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.
[Image 220x413 to 341x562] [Image 216x167 to 342x318] [Image 531x14 to 664x69] [Image 384x8 to 516x73]

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 department at the University of South Florida College of Medicine, was a nationally respected neurosurgeon whose skill benefitted thousands of patients. Both of these men had a tremendous and everlasting impact on Tampa General Hospital and their leadership will be missed. As an organization, we look toward a bright future, as these visionary men would have expected.

The year 2003 will also be remembered as the year Tampa General Hospital ran out of room. In September, we opened our last remaining patient space, 54 beds located in previously vacant areas on three separate floors. This space was needed because our patient volumes have risen steadily, and that trend is expected to continue.

We announced that we received regulatory approval for, and successfully put into place, the financing needed for our most ambitious expansion effort in more than two decades: a new building to be constructed on the northwest side of the hospital, adjacent to the existing food court and loading dock areas.

This expansion will allow us to more than double the size of our emergency facilities, expand vascular services, provide more comforting facilities for mothers in labor and women undergoing gynecological surgery and add to our critical care capacity. Groundbreaking will occur in the summer of 2004 and we expect completion in 2006.

Our growth is due in large part to the specialized medical services we provide that are not available in other hospitals in the region. Our role as the primary teaching hospital for the University of South Florida College of Medicine, established in 1970 and maintained continuously since that year, has created opportunities to provide our patients with the most advanced technologies and treatments. We continue to attract an ever-increasing number of highly skilled and dedicated community-based physicians, so as to provide a pre-eminent health care team for the patients we serve.

It is this team approach that we are featuring in this year’s annual report. Specifically, we are focusing on our interdisciplinary stroke team. Victims of stroke have traditionally faced difficult and sometimes insurmountable obstacles to recovery due to the nature of their illness and the extremely short period of time in which treatment must begin. Today, however, Tampa General physicians and clinical staff members have created and implemented an interdisciplinary stroke program that has achieved some remarkable results.

What is presented in the following pages is an example of how medical professionalism, dedication and teamwork, enhanced by technology, can accomplish astonishing and heartwarming results, results of which all members of the Tampa General family are extremely proud. H.L. Culbreath and Dr. Cahill championed teamwork and we dedicate this annual report in their memory.
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.

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.

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.

Editor’s Note: While Susan is not a real patient, the processes and protocols portrayed here are accurate and reflect the elements of the TGH stroke program. Susan is a composite of many stroke patients who have been successfully treated at TGH.
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.
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. 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.
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.
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.
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.

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 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 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  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

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
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

CARLOS R. MARTINEZ, M.D.  
Co-Medical Director Radiology  
Tampa General Hospital

DAVID J. ORBAN, M.D.  
Chief of Emergency Medicine  
Tampa General Hospital

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
<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
<th>2001</th>
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<tbody>
<tr>
<td><strong>Total Revenues</strong></td>
<td>$566,065</td>
<td>$532,530</td>
<td>$411,706</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries &amp; Benefits</td>
<td>$236,469</td>
<td>$206,336</td>
<td>$167,530</td>
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<tr>
<td>Medical Supplies</td>
<td>110,545</td>
<td>95,479</td>
<td>78,945</td>
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<tr>
<td>Provision for Bad Debts</td>
<td>40,418</td>
<td>50,819</td>
<td>38,816</td>
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<tr>
<td>Purchased Services</td>
<td>41,681</td>
<td>34,159</td>
<td>32,207</td>
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<tr>
<td>Depreciation, Amortization</td>
<td>17,590</td>
<td>16,927</td>
<td>17,173</td>
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<tr>
<td>Professional Fees</td>
<td>15,938</td>
<td>14,835</td>
<td>13,579</td>
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<tr>
<td>Utilities &amp; Leases</td>
<td>14,401</td>
<td>12,742</td>
<td>12,863</td>
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<tr>
<td>Interest</td>
<td>8,628</td>
<td>7,715</td>
<td>8,001</td>
</tr>
<tr>
<td>Insurance</td>
<td>15,564</td>
<td>8,950</td>
<td>2,749</td>
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<tr>
<td>Other</td>
<td>33,200</td>
<td>28,366</td>
<td>29,066</td>
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<tr>
<td><strong>Total Expenses</strong></td>
<td>$534,434</td>
<td>$476,328</td>
<td>$400,929</td>
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<tr>
<td><strong>Gain (Loss)</strong></td>
<td>$31,631</td>
<td>$56,202</td>
<td>$10,777</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td>$516,622</td>
<td>$381,466</td>
<td>$301,857</td>
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</table>

**UTILIZATION**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharges (excludes newborns)</td>
<td>29,024</td>
<td>27,848</td>
<td>26,166</td>
</tr>
<tr>
<td>Patient Days (excludes newborns)</td>
<td>199,699</td>
<td>183,052</td>
<td>170,788</td>
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<tr>
<td>Deliveries</td>
<td>4,185</td>
<td>3,970</td>
<td>3,806</td>
</tr>
<tr>
<td>Surgeries</td>
<td>19,844</td>
<td>18,312</td>
<td>16,929</td>
</tr>
<tr>
<td>E.R. Visits</td>
<td>64,376</td>
<td>59,739</td>
<td>56,541</td>
</tr>
</tbody>
</table>

**CARE PROVIDED TO INDIGENT PATIENTS**

<table>
<thead>
<tr>
<th></th>
<th>2003 as a % of total</th>
<th>2002 as a % of total</th>
<th>2001 as a % of total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Charges Foregone</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td>$229,540 13.27%</td>
<td>$200,196 12.81%</td>
<td>$138,320 11.41%</td>
</tr>
<tr>
<td>H C H C P</td>
<td>63,017     3.64%</td>
<td>69,045     4.42%</td>
<td>60,933     5.02%</td>
</tr>
<tr>
<td>Charity</td>
<td>96,781     5.59%</td>
<td>65,130     4.17%</td>
<td>52,568     4.33%</td>
</tr>
<tr>
<td><strong>Total Indigent</strong></td>
<td>$389,338 22.50%</td>
<td>$334,371 21.40%</td>
<td>$251,821 20.76%</td>
</tr>
<tr>
<td><strong>Hospital Gross Charges</strong></td>
<td>$1,730,303</td>
<td>$1,563,280</td>
<td>$1,212,690</td>
</tr>
</tbody>
</table>

**Utilization of Services**

<table>
<thead>
<tr>
<th></th>
<th>2003 30.88%</th>
<th>2002 29.63%</th>
<th>2001 25.43%</th>
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</thead>
<tbody>
<tr>
<td>Discharges (includes newborns)</td>
<td>10,495</td>
<td>9,279</td>
<td>7,522</td>
</tr>
<tr>
<td>Medicaid</td>
<td>1,280</td>
<td>1,171</td>
<td>1,372</td>
</tr>
<tr>
<td>H C H C P</td>
<td>2,768</td>
<td>2,877</td>
<td>3,813</td>
</tr>
<tr>
<td>Charity</td>
<td>14,543</td>
<td>13,327</td>
<td>12,707</td>
</tr>
<tr>
<td><strong>Total Discharges</strong></td>
<td>33,981</td>
<td>31,313</td>
<td>29,574</td>
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</table>
**DISCHARGES**
(excludes normal newborns)

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
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<tbody>
<tr>
<td>2001</td>
<td>26,166</td>
</tr>
<tr>
<td>2002</td>
<td>27,848</td>
</tr>
<tr>
<td>2003</td>
<td>29,024</td>
</tr>
</tbody>
</table>

**PAYOR MIX - 2003**
(percentage of gross revenues)

- Medicare: 31.1%
- Medicaid & Hillsborough County Health Plan: 21.0%
- Managed Care: 33.6%
- All Other: 14.3%

**PATIENT DAYS**
(excludes normal newborns)

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>170,788</td>
</tr>
<tr>
<td>2002</td>
<td>183,052</td>
</tr>
<tr>
<td>2003</td>
<td>199,699</td>
</tr>
</tbody>
</table>
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
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. Hyttof, 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 1-800-822-1222
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
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.