



The future chief quality executive

Driving enterprise strategy, impact,
outcomes-based value and excellence



Executive summary

Healthcare is shifting fast—shaped by technology, workforce instability, regulatory change and the push to value-based care. At the center of this transformation is the chief quality executive (CQE). No longer a compliance steward, the CQE is now a strategic leader. They are charged with making safety and quality data transparent, building trust in the value of care, and embedding quality into every enterprise decision.

This white paper, grounded in national focus group dialogue and survey data facilitated by Vizient in early 2025, defines a new leadership framework for CQEs based on 10 foundational competencies. These pillars blend technical acumen and human-centered capabilities, equipping CQEs to drive transformation, equity and enterprise performance. Insights were synthesized from demographic analysis, leadership trait surveys and strategic literature including *Navigating the Pathway to Quality Leadership* and *Demographic Profile and Oversight Duties of Today's Health Care Quality Leaders* developed and published in the Joint Commission Journal on Quality and Patient Safety by a group of Vizient Quality Executive Networks in collaboration with Vizient leaders.

Decades of research on top-performing healthcare organizations reinforce and contextualize the evolving role of the CQE. A key finding is that system quality structures with centralized goal setting—combined with decentralized accountability featuring horizontally integrated functions such as safety, analytics, infection prevention and ambulatory care—foster better agility, shared accountability and alignment with enterprise priorities. These conditions are essential for CQEs to lead effectively. Equally important, the research highlights culture, particularly psychological safety and a commitment to high-quality care, is just as essential as structural design. Together, these insights provide a blueprint for embedding CQEs at the strategic core of healthcare organizations.

Why this work matters now

The healthcare landscape is undergoing a seismic transformation. Accelerating changes in care delivery, financial strain, access disparities and workforce instability demand a redefinition of how we lead, innovate and sustain healthcare quality. In response, the Vizient System Chief Quality Executives Network posed a few bold questions to its members at the September 2024 meeting: *What will the future of quality leadership hold? What will the future CQE need to be a successful leader?*

Healthcare leaders face unparalleled demands. The shift toward decentralized care delivery, digital integration and social accountability requires CQEs to lead beyond traditional safety metrics. While their partners, the chief operating officer (COO) drives operational efficiency, or the chief financial officer (CFO) steers fiscal performance, the CQE sits at the intersection of clinical outcomes, operational reliability and strategic transformation. This demands translation of frontline realities into enterprise strategy, building quality infrastructure that supports and scales across different sites.

At the same time, CQEs are being asked to do more with less. They must disseminate safety and quality lessons learned across the system without expanding their teams, often while under persistent pressure to deliver financial savings. In this environment, the effectiveness of the CQE and the system's quality structure becomes a critical multiplier—enabling organizations to enhance quality impact without increasing headcount. By leveraging governance, culture and aligned processes, the CQE role is uniquely positioned to expand influence and outcomes in resource-constrained settings.

They're trusted partners who must also be cultural architects, data interpreters, policy navigators and system integrators. This paper outlines the urgency to develop these leaders with intentional infrastructure, training pathways and strategic positioning within healthcare systems.

Methodology

This framework is derived from a mix of quantitative and qualitative methods:

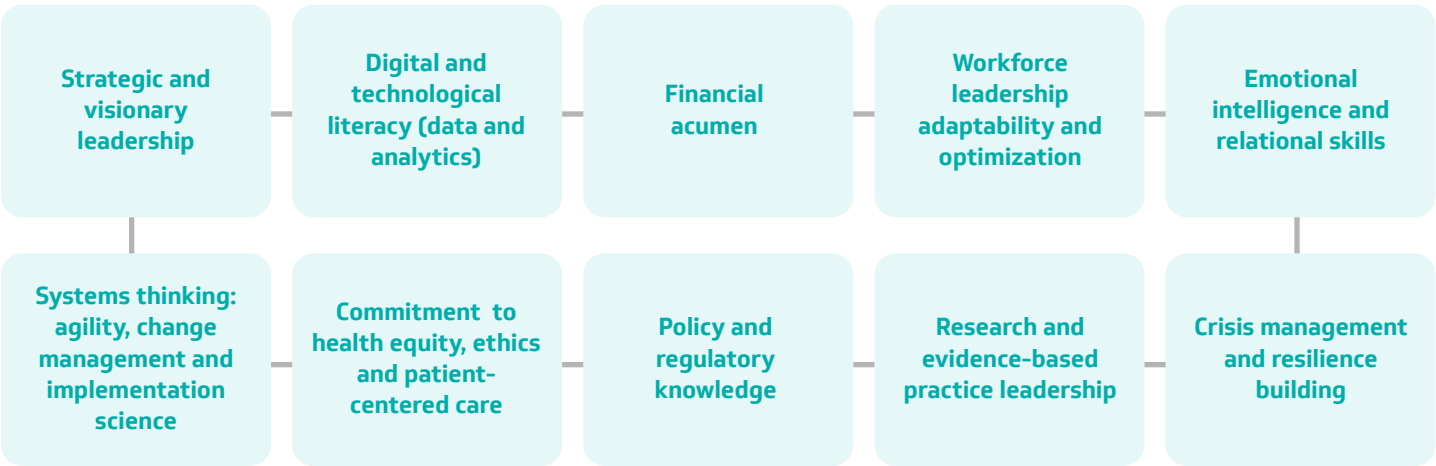
- A national survey of 137 CQEs analyzed role demographics, competencies and scopes of responsibility.¹⁻²⁰
- Structured focus groups with 30 system-level CQEs to define and validate a future-oriented competency model. (Figure 1)
- Literature review and expert consensus from Vizient leaders and network contributors on the foundational framework for the future CQE. (Figures 2 and 3)

This national focus group of system-level CQEs validated and refined the comprehensive framework for quality leadership. Through rigorous dialogue and collective insight, the group confirmed the relevance and interdependence of the 10 foundational pillars in Figure 2. An analysis of the input from the focus groups revealed the agreement that these skills form an integrated architecture of leadership that's strategic and operational, clinical and organizational. Their contributions clarify how these competencies interact, amplify one another and must evolve to meet the shifting demands of healthcare.

Figure 1.CQE of the future, focus group demographics



Figure 2. Defining transformative leadership: framework for the future CQE



To validate and prioritize the framework, the 10 pillars and their definitions were presented to all focus group participants, who ranked them based on their unique relevance to the future-state CQE (Figure 3). Each pillar offers strategic insight into the leadership qualities deemed most critical for the future CQE to sustain performance and impact, including three that were considered non-negotiable for future success.

These pillars aren't isolated traits, but rather a set of interdependent leadership capabilities that collectively define how CQEs operate and thrive within today's complex healthcare systems. In environments that are increasingly matrixed, dynamic and marked by continuous transformation, the ability to integrate these capabilities is essential. Together, the pillars reflect a holistic leadership framework—one that enables CQEs to align quality, strategy and innovation while navigating ambiguity, mobilizing cross-functional teams and driving sustainable improvement across diverse organizational contexts.

Figure 3. Foundational pillars of CQE leadership

Pillar	Description
Strategic and visionary leadership	Anticipating disruption, aligning quality strategy with enterprise direction. Most often ranked as the top critical competency.
Emotional intelligence and relational skills	Trust-building, influence without authority and collaborative leadership. Identified by more than 60% as a top soft skill.
Systems thinking: Agility, change management and implementation science	Embedding quality into operations using adaptive, evidence-based strategies. Essential for cross-functional execution and scalability.
Financial acumen	Linking quality to cost, demonstrating value through return on investment (ROI) storytelling. Empowers CQEs to frame safety as a business imperative.
Digital and technological literacy	Using AI, predictive analytics and dashboards for strategic decisions. Not about being technical experts, but responsible stewards of digital integration.
Commitment to health equity, ethics and patient-centered care	Embedding equity into performance goals and leading with moral clarity.
Workforce leadership adaptability and optimization	Building resilient, diverse teams through coaching and strategic workforce design.
Crisis management and resilience building	Navigating instability with foresight, transparency and rapid decision-making.
Policy and regulatory knowledge	Interpreting and influencing policy with a strategic, proactive mindset.
Research and evidence-based practice leadership	Driving adoption and scaling of evidence-based practices and improvement science.

High-impact leadership: The three pillars powering the CQE of the future

Among 10 core competencies identified through Vizient-led research, **three pillars** rise to the top as *non-negotiables* for future-ready CQEs:

- Strategic and visionary leadership
- Emotional intelligence and relational leadership
- Systems thinking: agility, change management and implementation science

These aren't simply skillsets. They're *core competencies* that define high-impact quality leadership.

Strategic and visionary leadership

"If the CQE doesn't set the direction, no one will." – Danielle Bowen Scheurer, MD, Chief Quality Officer, MUSC Health

Strategic and visionary leadership was named by **70% of leaders in the focus group** as the most critical CQE competency. While this is a universal c-suite expectation, the CQE's strategic and visionary leadership differs in content, consequence and cross-functional reach. For other executives, strategy failure may impact finances, operations or market share. For the CQE, strategic missteps can directly impact patient safety, mortality and quality of life. The stakes are clinical as well as operational and financial.

The future CQE must:

- Align with the CEO and board on quality as a strategic imperative.
- Expect industry disruption (e.g., AI, care decentralization) and translate risk into enterprise-wide action.
- Unite stakeholders around a clear, forward-looking quality vision.

"You have to lead with foresight not just react to today's crisis but shape tomorrow's safety net." – Sandi Gulbransen, MS, Vice President of Quality, Indiana University Health

Emotional intelligence and relational leadership

"Without trust, nothing moves forward." – Daniel Collins, BSN, MBA, Former Vice President of Quality, Essentia Health

Emotional intelligence and relational leadership was ranked second in importance by 30% of leaders, emphasizing that CQEs must **lead without formal authority**. Again, one could argue that all c-suite leaders need this foundational competency. Emotional intelligence and relational leadership aren't simply "soft skills." They're operational tools that determine whether quality strategies succeed or fail.

Influence without direct authority is a daily part of the role. When convincing a high-performing surgical team to adopt new safety protocols or engaging a group of skeptical nursing

leaders to co-design a complication-reduction program, the CQE frames it as a shared commitment to patient safety and dignity rather than a compliance requirement. Sustained quality improvement requires deep trust with clinicians, executives, community partners and patients.

In highly matrixed, hybrid healthcare systems, the CQE must:

- Build psychological safety across teams.
- Lead up, down and across silos many times during crises such as sentinel events, public ratings declines or gaps in equitable care.
- Navigate conflict and foster shared accountability.
- Communicate with authenticity, empathy and clarity.

"If you're a 0 out of 10 in emotional intelligence, it doesn't matter if you're a 10 in anything else—you will not be a successful leader." – Richard Guthrie, MD, Chief Quality Officer, Ochsner Health

Systems thinking, agility and implementation science

"You can't solve today's problems with yesterday's solutions." – Laura Haubner, MD, Senior Vice President, Chief Quality Officer, Tampa General Hospital

The systems thinking, agility and implementation science pillar was **ranked third by 25% of leaders**, emphasizing the CQE's responsibility to **navigate complexity, sustain gains and scale improvements** across the enterprise. The CEO brings forward the foundation of systems thinking. They see the organization as connected, combining market strategy, operations and brand to create a single system and organization identity.

Other executives may use systems thinking, agility and implementation science to optimize business performance. The CQE applies them to improve human outcomes, regulatory standing and organizational reputation. Success requires translating evidence-based practices into operational reality, tracking reliability and ensuring sustainability.

CQEs must incorporate and lead with:

- Systems thinking—seeing connections across care settings and silos.
- Agility—pivoting quickly amid disruption or resource constraints.
- Implementation science—translating ideas into measurable, lasting outcomes.

"Top performers don't just have great ideas. They turn strategy into sustainability. That's systems thinking plus change management plus implementation science."

– Jodi Eisenberg, MHA, CPHQ, Associate Vice President Member Networks, Vizient

Elevate, align, execute: Building CQEs who shape the future of healthcare

While these three pillars—strategic and visionary leadership; emotional intelligence and relational skills and systems thinking; agility and implementation science—aren't unique to the CQE role, they're indispensable to its future. Consistently prioritized by CQEs, they form the core leadership architecture required to navigate healthcare's unpredictability, complexity and transformation.

What distinguishes these pillars isn't just their frequency in the data, but their interdependent strength. Strategic foresight enables CQEs to anticipate disruption and align enterprise goals. Emotional intelligence fosters the trust and influence required to lead across boundaries without authority. Systems thinking and implementation science

make strategy executable and sustainable. They aren't isolated competencies, they're synergistic capacities that allow CQEs to lead with clarity, resilience and impact at scale.

In short, these three competencies offer a unique ability to help contribute to the leadership intellect of the future CQE. They're the strategic thread that binds together technical skill, enterprise insight and cultural influence. For health systems to thrive in an era marked by constant change, these capabilities must be intentionally recognized, cultivated and embedded in both the current and next generation of quality leaders.

The CQE of the future won't just measure quality—they'll define it, build it and lead performance improvement shaping system strategy, elevating c-suite decision-making and driving transformative outcomes across the entire health system.

Beyond the framework: Critical leadership gaps for the future CQE

As the healthcare environment becomes increasingly complex and dispersed, traditional competency models for CQEs no longer suffice. In conversations with CQEs across leading health systems, Vizient identified additional leadership gaps that must be addressed to enable future CQEs to succeed at scale. These gaps aren't minor. They're pivotal to transforming quality leadership and driving sustainable outcomes across the continuum of care.

Systemness and longitudinal oversight

Quality must extend beyond the hospital walls. CQEs are increasingly being called upon to lead across fragmented care settings, from ambulatory to digital and home-based services. Yet current oversight infrastructure often fails to integrate these settings effectively, creating blind spots in patient safety and experience. Leaders must champion a truly longitudinal view of care quality.

Storytelling and communicating value

The ability to humanize and effectively communicate the value of quality work is underdeveloped. CQEs must evolve as strategic storytellers who can connect quality initiatives to patient and family outcomes, not just regulatory metrics. By framing improvement through compelling narratives and strong branding, CQEs can elevate visibility, strengthen influence and drive organizational alignment.

From episodic projects to systemic change

Short-term, reactionary quality projects rarely endure. To create lasting impact, CQEs must apply implementation science principles to ensure improvements become part of lasting operational systems. Sustainable change requires discipline, not episodic heroics.

Leading through influence, not authority

CQEs often lead in matrixed environments without direct authority. Success depends on relational acumen, emotional intelligence and the ability to align and mobilize stakeholders across functions. Role clarity and boundary-setting are vital to prevent burnout and ensuring focus.

Governance engagement and board fluency

Effective engagement with boards of directors is critical yet often lacking. CQEs must not only educate boards on risk and safety but also cultivate them as allies in driving systemic quality. This requires fluency in governance dynamics and a proactive, ongoing communication strategy.

Structural alignment and role clarity

Wide variability in CQE roles, titles and reporting relationships undermines consistency and influence across systems. Establishing a shared vocabulary and role architecture is essential for scalability and impact. Vizient's ongoing benchmarking work aims to address this foundational gap.

From framework to execution: Positioning the CQE for enterprise impact

The leadership gaps outlined above aren't outliers. These gaps reflect the tension between today's shifting healthcare dynamics and traditional models that no longer serve the system. While the new leadership pillars offer a forward-looking framework, the real challenge lies in operationalizing them and embedding these capabilities into leadership development, organizational infrastructure and enterprise decision-making.

Healthcare systems must take bold steps to move from aspiration to execution. That requires more than naming and developing competencies. It means dismantling the structural, relational and strategic barriers that prevent CQEs from delivering full impact. These gaps aren't different from the leadership pillars. They're the foundation that allows CQEs to use their skills on a large scale.

To meet the demands of a transforming healthcare landscape, CQEs can no longer be positioned on the sidelines. Their role must be elevated from reactive managers of compliance to proactive, enterprise-level leaders who shape strategy, drive outcomes and safeguard organizational mission. Positioned as system-wide integrators and strategic influencers, CQEs bring the ability to lead through ambiguity, build trust across boundaries and deliver sustainable outcomes. These attributes make them indispensable partners in the c-suite.

Healthcare organizations that succeed in closing these leadership gaps won't only build a sustainable quality strategy, but also unlock higher levels of performance, resilience and mission alignment across the enterprise.

Three critical actions stand out for organizations ready to unlock the full value of CQE leadership:



Structural elevation

Commitment: Embed the CQE into enterprise governance and decision-making. Make them a leader in the company. They should report directly to the CEO, have access to the board and be part of all important decisions.



Targeted leadership development

Commitment: Invest in competencies that strengthen the CQE as a strategic influencer. Build internal CQE pathways and training programs that include all the skills needed. Use the three important pillars in this white paper to build on them. Encompass lessons learned from the identified gaps within this white paper as well as those you have identified within your healthcare organization.



Enterprise integration of quality strategy

Commitment: Align quality as a central driver of organizational performance and value. The CQE must be involved in all important projects, including mergers and acquisitions, digital transformation, care model changes and capital planning. This will make sure quality and safety are included from the start.

Building the foundation for sustainable excellence

As healthcare systems navigate an era defined by digital disruption, evolving payment models and rising public accountability, the CQE stands as a pivotal leader uniquely tasked with safeguarding and advancing the quality, safety, equity and value of care. While many leadership skills—strategic vision, systems thinking and relationship influence—are shared across the c-suite, the CQE's use of these skills is unique in scope and effect. This role requires translating enterprise strategy into measurable clinical outcomes, embedding quality imperatives into every operational and financial decision and leading cultural transformation at scale. The stakes extend beyond organizational performance metrics. They touch every patient interaction, every episode of care and the trust the public places in the institution.

Moving forward, health systems must intentionally design the infrastructure, authority and development pathways to enable CQEs to deliver at this level. This means equipping them with enterprise-wide influence, integrated data and analytics capabilities as well as dedicated resources for implementation science that work across different care settings. Together, these actions represent more than just role optimization: They're a blueprint for embedding quality at the heart of enterprise success.

By elevating the CQE as a core enterprise leader, cultivating the next generation of CQE talent and embedding quality leadership into every strategic initiative, organizations can transform quality from a compliance function into a catalyst for innovation, inclusive care and system-wide excellence. In doing so, they won't only adapt to the current wave of change; they'll lead it, shaping a healthcare future where quality is the core of both mission and market success.

Acknowledgment of contributing quality thought leaders

Sincere appreciation is extended to the quality thought leaders whose insights, experience and vision have been instrumental in shaping this work. Their intentional contributions show a commitment to improving the role of the CQE as a key driver for changing health systems. This role will help create new ideas, fairness and sustainable excellence in the future of healthcare.

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**Explore how
Vizient can help
elevate your
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strategy and
drive enterprise
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