

Strategic Edge

Series: Workforce Realities in Healthcare Capital Programs Chapter 4 – Agreement or Alignment

In our previous articles, we examined workforce shortages, retirements, and pressure on healthcare capital resources. Building on that context, we turn to another reality shaping capital programs: the difference between **agreement** and **alignment**—and why it matters.

Agreement is formal and visible. It shows up in executive approvals, board actions, strategic plans, and performance objectives. Agreement is essential for governance, accountability, and risk management. Without it, healthcare organizations cannot operate at scale.

In healthcare systems, agreement is often reached through committees and regulatory approvals. Leadership may agree to implement a new electronic health record (EHR) platform or approve a patient safety initiative. Today, **EHR adoption exceeds 90% among U.S. hospitals**, yet clinician satisfaction and effective use often lag behind implementation.

This gap highlights the limits of agreement alone. While leadership may align on budgets and timelines, frontline teams frequently experience workflow disruption and burnout when **alignment around design, clinical value, and operational realities** is missing. Agreement may exist at the top, but execution becomes fragmented across departments. **Alignment is different.** It reflects a shared understanding of purpose, priorities, success measures, and acceptable trade-offs—and a commitment to act accordingly. **Alignment shows up not in presentations, but in day-to-day decisions.**

In healthcare, alignment is critical. Care delivery depends on coordination across disciplines and sites of care. Research shows that **unwarranted clinical variation drives major cost and quality gaps**, accounting for **30–40% of spending differences** without improving outcomes. When organizations align around **patient outcomes rather than siloed metrics**, decisions about staffing, care pathways, and resource utilization become more consistent. Aligned systems have demonstrated measurable reductions in hospital-acquired infections through standardized practices and shared accountability.

Alignment also supports success in value-based care. Organizations with strong alignment around care coordination and discharge planning **outperform national benchmarks on readmissions**, improving outcomes while avoiding penalties. Perhaps most importantly, **alignment reduces friction and increases speed**. When teams understand the “why” behind decisions, fewer rules and approvals are needed—an advantage in an environment facing workforce shortages and rising demand.

Many healthcare cultures unintentionally reward agreement. **Silence is mistaken for buy-in**, dissent is avoided, and accountability weakens. High-performing organizations take a different approach. They do not require universal agreement, but they do insist on **alignment around patient-centered outcomes, safety standards, and ethical principles**. Effective leaders encourage debate before decisions are made, then expect commitment once direction is set. **Alignment is reinforced through clarity, context, consistency, and dialogue**, modeled daily through leadership actions.

Agreement enables decisions. Alignment enables results.

For senior leaders, the challenge is not securing agreement at every level but **building alignment around shared purpose and priorities**. When alignment is strong, organizations move faster, adapt more effectively, and execute with consistency—even in the presence of disagreement.

So which is it for your teams: **agreement, or alignment?** Be well and safe in the meantime.

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