American College of Radiology™
Radiology Leadership Institute

2026 RLI Impact in Leadership Award

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Project Title: Structured Stewardship: Building a Durable Operating System in Radiation Oncology
for Culture and Performance

Project Description

I. RLI Experience and Skills Applied

In 2021, while serving as Interim Chair of the Department of Radiation Medicine, I enrolled in the ACR Radiology Leadership Institute's *Maximize Your Influence and Impact* program. I had not pursued departmental leadership and did not consider myself the ideal long-term academic chair. The department was experiencing significant instability, and I actively sought structured guidance to ensure that decisions were grounded in sound leadership principles rather than reactive problem-solving.

Several specific components of the RLI curriculum directly shaped the initiative described below:

Leadership Models: From Hybrid Command to "Team of Teams"
Sessions led by Dr. Rasu Shrestha on leadership models and organizational design were particularly influential. The department I inherited functioned as a hybrid of traditional command structure and largely independent silos. Communication between teams was inconsistent, and coordination often depended on individual relationships rather than system design.

One of the leadership models emphasized during RLI was reframing organizational design from hierarchical control to a 'Team of Teams' structure, empowered execution within a shared accountability framework. Rather than reinforcing top-down command, we intentionally strengthened horizontal connectivity between physicians, physicists, therapists, nurses, and our front of house leaders. This model became foundational to strengthening culture and operational reliability.

Performance Measures: Applying the SMARTER Framework
RLI sessions on performance measurement emphasized that metrics must be intentional, mission-aligned, and revisited over time. Using the SMARTER framework (Specific, Measurable, Achievable, Relevant, Time-bound, Evaluated, Revised), we defined a focused set of clinical productivity, patient experience, safety, and accreditation metrics.

Rather than tracking numerous disconnected data points, we created structured review cycles with defined feedback loops. Evaluation and revision were embedded in the process, reinforcing continuous improvement rather than static reporting.

Financial Stewardship and Hospital Structure
Sessions led by Dr. Geoffrey Rubin on interpreting financial statements and understanding hospital organizational structure changed how I approached institutional alignment. Instead of framing departmental needs in specialty-specific terms, I learned to align requests with hospital-level priorities — return on investment, quality metrics, capacity management, and strategic positioning.

This perspective strengthened institutional confidence and ensured that operational improvements were sustainable and aligned with executive leadership goals. These RLI-derived frameworks did not produce a single isolated intervention. They enabled construction of a durable operating system for empowered execution.

II. Initiative: Rebuilding Culture Through Systems Design
When I assumed the interim role in July 2021, the department was in significant transition. The department was navigating leadership transition, including an unexpected chair departure and subsequent turnover in key roles. All major leadership roles were vacant or transitioning, and almost 50% of faculty departed between 2020 and 2022.

My position was always intended to be transitional while a permanent academic leader was recruited, and each year included negotiations with external candidates. I fully expected to step aside once stability was restored. That clarity shaped my approach: the focus was stewardship — ensuring the department would be stronger at transition than at handoff.

A. Governance Transparency Reform
The department had relied on policy changes disseminated through one-on-one conversations, creating information asymmetry and the perception that influence depended on proximity rather than transparency.

Applying RLI principles of organizational clarity and accountability, I transitioned to structured, routine group discussions where proposed changes were presented openly, debated collectively, and documented. Decisions were communicated uniformly. Over time, this reduced speculation, eliminated perceived hierarchies of information, and reinforced the shared ownership of departmental direction.

B. Interdisciplinary Workflow Review: Building a Team of Teams
Consistent with the Team-of-Teams model, we created a structured review cycle for workflow changes. While individual teams performed their roles effectively, friction frequently occurred at the interfaces between groups.

We required that proposed workflow changes be evaluated by all affected stakeholders prior to implementation. This cross-functional review formalized accountability at handoffs, reduced unintended consequences, and strengthened interdependence across teams. Leadership became less about directive authority and more about designing connective tissue between capable teams.

C. RO-ILS–Driven Process Redesign: A Representative Example
One illustrative example involved physician response times for on-treatment image verification. Physicians are called to treatment machines 25–30 times daily to review imaging prior to radiation delivery. Using data from ASTRO's Radiation Oncology Incident Learning System (RO-ILS), we identified that physicians were arriving late approximately 5–10% of the time, resulting in patient delays.

We approached this systematically:

1. Measured baseline delay rate using RO-ILS data
2. Mapped the communication workflow for our department
3. Identified root cause: urgent treatment calls and routine clinic updates were competing within the same paging platform
4. Separated communication pathways — reserving paging for high-priority verification while moving routine notifications to a separate platform
5. Re-measured performance post-implementation

Following intervention, physician delay rates decreased to 0.2%, with corresponding reductions in patient waiting time and frontline staff frustration.

This initiative reflected the broader operating system that was developed: define the problem with data, engage all affected teams, redesign structure rather than blame individuals, and re-measure outcomes. The RO-ILS example represents one of many ongoing process improvement cycles conducted within this framework.

III. Outcomes and Institutional Impact
The cumulative impact of our operating system became evident in measurable institutional outcomes. Clinical productivity increased while quality and efficiency improved with the result

being higher reliability for patient care and service. Consistent with our deliberate, metric-driven approach, the department pursued Radiation Oncology–specific external accreditation through ASTRO's APEX program after three years of sustained system development and achieved full accreditation, validating the strength of our clinical systems.

- Following leadership restructuring, clinical productivity increased by 71%, with departmental charges more than doubling, while strengthening safety infrastructure and accountability. Between July 2021 and December 2025:
  - Department monthly encounters increased from 2,358 to 3,304
  - Monthly wRVUs increased from 4,717 to 8,070
  - Monthly Charges increased from $613,998 to $1,468,042
- By FY25, the department achieved the highest patient satisfaction scores at our institution in both "Staff Work Well Together" and "Likelihood to Recommend" categories.

These outcomes were cumulative results of sustained systems design — transparency in governance, interdisciplinary accountability, metric-driven review, and alignment with institutional priorities.

Transition and Evolution

A permanent chair has arrived — a leader for whom I have the deepest respect and whose academic vision and experience position the department for its next phase of growth. Serving in a stewardship role during this transition was a meaningful opportunity to support a department that has supported many careers, including mine. The RLI framework enabled development of durable systems, strengthened trust and reliability, and created measurable performance gains. The department stands on a stable operational foundation upon which continued academic success can be built.