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When you arrive at the intersection of Miccosukee Road and Centerville Road, you likely notice a change. A sea of blue now flows down the front face of Tallahassee Memorial HealthCare’s Main Hospital. This breathtaking indigo mosaic is more than an art piece – it is a visual representation of our community. Neighbors coming together to support and serve each other.

Seventy years ago, when TMH was first established, strategic-thinking community leaders committed to making the health of the Tallahassee area a top priority. Our small city-owned hospital has grown into a private, not-for-profit, super-regional critical access facility with nearly 5,000 employees and almost 700 members of our medical staff.

Today, that commitment of helping our community still rings true. From the latest treatment options and expanded sub-specialty programs to new state-of-the-art facilities and initiatives focused on prevention, our organization is growing to meet the everchanging needs of the Big Bend and beyond.

We are bringing new pieces of the “big picture” together to impact this positive change. That means renovating our existing facilities and constructing new buildings like the M.T. Mustian Center, which will replace and expand the operating rooms and adult ICU beds in the Main Hospital. It also requires we continue to attract the best medical experts to our community, from physicians and nurses to technicians and specialists. It involves bringing new healthcare partners into our community like Wolfson Children’s Hospital, a nationally recognized children’s hospital based in Jacksonville, to expand our resources and improve access to specialties our neighbors need close to home.

The core of Tallahassee Memorial HealthCare is, and will continue to be, the dynamic community that we have the opportunity to serve. Thank you for allowing us to care for you. Thank you for making us your hospital for life.
COMMITTED TO SERVING

1 STEVE EVANS, Chair  2 CHRISTOPHER RUMANA, MD, Chair-Elect  3 MARTHA BARNETT, Secretary  4 LEE HINKLE, Treasurer  5 WAYNE BATCHELOR, MD  6 A.J. BRICKLER, MD  7 REV. BRANT S. COPELAND  8 AVON DOLL, MD  9 KELLY DOZIER  10 WINSTON HOWELL
As a not-for-profit hospital founded by local civic leaders, Tallahassee Memorial HealthCare’s mission has always been defined and driven by a desire to serve our community. Today, TMH continues to be guided by a volunteer Board of Directors who give their time to advance healthcare in the Big Bend by providing financial, administrative and quality-of-care oversight.

11 AVERY MCKNIGHT 12 ED MURRAY, JR 13 MARY PANKOWSKI 14 THOMAS TRUMAN, MD 15 GARY WINCHESTER, MD 16 ANDREW WONG, MD 17 SHELBY BLANK, MD, Ex-Officio 18 GEORGEANN HARTSFIELD, Ex-Officio 19 SAM LESTER, Ex-Officio 20 G. MARK O’BRYANT, Ex-Officio
“Having a near-death experience like this really makes you appreciate every moment and every day.”

D’Angelo Franco
When Miguel Viganoni was a child, he was diagnosed with asthma – something that affects nearly 1 in 12 people in the United States. While playing sports, he would experience symptoms such as shortness of breath, a tight and burning sensation in the chest, and palpitations. Miguel managed his asthma enough to continue playing sports, however, that changed when he collapsed during his eighth grade soccer tryouts.

“From that moment on, I was never really able to play sports again competitively,” said Miguel. Following the episode, Miguel learned that he didn’t have asthma, but instead had a cardiac-related issue.

In 2016, Miguel came to Florida State University with his best friend and roommate, D’Angelo Franco. While Miguel’s symptoms persisted, he was able to manage them by sitting down, taking deep breaths and mentally calming himself down. It wasn’t until Miguel’s sophomore year that he had an episode that would change his life forever.

“D’Angelo and I had friends in town visiting and we were going to grab lunch together. We were all at the car when I realized I forgot my wallet,” said Miguel. “I ran upstairs to grab it, and I remember running really fast and started feeling those usual symptoms. And that’s really the last thing I remember.”

It was in that moment that Miguel’s heart stopped beating. His friends who were downstairs had no idea yet what had happened. After a minute or so, D’Angelo decided to go check on him.

“I walked up and went to open the door, but couldn’t open it because it hit something. I kept thinking ‘what am I hitting’ – I couldn’t open it all the way, but I squeezed through and saw him lying there,” said D’Angelo. “I knew right away I had to do something or he was going to die.”

Thankfully, when Miguel and D’Angelo were in high school, they had taken CPR courses. D’Angelo still remembered the procedure and began to perform CPR on his best friend, while simultaneously calling 911 to get help on the way.

D’Angelo was able to keep Miguel alive until EMS arrived. Paramedics used a defibrillator to revive Miguel and transported him to Tallahassee Memorial HealthCare (TMH). William Dixon, IV, MD, FACC, interventional cardiologist at TMH, was working in the cath lab when Miguel was brought in.

“I had gotten a call from Dr. Giove who told me we had a college student in the emergency room who had cardiac arrest in the field, received defibrillation from EMS, and was now intubated and unresponsive,” said Dr. Dixon. “After several tests, we discovered he had ventricular noncompaction – which means the pumping chamber was formed abnormally, which predisposes him to malignant, life-threatening arrhythmias. But our biggest concern at that moment was his neurologic recovery.”

TMH is recognized by the American College of Cardiology (ACC) as an “Accredited Chest Pain Center with PCI and Resuscitation.” This designation means that a specialized treatment called percutaneous coronary intervention (PCI) is used as the primary treatment for acute heart attacks, and that the hospital also has a robust hypothermia program for post-cardiac arrest patients who may be at risk of brain damage. This therapeutic hypothermia program, which cools the body to a lower temperature to preserve brain function, was instrumental in Miguel’s recovery.

“Two days later, I was pleasantly surprised – if not shocked – to find out Miguel was awake, extubated, off the ventilator and talking with family,” said Dr. Dixon. “I can’t tell you how happy that made me feel – that here’s this 20-year-old kid who has his whole life ahead of him again.”

Miguel miraculously had no neurological deficits, due in large part to the therapeutic hypothermia, and was discharged after a few days. Because of his diagnosis, Miguel had a permanent defibrillator placed, which monitors his heart rhythm 24/7. In the case of an occurrence of an abnormally fast or dangerous heart rhythm, it is capable of automatically shocking his heart back to normal rhythm.

Since the implantation of the device, Miguel has received those life-saving shocks. However, he has still been able to return to his normal life, but now, with a new outlook on life.

“My life almost ended before I turned 21 years old. Realizing that, it changed my perspective,” said Miguel. “Having a near-death experience like this really makes you appreciate every moment and every day.”

“I can’t tell you how happy that made me feel – that here’s this 20-year-old kid who has his whole life ahead of him again.”

- Dr. Dixon
Kids will be kids… we all know that – but what happens when their actions turn into accidents?

Thanks to the success of Tallahassee Memorial HealthCare’s affiliation with Wolfson Children’s Hospital of Jacksonville, the Tallahassee community can rest easy with the recent establishment of the Children’s Emergency Center, located on the second floor of the Tallahassee Memorial Emergency Center – Northeast.

“With a dedicated children’s entrance and waiting area with an iPad bar, the Emergency Center – Northeast was already more kid-friendly than many ERs,” shared Mark O’Bryant, President & CEO of Tallahassee Memorial HealthCare. “By teaming up with Wolfson Children’s Hospital, we have expanded the pediatric training of our clinical team, added new child-approved design elements and incorporated telemedicine with the medical team in Jacksonville.”

Telemedicine, the use of telecommunication and information technology to provide clinical healthcare from a distance, has become a valuable tool for the board-certified emergency medicine physicians at TMH to collaborate 24/7 with the board-certified pediatric emergency medicine physicians at Wolfson Children’s. This technology has helped to provide world-class patient care close to home in a modern, convenient and safe way. Unlike Skype or other communication platforms, telemedicine applications are HIPAA-compliant to protect patient privacy.

“Children of all ages benefit when we all work together as a team,” said Michael Aubin, President of Wolfson Children’s Hospital. “With the launch of this new Children’s Emergency Center, we are combining the exceptional pediatric care TMH already provides with the implementation of pediatric protocols available at Wolfson Children’s Hospital to further enhance these services. Bringing our clinical and technological strengths together also means a better patient and family experience.”

In addition to the utilization of telemedicine and the new kid-friendly design of the rooms, the nursing staff at the Tallahassee Memorial Children’s Emergency Center plays a critical role in the specialized emergency care offered to pediatric patients.
While it has always been a requirement for nurses at the Emergency Center - Northeast to keep a current Pediatric Advanced Life Support (PALS) and/or Emergency Nursing Pediatric Course (ENPC) certification – with this new Children’s Emergency Center comes the need for further specialization and education.

Nurses are now required to go through a Neonatal Resuscitation Program (NRP), S.T.A.B.L.E classes - a neonatal education program that focuses exclusively on the post-resuscitation/pre-transport stabilization care of sick infants - and continued education with the Emergency Nursing Pediatric Course (ENPC). Additionally, nurses with little or no pediatric experience are required to spend time in the Tallahassee Memorial Children’s Center in the main hospital to learn more from the highly-skilled pediatric nursing team. The Children’s Emergency Center team will also have its own Certified Child Life Specialist – a specialist who helps children and families cope with the stress and uncertainty of acute illness, injury or trauma.

As every parent has learned, kids will always be kids.

Whether it be a fall or cut, broken bone or allergic reaction, here at Tallahassee Memorial, as long as kids will be kids… we’ll be ready.
THE ROAD TO RECOVERY LEADS TO ROBOTICS

Sue Bodziak, MPH, OTR/L

Chuck Urban

Lauren Pelham, PT
Waking up with a hangover the morning after a night of drinking is pretty normal.

Waking up with a hangover the morning after a quiet evening at home is not.

For Chuck Urban, 51, he experienced this unsettling sensation when he woke up the morning of August 22, 2017.

“I felt like I had a hangover, believe it or not — but I didn’t have a drink the night before. It was dragging me down, mentally and physically,” recounted Chuck.

Despite being nauseous and having a headache for no apparent reason, Chuck got out of bed to help his boys, ages 10 and 12, get ready for school just like he would on any other weekday.

While he tried to push through his symptoms to complete his morning routine, his symptoms worsened.

“I started slurring my words, not all of them, but every once in a while. I wasn’t speaking right and felt weak in general, specifically on my left side,” he said. “It was scary.”

In efforts to knock-it-off and refresh himself, Chuck decided to take a shower. But when he couldn’t pick his leg up, he knew something was wrong. He felt even worse than when he did just a few hours before and confided in his wife, Katy, about his symptoms.

“Luckily for me, Katy’s smart and whisked me off to the hospital,” Chuck said. “She saved me from myself, as usual.”

They got in the car and headed to Tallahassee Memorial HealthCare (TMH), home to the region’s only Comprehensive Stroke Center, where expert physicians and nurses are specially trained in emergent neurological care.

When they arrived, Chuck was rushed for a CT scan and Siddharth Sehgal, MD, neurologist, provided a rapid diagnosis. What felt like a hangover was actually the neurological deficit from an ischemic stroke, a literal “brain attack.”

“An ischemic stroke is a decrease of blood circulation leading to the brain. It occurs when a blood vessel carrying blood to the brain gets blocked,” said Dr. Sehgal. “As a result, a part of the brain does not get the blood supply, leading to brain cells dying. Each minute after a stroke the brain loses 1.9 million neurons.”

When a stroke happens, saving time means saving brain. Significant advancements have been made in the field of stroke treatment in recent years; however, these treatments are most effective in the first few minutes to hours after a stroke.

Calling 911 and getting medical attention immediately has been proven to improve access to treatments and minimize brain injury from the stroke. Stroke treatment options include tPA, the “clot-busting” medicine, and mechanical thrombectomy, a minimally invasive procedure that removes blood clots without opening the skull.

While Chuck arrived at the hospital outside the treatment window to receive tPA or mechanical thrombectomy, he spent the next two days in acute care and then began intensive rehabilitation at the Tallahassee Memorial Rehabilitation Center (TMRC).

“Regaining motor, sensory, communication and cognitive function after a stroke takes time,” said Dr. Sehgal. “Rehabilitation should start early.”

At TMRC, teams of physical, occupational and speech therapists strive to help patients get the most out of life by providing evidence-based therapies to treat many conditions across the continuum. TRMC also provides specialty inpatient services, including 24-hour nursing care, nutritional monitoring and clinical expertise from full-time physicians, offering medical diagnoses and follow-ups throughout a patients’ stay.

When Chuck was admitted into inpatient rehabilitation, he did not have any functional-use of his left arm – he could barely shrug his left shoulder — and had a difficult time dealing with his lack of independence.

“When I was told I would need to spend two weeks there I was shocked and disappointed at first,” said Chuck. “But I lived there and I got the help I needed right away, which was key to my recovery, honestly.”
Chuck's outlook on rehabilitation shifted with each day as his team of therapists – Steven Horowitz, MPH, OTR/L; Jim Tebo, PT; Lorri Crawford, MS, CCC-SLP; Lauren Pelham, PT; and Sue Bodziak, MOT, OTR/L – gave him the encouragement needed to make significant strides in his stroke recovery. Together, they created a unique treatment plan designed specifically for his rehabilitation, helped him to achieve his goals and made a lasting impression on his heart.

"As a therapist, you always want your patients to get better and return to an active life. In occupational therapy, we work on the everyday things that most people take for granted, like getting dressed, bathing, standing, walking, and using their extremities for putting on their clothes, brushing their teeth, and eating," expressed Steven. "Chuck's main focus was on recovery of his left arm and we worked seven days a week on that personal goal. It was exciting to work with someone who is dedicated to getting better. We used a wide array of techniques for neuromuscular facilitation including quick stretch, tapping and vibration. He never complained about hard work and sometimes had to be slowed down so his rest periods would be shorter and he could accomplish more during a treatment session."

Chuck jokes that he isn’t the person to give advice to new patients at TMRC, as he was a little discouraged at the onset of his inpatient rehabilitation, however he encourages others working through their injuries to fight hard and be fierce. “The harder I worked at rehab, the more results I saw. Attack it like it’s your job,” he said.

“I worked with Chuck for a short while for lingual strengthening to improve his speech intelligibility,” shared Lorri. “He performed exercises with neuromuscular electrical stimulation and after about four sessions, he and Katy reported that his speech intelligibility was about 95 percent normal. Chuck was motivated and always put forth his best effort – he definitely ‘attacked his new job’ during speech therapy.”

Throughout Chuck’s care, he’s demonstrated incredible perseverance and strength, both emotionally and physically, largely in part to the dedicated support of his team of therapists.

“Chuck is a dedicated patient and all around nice guy,” said Sheree Porter, Director of Therapy Services. “He lives his life after stroke by consistently demonstrating the ABC’s of Success – He maintains a positive Attitude (A), Believes (B) he can make a positive change, and Commits (C) himself to the work required toward recovery.”

Nine months after his graduation from inpatient rehabilitation, Chuck’s journey continues at the Tallahassee Memorial Neuro Rehabilitation Clinic, which resides within TMRC. Twice a week he receives intensive outpatient physical and occupational therapy with two of his therapists from the very beginning.

“Chuck’s story is one of quiet determination, faith, teamwork and a positive attitude. Throughout his rehabilitation, he smiled when he met a goal and then quickly and resolutely stepped up to the next challenge,” said Lauren. “I have worked with many stroke patients in the past and the recovery process can be quite timely, but with Chuck I was fortunate enough to see gains in a short amount of time. This has a lot to do with his dedication and willingness to push through some of the hardest times,” added Sue. “Chuck had a separation in his shoulder due to the stroke and no movement when he first arrived at therapy. After only a few sessions, he was regaining movement in no time due to his dedication to therapy and home exercise. Chuck’s shoulder separation caused severe pain, but he always worked through it stating ‘no pain, no gain.’ He is a true representation of the commitment it takes to regain the deficits that are lost from a stroke. I have great respect and feel blessed to be a part of Chuck’s journey.”
It was evident that from inpatient to outpatient rehabilitation, his progress was their passion. The Urbans knew they wanted to show a small token of their appreciation.

“Chuck and Katy are extremely generous – they donated vouchers for approximately forty pairs of very nice running shoes for TMRC therapy teams. Colleagues simply presented their vouchers at a local retailer and were able to choose any shoe in the store. It was amazing,” said Sheree. “Chuck told us that he noticed we are on our feet a lot and that being comfortable was important.”

But their generosity didn’t stop there.

Last October, Chuck participated in a trial of a new robotic arm system during occupational therapy. This technology, designed to enhance neurological therapy for stroke care, wowed Chuck and patients alike with immediate results after just one session.

“My therapists thought it would be helpful to their patients,” said Chuck. “I was in a position to help with the recovery process of other patients’, not just stroke survivors, but anyone who needed the device to assist in their recovery.”

The Urbans wanted to show more of their sincere appreciation for his second chance at life.

“The team at TMRC cannot begin to comprehend what a difference they make in their patients’ lives, at least not the impact they’ve made on my recovery. The work they do on a daily basis is life-changing,” recounted Chuck as he looks back on his experience at TMRC.

With the help of the TMH Foundation and other generous donors, the Urbans gifted a sizeable donation for the acquisition of a robotic arm system – making TMRC the only rehabilitation center in North Florida to offer the use of robotics, the most advanced technology in rehabilitation for neurological diagnoses.

“Chuck’s work ethic is only surpassed by his generosity,” said Sheree. “He’s an integral force in supporting the acquisition of cutting-edge technology that will benefit many patients for years to come.”
CANCER SURVIVOR

Kyleigh Sanders
College hunting, student celebrations and time with her siblings is what Kyleigh Sanders’ day to day activities entailed. An exciting time in her life, she was in her senior year of high school and looking forward to her graduation in the coming months.

Feeling tired and worn out, Kyleigh thought nothing of it as she was in the midst of applying to colleges, volunteering and in school full time. Going about her day to day, she continued partaking in all the senior year activities.

As the weeks progressed, the swelling of her lymph nodes became more apparent. However, she and her mother continued brushing it off as a possible cold or added stress. “I felt ok, I really did,” said Kyleigh. “There are always things going around at school, and it didn’t faze me one bit.”

Kyleigh’s swelling progressed rapidly and her glands became visible on her neck. With her mom by her side, Kyleigh went in for a standard visit to ensure she was healthy. Their world was quickly turned upside down. On Dec. 22, 2015, Kyleigh was diagnosed with Hodgkin’s Lymphoma.

“I couldn’t believe it. I had no family history, I was a senior in high school. How could this be happening to me?” she said. “It was so surreal, I could not grasp it all.”

In the following days, Kyleigh immediately began her treatment at Tallahassee Memorial’s Cancer Center, and was referred to Amit Jain, MD, MPH, hematologist/oncologist, and Raj Bendre, MD, radiation oncologist. Together they came up with a comprehensive radiation and chemotherapy treatment plan to tackle this disease.

“Both physicians and their teams were wonderful. They treated me as an adult,” she proudly stated. “Their team kept me informed of every step in my treatment, while compassionately caring for me.”

Each time Kyleigh returned for treatment, her confidence in the treatment plan grew. In fact, she recalls going to the treatments by herself. “I knew the support my family had was unmeasurable. However, I was an adult and I wanted to conquer this as best I could without hindering my family. I remember driving myself, and walking into treatments by myself, because I could. This gave me strength to conquer it even more.”

Kyleigh remained in school full time, while maintaining a rigorous treatment schedule. Unfortunately, she was unable to graduate with her high school class, instead receiving her diploma online. Missing this milestone was disappointing, however, Kyleigh did not miss a beat. She took this life changing event and turned it into inspiration for her future.

As of January 2018, Kyleigh is completely cancer free and is studying Radiation Therapy and Technology at Keiser University. More specifically, she has chosen her internship to be at the Cancer Center, where she works three days a week. She finds herself shadowing the team that had helped her, learning every in and out that goes into treatment plans she once received.

“As I was going through my treatments, I knew this profession was for me,” explained Kyleigh. “Forming relationships with patients every day, and allowing them to know I was in their shoes and relating to every last detail is special as I walked these halls as a patient three years ago. I so look forward to what the future holds for me.”
John Pride, a 60-year-old Florida State woman’s basketball season ticket holder and “miracle fan,” never missed a home game. Even when he suffered a stroke during the Florida State v. Samford University basketball game, twelve days later he was back in his regular seat to cheer on the Lady Noles against Stetson.

Katherine Balog, a busy working-mom, suffered a headache so terrible, it could only be described as a “thunderclap.” The looming sensation and unbearable pressure haunted her for three days. She had a ruptured aneurysm in her middle cerebral artery, typically a debilitating injury, but was able to return to work without any neurological deficits just two months later.

Tom Garrett, a US Veteran, woke up in the middle of the night violently ill and within hours was paralyzed – unable to move both sides of his body, lift his head or speak. He had a large clot occluding the mid-basilar artery in the brain stem, and two hours later was able to look up at his wife and say “I love you, babe.”

John, Katherine and Tom avoided the negative outcomes all too common for stroke patients thanks to the Comprehensive Stroke Center and three endovascular neurosurgeons at Tallahassee Memorial HealthCare (TMH) – Matthew Lawson, MD; Adam Oliver, MD and Narlin Beaty, MD.
These stories, and hundreds more from patients alike, may have ended differently if it wasn’t for the life-saving procedures performed by these highly-specialized surgeons in TMH’s state-of-the-art neurovascular lab.

While stroke is the fifth leading cause of death in the United States, it’s actually our nation’s number one cause of disability. Stroke can ravage your brain, taking away your ability to live independently and function as the person you once were. When a stroke happens, every single second counts. Time wasted is quite literally brain lost.

Endovascular neurosurgery isn’t only life saving, it’s also life preserving. As the gold standard for stroke treatment, patients who can’t speak or move their limbs, like Tom Garrett, can immediately see improvement. The success of these procedures – documented through various research trials – has rapidly augmented the way stroke patients are cared for, greatly increasing the likelihood for positive outcomes for patients eligible for this treatment.

Arriving in 2012, Dr. Matthew Lawson spearheaded the endovascular neurosurgery program at TMH. His mission was to save time and brain by keeping patients like John, Katherine and Tom close to home for treatment instead of being airlifted to other facilities.

“Before 2012, endovascular neurosurgery wasn’t offered within 150 miles of Tallahassee,” said Dr. Lawson. “Now, thanks to the cutting-edge surgical suite at TMH and our expertise, we can treat your stroke in less time than it would take you to arrive at another hospital – greatly increasing your potential for a positive outcome.”

In 2013, the program expanded to meet the significant need with Tallahassee-native Dr. Adam Oliver.

“Tallahassee sits in the Southernmost reach of the ‘stroke belt’ – an area of the country more prone to strokes due to lifestyle,” explained Dr. Oliver. “The patient population served by TMH is vast, spanning all of North Florida and South Georgia. It’s these at-risk communities that can benefit from these types of services the most.”

In 2016, Tallahassee Memorial became the area’s only Comprehensive Stroke Center, licensed by the Florida Agency for HealthCare Administration. This designation highlights the superior level of care available to patients and serves as a beacon to other facilities in the area for stroke expertise.

Over the last six years, research has continued to show that endovascular neurosurgery is highly-effective for stroke patients who meet the criteria, spurring the American Stroke Association to more aggressively recommend these treatments.

“Stroke treatments are rapidly changing. At TMH, we have the ability to change with them thanks to our endovascular program,” said Dr. Narlin Beaty, who joined the program in 2017. “The investment from TMH in the technology that not only provides the space for these procedures, but the infrastructure for the Comprehensive Stroke Center status, is essential.”

With three endovascular neurosurgeons at its helm, Tallahassee Memorial has kept pace with the exponential growth in stroke treatments and has now become known as an advanced stroke treatment center, participating in ground-breaking research that continues to fuel the innovation of saving lives.
Since launching in 2015, the TMH FOR LIFE program has been focused on helping our community become the healthiest in the nation. It is no easy task, but each year elements of the program, like the TMH FOR LIFE Challenge and Grocery Store Tours, grow and new components are added, such as the Southside Farmers Market and Fresh Fruit & Vegetable RX initiative, to help people throughout our area.

**TMH FOR LIFE Challenge**
Starting a new year on a healthy note can be tricky. That’s why TMH started the TMH FOR LIFE Challenge. Each January, members of our community come together to learn more about healthy eating with our team of community dietitians, have a chance to be active with both a 3K and 5K run/walk course and free health screenings.

In 2018, the January family-friendly Challenge attracted hundreds of participants from ages 1 to 83. The health screenings saw a 45 percent increase in participation from the previous year. Designed to be approachable for new and veteran members of the fitness community, the Challenge was sprinkled with strollers, wagons and canines. For 21 participants, this race was their very first 5K event.

**Grocery Store Tours**
Shopping for healthy food in a grocery store can be intimidating, so the TMH FOR LIFE program launched Grocery Store Tours in 2016. When most nutrition experts talk about where to shop in a grocery store, they focus on the perimeter of the space where the fresh fruits, vegetables, dairy and meats are located. For busy families, it is not always realistic to completely avoid the middle aisles. The Grocery Store Tours initiative covers the basics of shopping the perimeter of the store, but focuses most of the effort on those middle aisles with the help of a registered dietitian. Shoppers learn how to select better quality prepared foods and avoid unhealthy ingredients, such as too much sodium.

**Southside Farmers Market and Fresh Fruit & Vegetable RX**
Tallahassee’s Southside is considered a food desert, meaning residents in the area do not have ready access to healthy and affordable fresh food. In 2018, TMH teamed up with the City of Tallahassee and other community partners to help launch the Southside Farmers Market. Located at the Walker-Ford Community Center, this market is hosted every two weeks and features more than just healthy foods. Attendees can enjoy a variety of different activities, from cooking demonstrations and health screenings to family fun and one-mile walks.

Through a partnership with the City of Tallahassee and Florida A&M University, TMH has developed a Fresh Fruit & Vegetable RX program. This new initiative goes beyond increasing access to fresh foods; it also helps community members expand their knowledge about healthy eating. For lower income families, produce vouchers are also available to help fresh, healthy foods be more affordable. The Fresh Fruit & Vegetable RX initiative is conducted in coordination with the Southside Farmers Market.
To learn more about upcoming TMH FOR LIFE events and programs, please visit TMH.ORG/TMHFORLIFE
TRAUMA SURVIVOR

Dakota Massey
August 4, 2015, began as a typical day for Dakota Massey. Work passed slowly as the familiar rumble of thunder marked the beginning of another summer thunderstorm. He clocked out like usual and headed home on familiar Carrabelle roads. Only this Tuesday would be unlike any other for Dakota, because just after 3 pm he was involved in a head-on collision with an oncoming semi-truck.

This kind of accident is one that many likely wouldn’t survive. Miraculously, Dakota did. And he would need several more miracles over the following three years to make a recovery.

The moments after Dakota’s impact with the semi-truck are an instance where what happened seemed more like fiction than reality. As Dakota laid motionless in his mangled car, he was met quickly by a family from New Jersey who witnessed the accident. The family happened to consist of a doctor, a nurse and an emergency medical technician — each well trained to respond to an incident like Dakota’s. The New Jersey family happened to be visiting a sick family member in Tallahassee and had escaped to Carrabelle for the day to explore the forgotten coast. As ambulances raced towards the scene of the accident, the family worked selflessly to perform life saving measures on Dakota in the critical moments just after the collision.

Dakota, unconscious and in severe distress, would be rushed 53 miles north to the Tallahassee Memorial HealthCare Bixler Trauma & Emergency Center with a laundry list of injuries: including a fractured C1 vertebrae, back, hip, femur and most of the bones in his face. Most notably, however, was the severe trauma to his brain from the violent crash.

Shelby Blank, MD was the trauma surgeon on call for Bixler Trauma & Emergency Center when Dakota arrived. She worked quickly, performing emergency measures to help stabilize Dakota.

“Whenever we receive a patient with significant trauma injuries, like Dakota, to the Bixler Trauma & Emergency Center, our procedure to evaluate them is called ATLS, which means Advanced Trauma Life Support,” says Dr. Blank. “It’s an approach to make sure we don’t miss any life-threatening injuries in the very acute phase of the evaluation.”

Once evaluated and the most emergent concerns are taken care of, other specialists are brought in to assist in the recovery.

“The care of a trauma patient often requires a good bit of coordination,” says Dr. Blank. “Not every patient needs every consultant, but often times there are multiple specialists on a patient’s care team.”

Dakota would end up in the Vogter Neuro Intensive Care Unit (VNICU), where he remained for close to five weeks – 27 days of which in a coma. He underwent several surgeries and very gradually began to recover.

“The impact of Dakota’s trauma was so significant and so severe that we had some difficult conversations with the Massey family,” said Nancy Anne Teems, RN, Nurse Manager of the VNICU. “Through it all, Dakota’s family never wavered in their belief that he would pull through and were rarely not by his side.”

During Dakota’s lengthy stay in the VNICU, he and his family forged a strong bond with the clinical team who cared for him.
Whether it was the nurse who made sure Dakota was clean shaven or an environmental services staff member who brought Dakota’s mother a teddy bear on a particularly rough day, the personal touch of TMH’s staff made all the difference during Dakota’s stay.

“It was the little things the TMH staff did that really helped,” recalled Nita Massey, Dakota’s mother. “It showed me that they knew Dakota, they cared about him and they were fighting for his life just as hard as we were fighting.”

Once Dakota was released from TMH, he began a merry-go-round of stops through several rehabilitation centers. The progress of Dakota’s recovery however, was slow to non-existent.

“When Dakota began his therapy, it was two steps forward and ten steps back,” said Nita. “We were not making much progress.”

Due to the severity of his brain trauma, Dakota slept for almost 23 hours every day – making therapy difficult. Compounding the issue were frequent returns to the hospital to re-insert his shunt, a device used to drain excess fluid away from the cavity between his skull.

In April of 2016, however, the shunt that was vital in stabilizing Dakota, became the source of a life-threatening infection.

Dakota arrived at TMH with a severe infection and quickly became septic – the body’s extreme response to an infection that can rapidly cause tissue damage, organ failure and even death.

“I never believed that Dakota wouldn’t make it through the trauma of the accident itself,” Nita said. “But that infection was so bad I truly was worried he might not survive.”

Dakota would remain hospitalized for 57 days in a near fatal battle with sepsis. During which, Matthew Lawson, MD, Neurosurgeon, would play a critical role in resolving the infection and saving Dakota’s life.

“Dakota Massey presented with a severe infection that took several weeks to overcome,” said Dr. Lawson. “Once it was resolved, we successfully inserted a ventricular shunt that enables cerebrospinal fluid to flow from the brain to the atrium of the heart. The goal was to minimize the potential for infection and the likelihood of any future issues with the shunt.”

For the next six months, Dakota battled through therapy, making very gradual improvements. Over time, Dakota’s family and doctors began to look at the next phase of Dakota’s treatment: a cranioplasty.

Due to the swelling in Dakota’s brain caused by the trauma of the car accident, doctors had to remove a large portion of Dakota’s skull to help relieve the pressure on his brain. The family now felt it might be time for a cranioplasty, which is an operation to surgically repair a deformity or opening in the skull. In Dakota’s case, it meant affixing a man-made plate, printed by a 3D printer, to cover the nearly four-inch-wide hole in his skull.

Before the cranioplasty, Dakota was in a vegetative state and could only vaguely wiggle his fingers. Remarkably, in his one-month follow-up with Dr. Lawson after the surgery, Dakota was noticeably more alert and awake. By his next appointment Dakota was out of bed and more mobile. And miraculously, by his third follow-up, he was walking upright.

“He truly is one of those one in a million stories,” said Dr. Lawson. “Dakota’s recovery is remarkable.”

Three years after Dakota’s traumatic accident – after numerous setbacks and grueling hours in therapy – Dakota is able to fish, hunt and enjoy the outdoors again; something he loved before the collision.

Recently, Dakota was able to share his story to a roomful of listeners at TMH’s 9th Annual Trauma Awareness Day Celebration. Once finished, during the loud applause of the crowd, Dakota let out a cheer and lifted his arms into the air in triumph. This accident may have taken a lot from Dakota, but it wouldn’t define him, and in that moment the entire room caught a glimpse of Dakota’s fighting spirit.
QUALITY OF PATIENT CARE

4 of 5 stars from Centers for Medicare & Medicaid Services Hospital Quality Initiative

- Healthcare workers given influenza vaccination+
- Patients who reported that their nurses “always” communicated well+
- Patients who reported that their doctors “always” communicated well+
- Patients who reported “yes” they would definitely recommend the hospital+

* Lower numbers are better
+ Higher numbers are better
MRSA blood infections*

Percent of mothers whose deliveries were scheduled too early (1-2 weeks early), when scheduled delivery was not medically necessary*

Surgical site infections (SSI) from abdominal hysterectomy*

Central Line-Associated Bloodstream Infections in ICUs and Select Wards*
The generosity of our community continues to amaze all of us and the reach of your gifts has been far and significant – year after year. Many of your gifts benefited Tallahassee Memorial Healthcare’s basic areas of healthcare delivery – some brought relief and comfort to children and families, and others continued our progress from a tertiary level of care facility to being a quaternary healthcare system. The culture of philanthropy is strong in our community – thank you for your annual investments in our mission of “transforming care, advancing health and improving lives,” and thank you for your willingness to collaborate, partner and serve as we try every day to accomplish our vision of “leading our community to be the healthiest in the nation.”

For the TMH Foundation’s 2017 fiscal year, our community gifted approximately $3.3 million in support of our service areas. Most notably, we were fortunate to receive over $500,000 of commitments from individuals and/or businesses that joined our newly created M.T. Mustian Pledge Society – these multi-year pledges will make a great difference over the next few years. Our Neuroscience Program was an attractive charitable interest for many supporters who live here – its designation as a Comprehensive Stroke Center has garnered it much attention.

Additionally, we benefited greatly due to others in our community hosting third party fundraisers for various areas of TMH. For example, Mr. Steve Rogers again hosted a popular Golf Skills Challenge tournament last November. Over several years now, this successful event has generated needed investments in our Cancer Center. Our gratitude for Mr. Rogers could not be overstated – he dedicated many volunteer hours to the event while also fighting cancer. We all are inspired by his strength and resolve. Other groups also hosted third party events directed to support the hospital such as Mays Munroe ‘Have a Heart,’ Spring Garden Party, Phi Beta Sigma Bowling for Diabetes, Leon High School SGA and our Cancer Center Speaker Series – just to name a few. Our primary TMH Foundation fundraising events resulted in a 21 percent increase in revenue from the prior fiscal year – and we are very appreciative of our event sponsors, participants, volunteers, partners and staff for helping us achieve that mark. The community support was strong for our five largest annual events that are Golden Gala, Cards for a Cure, Tennis Challenger, Tee Off for Tots and The Ride for Hope.

The TMH Foundation was honored to create a few new endowments this past fiscal year as well – we are extremely grateful to our TMH friends and patrons for their investments in our combined futures. These investors joined many others in our new A.D. Brickler, M.D. Legacy Society – a special group that has established either a planned gift or an endowment to benefit the health of our community for years to come.

Building long-term relationships – by both proactively and consistently connecting with members of our community to identify meaningful ways for all of us to participate in the betterment of our community’s health – is our commitment here at TMH Foundation, and we love what we do. We recognize that it takes all of us collaborating, partnering and innovating together in order to accomplish our mission and vision – thank you for your contributions to that end.
TMH FOUNDATION
BOARD OF TRUSTEES
2017-2018

Sam Lester – Chair
Ed Canup – Chair Elect
Deborah Minnis – Treasurer
Kathleen Brothers – Assistant Treasurer
Rhonda Saint – Secretary
Roger Champion – Immediate Past Chair
Mutaqee Akbar
Les Akers
Linda Alexionok
Rocky Bevis
Flecia Braswell
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Todd Patterson, DO
Martin Proctor
Paul Sullivan
Claude Walker
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Gary Wright
Maria Yealdhall
E. Ray Solomon, PhD, Trustee Emeritus
Steve Evans, Ex-Officio
GeorgeAnn Hartsfield, Ex Officio
Mickey S. Moore, President & Chief Advancement Officer
Mark O’Bryant, President & CEO, TMH, Ex-Officio
## Balance Sheet as of September 30, 2017

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and short term investments</td>
<td>$303,839,649</td>
<td></td>
</tr>
<tr>
<td>Accounts receivable, net</td>
<td>$85,301,671</td>
<td></td>
</tr>
<tr>
<td>Inventories</td>
<td>$10,006,739</td>
<td></td>
</tr>
<tr>
<td>Prepaid expenses and other assets</td>
<td>$30,105,359</td>
<td></td>
</tr>
<tr>
<td>Assets limited as to use</td>
<td>$191,862,315</td>
<td></td>
</tr>
<tr>
<td>Facilities and equipment, net</td>
<td>$368,704,807</td>
<td></td>
</tr>
<tr>
<td>Other long term assets</td>
<td>$18,271,014</td>
<td></td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$1,008,091,554</td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$75,096,123</td>
<td></td>
</tr>
<tr>
<td>Notes and bonds payable</td>
<td>$395,326,442</td>
<td></td>
</tr>
<tr>
<td>Self insurance reserves</td>
<td>$35,361,406</td>
<td></td>
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<tr>
<td>Accrued pension liabilities</td>
<td>$24,782,732</td>
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<tr>
<td>Other liabilities</td>
<td>$11,549,135</td>
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<tr>
<td><strong>Net assets</strong></td>
<td>$465,975,716</td>
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</tr>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td>$1,008,091,554</td>
<td></td>
</tr>
</tbody>
</table>

## Expense Dollar

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries, wages and benefits</td>
<td>$321,285,817</td>
<td>49%</td>
</tr>
<tr>
<td>Supplies and other</td>
<td>$187,943,043</td>
<td>29%</td>
</tr>
<tr>
<td>Drugs</td>
<td>$43,949,067</td>
<td>7%</td>
</tr>
<tr>
<td>Professional fees</td>
<td>$57,462,285</td>
<td>9%</td>
</tr>
<tr>
<td>Depreciation and interest</td>
<td>$32,582,117</td>
<td>5%</td>
</tr>
<tr>
<td>Interest</td>
<td>$6,315,221</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Total operating costs</strong></td>
<td>$649,537,550</td>
<td>100%</td>
</tr>
</tbody>
</table>

## Community Benefit

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>$10,650,600</td>
</tr>
<tr>
<td>Physician clinics</td>
<td>$22,190,800</td>
</tr>
<tr>
<td>Transition center</td>
<td>$819,400</td>
</tr>
<tr>
<td>Home health care</td>
<td>$1,454,200</td>
</tr>
<tr>
<td>Diabetes</td>
<td>$279,400</td>
</tr>
<tr>
<td>Neuroscience center</td>
<td>$956,700</td>
</tr>
<tr>
<td>Community outreach</td>
<td>$482,500</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$36,833,600</td>
</tr>
</tbody>
</table>

## Taxes

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal &amp; state income tax</td>
<td>$905,926</td>
</tr>
<tr>
<td>Real estate tax</td>
<td>$521,471</td>
</tr>
<tr>
<td>Sales tax</td>
<td>$122,085</td>
</tr>
<tr>
<td>Other local taxes</td>
<td>$208,628</td>
</tr>
<tr>
<td>Unemployment tax</td>
<td>$131,106</td>
</tr>
<tr>
<td>Indigent care tax</td>
<td>Included in charity at cost</td>
</tr>
<tr>
<td><strong>Total taxes</strong></td>
<td>$1,889,216</td>
</tr>
</tbody>
</table>

## Admissions Patient Days

<table>
<thead>
<tr>
<th>Category</th>
<th>Admissions</th>
<th>Patient Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult and pediatrics</td>
<td>21,698</td>
<td>98,876</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>4,169</td>
<td>13,011</td>
</tr>
<tr>
<td>Neonatal and newborns</td>
<td>3,943</td>
<td>17,667</td>
</tr>
<tr>
<td>Behavioral health</td>
<td>1,501</td>
<td>7,389</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>992</td>
<td>15,089</td>
</tr>
<tr>
<td><strong>Total admissions</strong></td>
<td>32,303</td>
<td>152,032</td>
</tr>
</tbody>
</table>

Original version of the financial statement included a typographic error and has been corrected in this electronic version.
Tallahassee Memorial HealthCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-850-431-1155 (TTY: 1-877-848-7428).


注意:如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-850-431-1155 (TTY:1-877-848-7428)。


-suvarna: ฉัน ไม่ รู้ ภาษาอะไร คุณ ไม่ ได้บอกฉัน อย่างไร ฉัน ไม่ รู้ ถ้า ฉัน ไม่รู้ คุณ ไม่ได้บอกฉัน อย่างไร ฉัน ไม่รู้.
