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## 2003 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.

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# 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.

## Board Members

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CHARLES E. WRIGHT, M.D.  
Chief of Staff

RONALD A. HYTOFF  
President & CEO

JEREMY ROSS, ESQ.  
Chairman of the Board

# Dear Community:

On behalf of the Board of Directors of the Florida Health Sciences Center, Inc., and the employees, physicians and volunteers of Tampa General Hospital, we present the 2003 Annual Report.

This past year marked the passing of two individuals who were instrumental in the success of Tampa General Hospital. While their roles were vastly different, H.L. Culbreath and Dr. David Cahill were both visionaries. As our first chairman of the board, H.L. was instrumental in turning a struggling hospital into one of the region's most successful health care facilities. Dr. Cahill, chairman of the neurosurgery depart-

## DAY ONE

**4:00 p.m.** Susan, a 51-year-old mother and real estate broker, is glad the day is almost over. She is leaving early because of an awful headache. As she turns to say goodbye to a co-worker, Susan is shocked to hear her words come out slurred. The concerned co-worker watches with growing alarm as Susan loses her grip on her purse – her left hand can no longer function. She says she feels dizzy and needs to sit down. Sensing something is terribly wrong, her co-worker dials 911 and Susan is rushed by ambulance to a local hospital.

**6:15 p.m.** Emergency room doctors run a battery of tests. They conclude Susan is having an acute stroke. The small community hospital cannot handle this case, but they know the stakes are high. Unless she receives the proper treatment quickly, Susan could become permanently disabled, if she even survives. Doctors call Tampa General Hospital (TGH) to arrange for more advanced care. TGH has an interdisciplinary stroke team dedicated to handling stroke emergencies like Susan's.

**6:30 p.m.**

**6:30 p.m.** Aeromed I, one of Tampa General's three medical helicopters, lifts off the pad at TGH in what has become a race against time. Flight nurses on board know each tick of the clock lessens Susan's chances for recovery. When Susan is 15 minutes from TGH, pagers alert the stroke team of her pending arrival. The team members hustle to the emergency room. Tampa General's laboratory and radiology departments also receive the alert pages because each plays a key role in diagnosing stroke.



7:30 p.m.



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**7:30 p.m.** Susan is wheeled from the helipad into the emergency room. Dr. David Orban, chief of emergency medical services, confirms the original diagnosis. The stroke team encircles Susan's bed as they hook her up to a 12-lead EKG and various other monitors to assess her condition. Blood is drawn and rushed to the lab where the sample receives priority status.

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7:45 p.m.



**7:45 p.m.** Susan is rushed to radiology for a CT scan. CT technicians await her arrival – again she receives priority status as the clock continues ticking. Susan lies flat on the CT table as she enters the large donut-shaped opening of the machine. Flashes of white light spin around her head as the machine takes pictures of her brain. These pictures will show doctors which parts of her brain have been affected. It will also help determine if a clot or internal bleeding caused the stroke. Treatment will depend on what they find. A bleed may require neurosurgery.





8:00 p.m.

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**8:00 p.m.** The CT scan shows no bleeding. This means doctors can use clot-busting drugs to eliminate the clot. However, the ticking clock causes complications; four hours have passed since the attack. Doctors cannot administer the drugs intravenously — that method is effective only during the first three hours. Stroke team members huddle to decide the next step. Dr. Carlos Martinez, a radiologist, and Dr. Michael Hoffmann, a stroke neurologist, review the films. They believe Susan is a candidate for an interventional radiology procedure. Susan is lucky that doctors still had treatment options. Five years ago, there would be no huddle because there would be no options. Medical and technological advances available at Tampa General Hospital give Susan a fighting chance. Drs. Martinez and Hoffmann consult with Dr. James Lefler, a neurointerventional radiologist, and Dr. Harry van Loveren, a neurosurgeon. They agree the best method to attack the clot is an intra-arterial thrombolysis of the brain.

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8:15 p.m.

**8:15 p.m.** In the interventional radiology suite, Susan is sedated to reduce her anxiety and make her more comfortable, but she never goes to sleep. Dr. Lefler, one of the region's few neurointerventional radiologists, inserts a thin clear tube into the femoral artery in her right groin.







9:15 p.m.

**8:35 p.m.** Dr. Lefler's eyes focus not on the patient, but rather a black and white monitor that provides images of the tube as it snakes its way through Susan's artery. The thin tube threads its way through her chest and neck until finally reaching its destination – the clot in her brain. He injects a small amount of drug through the tube into the clot. Next comes a wire that he carefully slides through the tube. Over the next 40 minutes, Dr. Lefler alternately delivers small amounts of the drug and prods with the wire until the clot is dissolved.

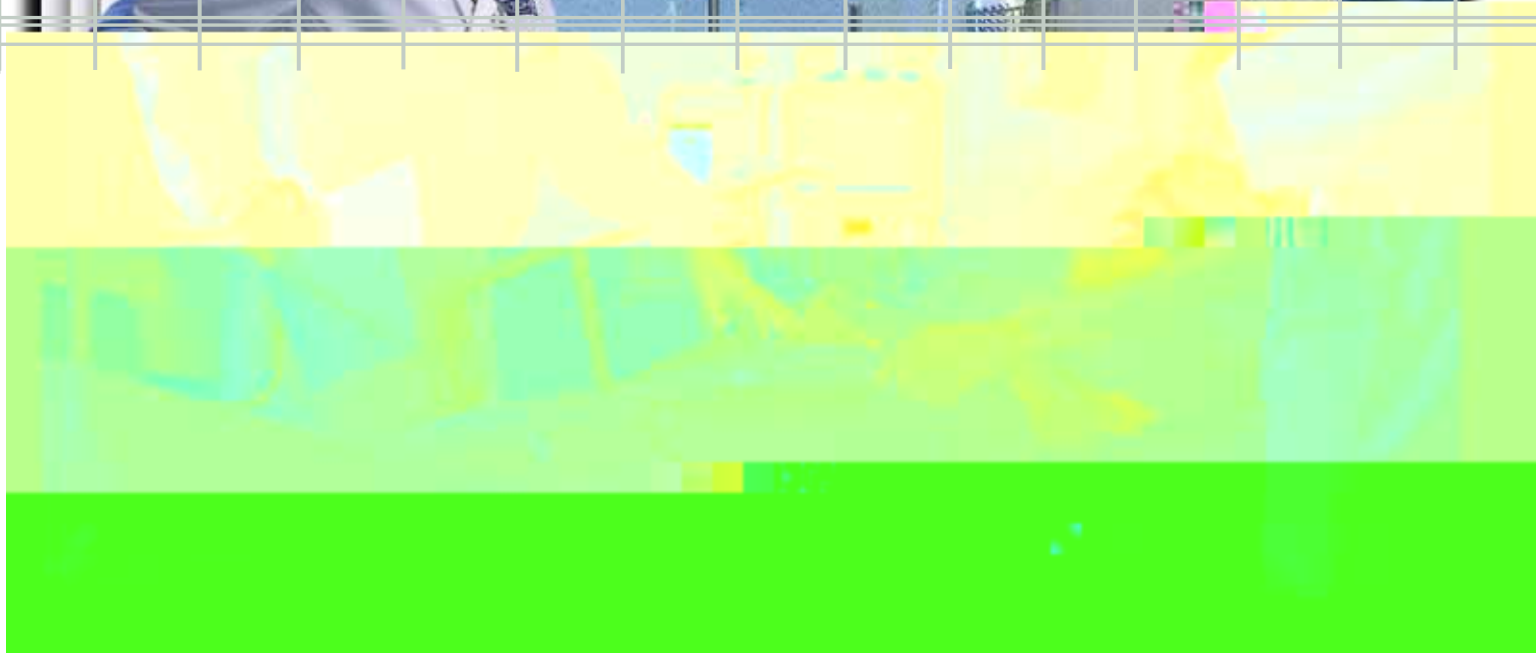
**9:15 p.m.** Although she is still sedated, Susan begins to feel sensation in her left arm. She can wiggle her left pinky when asked.

10:15 p.m.

**10:15 p.m.** She is admitted to TGH's neuro intensive care unit. Her vital signs are continually monitored and medications are administered to prevent complications. Nurses are on alert for any changes in her neurological condition.



Days 1-2



**Days 1-2** Dr. Ali Malek, director of the neuro intensive care unit and a stroke neurologist, visits Susan to explain what has happened and discusses the next steps in her evaluation and care. She will require very careful monitoring, further treatment with medication and other measures to continue to treat her stroke. A stroke is physically debilitating. While the clot is gone, its effects linger – Susan's limbs are extremely limp, her muscles sapped of strength. It is time to begin the rehabilitation process. A speech therapist gives Susan a swallowing test. A physical therapist starts some simple exercises for her weakened left arm and leg. An occupational therapist also does an evaluation to determine a course of treatment. Susan still has a long way to go for a complete recovery.



**DAYS 3-6**

**Days 3-6** Doctors declare Susan out of immediate danger. She is moved out of intensive care to the neurosciences unit where she will continue to undergo evaluation to determine the cause of her stroke and the best measures to prevent any further occurrences. Physical, speech and occupational therapy will continue. It is no fun, but Susan is grateful to be alive.



## DAY 6

**Day 6** Susan moves to the Tampa General Rehabilitation Center. During the next week, she will spend several hours each day working with therapists to regain the strength and range of motion she lost on her left side.



## DAY 12

**Day 12** Susan is now walking with a cane and performing self-care routines. She is sent home with a prescription for outpatient therapy.

**Epilogue** Susan will continue outpatient physical and occupational therapy for the next three months. She visits the Tampa General Rehabilitation Center three times a week and performs exercises at home. She feels stronger and more confident with each passing week. She is back at work now with just a slight limp and minor tingling in her left hand as reminders of her life-threatening ordeal.



# STROKE FACTS

Each year in the United States about 700,000 people experience a new or recurrent stroke, making it the nation's third leading cause of death.

In 2003, Tampa General Hospital treated 634 stroke patients.

Stroke symptoms:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing with one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause

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What is Stroke?

Stroke is a type of cardiovascular disease that affects the arteries leading to the brain and the arteries within the brain. A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts. A stroke prevents part of the brain from receiving blood and oxygen it needs to survive. As a result, the affected part of the brain begins to die and parts of the body controlled by that portion of the brain are affected. For this reason, strokes can cause paralysis, affect speech and vision, and cause other problems. Stroke is a leading cause of long-term disability.

Types of strokes:

Ischemic strokes are caused by clots that block an artery and account for 70% - 80% of all strokes.

In 2003, 74% of strokes treated at Tampa General Hospital were ischemic.

Hemorrhagic (bleeding) strokes are caused by ruptured blood vessels.

Call 911 immediately if you experience stroke symptoms.

This information is from the American Stroke Association website at [www.strokeassociation.org](http://www.strokeassociation.org)

**Tampa General Hospital staff members shown in this publication (as pictured from left to right) :**

**PAGE 3** left photo: Heather Collins, RN, EMT-P, Ted Lancaster, EMT-P, right photo: Dr. David Orban

**PAGE 4** left photo: Kathy Gordon, RN, Dario Perez-Sanchez, right photo: Craig Macker, RTR **PAGE 5** Dr. Carlos Martinez, Dr. Michael Hoffmann

**PAGE 7** Gordon Hackstaff, RT(R)(CV), Dr. James Lefler (foreground) **PAGE 8** Dr. Ali Malek, Jennifer Shindelman, RN

**PAGE 9** Louis Modery, RN, Jennifer Shindelman, RN **PAGE 10** Dr. Venerando Batas

photo credit page 2: Hugh Jones

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## **Tampa General Hospital Interdisciplinary Stroke Team Members**

ERFAN ALBAKRI, M.D.

Stroke Neurologist

VENERANDO I. BATAS, M.D.

Medical Director Tampa General  
Rehabilitation Center

MICHAEL W. HOFFMANN, M.D.

Associate Professor  
Department of Neurology  
USF College of Medicine

JAMES E. LEFLER, M.D.

Neurointerventional Radiologist  
Radiology Associates

ALI R. MALEK, M.D.

Medical Director  
Neuro Intensive Care Unit  
Tampa General Hospital

Assistant Professor  
Department of Neurology  
USF College of Medicine

CARLOS R. MARTINEZ, M.D.

Co-Medical Director Radiology  
Tampa General Hospital

DAVID J. ORBAN, M.D.

Chief of Emergency Medicine  
Tampa General Hospital

Clinical Associate Professor  
Department of Medicine  
USF College of Medicine

HARRY R. VAN LOVEREN, M.D.

Professor & Chair  
Department of Neurological Surgery  
USF College of Medicine

MICHAEL J. DANIELS, MSOT, MHA

Director Tampa General  
Rehabilitation Center

LOUIS MODERY, RN, MSN, FNP

Nurse Manager Neurosciences ICU  
& Neurodiagnostics Lab

ARLENE M. MORGANTI, BS,  
MT, ASCP

Administrative Director  
Laboratory and Pathology  
Tampa General Hospital

AMY PARATORE, RN, BSN

Director Emergency,  
Critical Care/Trauma Services  
Tampa General Hospital

TANIA PIKE, RN

Nurse Manager Neurosciences Unit  
Tampa General Hospital

KATHY SHACKOWSKY, RT (R)

Administrative Director Radiology  
Tampa General Hospital

# Tampa General Hospital Operating Indicators

For the years ending September 30, 2003, 2002, 2001 (\$'s in thousands)

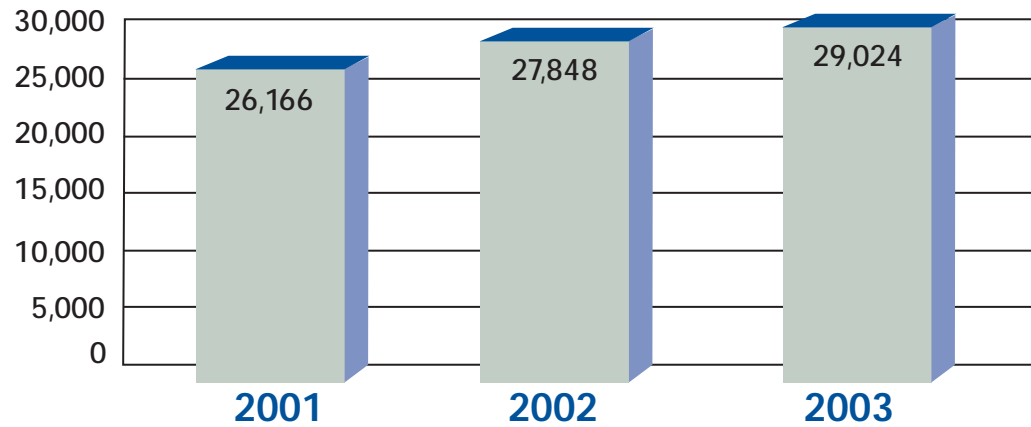
	2003	2002	2001
<b>Total Revenues</b>	\$566,065	\$532,530	\$411,706
<b>Expenses</b>			
Salaries & Benefits	\$236,469	\$206,336	\$167,530
Medical Supplies	110,545	95,479	78,945
Provision for Bad Debts	40,418	50,819	38,816
Purchased Services	41,681	34,159	32,207
Depreciation, Amortization	17,590	16,927	17,173
Professional Fees	15,938	14,835	13,579
Utilities & Leases	14,401	12,742	12,863
Interest	8,628	7,715	8,001
Insurance	15,564	8,950	2,749
Other	33,200	28,366	29,066
<b>Total Expenses</b>	<b>\$534,434</b>	<b>\$476,328</b>	<b>\$400,929</b>
<b>Gain (Loss)</b>	<b><u>\$31,631</u></b>	<b><u>\$56,202</u></b>	<b><u>\$10,777</u></b>
<b>Total Assets</b>	<b>\$516,622</b>	<b>\$381,466</b>	<b>\$301,857</b>
<b>UTILIZATION</b>			
Discharges (excludes newborns)	29,024	27,848	26,166
Patient Days (excludes newborns)	199,699	183,052	170,788
Deliveries	4,185	3,970	3,806
Surgeries	19,844	18,312	16,929
ER Visits	64,376	59,739	56,541

CARE PROVIDED TO INDIGENT PATIENTS						
	2003	as a % of total	2002	as a % of total	2001	as a % of total
<b>Charges Foregone</b>						
Medicaid	\$229,540	13.27%	\$200,196	12.81%	\$138,320	11.41%
HCHCP	63,017	3.64%	69,045	4.42%	60,933	5.02%
Charity	<u>96,781</u>	<u>5.59%</u>	<u>65,130</u>	<u>4.17%</u>	<u>52,568</u>	<u>4.33%</u>
<b>Total Indigent</b>	<b><u>\$389,338</u></b>	<b><u>22.50%</u></b>	<b><u>\$334,371</u></b>	<b><u>21.40%</u></b>	<b><u>\$251,821</u></b>	<b><u>20.76%</u></b>
<b>Hospital Gross Charges</b>	<b><u>\$1,730,303</u></b>		<b><u>\$1,563,280</u></b>		<b><u>\$1,212,690</u></b>	
<b>Utilization of Services</b>						
<b>Discharges</b> (includes newborns)						
Medicaid	10,495	30.88%	9,279	29.63%	7,522	25.43%
HCHCP	1,280	3.77%	1,171	3.74%	1,372	4.64%
Charity	<u>2,768</u>	<u>8.15%</u>	<u>2,877</u>	<u>9.19%</u>	<u>3,813</u>	<u>12.89%</u>
<b>Total Indigent</b>	<b><u>14,543</u></b>	<b><u>42.80%</u></b>	<b><u>13,327</u></b>	<b><u>42.56%</u></b>	<b><u>12,707</u></b>	<b><u>42.96%</u></b>
<b>Total Discharges</b>	<b><u>33,981</u></b>		<b><u>31,313</u></b>		<b><u>29,574</u></b>	



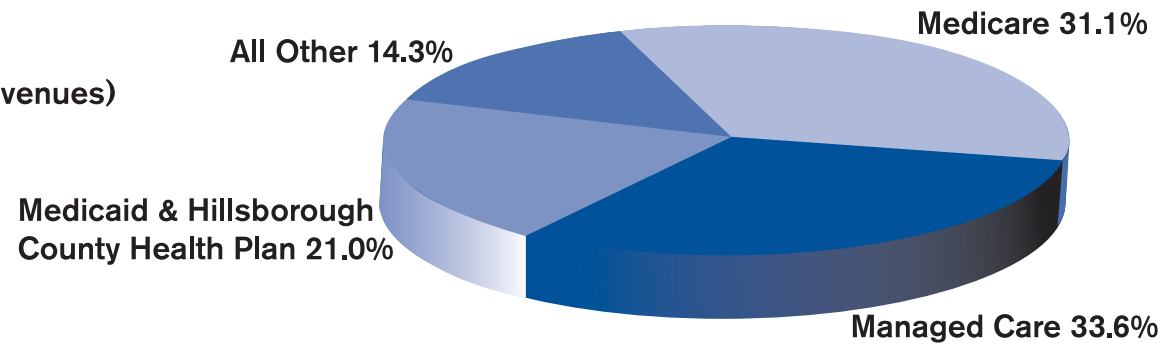
## DISCHARGES

(excludes normal newborns)



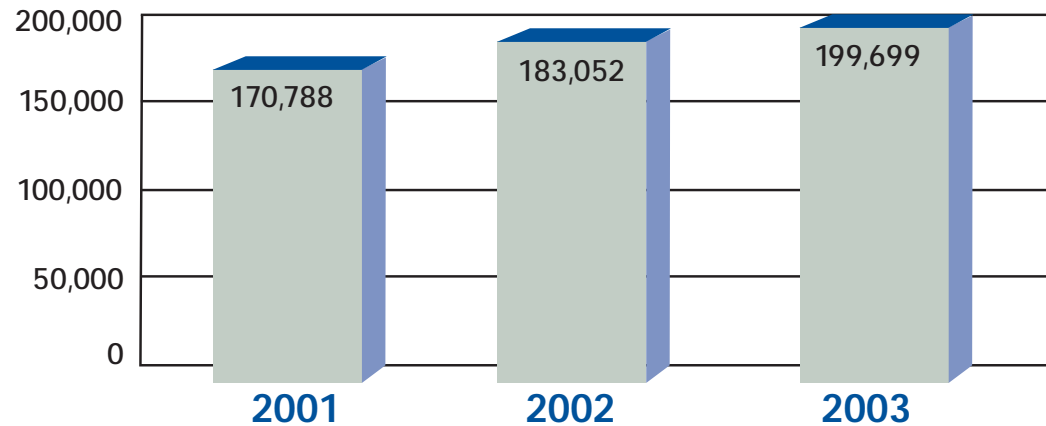
## PAYOR MIX - 2003

(percentage of gross revenues)



## PATIENT DAYS

(excludes normal newborns)





### Tampa General Hospital Medical Staff Officers

CHARLES E. WRIGHT, M.D.  
Chief of Staff

STEPHEN G. BRANTLEY, M.D.  
Vice Chief of Staff

SALLY H. HOUSTON, M.D.  
Secretary/Treasurer

JOHN C. BROCK, M.D.  
At-Large Representative

CATHERINE M. LYNCH, M.D.  
At-Large Representative

LOREN J. BARTELS, M.D.  
Past Chief of Staff

### Tampa General Hospital Senior Management

RONALD A. HYTOFF  
President & CEO

DEANA L. NELSON, R.N.  
Executive Vice President  
Patient Care Services

STEVE SHORT  
Executive Vice President  
Finance and Administration

RICHARD M. BARCIA  
Senior Vice President  
Operations

J. THOMAS DANZI, M.D.  
Senior Vice President &  
Chief Medical Officer

JANET DAVIS, R.N.  
Vice President  
Acute Care Services

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 &  
Chief Information Officer

STACEY H. PACKER  
Vice President Development

JUDITH M. PLOSZEK  
Vice President Finance

JOSEPH D. RESNICK  
Vice President Support Services

DAVID K. ROBBINS  
Assistant Administrator

#### THE 2003 ANNUAL REPORT WAS PUBLISHED BY THE STRATEGIC SERVICES DEPARTMENT.

editor: DONNA GEBBIA • design: FKQ ADVERTISING & MARKETING • photography: STEVEN WIDOFF • writer: SANDRA BUCKLEY  
Special thanks to AMY PARATORE, R.N., director emergency, critical care/trauma services.

## Governance

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

## Accreditations

Joint Commission on Accreditation of Healthcare Organizations and Commission on Accreditation of Rehabilitation Facilities

## Administrator

Ronald A. Hytoff,  
President and  
Chief Executive Officer

## Licensed Beds

818 acute care and 59  
rehabilitation care beds

## Patients (FY 2002-2003)

Inpatient Discharges – 29,024  
Births – 4,185  
Emergency Care Center – 64,376  
Adult Emergency Care  
Center – 50,632  
Pediatric Emergency Care  
Center – 13,744

## Surgical Suites – (36 total)

Main – 17  
(including one dedicated trauma room)  
Burn – 1  
Cardiac – 6  
OB/GYN – 4  
Outpatient – 8

## 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 1,100 community and university-affiliated attending physicians and approximately 230 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 support for many of Tampa General Hospital's programs and services. To learn how you can help, please call (813) 844-7250. Every gift is appreciated.

## 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 30th Street  
5802 N. 30th Street (813) 236-5300

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

Pediatric Clinic at 30th Street  
5802 N. 30th Street (813) 236-5113

The Specialty Center at 30th Street  
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



# 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.

## 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 only four burn centers in Florida and the only one to receive verification status. 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 41 of the country's 129 burn centers have received the honor of verification status.

## 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 Oct. 1, 2002 through Sept. 30, 2003, Tampa General Hospital transplanted 59 hearts, eight lungs, 169 kidneys, 24 kidney/pancreas, one pancreas, 88 livers, and one liver/kidney. TGH is one of 12 centers in the nation to have performed more than 500 heart transplants and in 1985 performed the first successful heart transplant in Florida.

## NEONATAL INTENSIVE CARE UNIT

As a Level III Neonatal Intensive Care Unit (NICU), neonatologists are in-house 24 hours a day and our Level III status is the highest rating available. TGH provides the most advanced treatment for critically ill newborns, including ECMO, a life-saving breathing treatment available at only six hospitals in Florida.

## CARDIAC SERVICES

TGH provides a complete range of non-invasive, invasive, surgical, diagnostic and rehabilitative cardiac services.

## 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.

## 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 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.

## CHILDBIRTH CENTER

Prenatal education classes, well baby care and high-risk obstetrical services are available. Free infant car seats are given to all new mothers at discharge.

## CHILDREN'S MEDICAL CENTER

Special services include a nine-bed pediatric intensive care unit, pediatric dialysis, pediatric rehabilitation and certified child life specialists. With its own playroom and school, this unit was designed just for kids. A Ronald McDonald House is on the TGH campus to serve families of our pediatric patients.

## DIGESTIVE DISORDERS CENTER

TGH is a referral center for routine and complex disorders of the digestive system. More than 500 weight loss surgeries have been performed at Tampa General Hospital 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 bioterrorism, emerging pathogens and bacterial resistance.

## NEUROSCIENCES SERVICES

Specializes in the 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 Sleep Disorders Center specializes in the diagnosis and treatment of sleep-related disorders in patients of all ages.

## 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.

## 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 one of just nine state-designated spinal cord and head injury centers in Florida and is accredited by the Commission on Accreditation of Rehabilitation Facilities.

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## PhysicianFinder physician referral service 1-800-822-DOCS

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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  
Physical Address: 2 Columbia Drive • Tampa, Florida 33606 • [www.tgh.org](http://www.tgh.org)