

FRANK TORTORELLA, JD, MBA, FACHE

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(713) 628-5303

CURRICULUM VITAE

Professional Positions:

2023-Present	The University of Texas MD Anderson Cancer Center Houston, TX	-Executive Director, Patient Experience
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A 667-bed academic medical center with \$4.5 billion total operating revenue, 1.5 million outpatient visits, and 28,000 admissions devoted to cancer patient care, research, education and prevention that has ranked among the top two in cancer since 1990 by the U.S. News & World Report survey of best hospitals.

2020-2023	The University of Texas MD Anderson Cancer Center Houston, TX	-Vice President, Accreditation, Regulation, Certification -Chief Accreditation Officer -Member, Clinical Operations Senior Leadership Team
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Responsibilities: Provide strategic oversight and administration for 82 plus accreditation, regulatory, and certifications. Responsible for ensuring continuous surveillance readiness, education and culture building, data analysis and reporting to Quality Assurance Performance Improvement Committee and Governing Board. Report to Chief Operating Officer and Chief Quality Administrative Officer.

- Achieved no condition-level findings in 2022 The Joint Commission survey.
- Created an Office of Accreditation, Regulation, Certification to lead the institutional efforts to develop systems and processes as well as educate frontline staff, leadership, and faculty for continuous surveillance readiness.
- Led the successful results for multiple The Joint Commission (TJC) and Center for Medicare and Medicaid Services (CMS) unannounced surveys, including the efforts to create multiple CMS 2567 plan of corrections for one of the largest hospital laboratories in the United States.
- Created 10-year calendar depicting the 82 accreditation, regulation, and certification surveys segmented by division to increase institutional transparency

2006-2020	The University of Texas MD Anderson Cancer Center Houston, TX	-Vice President, Clinical Support Services -Member, Clinical Operations Senior Leadership Team
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Responsibilities: Provided strategic oversight and administration of 1,200 FTEs including Admissions, Case Management, Clinical Nutrition, Clinical Support Services Administration, Dining Service, Discharge Center, Health Information Management, Language Assistance, Patient Access Services, Patient Transportation, Rehabilitation Services, Room Service, Social Work, Spiritual Care and Education, and Transfer Center. Report to Chief Operating Officer.

- Led divisional productivity project called “Crawl, Walk, Run” that identified key units of work and productive time. Created control charts to monitor productivity showing actual performance compared with industry benchmarks. Engaged staff to adjust standards for oncology practice as necessary and communicated productivity expectations to staff resulting in improved productivity.

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- Served as Executive Sponsor in leading the Safe Patient Handling Program to prevent employee injuries. Formed multidisciplinary committee that assessed staff training and institutional equipment needs. Trained over 700 staff in safe patient handling and purchased necessary mobile lifts.
- Implemented the Institute for Health Improvement patient flow initiative called Real Time Demand Capacity, including a daily 9:00 am 20-minute meeting with all nursing units and ancillary and support departments to identify and address in real time barriers to that day's discharges. Initial results show percent of predicted discharges entered by 8:00 AM to actual discharges improved from a baseline of 18.1% to 56% and compliance with the Joint Commission benchmark of 4 hours for the time from ED admit order to inpatient bed.
- Implemented institutional electronic bed management system eliminating hundreds of daily phone calls between Nursing, Admissions, Patient Transportation, and Housekeeping. Patient transportation time reduced from 55 minutes to less than 30 minutes compared to the national standard of 45 minutes.
- Developed a systematic approach for accepting external transfers based on clinical criteria in the Transfer Center resulting in routine and urgent patients being transferred directly to the appropriate nursing unit instead of the Emergency Center.
- Led interdisciplinary team in development and implementation of 16 bed Clinical Decision Unit to be compliant with Medicare requirements for outpatient observation level of care, including all necessary policies, billing and health record revisions, and physician, nurse, and ancillary staff training.
- Served on institutional leadership ride-out team for multiple hurricanes. Serve as section head for Logistics in the Incident Command System.
- Co-lead institutional Psychosocial Council with Vice President, Medical Affairs to manage patient psychosocial care. Results include patient distress dropped 4 points on a 10-point scale with 10 as the highest level of distress.
- Co-lead institutional "Be Well" committee with Vice President, Human Resources to provide opportunities to employees seeking to achieve and maintain a healthy body weight. Results increased healthy beverage sales by 11%, added digital menu boards to dining venues to display nutritional information.

2002-2006
President,

The University of Texas MD Anderson Cancer Center
Houston, TX

-Associate Vice

Hospital and Clinic Operations

Responsibilities: Provided strategic oversight and administration of 600 FTEs including Admissions, Health Information Management, Patient Access Services, Patient Transportation, Social Work, Spiritual Care and Education, and Transfer Center. Report to Vice President, Hospital and Clinic Operations.

- Led the team that designed and implemented the performance management process that aligned individual and departmental goals with institutional goals and linked pay with performance for 8,000 employees. Resulted in statistically significant increased scores on the questions in the employee opinion survey related to performance management.
- Negotiated and led team to implement 7-year outsourcing agreement for one of the largest hospital retail dining service programs in the nation with 10 dining facilities and annual sales valued at more than \$3 million.
- Directed the coding and billing team that reduced outpatient unbilled charges from an average of \$30 million to \$15 million in four months.
- Decentralized outpatient registration for the 21 ambulatory care centers within ten months decreasing the average patient wait time from 35 minutes to 10 minutes.
- Created a central business center to direct and standardize policies and procedures for 21 decentralized ambulatory care centers.

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2000-2002 Finance/Chief	Advocate Illinois Masonic Chicago, IL	-Vice President, Financial Officer
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Comprehensive health care organization formed in 2000 by merger of two urban community teaching hospitals, Illinois Masonic Medical Center (507 beds) and Ravenswood Medical Center (180 beds), with \$350 million in combined net revenue owned by non-profit faith-based Advocate Health Care.

Responsibilities: Led 253 staff with \$10 million operating expense. Responsible for budgeting, patient and physician billing, registration, and medical records. Reported to Chief Executive Officer and corporate Senior Vice President of Finance.

- Managed an operations improvement plan resulting in a \$15 million annual expense reduction.
- Led the post-merger centralization of payroll, finance, medical records, and accounting functions eliminating over \$800,000 in salary expense.
- Initiated the corporate compliance effort in Finance and developed a training program resulting in a consistent methodology for coding and billing to adhere to corporate compliance policies.

1993-2000 Care	Illinois Masonic Medical Center Chicago, IL	-Vice President, Ambulatory
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Responsibilities: Administered 330 staff and 50 employed physicians with \$27 million operating expense and \$51 million operating revenue with 300,000 visits per year. Responsible for 13 primary care centers, 3 primary care treatment centers with resident training, and 16 specialty ambulatory care centers. Served approximately 25,000 managed care lives. Reported to President/Chief Executive Officer.

- Created a physician incentive compensation plan resulting in \$1.5 million savings in two years.
- Designed and implemented a physician deferred equity plan that was a successful recruitment tool and reduced physician annual turnover to less than 2%.
- Negotiated multiple satellite leases with over \$800,000 savings.
- Coordinated design and construction for a 70,000 square foot physician office building, 12,000 square foot ophthalmology outpatient surgery center, a 10,000 square foot family practice residency teaching center, and a 4,000 square foot community physician office.
- Initiated corporate compliance audit of lease, employment, and joint venture agreements with physicians. Renegotiated these contracts to conform to corporate compliance policies and executed revised contracts with physicians.
- Implemented IDX electronic registration and appointment scheduling functions resulting in reduced patient waiting time and improved patient satisfaction.
- Chaired the hospital-wide operations improvement committee to analyze inpatient and outpatient departments using benchmarks to identify expense savings from FTE reductions and program closures.

1990-1993 Administrator,	Illinois Masonic Medical Center Chicago, IL	-Associate Operations
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Responsibilities: Directed 270 staff with \$11 million operating expense and \$40 million operating revenue. Responsible for ancillary and clinical departments (Diagnostic Imaging, Respiratory Care, Department of Pediatrics, Trauma Service, AIDS Program, Social Work, Home Health, and Hospice) and five outpatient residency teaching centers with 73,000 visits per year. Reported to the Senior Vice President of Operations.

- Proposed and implemented recommendation to add four additional neonatal intensive care beds and staff increasing annual net revenue by \$1.2 million.
- Negotiated \$500,000 discount for an MRI, CT scanner, and two radiography rooms.
- Performed hospital-wide cost analysis of Trauma Service resulting in \$450,000 grant to offset losses.
- Developed radiation safety program recognized by Illinois Department of Nuclear Safety as a model.
- Led planning, selection, and implementation of automated scheduling software for a 13-suite Operating Room resulting in more accurate surgery start times and improved statistical reporting.

1985-1990 Administrator,	Illinois Masonic Medical Center Chicago, IL	-Assistant Operations
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Professional Positions – Academic:

2011-Present	Loyola University School of Law Beazley Institute of Health Law and Policy Chicago, IL	-Adjunct Professor
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2019-Present	New York University Robert F. Wagner Graduate School of Public Service New York, NY	-Adjunct Professor
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2011-2013 Instructor	MD Anderson Cancer Center Clinical Safety and Effectiveness course Houston, TX	-
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1995-2003 Instructor	Rush University Medical Center Graduate Program in Healthcare Administration Chicago, IL	-
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Education:

1991	Loyola University School of Law Chicago, IL	J.D.	Health Law
1985	University of Chicago School of Business Chicago, IL	M.B.A.	Healthcare Administration
1982	Harvard College Cambridge, MA	B.A. <i>cum laude</i>	English and American Literature

Postgraduate:

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2022	CoachRICE, Doerr Institute For New Leaders Rice University, Houston, Texas	70 hours Certification	Certified Leadership Coach
2022	The University of Texas MD Anderson Cancer Center	Certification	High Reliability Universal and Leader Skills
2019	The University of Texas at Austin Houston, TX	2-day course 2-day course	Executive Decisions Enterprise Risk Management
2017	The University of Texas MD Anderson Cancer Center	Certification	Applying Lean Concepts to Healthcare Processes
2007	Emergency Management Institute US Department of Homeland Security	Certification	Federal Emergency Management Agency (FEMA)
2005	Intermountain Healthcare Salt Lake City, UT	4-week Certification	Executive Program in Quality Improvement
1996	University of Missouri Kansas City, MO	250 hours Certification	Executive Program in Managed Care

Appointments:

2023	American College of Healthcare Executives (ACHE)		Elected Regent, Texas-Southeast
2006 & 2008	Malcolm Baldrige National Quality Award Gaithersburg, MD		Board of Examiners
2007	Clinical Safety and Effectiveness The University of Texas MD Anderson Cancer Center		Fellow
2003-2006	Quality Texas Foundation (State-level organization for the Malcolm Baldrige National Quality Award) Dallas, TX		Senior Board of Examiners
2005	American College of Healthcare Executives (ACHE)		Fellow
2000	American College of Healthcare Executives (ACHE)		Diplomat / Board Certification
2000-2008	National Runaway Safeline Vice Chair		Board of Trustees / Vice Chair Finance Committee Crisis Operator
1993-2000	IVF Illinois, Inc. Chicago, IL		Joint Governing Board Vice Chair
1993-1999	Scholl Chicago Foot Health Centers Chicago, IL		Joint Governing Board

Memberships in Professional Societies:

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- 1985-Present American College of Healthcare Executives (ACHE)
- 2003-Present Health Information Management Systems Society (HIMSS)
- 2000-Present Healthcare Financial Management Association (HFMA)

Honors / Awards:

- 2013 Organizational Excellence Award from Quality Texas Foundation (State-level organization for the Malcolm Baldrige National Quality Award)
- 2012 Recognized by MD Anderson Cancer Center President for institution named Healthiest Employer by the *Houston Business Journal*
- 2012 Progress Level Excellence Award from Quality Texas Foundation
- 2010 Commitment Level Excellence Award from Quality Texas Foundation
- 2008 Sharon K. Martin Award for Performance Improvement Excellence

Presentations:

1. **Tortorella, F.** Strengthen Your Writing Skills. Loyola School of Law Beazley Institute for Healthcare Education Immersion Weekend. Chicago, IL, September 29, 2018.
2. Campbell, Y., Musel Winn, J., **Tortorella, F.**, Employee Engagement. Global Academic Program (GAP) 2017 Conference, The University of Texas MD Anderson Cancer Center. Houston, TX, May 11, 2017.
3. Triller, M., **Tortorella, F.**, Harper, G., Motzi, A., Phan, J., Crawl-Walk-Run: A Phased Approach to Productivity-Driven Staffing poster presentation. University of Texas Shared Vision Conference. San Antonio, TX, April 21, 2016.
4. Grizancic, S., **Tortorella, F.**, How to Effectively Engage Providers for Transformational Change Initiatives. American College of Healthcare Executives 2014 Congress on Healthcare Leadership: Where Knowledge, Ideas, and Solutions Connect. Chicago, IL, March 24, 2014.
5. **Tortorella, F.**, Griffith, P., St. John, C., Promoting Excellence in Health Care: The Baldrige Performance Excellence Program. The University of Texas System Clinical Safety and Effectiveness Conference. San Antonio, TX, September 2013.
6. **Tortorella, F.**, Douglas-Ntagha, P., Hillier, K., Plowcha, K., Carlson, L., Duplichen, D., Owens, M., Ray, R., Rinando, V., Smith, L., Ukanowicz, D., Bed Management. The University of Texas System Clinical Safety and Effectiveness Conference. Austin, TX, November 2010.
7. **Tortorella, F.**, Ewer, M., Douglas-Ntagha, P., Harper, G., Transfer Center Process Update. The University of Texas System Clinical Safety and Effectiveness Conference. Austin, TX, November 2010.
8. St. John, C., **Tortorella, F.**, Spinning Straw into Gold: Using the Baldrige Criteria in our Turbulent Healthcare Environment. American College of Healthcare Executives 2009 Congress on Healthcare Leadership: Navigating the Future. Chicago, IL, March 25, 2009.

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9. **Tortorella, F.**, Rodriguez, A., *A Real-World View: Efforts to Reduce Patient Distress*. International Union Against Cancer (UICC) World Cancer Conference 2008. Geneva, Switzerland, August 29, 2008.
10. St. John, C., **Tortorella, F.**, *Using the Baldrige Framework to Understand Your Knowledge Management Needs*. American Productivity & Quality Center's 13th Annual Knowledge Management. Conference. Chicago, IL, May 1, 2008.
11. Colman, G., **Tortorella, F.**, Konstanzer, R., *Gaining Capacity by Improved Patient Throughput* poster presentation. 12th World Congress on Health (Medical) Informatics. Brisbane, Australia, August 23, 2007.
12. **Tortorella, F.**, Walters, R., *Quality and Reimbursement Outlook for Cancer Care*. Presented to medical and administrative staff and board members of the Hallmark Healthcare System. Melrose, MA, November 22, 2005.

Publications:

1. **Tortorella, F.**, book editor, *Leading Ancillary and Support Departments to Higher Performance, The New Service Imperative for Patient Care*, Hospital Administrative Press, March 2021.
2. **Tortorella, F.**, *Ethical Issues of Cancer Center Administrators*. In: Ethical Challenges in Oncology. Ed(s) Gallagher, C., Ewer, M. Elsevier Academic Press: Philadelphia, Pages 297-310, 2017.
3. Palos, G., **Tortorella, F.**, Stepen, K., Rodriguez, M., *A Multidisciplinary Team Approach to Improving Psychosocial Care in Patients With Cancer*. Clinical Journal of Oncology Nursing, Volume 17, Number 5, Pages 556-558, October 2013.
4. **Tortorella, F.**, Ukanowicz, D., Douglas-Ntagha, P., Ray, R., Triller, M., *Improving Bed Turnover Time with Bed Management System*. Journal of Nursing Administration, Volume 43, Number 1, Pages 37-43, January 2013.
5. **Tortorella, F.**, Ewer, M., Douglas-Ntagha, P., Harper, G., Walters, R., Ecung, W., *Developing a Transfer Center in a Tertiary Cancer Center: Streamlining Access and Communication to Accommodate Increasing Demand for Service*. Journal of Healthcare Management, Volume 56, Number 3, Pages 199-211, May/June 2011.
6. Rodriguez, A., **Tortorella, F.**, St. John, C., *Improving Psychosocial Care for Improved Health Outcomes*. Journal for Healthcare Quality, Volume 32, Number 4, Pages 3-13, July/August 2010.
7. Helm, C., Holladay, C., **Tortorella, F.**, *The Performance Management System: Applying and Evaluating a Pay-for-Performance Initiative*. Journal of Healthcare Management, Volume 52, Number 1, Pages 49-62, January/February 2007.

Licensure:

Member of Illinois Bar

Revision date: 1/10/2024