

2009 ANNUAL REPORT



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James W. Warren, III

VAD (Ventricular Assist Device) Surgery

"We're fortunate at Tampa General to have the nurses, physicians, and other allied health professionals in the transplant program. It takes a team to give the type of services and to have the excellent results that we do have."

**Mark Weston, MD, Cardiologist,
LifeLink Healthcare Institute**



Photo courtesy of Abiomed, Inc.

"Before the advent of the assist device, Mr. Hathcock would have been considered for transplantation, and his chances of dying would have been very high. He had multi-system failure; a new heart would have to work harder and would be at high risk for failure. We used the VAD as a bridge to getting him strong enough for a transplant. Fortunately it became a bridge to recovery."

**Cedric Sheffield, MD, Thoracic and Cardiovascular
Surgeon, Tampa Transplant Institute**

Jimmy Hathcock's heart – the one he was born with – beats strongly in his chest, which makes him something of a medical miracle. It's the same heart that a year ago was so badly damaged it almost killed him, and got him on a waiting list for a new one. But today he is off the transplant list and his old heart is ticking just fine.

Jimmy's heart was saved by an Abiomed ventricular assist device (VAD), a small mechanical pump that took over his heart's work while he waited for a transplant. In a fortunate stroke of timing, this device received U.S. Food and Drug Administration approval while he was in the hospital. The VAD allowed his heart to eventually be able to work on its own.

The 66-year-old Lakeland man's ordeal began in February 2009 during quadruple bypass surgery at another local hospital. During the operation, Jimmy suffered a heart attack. As a result, surgeons could not take him off the heart bypass machine. They contacted Tampa General transplant surgeon Dr. Cedric Sheffield, who advised them to implant Jimmy with a temporary Abiomed heart pump and send him to TGH.

Jimmy was a very sick man. His right ventricle – the heart chamber that pumps blood to the lungs for oxygenation – was damaged, and his oxygen-starved internal organs were failing. It was clear his heart could not do the work to keep him alive.

But Jimmy was too sick for a heart transplant at that point. Surgeons fitted him with an Abiomed AB5000, a smaller, portable version of the temporary Abiomed pump.

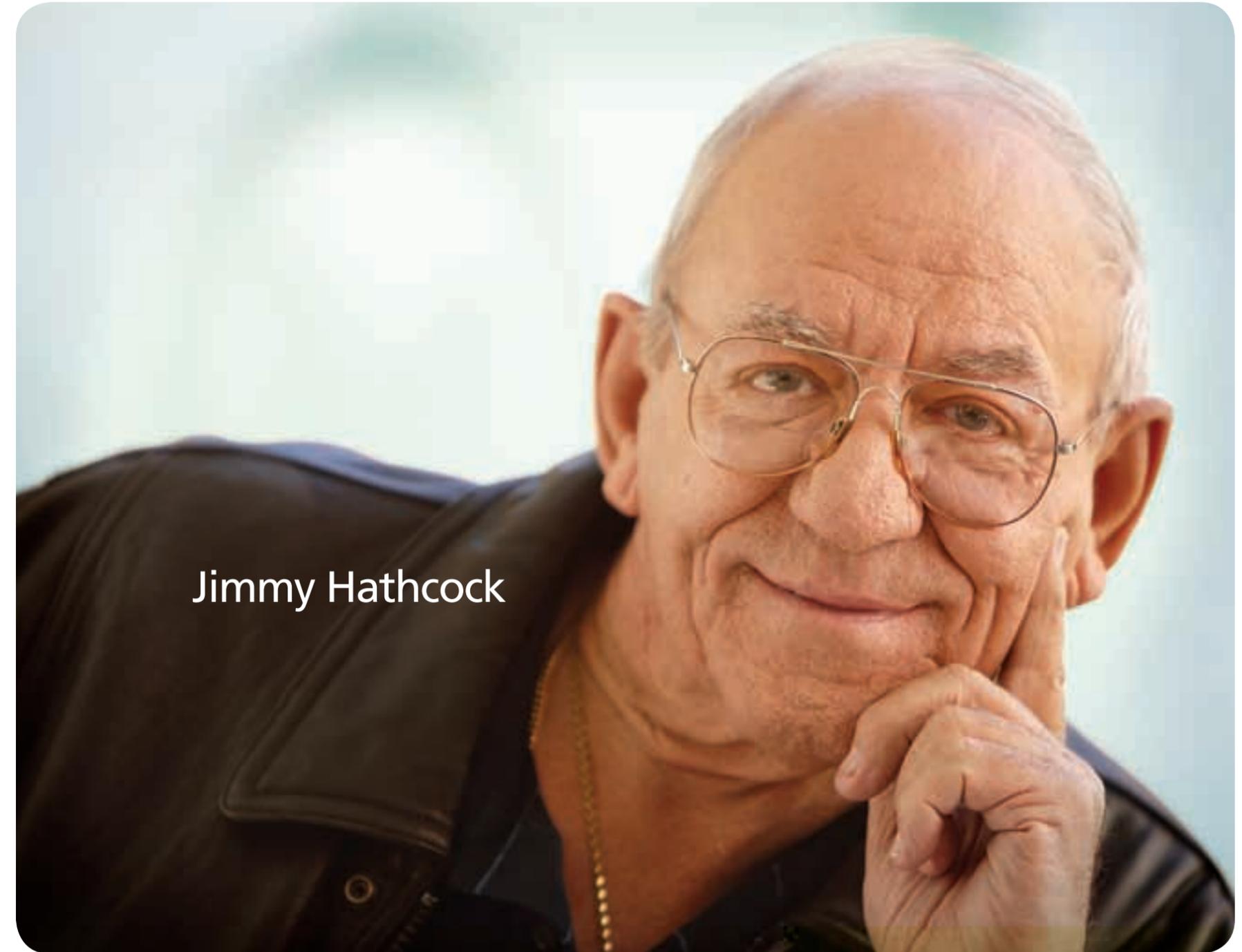
The VAD is a system of tubes connecting the heart and blood vessels to a small pump, plus a portable driver and battery pack that stay outside the patient's body. The device takes over the heart's role, pumping blood to the body. The Abiomed 5000 is small enough to allow patients to walk about and even leave the hospital.

Over the next two months, Jimmy walked the halls of Tampa General. At first, he found it difficult to even stand up, but as time passed, he grew stronger. In April, he became the first patient ever to go home with the Abiomed 5000. By then, his doctors were hopeful that Jimmy was becoming strong enough to avoid a transplant.

In June, tests revealed that Jimmy's heart was beating on its own. But was it strong enough to sustain him? They began cutting back on the VAD's function with good results. Ultimately, Sheffield and Jimmy's cardiologist Mark Weston, MD, decided it was safe to remove the device.

The true test of the heart's recovery came in the operating room on August 4 when the VAD was removed. When Jimmy awoke from surgery, he learned his heart had passed the test. "The first thing I did was to reach down to see if the VAD was still there. There are no words to describe how I felt," he said.

Today, Jimmy is enjoying life; his heart is healthy and he has no worries about needing a transplant in the future, according to his cardiologist. "He's doing fantastic," Weston says.



Jimmy Hathcock

EXIT (ex utero intrapartum treatment) Procedure

"The procedure is rare because it's rare to find a neck mass on a newborn that could obstruct the airway. But it's also rare because not many hospitals have the expertise to be able to do this. There have to be pediatric surgeons, anesthesiologists, perinatologists, and neonatologists who don't mind thinking outside the box."

Valerie Whiteman, MD, Assistant Professor of Obstetrics and Gynecology and Interim Director of Maternal Fetal Medicine for the University of South Florida College of Medicine



From left to right:

Amrat Anand, MD, Anesthesiologist

Victoria Belogolovkin, MD, Assistant Professor, USF Department of Maternal Fetal Medicine/Medical Director Fetal Care Center

Charles Paidas, MD, Professor of Surgery and Pediatrics, Chief, Pediatric Surgery, Associate Dean GME, USF College of Medicine

Valerie Whiteman, MD, Assistant Professor, Obstetrics and Gynecology, Interim Director Maternal Fetal Medicine, USF College of Medicine

Terri Ashmeade, MD, Assistant Professor of Pediatrics, Division of Neonatology, USF College of Medicine

Patricia Bornick, RN, MSN, Perinatal Navigator, USF Health Fetal Care Center of Tampa Bay

Lewis Rubin, MD, Professor and Chief of Neonatology, USF College of Medicine

Laura Haubner, MD, Assistant Professor of Pediatrics, Division of Neonatology, USF College of Medicine

Veronica Martin, RN, MSN, Vice President Women's & Children's Services, Tampa General Hospital

Susan Robinson was just 19 weeks pregnant when a sonogram revealed the birth of her third child, Anna, would not be as smooth as her first two. This sonogram showed that a huge tumor had wrapped around the baby's neck, obstructing her airway.

This wasn't a problem while the child was in the womb. The placenta provided the nutrients and oxygen she needed. But at birth, Anna would have to breathe on her own. For that to occur, she would require an innovative EXIT (ex utero intrapartum treatment) procedure.

EXIT is used to deliver newborns with abnormalities that obstruct their airways. During this procedure, only the infant's head and shoulders are delivered through a cesarean incision.

As the umbilical cord continues providing oxygen to the child, physicians open the airway with a breathing tube, then complete the delivery.

The EXIT procedure is difficult; only about 100 cases have been documented in the United States. Fortunately for Anna, lead obstetrician Valerie Whiteman, MD, had performed two of them before joining TGH.

As Susan's pregnancy progressed, Whiteman assembled a team of about 20 physicians, nurses, and other health professionals to practice the EXIT in an operating room using a simulator dummy.

"We wanted to make sure everyone on the healthcare team knew their roles. Everybody had to be at their own place and everybody had to be ready to act at the proper time," Whiteman says. "Using the dummy, we simulated the baby's head position at delivery, which is the most awkward position imaginable for

intubation. One of our main concerns was that it would be a difficult airway to secure."

The EXIT took place on October 1. Among those gathered in the operating room, pediatric surgeon Charles Paidas, MD, stood ready to surgically open the airway if the intubation was unsuccessful. Fortunately, Terri Ashmeade, MD, a neonatologist was able to insert a tube into Anna's airway with little difficulty.

Anna's tumor was a benign mass that stretched from the base of her brain to her chest, affecting her ability to nurse and presenting a potential danger to her heart. A month after Anna's birth, Paidas performed the delicate operation to remove the tumor surrounding her neck.

Meanwhile, Anna has settled in at home with her parents, older brother and sister. She shows no sign of the ordeal she experienced, her mother says.

"She's a normal, happy, healthy baby. She has the calmest, sweetest disposition," Susan says. "For that I thank Tampa General and the medical team. They made a difficult situation a lot less difficult."

"We wanted to allow Anna to grow before removing her from the respirator. She was about a week old and we were happy with what we were seeing. We brought her back to the operating room, took the breathing tube out, and for a half-hour we watched her breathe on her own. It was spectacular to be able to come out of the OR and tell Anna's mom and dad that she didn't need to be on a respirator and could go home in a few days."

Charles Paidas, MD, Professor of Surgery and Pediatrics, Chief, Pediatric Surgery, Associate Dean GME, USF College of Medicine

Susan & Anna Robinson



LESS (Laparo-Endoscopic Single-Site) Surgery

"We have done more than 500 different single incision operations. We decided to take it to the next level using epidural anesthesia. There have been a handful of facilities that have tried to do laparoscopic surgery with epidural anesthesia, but until now, nobody in the world was able to do it with single incision laparoscopy. Tampa General Hospital is the first facility to offer it."

Sharona Ross, MD, Assistant Professor of Surgery, Director, Surgical Endoscopy, and MIS Fellowship Director for the University of South Florida College of Medicine



"Single incision laparoscopic surgery leaves no scar. We operate through the belly button, so there's no way to tell this patient has had an operation."

Alexander Rosemurgy, MD, FACS, Associate Dean for Medical Simulation and Academic Enrichment, Professor of Surgery, Professor of Medicine, The Vivian Clark Reeves/Joy McCann Culverhouse Endowed Chair for Digestive Disorders and Pancreatic Cancer for the University of South Florida College of Medicine, Surgical Director of the Digestive Disorders Center at Tampa General Hospital

The day after Fay Norton's surgery to remove her gallbladder, the 74-year-old retired physician was out walking her son's dog around the neighborhood. Her prescription for post-operative pain sat unneeded in the medicine cabinet and she felt fine.

Fay's remarkable recovery was due to a groundbreaking surgical technique performed at Tampa General Hospital by University of South Florida surgeons Sharona Ross, MD, and Alexander Rosemurgy, MD – single incision laparoscopic surgery, which uses just one small incision in the belly button to perform an operation.

This laparoscopic procedure was performed without general anesthesia. An epidural anesthetic, which blocks signals from nerves around the spinal cord, and a local anesthetic at the incision site provided pain relief.

Fay avoided the side effects of general anesthesia and the multiple incisions usually used in laparoscopic surgery. Two hours after the operation, Fay was discharged, and she says her recovery was easy.

"Everything went very well," she says. "I was a little sore when I left the hospital, but after that day, I didn't have any pain. I had a wonderful recovery."

Ross and Rosemurgy, along with USF surgeon Michael Albrink, MD, are pioneers in the development of the single incision technique for laparoscopic surgery. Instead of multiple incisions, this procedure involves a single cut through the belly button and the use of special instrumentation to perform the operation.

"Normally, the patient's recovery is pretty short, but what we're seeing with single incision surgery are even better results in terms of a quick return to work, the satisfaction of having no scar, and no risk of a hernia or wound infection," Rosemurgy said.

Rosemurgy and Ross were the first in the nation to use no general anesthesia during single incision laparoscopic surgery, and Fay was just the second Tampa General patient to experience its benefits.

"By doing this under local anesthesia, the patient gets out of the hospital faster, and avoids some of the insults from general anesthesia such as cardiopulmonary and respiratory issues and the anxiety some patients have toward it. There's also a huge cost savings for everybody involved in the healthcare system," Rosemurgy says.

In addition to gallbladder surgery, Ross and Rosemurgy are performing single incision laparoscopic surgery for a variety of operations such as acid reflux surgery, Heller myotomies for achalasia, gallbladder removal, pancreatic tumor excision, appendectomy, inguinal hernia repairs, spleen removal, adrenal removal, liver cyst excisions, and more. Each month, surgeons from around the country come to TGH to learn this technique.

Fay Norton

MAKOplasty® Robotic Arm Assisted Knee Surgery

At 70 years old, Rose Marie DiBella's voice still packs a wallop when she sings. She has performed with some of the greats, including Ray Charles, Perry Como and Al Martino. And she continues to travel the country with her musical act, which combines singing with some dancing.

Rose Marie's career hit a snag last April when she developed severe pain in her right knee. Walking became difficult, and entertaining was out of the question. She sought out doctors in her hometown of New Port Richey, who treated her with cortisone, anti-inflammatory medicine and pain relievers. But nothing worked until a noted arthritis specialist recommended she visit orthopedic surgeon, Kenneth Gustke, MD.

Gustke was one of several doctors at Tampa General Hospital who had recently begun using an innovative new RIO® robotic arm system for a partial knee resurfacing procedure called MAKOplasty®. Through MAKOplasty®, patients with early to mid-stage osteoarthritis can have partial knee replacements, avoiding the side effects and longer recovery time of total knee replacement surgery.

Rose Marie underwent the surgery at Tampa General on August 12. After spending a night in the hospital, she went home pain free.

"After I came home, I would take my dog for walks down the block," Rose Marie says. "Many people in my neighborhood have gone through total knee replacement surgery, and they'd say, 'You had knee surgery? How could you be walking like that?' But it was a very easy recovery; I walked with no problem."

Gustke attributes Rose Marie's easy recovery to the MAKOplasty® technique. "Partial knee replacements have been around for about 30 years, but they've been less predictable than a total replacement," Gustke says. "The surgery's outcome depends on perfect alignment of the bones. With the MAKO system, the parts are placed much more reliably."

The MAKO procedure begins prior to surgery when physicians take a CT scan of the patient's leg to determine its normal alignment and to develop a surgical plan, which is then programmed into the MAKO system.

During the operation, the MAKO system's robotic arm guides the surgeon's hand, limiting it to the defined surgical area. At the same time, MAKO's visualization system provides the surgeon with a three-dimensional, live-action, virtual view of the patient's bone surface.

MAKOplasty® is a good option for patients in the early stages of osteoarthritis, Gustke says. It requires a smaller incision, leaves more of the patient's natural knee intact, and leaves minimal trauma to surrounding tissue, resulting in shorter hospital stays, quicker rehabilitation, and a smaller scar, he says. "If you're a candidate for a partial replacement, there's no question in my mind it should be done with this technique," he says.

"In the past, many patients lived with pain until their arthritis progressed and they became candidates for a total knee replacement. With a partial replacement, you're operating at an earlier stage of arthritis, so patients don't have the deformity of bones and atrophy of muscles, and they don't need as much recovery time."

**Kenneth Gustke, MD,
Orthopedic Surgeon,
Florida Orthopaedic Institute**



Photo courtesy of MAKO Surgical Corp.



Rose Marie DiBella

Operating Indicators

Tampa General Hospital

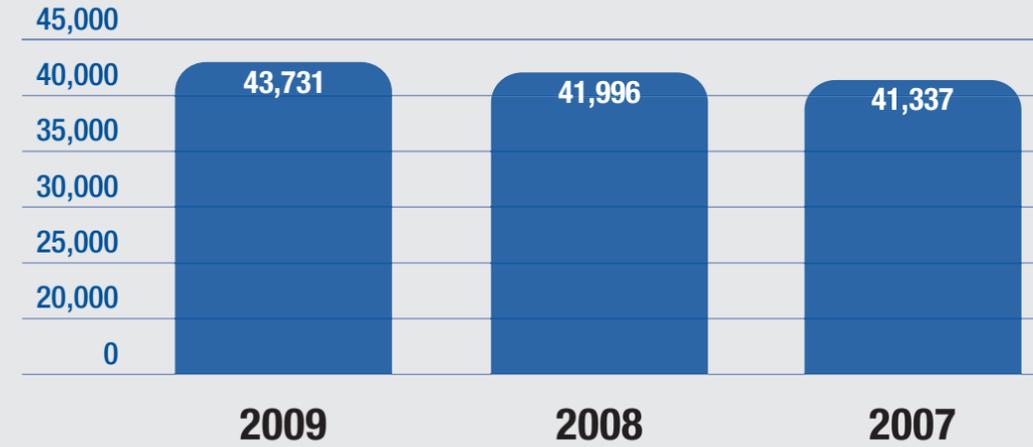
For the years ending September 30, 2009, 2008, 2007 (\$s in thousands)

	2009	2008	2007
TOTAL REVENUES	\$945,854	\$874,892	\$838,295
Expenses			
Salaries & Benefits	\$393,125	\$358,162	\$320,276
Medical Supplies	208,706	187,828	179,573
Provision for Bad Debts	58,505	68,053	73,179
Purchased Services	65,881	63,833	52,978
Depreciation, Amortization	34,528	28,039	21,650
Professional Fees	28,600	32,819	27,158
Utilities & Leases	21,614	19,300	19,658
Interest	19,438	19,528	20,827
Insurance	33,089	27,599	29,837
Other	57,688	52,050	50,824
Total Expenses	\$921,174	\$857,211	\$795,960
Gain from Operations	\$24,680	\$17,681	\$42,335
Non-Operating Net Gains (Losses)	\$13,640	(\$12,660)	\$24,838
Gain (Loss)	\$38,320	\$5,021	\$67,173
Total Assets	\$1,062,271	\$979,539	\$975,310
UTILIZATION			
Discharges (includes newborns)	43,731	41,996	41,337
Patient Days (includes newborns)	274,114	260,549	249,096
Deliveries	5,468	5,585	5,454
Surgeries	27,011	26,048	25,720
ER Visits	75,912	70,577	67,009

CARE PROVIDED TO INDIGENT PATIENTS	2009	as a % of total	2008	as a % of total	2007	as a % of total
Charges Foregone						
Medicaid	\$545,186	14%	\$429,226	13%	\$348,077	12%
HCHCP	120,281	3%	101,789	3%	94,855	3%
Charity	251,159	7%	230,786	7%	187,672	7%
Total Indigent	\$916,626	24%	\$761,801	24%	\$630,604	22%
Hospital Gross Charges	\$3,789,550		\$3,201,371		\$2,832,205	
Utilization of Services						
Discharges (includes newborns)						
Medicaid	9,957	23%	11,984	28%	11,404	28%
HCHCP	1,794	4%	1,854	4%	1,764	4%
Charity	6,495	15%	4,304	10%	4,841	12%
Total Indigent	18,246	42%	18,142	43%	18,009	44%
Total Discharges	43,731		41,996		41,337	

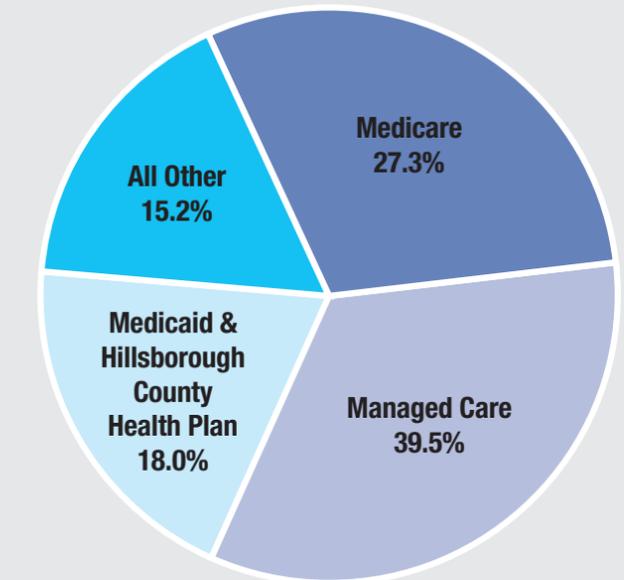
Discharges

(includes newborns)



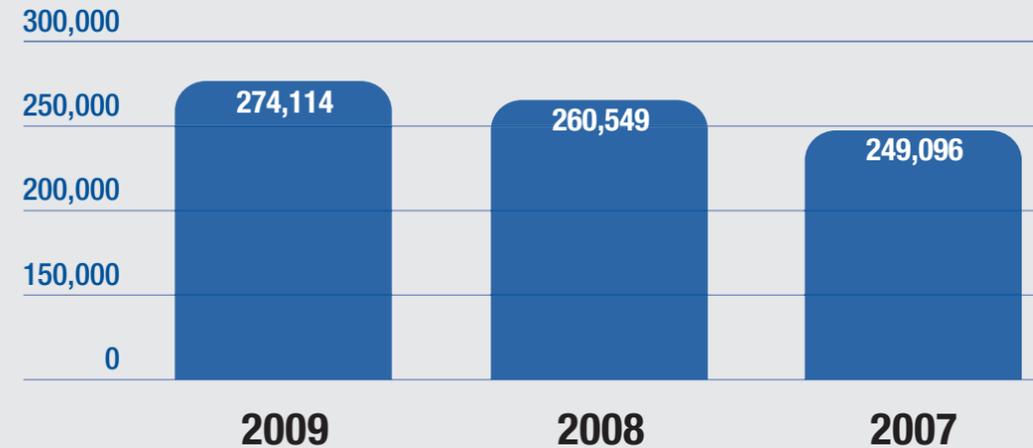
Payor Mix-2009

(based on gross revenue FY 2009)



Patient Days

(includes newborns)



Facts about Tampa General Hospital

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, ready to respond to the most serious injuries. 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 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, 2008 to September 30, 2009, 52 heart transplants, 38 lung transplants, 184 adult kidney transplants, 11 pediatric kidney transplants, three heart/kidney transplants, 21 kidney/pancreas transplants, four pancreas transplants, 90 liver transplants and four liver/kidney transplants were performed at Tampa General Hospital.

Tampa General Hospital is the fifth busiest cardiac transplant center in the nation and one of just eight in the nation to have performed more than 800 heart transplants. The first successful heart transplant in Florida was performed at TGH in 1985.

NEONATAL INTENSIVE CARE UNIT

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

CENTER FOR BLOODLESS MEDICINE & SURGERY

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

CARDIAC SERVICES

TGH provides a complete range of non-invasive, invasive, surgical, diagnostic and rehabilitative cardiac services. Aspects of cardiac care include echocardiography, angiography, interventional cardiology, electrophysiology procedures including ablations, heart failure management, heart transplantation and cardiac rehabilitation.

TGH routinely performs cardiac surgical procedures and has six operating rooms dedicated to cardiac surgery. TGH provides treatment of coronary artery and bypass graft blockages using balloon angioplasty, intracoronary stenting and other modalities. Biventricular pacemakers and ventricular assist devices (VAD) are also implanted here.

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.

WOMEN'S CENTER

Offering high-risk and normal obstetric services, nearly 5,500 babies are delivered at TGH each year. The Women's Center offers: childbirth education classes, pre-registration, 24-hour anesthesia services, labor and delivery in the same room, beautiful post-partum rooms and lactation consultation. A free infant car seat is given to each new mother upon discharge.

Comprehensive infertility (IVF) treatments, fertility preservation, pre-implantation genetic diagnosis services and reproductive endocrine care services are available.

CHILDREN'S MEDICAL CENTER

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

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

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

DIGESTIVE DIAGNOSTIC & TREATMENT CENTER

TGH is a referral center for routine and complex disorders of the digestive system. Our colorectal disorders, gastro-esophageal disorders and pancreatic/hepatic/biliary disorders programs 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 disease-specific certification from The Joint Commission. More than 2,200 weight loss surgeries have been performed at TGH since 1998.

INFECTIOUS DISEASE SERVICES

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

NEUROSCIENCE 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 from 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, 2008 & 2009.

Our orthopedic trauma and joint replacement programs have received disease-specific certification from The Joint Commission.

PhysicianFinder

Physician Referral Service (800) 822-DOCS

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

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

LICENSED BEDS (988 total)

(929 acute care and 59 rehabilitation care beds)

PATIENTS FY '09 (10/01/08 – 9/30/09)

Inpatient Discharges
(includes newborns) – 43,731

Births – 5,468

Surgeries – 27,011

Emergency & Trauma Center – 75,912

Adult – 60,198

Pediatric – 15,714

SURGICAL SUITES (43 total)

19 Main (including one dedicated trauma room),
1 Burn, 6 Cardiac, 8 OB/GYN, 9 Outpatient

MEDICAL STAFF

Devanand Mangar, MD, Chief of Staff

Thomas L. Bernasek, MD, Vice Chief of Staff

Bruce R. Zwiebel, MD, Secretary – Treasurer

Stephen G. Brantley, MD, Past Chief of Staff

Matthew A. Fink, MD, At-Large Representative

Richard L. Paula, MD, 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 285 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

Approximately 6,000 employees staff TGH. TGH plays a vital role in the education of nurses, therapists, technicians and other health professionals.

At-A-Glance Directory

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

(daycare for sick children)

(813) 844-7192

Florida Poison Information Center

(800) 222-1222

MORE HEALTH, Inc.

(school and community health education)

(813) 287-5032

Employment

For employment opportunities, visit our website at

www.tgh.org.

Support Groups

TGH hosts a wide variety of support groups.

Visit www.tgh.org for additional information.

Senior Management

Ronald A. Hytoff, MHA, FACHE
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Executive Vice President &
Chief Operating Officer

Steve Short
Executive Vice President &
Chief Financial Officer

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*Retired

