

## **NOMINATION FOR**

**CDR XXXX**

**Nomination for the Hanzel Award for Administrative Activities**

**Nominator/Supervisor**

**CDR XXXX**

### **ACCOMPLISHMENT:**

It is with great pride and due diligence that I recommend XXXX for the Hanzel Award for Administrative Activities. XXXX has exhibited a strong commitment to the corps and the Nation through her diligence, perseverance and “can do spirit” as the XXXX of the Hematology/Oncology clinic at National Naval Medical Center. She assumed her role at a critical and historical juncture. The NCI-Navy Hematology/Oncology clinic, a 30 year partnership, was in the process of significant change and needed strong and decisive leadership to steer it through successfully. XXXX provided that leadership and made changes to the clinic structure and processes that continue today to benefit all those it serves.

XXXX assumed the position of XXXX for the NCI-Navy Hematology/Oncology clinic in October of 20XX. At that time the almost 30 year-old partnership between the National Cancer Institute and National Naval Medical Center was in transition. One of the most urgent and daunting tasks she first encountered was the need to fill 20 positions that had been newly-created and funded to bring the clinic to full capacity under Navy management. Some of these positions included roles such as Nurse Practitioners and Case Managers, which had never been utilized in the clinic before, and required role development in addition to hiring. XXXX read and reviewed over a hundred resumes and CVs for positions that included physicians, nurses, and pharmacists. She created tools that would assist in accurately and systematically evaluating interviewees and successfully filled the positions with candidates who have since proven to be valuable team members and contributors to the clinic’s continued success.

XXXX additionally tackled a long-standing problem with patient flow in the clinic. The front desk area of the clinic would bottleneck numerous times a day due to insufficient space and pooling of patients into one small area. She had the front desk redesigned and a check-out window installed to redirect patients who were leaving the clinic from those who were checking in. By separating those patients who needed to schedule a follow-up appointment from those who were checking in for their appointment, she eliminated bottleneck situations, decreased wait time for both checking in and appointment booking and ultimately improved the patient experience for every patient visit to the clinic. In a clinic that has over 17,000 patient visits a year this is a significant improvement. Along with the restructuring of clinic management came the need to restructure the delivery of care. XXXX was an integral part of the leadership team that transformed the clinicians from solitary providers to members of a health care team that included nurse practitioners, NCI/NHLBI and military fellows, case managers and nurses. This new format resulted in enhanced continuity, seamless delivery of care, a renewed focus on holistic care and overall improved patient satisfaction.

XXXX also skillfully identified gaps in services and programs that had historically focused solely on diagnosis, research and treatment. XXXX expanded the clinic into arenas such as the healing arts and survivorship. In addition to her work with the Breast Cancer Art Show, now in

its seventh year, she organized Courage Collages workshops for patients and family members. The workshops focused on using art to facilitate the healing process and encourage emotional expression. Many of the workshop participants exhibited their collages in the annual art show. XXXX also identified a need for both patients and staff to acknowledge the grief that is inherent in the work they do and celebrate the lives and courage of those patients who passed away. Support groups were arranged for both nurses and corpsman in the clinic and on the inpatient unit. Through her background in behavioral health XXXX led the support group for the inpatient corpsman. She secured funding for an off-base event and took 13 corpsman to a challenge course at a local university. Many later shared that it was one of their best experiences and was fundamental in helping reinforce the team work they shared on the ward.

She also conceptualized the Annual Hematology/Oncology Memorial Service, now in its 3<sup>rd</sup> year, as a celebration of the phenomenal relationships that are formed by those caring for the cancer patient and their loved ones. Every year family members and staff reunite in a formal and fitting recognition of those lives lost to cancer in the previous year. The service is then followed by a festive reception and reunion of family members with the staff who cared for their loved ones.

XXXX commitment to staff education and training was noteworthy. During her tenure there was a three-fold increase in the use of TAD and conference attendance. She continuously encouraged learning and sharing of knowledge via formal routes as well as informal methods. She reinstated journal club, which had lapsed for over a year, and facilitated collateral duties for all the nurses such as Nurse Practice Council and Pharmacy Committee.

Her “Destination Integration” program created 9 performance improvement workgroups in the clinic focusing on ensuring success at the time of integration. These workgroups included reviewing the clinic’s processes for orienting new hires; standardizing all treatment room SOPs between NNMC and WRAMC, creating a viable plan for Palliative Care; updating and expanding the Hematology/Oncology clinic’s intranet presence and the use of SharePoint in the clinic as well as many others.

During a time of significant cultural change and on the heels of BRAC integration, XXXX provided the leadership and vision to ensure stability in the midst of change and laid the foundation for future success and, as such, is worthy of recognition.