

In healthcare, an empty leadership seat is never empty. *Your best people are covering it.*

That's how you lose them too. Vacancies in clinical and administrative leadership drive turnover, regulatory exposure, and patient-experience damage that takes 18 months to repair. We close them with evidence - and 85% of our placements are still performing at 24 months.

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|-----------|--------------------------------|---|
| 01 | A unit is wobbling | The leadership seat above it is empty - or filled wrong - and the team is absorbing it. |
| 02 | A metric moved | Turnover, patient experience, a survey finding with an 18-month-old root cause. |
| 03 | A resignation is coming | You can feel it - and the bench behind that name is a guess. |

Pick your problem. Each one has a fixed-scope answer inside.

THE SEATS WE RUN IN HEALTHCARE

HEALTH SYSTEMS · PHYSICIAN GROUPS · HOME HEALTH · CLINICAL ORGANIZATIONS

- | | | |
|-----------------------------------|-------------------------------|--------------------------|
| • Hospital / System CEO, COO, CFO | • VP / Director of Operations | • Practice Administrator |
| • Chief Medical Officer | • VP / Director of Quality | • Revenue Cycle Director |
| • Chief Nursing Officer | • Service Line Directors | • Clinical Director |

You've asked a unit to hold on while you fix the seat above it. So have most of the leaders we work with.

Qualigence is an executive search and recruiting firm built on selection science. In healthcare, that means we slow down the part of the process that needs to slow down - the screen - and speed up the part that doesn't - the decision. Your hires integrate faster because they were designed against the unit's real pressure, not the job description.

60%+

of the Fortune 500 have used Qualigence

85%

still performing at 24 months

1999

a research firm before anything else

You were promised speed.
Speed filled the seat and emptied the unit.
The decision is what failed - *and nobody screened for it.*

We've run this map before.

A national home-care organization needed visibility into its clinical leadership pipeline - not one req, the whole bench, across three regions. We mapped who was ready now, who was ready in three years, and where a single resignation would become a crisis - before a single search opened. That is what evidence-first looks like: decisions made on the market's answer, not the org chart's hope.

THE READINESS MAP



Every leader in the map lands in one of three categories - plus where a single resignation becomes a crisis.

Day 90 is *the real finish line*.

Most clinical hires quietly decide whether to stay in the first ninety days - while everyone who made the hire has moved on. Every Qualigence healthcare search carries an integration plan measured at 30, 60, and 90 days, defined per unit on day one. That is why 85% of our placements are still performing at 24 months.



Evidence before the search - here too.

01	Market Intelligence Snapshot	A map of one critical market before you open the search: availability, competitors, compensation, risk.	\$5,000-\$7,500 1-2 weeks
02	Talent Market Intelligence™	Full market intelligence when the hire is critical - target mapping, candidate identification, recommendations.	\$10,000-\$15,000 2-4 weeks
03	Executive Intelligence	When the question is your bench: who is ready now, who is ready in three years, where the risk sits.	Scoped Per engagement

What the first call actually is

Thirty minutes with Aledria. Bring the role, the unit, or the org chart. You leave with our read on where the search will get stuck and what it will take - and the number in writing. No deck, no discovery-call theater.

Units that hold past day 90. A bench the board can read. Patient experience that stops depending on heroics.



Bring us the seat that's costing you.

ALEDRIA HOWARD · PRACTICE LEADER ·
HEALTHCARE · FORMERLY PFIZER, PACIRA
BIOSCIENCES, OLYMPUS

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