Dear Community

We hear the word “innovation” used a lot these days in a variety of contexts. Medical innovation drives a lot of what we do at Tampa General and for that reason it is the centerpiece of this year’s annual report.

Innovation in the medical sense is not simply a matter of being the first to have the latest gadget or the newest piece of equipment. Our goal is to employ innovation to improve patient outcomes and safety. As the primary teaching hospital for the University of South Florida College of Medicine, an integral part of our mission is to support clinical research that achieves these goals.

To illustrate the point, consider how innovation has changed gallbladder removal. For years, a patient undergoing this procedure was left with a long, visible scar, bouts of nausea, sore throat and sleepiness from general anesthesia, and hospital stays that could last up to a week. With the advent of laparoscopic gallbladder removal, patients had about six smaller scars. They were often able to go home that same day or spend one night in the hospital, but still grappling with the effects of general anesthesia.

Today, as you will see in this annual report, surgeons at Tampa General are performing gallbladder removal through a patient’s belly button — without the use of general anesthesia. Under the influence of nerve blocking epidural injections, the patient remains awake and able to talk to the surgical team.

The patient benefits from this procedure by having less pain after the surgery, less blood loss, a faster recovery time, fewer complications and much better cosmetic results. They also do not have to deal with the effects of general anesthesia.

We have not found another hospital that performs this kind of procedure. More than 300 physicians from around the country have come to Tampa General to see how it is done. In addition to the gallbladder surgery, this year’s annual report features a device that allowed a man’s damaged heart to heal and avoid a transplant, a mother who gave birth to a baby with a life-threatening tumor using a procedure that has been done just 100 times in the country, and a robotic arm that aids surgeons during knee replacement surgery.

Although each story focuses on different medical specialties, they share a common thread: the use of innovation to improve patient experiences when they come to the hospital.

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 the first choice 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 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.
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.

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 woke from surgery, he learned his heart had passed the test.

“This is a big deal. I’m just so happy for him. He 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 today he is off the transplant list and his old heart is ticking just fine. 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.

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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, blocking 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 coldest, sweetest disposition,” Susan says. “For that I thank Tampa General and the medical team. They made a difficult situation a lot less difficult.”

EXIT (ex utero intrapartum treatment) Procedure

“EXIT is a procedure rarely done because it’s rare to find a newborn that could obstruct the airway. And it’s also rare because not many hospitals have the expertise to be able to do it. 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

Susan & Anna Robinson

From left to right: Amrat Anand, MD, Anesthesiologist
Valerie Whiteman, MD, Assistant Professor of Obstetrics and Gynecology and Interim Director of Maternal Fetal Medicine, University of South Florida College of Medicine
Tara Ashmoon, MD, Assistant Professor of Pediatrics, Division of Neonatology, University of South Florida College of Medicine
Patricia Binhua, RN, NEA, Perinatal Navigator
USF Health Fetal Care Center of Tampa Bay
Lewis Bacon, MD, Professor of Chief of Neonatal Medicine, USF College of Medicine
Laura Sorensen, MD, Assistant Professor of Pediatrics, Division of Neonatology, University of South Florida College of Medicine
Veronica Martin, RN, MSN, Vice President Women’s & Children’s Services, Tampa General Hospital

USF College of Medicine
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 postoperative 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.

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 repair, open repair, hernia repairs, and more. Each month, surgeons from around the country come to TGH to learn this technique.
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 opening up a smaller area of arthritis, so patients don’t have the deformity to their bone and muscles, and they don’t need as much recovery time."  

Kenneth Gustke, MD, Orthopedic Surgeon, Florida Orthopaedic Institute

Rose Marie DiBella

Photo courtesy of MAKO Surgical Corp.
Operating Indicators

Tampa General Hospital

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

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<tr>
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Payor Mix-2009
(based on gross revenue FY 2009)

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Discharges
(includes newborns)

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<th>Year</th>
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<th>Medical Supplies</th>
<th>Provision for Bad Debt</th>
<th>Purchased Services</th>
<th>Depreciation, Amortization</th>
<th>Professional Fees</th>
<th>Utilities &amp; Leases</th>
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Provision for Bad Debts

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The Joint Commission.

Our burn program has also received disease-specific certification from The Joint Commission. Only 53 patients from initial emergency admission through reconstructive surgery and follow-up care are treated at TGH each year. 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 receive The American Burn Association/ American College of Surgeons’ Regional Burn Center status in 2001. TGH is one of just four burn centers in the country to have received the honor of Verification status. 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.

NEONATAL INTENSIVE CARE UNIT

As a level III Neonatal Intensive Care Unit (NICU), TGH provides advanced treatment for critically ill newborns, including ECMO, a life-saving breathing treatment available at only eight hospitals in the nation. TGH also has the highest rating available for this program.

CARTER SERVICES

Our cardiology program has received disease-specific certification from The Joint Commission. TGH provides care for patients with neurological injuries 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 state to receive accreditation by the American Academies of Sleep Medicine and American Thoracic Society with disease-specific certification from the Joint Commission. This center provides evaluation and follow-up care for a variety of sleep-related disorders such as sleep apnea, narcolepsy, and insomnia.

ORTHOPEDIC SERVICES

Tampa General Hospital is a Level I trauma center, and one of just four in West Central Florida, providing emergency treatment to adults and children with critical injuries and acute illnesses.

DIAGNOSTIC & TREATMENT CENTER

TGH is a referral center for routine and complex disorders of the diagnostic system. Our colorectal disorders, gastro-esophageal disorders and other neuromuscular 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. The American Society for Bariatric Surgery has named TGH a Bariatric Surgery Center of Excellence.

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