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**V.P ADMINSTRATIVE ANCILLARY CLINIAL SERVICES & MANAGEMENT PROFESSIONAL**

Skilled Vice President who is responsible for the Hospital's day-to-day operation of the assigned facility and is responsible for compliance with federal, state, and other regulatory bodies including The Joint Commission, OSHA, CMS, DOPL, CLIA, CAP, COLA, AABB and other department specific accrediting and certifying bodies. consistently ensures effective, accurate performance by mandating that Ancillary Departments. Supports holistic hospital/organizational operations by overseeing all Clinical Diagnostics functions, including technical management, personnel recruiting/Projects implementation. Takes action to ensure implementation of strategic and operational plans, adjusting to changing market and business needs.

**KEY STRENGTHS**

Operations Management ● Human Resources ● Equipment Oversight ● Budgeting ● Customer Service

Document Management ● Recordkeeping ● Team Leadership ● Team Management ● Compliance Monitoring

**PROFESSIONAL EXPERIENCE**

**Grady Memorial Hospital, CHICKASHA, OK 03/2022- Current**

**Vice President of Clinical Diagnostics Services & Operations**

* Contributes to the success of 100-bed hospital’s sponsor objectives and process improvement initiatives by planning, organizing, and directing multiple departments’ operations and staff.
* Facilitates the leadership development process for assigned hospital leadership team, including leadership coaching, succession planning, support development planning, and champions diversity through the development process.
* Proven ability to build relationships with board members, physicians, hospital employees, and community.
* Represent the hospital at meetings including Excitative Medical Staff, Hospital Board of Director meetings as well as Community Board Members meetings.
* Approves implementation of methods that could enhance productivity. Coordinates preparation of and adherence to capital and operational budgets.
* Participate in the hospital's monthly operation reviews as well as participating in corporate office meetings as deemed necessary.
* Assist in meeting or exceeding the yearly profit objectives, expense control and physician relations for the hospital and clinics.
* Collaborate with Senior Leadership to identify business opportunities, physician alignment / strategic initiatives, productivity, staff retention, and satisfaction performance.
* Ensure success of the hospital through quality enhancement, cost containment, revenue and sales growth, and development of strong relationships with physicians, hospital staff, board members, and community leaders.
* Developed a knowledge-focused environment by offering in-house opportunities for continuing education and monitoring outcomes.
* Positioned clinical ancillary departments to perform effective diagnostic and therapeutic functions by developing and implementing analytical and preparation procedures.
* Evaluates programs’ success by implementing benchmarks.
* Ensures the quality and effectiveness of all hospital clinical ancillary departments procedures by managing financial, personnel, customer service, quality, accreditation, and safety management functions.
* Enhances employee performance by overseeing hiring, scheduling, coaching, and evaluating.
* Ensures appropriate clinical ancillary departments instruments use by fostering an inquisitive, entrepreneurial, high energy, and outstanding service culture to ensure valuable insights and growth.

**Key Achievements:**

* Hired for 9 vacant positions for clinical staff to eliminated the cost of traveling technologists and overtime.
* Rewrote the quality management plan aligning functions with COLA, AABB, CLIA, and TJC quality standards.
* Increased physician satisfaction, quality results, order accuracy, and human capital development by leading successful projects in conjunction with clinical process improvement/quality assurance initiatives.
* Solved inter-hospital problems by consulting with staff, and administration, physicians, nursing, and other health care professionals.
* Cut costs by managing/maintaining balanced budget of in revenue while performing in house testing with faster turnaround time
* Upgraded Microbiology by adding a new platform of molecular testing for GI panel & Gastric panel.
* Decreased 3red party collection fee by 50%.

**Pardee Margret Memorial Hospital, Hendersonville, NC 03/2021- 03/2022**

**Administrative Director of Laboratory Services & Cancer Center Lab Operations.**

Contributes to the success of 222-bed hospital’s sponsor objectives and process improvement initiatives by planning, organizing, and directing multiple departments’ operations and staff. Developed a knowledge-focused environment by offering in-house opportunities for continuing education and monitoring outcomes. Positioned laboratory to perform effective diagnostic and therapeutic functions by developing and implementing analytical and specimen preparation procedures. Evaluates programs’ success by implementing benchmarks. Ensures the quality and effectiveness of all hospital laboratory procedures by managing financial, personnel, customer service, quality, accreditation, and safety management functions. Enhances employee performance by overseeing hiring, scheduling, coaching, and evaluating. Ensures appropriate laboratory instrument use by supervising end users, quality control, and record keeping.

**Key Achievements:**

* Hired total of 8 additional technologists and eliminated the cost of traveling techs.
* Rewrote the quality management plan aligning functions with CAP, AABB, CLIA, and TJC quality standards.
* Increased physician satisfaction, quality results, order accuracy, and human capital development by leading successful projects in conjunction with laboratory’s process improvement/quality assurance initiatives.
* Solved inter-hospital problems by consulting with pathologists, laboratory managers, technical coordinators, laboratory staff, physicians, nurses, and other health care professionals.
* Cut costs by managing/maintaining balanced budget of in revenue while performing in house and faster turnaround time
* Upgraded Blood Bank instrument to Ortho Automated System rather than manual gel cards.
* Updated Hematology instrument at the Main lab & Cancer Center with DX-900
* Created specimen storage system for easy specimen look ups and add on.
* Upgraded Histopathology by adding slide labeling system, New Microtome, new Cryostat, and new stainer.

**Southwestern Medical Center, Lawton, OK 04/2015- 03/2021**

**Administrative Director of Laboratory Pathology Services & Sleep Disorder Services**

Contributes to the success of 200-bed hospital’s sponsor objectives and process improvement initiatives by planning, organizing, and directing multiple departments’ operations and staff. Developed a knowledge-focused environment by offering in-house opportunities for continuing education and monitoring outcomes. Positioned laboratory to perform effective diagnostic and therapeutic functions by developing and implementing analytical and specimen preparation procedures. Evaluates programs’ success by implementing benchmarks. Ensures the quality and effectiveness of all hospital laboratory procedures by managing financial, personnel, customer service, quality, accreditation, and safety management functions. Enhances employee performance by overseeing hiring, scheduling, coaching, and evaluating. Ensures appropriate laboratory instrument use by supervising end users, quality control, and record keeping.

**Key Achievements:**

* Reduced costs and increased equipment performance by conducting maintenance, establishing quality standards and troubleshooting procedures, ensuring staff compliance, and service.
* Reduced risk by aligning functions with CAP, AABB, CLIA, and TJC quality standards.
* Increased physician satisfaction, quality results, order accuracy, and human capital development by leading successful projects in conjunction with laboratory’s process improvement/quality assurance initiatives.
* Solved inter-hospital problems by consulting with pathologists, laboratory managers, technical coordinators, laboratory staff, physicians, nurses, and other health care professionals.
* Cut costs by managing/maintaining balanced budget of in revenue while performing in house and faster turnaround time.
* Obtained first time Joint Commission Accreditation for Sleep Disorder Services May, 2018.
* Recognized as Clinical staff of the Year 2020 for being instrumental on COVID-19 changes

**Dr. Soliman Fakeeh Hospital, Jeddah, K.S.A.,03/2013- 03/2015**

**Executive Director of Clinical Ancillary Services & Operations**

Contributes to the success of 600-bed hospital’s sponsor objectives and process improvement initiatives by planning, organizing, and directing multiple departments’ operations and staff. Evaluates programs’ success by implementing benchmarks. Ensures the quality and effectiveness of all hospital laboratory procedures by managing financial, personnel, customer service, quality, accreditation, and safety management functions. Enhances employee performance by overseeing hiring, scheduling, coaching, and evaluating. Ensures appropriate laboratory instrument use by supervising end users, quality control, and record keeping.

**Key Achievements:**

* Reduced risk by aligning functions with CAP, AABB, CLIA, and Joint Commission quality standards.
* Increased physician satisfaction, quality results, order accuracy, and human capital development by leading successful projects in conjunction with laboratory’s process improvement/quality assurance initiatives.
* Created best-practice laboratory in all areas of productivity and costs within peer group by using LEAN and Six Sigma principles and process improvement strategies.
* Cut costs by managing/maintaining balanced budget of $2M+ in revenue while performing 200,000 lab tests.
* Obtained first time AABB accreditation and certification for DSFH in July, 2014.

**SAINT CATHERINE HOSPITAL, Charlestown, IN, 3/2012- 3/2013**

**Executive Director of Clinical Laboratory Services & Operations.**

Led staff to maintain best practices by operating according to hospital policies, ethics, and culture. Empowered laboratory staff and management to utilize take-charge leadership by maintaining an “open door policy.” Developed a knowledge-focused environment by offering in-house opportunities for continuing education and monitoring outcomes. Positioned laboratory to perform effective diagnostic and therapeutic functions by developing and implementing analytical and specimen preparation procedures.

Performed Cath Lab Tech monitoring and advanced diagnostics procedures by assisting providers as requested.

**Key Achievements:**

* Recognized as Director of the Year (2012).
* Solved inter-hospital problems by consulting with pathologists, laboratory managers, technical coordinators, laboratory staff, physicians, nurses, and other health care professionals.
* Championed safety and competency by ensuring that lab staff was trained to perform tasks and keep records.
* Reduced costs and increased equipment performance by conducting maintenance, establishing quality standards and troubleshooting procedures, ensuring staff compliance, and arranging replacement/service.

**MAYO CLINIC, Rochester, MN, 11/2000- 3/2012**

**Section Lead Laboratory Technician at Central & Hospital Clinical Laboratories**

Provided accurate information to medical teams by performing quantitative and qualitative laboratory tests, including hematology, chemistry, immunoassay, and coagulation using diverse procedures and instruments. Ensured internal customer satisfaction by communicating with physicians and other healthcare workers. Consistently guaranteed system compliance and outstanding quality by following all standard operating procedures. Demonstrated flexibility by working independently and as part of a team to perform a wide range of investigations and tests using extensive and varied equipment. Consistently produced accurate results under time constraints in high-stress environment.

**Key Achievements:**

* Guaranteed staff safety by developing/maintaining integrated system/safety reports for reagent/instruments.
* Maintained MDR/ADR compliance and support by providing input on internal system and methods.
* Updated laboratory to meet cutting-edge standards by participating/assisting with DXI 800 implementation.
* Facilitated quality performance by training staff, students, & chemistry residents as education team member.
* Performed accurate chromosome analysis & evaluated chromosome lengths using tropism and stain times, as well as knowledge of chromosome placement/banding & chromosomal abnormalities as Cytogenic Lab Tech.
* Mitigated risk by serving on CBI & CCLS Event Management Team.
* Performed Cath Lab Tech monitoring and clotting factor testing in the Cath lab.

**EDUCATION**

**University of North Dakota – College of Medicine & Health Sciences**

Bachelor of Science in Medical Technology, May 2020

**Saint Mary’s University – Graduate School of Professional Programs**

Master of Arts, Organizational Leadership, 2012

*Dean’s List – 2010 & 2011*

**Winona State University – College of Biological Science & Health Diagnostics**

Bachelor of Science, Allied Health, May 2000

**Federal Emergency Management ADMINISTRATION – (FEMA)**

IS-00800.c National Response Framework, an Introduction

IS-00200.b ICS for Single Resources and Initial Action Incident, ICS-200

IS-00700.b an Introduction to the National Incident Management System

IS-00100.c Introduction to Incident Command System, ICS-100

**American Heart Association- National CPR**

BLC Certification # 02102310265501

**PROMETRIC – Medical Laboratory Technician Certification** #Q977103694523

**ACHE- American College of Health Executives. Member**

**COMMITTEES & AFFILIATIONS**

Service Excellence ● Patient & Employee Safety ● Hospital Ambulatory Care Service ● Hospital Operation Management

Employee Training & Continuing Education ● Infection Control ● Equipment Supply Chain

*Professional Affiliations*

Mayo Quality Fellow Academy - Bronze & Silver ● American Society for Clinical Pathology

American College of Healthcare Executives ● Healthcare Risk Management and Patient Safety

**INSTRUMENTS & SOFTWARE**

Roch Cobas 6000 Chemistry & Rapid Point ABG Analyzers ● Sysmex XN 2000, XN550, XN450 Hematology Analyzers

Beckman Unicel DXC Chemistry Analyzer & DXI Immunoassay Analyzer ● Bio-Rod Variant Hemoglobin AIC Analyzer

Sysmex CA-600 Coagulation & Sysmes, Siemens EXL 200 Analyzer ● Bayer ADVIA Immunoassay Analyzer

Abbott ARCHITECT c8000 & ci8000 Automated Line ● Stago Evolution Coagulation Analyzer● Beckman Iris 2000

Bio-Rod GEM3000 ABG/Chemistry Analyzer ● Abbott POC Analyzers ●Vitros 350 & 5600 Chemistry Analyzer

*Software*

WAM Hematology System ● Epic ● Beaker ● LASC System ● Laboratory System Manager ● Soft’s Soft lab Mic 4.5 ● Soft Tech Lab ● Unity ●Expanse.

Adobe Acrobat ● MS Office (Word, Outlook, Excel, and PowerPoint) ● Windows Operating Systems ● Medi Tech 6.15

**Committee Board Member**

● Board of Trustees Committee ● Medical Executive Committee ● Board of Directors Committee

● Finance Committee ● Patient & Employee Safety Committee