hearts, 40 lungs, 176 adult kidneys, seven pediatric kidneys, 25 kidney/pancreas, 91 livers, five liver/kidney and one pancreas. Tampa General Hospital is the fifth busiest cardiac transplant center in the nation and one of just seven in the nation to have performed more than 775 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, 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.

## Cardiovascular 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 & Stroke Center

Patients with symptoms of heart attack or stroke (brain attack) are taken directly to the Chest Pain & Stroke Center in TGH's Emergency & Trauma 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.

## Women's Center

Offering high-risk and normal obstetric services, more than 5,400 babies are delivered at TGH each year. The Women's 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.

## 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.

## 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.

## 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 bioterrorism, emerging pathogens, and bacterial resistance.

## 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 1,600 weight-loss surgeries have been performed at TGH since 1998.

## 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 & 2007. 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** (800) 822-DOCS

**Family Care Center Kennedy**  
2501 W. Kennedy Boulevard  
Information: (813) 844-1385  
Appointments: (813) 236-5350

**Family Care Center at Healthpark**  
5802 N. 30th Street  
Information: (813) 236-5300  
Appointments: (813) 236-5350

**Genesis (OB/GYN) at Healthpark**  
5802 N. 30th Street  
Information: (813) 236-5100  
Appointments: (813) 236-5150

**Pediatric Clinic at Healthpark**  
5802 N. 30th Street  
Information: (813) 236-5100  
Appointments: (813) 236-5150

**The Specialty Center at Healthpark**  
5802 N. 30th Street  
Information: (813) 236-5200  
Appointments: (813) 236-5250

**KEEPING OUR COMMUNITY HEALTHY**  
In addition to specialized medical services, TGH  
is committed to providing community resources:

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

**Florida Poison Information Center** (800) 222-1222

**MORE HEALTH, Inc.** (813) 287-5032  
(school and community health education)

**Employment**  
For employment opportunities, visit our website at  
[www.tgh.org](http://www.tgh.org).

**Support Groups**  
TGH hosts a wide variety of support groups.  
Visit [www.tgh.org](http://www.tgh.org) for additional information.

### 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 medical specialties
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Magnet status for nursing excellence, American Nurses Credentialing Center

### Licensed Beds

818 acute care and 59 rehabilitation care beds

### Patients (FY 2006 - 2007)

Inpatient Discharges (includes newborns) - 41,337  
Births - 5,454  
Surgeries - 25,722  
Emergency Care Center - 67,009  
Adult Emergency Care Center - 53,372  
Pediatric Emergency Care Center - 13,637

### Surgical Suites (39 Total)

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

### Medical Staff

Devanand Mangar, M.D., Chief of Staff  
Thomas L. Bernasek, M.D., Vice Chief of Staff  
Bruce R. Zwiebel, M.D., Secretary - Treasurer  
Stephen G. Brantley, M.D., Past Chief of Staff  
John W. Schweiger, M.D., At Large Representative  
Harry R. van Loveren, M.D., At Large Representative

### 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.

### Nursing Programs

TGH serves as the clinical site for associate, baccalaureate, and graduate nursing programs for the University of South Florida, the University of Tampa, Hillsborough Community College, St. Petersburg College, and the University of Florida.

### Employees

More than 5,800 employees staff TGH. TGH plays a vital role in the education of nurses, therapists, technicians, and other health professionals.



# M A N A G E M E N T      S E N I O R

Ronald A. Hytoff, MHA, FACHE  
President & CEO

Deana L. Nelson, RN, BSN, MHA, CNAA  
Executive Vice President &  
Chief Operating Officer

Steve Short  
Executive Vice President &  
Chief Financial Officer

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Women's & Children's Services

Marcos F. Lorenzo, M.D.  
Vice President Governmental Affairs,  
Corporate Compliance & Privacy

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