NAHQ®
National Association for Healthcare Quality

The Healthcare Workforce Modernization Imperative

New Data Reveals Urgent Opportunity to Advance Quality and Safety Capabilities

FOREWORD

Healthcare will not close its persistent quality and safety gaps without modernizing the workforce responsible for the work.

For more than two decades, healthcare has built an extensive infrastructure of measures, reporting systems, improvement methods, accreditation requirements and payment incentives. The industry has become highly capable of making performance visible, yet the ability to measure performance has outpaced its capacity to consistently improve it. Closing this gap requires a workforce equipped to translate performance insights into meaningful and sustained improvements in care.

At the same time, artificial intelligence is reshaping how healthcare work is performed. As AI assumes more routine responsibilities, new opportunities emerge for people to focus on higher-value, more complex work. This evolution raises a critical question: **Is the workforce prepared, equipped and supported to perform at the level these changing responsibilities demand?**

That is the workforce modernization imperative: Define the work required to deliver quality, safety and value; clarify how that work is distributed across roles; understand whether people are positioned to perform it at the required level; and invest deliberately in the capabilities that matter most to drive clinical and financial outcomes.

A NEW VIEW OF WORKFORCE READINESS

NAHQ's new national workforce analysis provides a clearer view of this challenge. For the first time, NAHQ has developed and applied Role Standards, which define the level of quality and safety work expected for different roles and levels of responsibility, to the NAHQ workforce assessment data. This provides a consistent reference point for comparing the work people report performing with the work expected for their roles.

The development of NAHQ Role Standards was built from NAHQ's validated Healthcare Quality Competency Framework™ and incorporated extensive subject matter expert input and review, alongside fieldwork involving 1,500 individuals across 343 hospitals within 17 organizations and health systems.

Role standards move workforce planning beyond job titles, educational requirements and locally defined expectations toward a shared understanding of the quality work the healthcare industry needs people to perform across every role in healthcare.

The findings in this report are striking: Nearly four in five respondents (or 80%) report work below the level of their applicable Role Standard in six or more of eight quality and safety framework domains.

The dataset includes insights among professionals with primary or substantial responsibility for quality and safety in clinical and non-clinical roles, as well as responses from those whose primary responsibility is not in quality and safety, offering an important view into the workforce at the center of healthcare's quality and safety infrastructure.

The significance is not only the prevalence of gaps, but where they occur. Respondents are more closely aligned to activities that make performance visible: reporting, measurement, auditing and readiness. Alignment is lower in capabilities needed to translate information into sustained improvement, connect quality and safety to reimbursement and evolving care models, manage outcomes across care settings and populations, integrate information across systems and strengthen enterprise accountability.

Modernization therefore requires organizations to make responsibilities visible across the enterprise and equip people with the authority, infrastructure and capabilities to carry them out. These findings establish that healthcare cannot expect different outcomes without examining whether its workforce is prepared and supported to perform the work those outcomes require.

Healthcare leaders should ask:

- **Have we clearly defined the work required to deliver our quality, safety and business strategy?**
- **Do we know whether our workforce as a team and individually are positioned to perform that work at the required level?**
- **Are we managing workforce performance against national standards and targets as we do with other clinical and operational goals?**
- **When we say AI will allow people to do 'more rewarding work,' have we defined those roles and are we skilling people to fill them?**
- **Are we investing intentionally to close workforce gaps, and are we prepared to do that in an ongoing fashion as the industry evolves rapidly?**

The opportunity now is to bring workforce capability into the same management conversation as clinical outcomes, financial performance and technology investment. Healthcare has spent decades strengthening the systems that reveal clinical performance. The next evolution is to apply comparable discipline around measurement to the people, roles and capabilities required to close those gaps.

NAHQ is committed to advancing the insights and workforce modernization necessary to equip healthcare professionals with the quality and safety competencies and capabilities required to improve healthcare. The data in this report illuminate the opportunities before us. Realizing their potential will require shared commitment, collaboration, and a willingness to think differently about the workforce.

We invite you to join us.



Stephanie Mercado
CEO, NAHQ

EXECUTIVE SUMMARY: WHAT THE NATIONAL FINDINGS SHOW

For the first time, NAHQ Role Standards make visible where quality and safety work aligns with role expectations, and where it does not. **Nearly 80% of people working in healthcare are not fully aligned to role expectations in six or more (of eight) quality and safety domains.** Put another way, nearly four in five are not working at the level their roles call for across most of the domains that drive quality and safety outcomes.

NAHQ Role Standards translate the Healthcare Quality Competency Framework into expectations for the level of work performed based on role group and job level. They recognize that the work expected varies by role and level of responsibility and provide a consistent reference point for comparing the work people report performing with the work expected of their roles. Role Standards are not job descriptions or evaluations of individual performance.

The following report reveals more than the prevalence of gaps. It reveals a consistent pattern where the workforce is more and less aligned with role expectations.

- The workforce is more aligned to the activities that make quality and safety work *visible* – such as reporting, measuring, auditing, learning and maintaining readiness.
- The workforce is less aligned to the capabilities required to turn that work into sustained results, including connecting quality and safety to reimbursement and new care models, driving sustained improvement, managing outcomes across settings and populations, integrating data and strengthening enterprise accountability.



KEY WORKFORCE FINDINGS ACROSS DOMAINS

QUALITY REVIEW & ACCOUNTABILITY	PERFORMANCE & PROCESS IMPROVEMENT	POPULATION HEALTH & CARE TRANSITIONS	HEALTH DATA ANALYTICS	PATIENT SAFETY
• Largest gap across all eight domains • Gap in connecting quality, safety and patient experience to reimbursement models	• Stronger in improvement methods • Weaker in change management needed to spread and sustain results	• Gap in cross-continuum collaboration • Weak in improving processes and transitions across stakeholders and settings	• Lower alignment to integrated data • Gap in connecting internal and external data to support coordinated decisions	• Stronger alignment to identify and report risk • Lower alignment to applying safety science to prevent recurrence.

OVERALL PATTERN

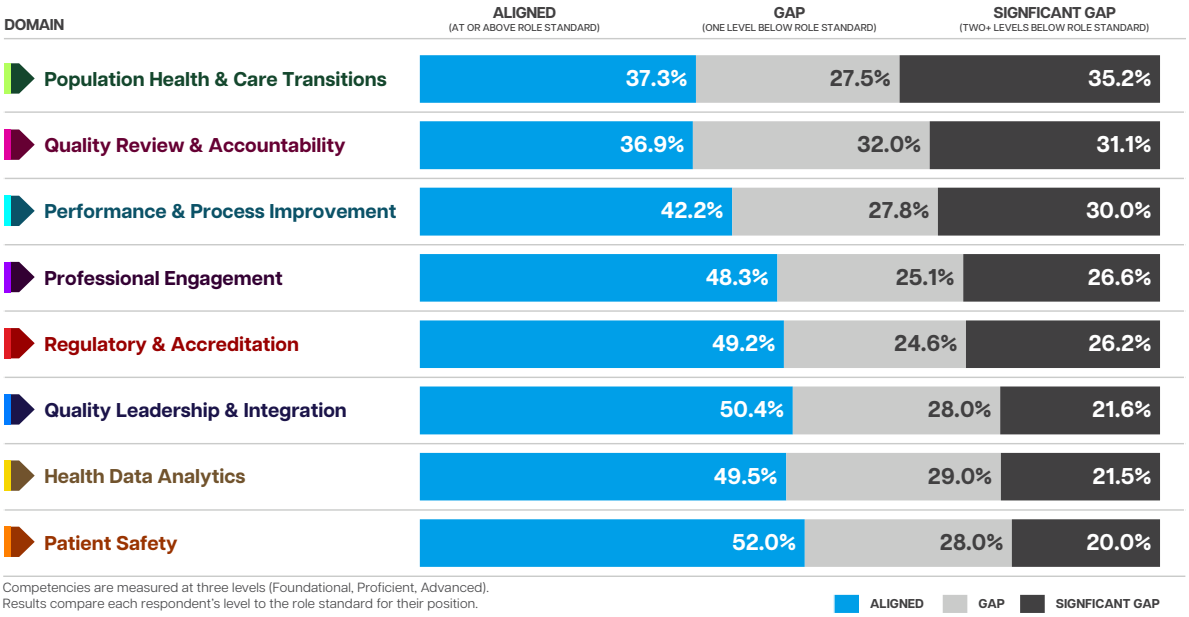
The workforce is more aligned to making performance visible than to translating findings into an enterprisewide strategy to advance quality, safety and financial goals.

Taken together, the following pages communicate a workforce modernization imperative. Healthcare organizations will need quality and safety professionals *and* an entire workforce that can move beyond discrete activities and connect improvement, patient safety, regulatory accountability, population health and care transitions into an operating model that supports improved and sustained performance and improved clinical and financial outcomes across settings and populations.

National Database – Domain Summary

Domain-Level Alignment to Role Standards

National workforce, all role groups combined



Competencies are measured at three levels (Foundational, Proficient, Advanced).
Results compare each respondent's level to the role standard for their position.

METHODOLOGY

This analysis includes 3,937 people across healthcare settings, roles and job levels, representing more than 110,000 competency-level responses across the eight domains of the NAHQ Healthcare Quality Competency Framework. Approximately 67% work in acute hospitals or health systems. Directors and executive directors represent just over 30% of the people included, while managers and supervisors represent just under 20%. The analysis extends beyond traditional quality department roles. It includes the Core Quality and Safety Workforce, clinical and operational professionals who bridge quality priorities with care delivery, frontline clinical roles and senior leaders responsible for enterprise oversight. These categories allow the analysis to examine quality and safety work as it is distributed across the healthcare workforce, not only within formal quality functions. Each person's self-reported level of work was compared with the Role Standard applicable to their role group, job level and competency. For the dataset (n=3,937), the approximate 95% margin of sampling error for percentage estimates is ±1.6 percentage points. Detailed sample characteristics, role group definitions and methodology are provided in the appendix.

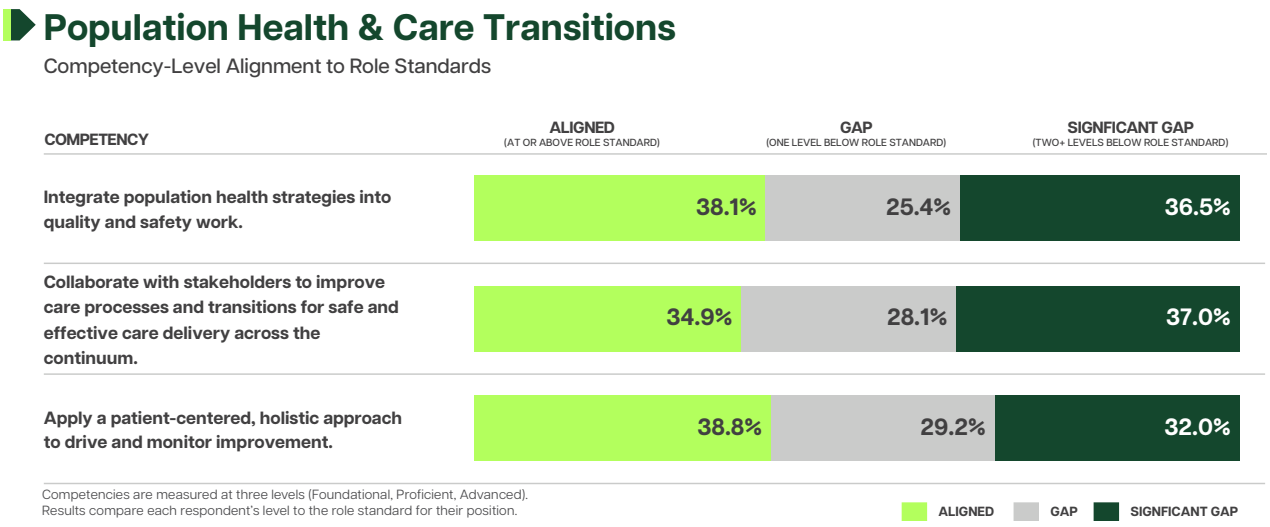
DETAILED DOMAIN FINDINGS

DOMAIN

Population Health & Care Transitions

A CRITICAL GAP IN MANAGING CARE BEYOND THE ENCOUNTER

Healthcare is increasingly accountable for improving outcomes not only for individual patients and encounters, but across populations, communities and the continuum of care. As value-based and accountable-care models extend that responsibility to utilization and cost, Population Health & Care Transitions become increasingly critical to organizational success. (Read more on how today's healthcare pressures map to workforce capability gaps in NAHQ's white paper "Leveraging the NAHQ Healthcare Quality Competency Framework to Meet Today's Healthcare Industry Pressures.")



The data point to more than a gap in familiarity with population health concepts; they identify a workforce capability opportunity in translating an understanding of patients, populations and communities into coordinated quality and safety action.

The largest gap within this domain appears in the competency *Collaborate with stakeholders to improve care processes and transitions for safe and effective care delivery across the continuum.* Transitions are where many of healthcare's most expensive and persistent challenges emerge. Readmissions, avoidable utilization, delayed follow-up, fragmented care management and coordination failures often occur when accountability shifts from one setting or provider to another. In FY2027, 2,334 hospitals, approximately 80% of those evaluated, are receiving Medicare payment reductions under the Hospital Readmissions Reduction Program.[1] The gap underscores the importance of workforce capability to coordinate performance across settings when accountability and financial consequences extend beyond a single encounter.

A similarly elevated gap exists in *Integrate population health strategies into quality and safety work.* This competency enables quality and safety work to move from isolated care episodes and departmental measures toward a broader view of patterns in risk, utilization, disparities and outcomes across populations. Without that broader perspective, organizations may have less ability to identify where avoidable demand is developing and align improvement efforts with areas of greatest clinical and organizational consequence.

Success under value-based care will require more than new payment models and expanded accountability. It requires a workforce able to connect population-level needs with performance across the continuum and translate that understanding into coordinated action where clinical and financial risk emerge.

DOMAIN

Quality Review & Accountability

THE GAP BETWEEN MEASURING PERFORMANCE AND MANAGING ITS CONSEQUENCES

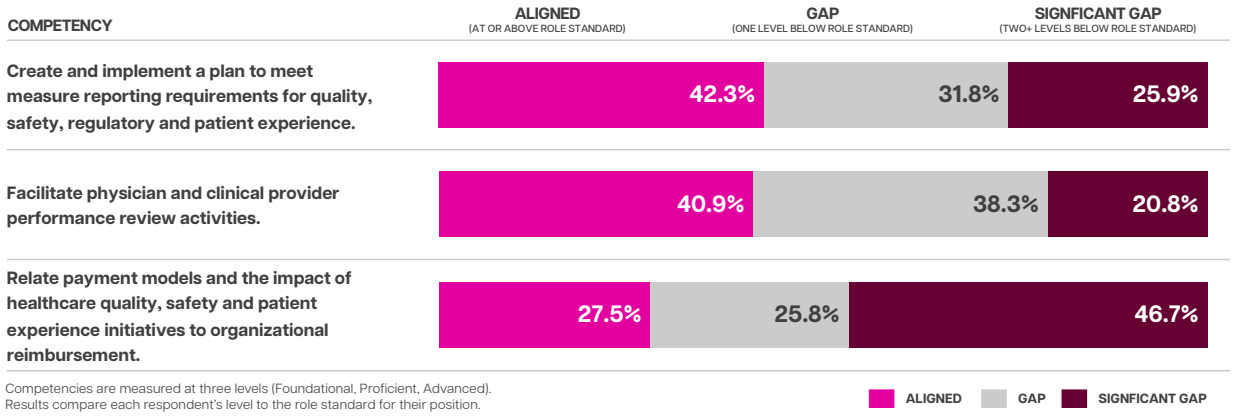
Healthcare organizations are increasingly accountable not only for demonstrating quality performance, but for understanding its financial and organizational consequences. As reimbursement becomes more closely connected to quality, safety and patient experience, the ability to translate performance information into decisions about payment, priorities and action becomes increasingly important.

The data reveal a consequential gap between these two capabilities. Professionals report greater alignment to Role Standards in measuring and reporting performance than *Relating payment models and the impact of healthcare quality, safety and patient experience initiatives to organizational reimbursement.* **This is the single largest competency-level gap across all eight domains of the framework.**

The financial stakes are significant. Medicare already ties hospital reimbursement directly to quality performance through programs addressing readmissions, hospital-acquired conditions and value-based purchasing. Under the Hospital Readmissions Reduction Program, for example, payment reductions can reach 3% of Medicare fee-for-service base operating payments.[2]

Quality Review & Accountability

Competency-Level Alignment to Role Standards



Competencies are measured at three levels (Foundational, Proficient, Advanced). Results compare each respondent's level to the role standard for their position.

Reliable reporting makes performance visible, but visibility alone does not ensure that organizations understand where financial exposure exists or use performance signals to shape improvement while there is still time to influence results. While responsibility for contracting and reimbursement may sit with a limited number of roles, the results tied to payment are shaped by quality, safety, measurement, improvement and operational work across the workforce. Connecting that work to its financial implications is therefore a broader workforce capability, not simply a reimbursement function.

The opportunity now is to close the distance between measuring performance and understanding its consequences. As more revenue becomes tied to quality, safety and patient experience, a workforce able to connect performance to financial impact becomes increasingly important to translating value-based care strategy into results.

DOMAIN

Performance & Process Improvement

FROM ACTIVATING IMPROVEMENT TO SUSTAINING CHANGE

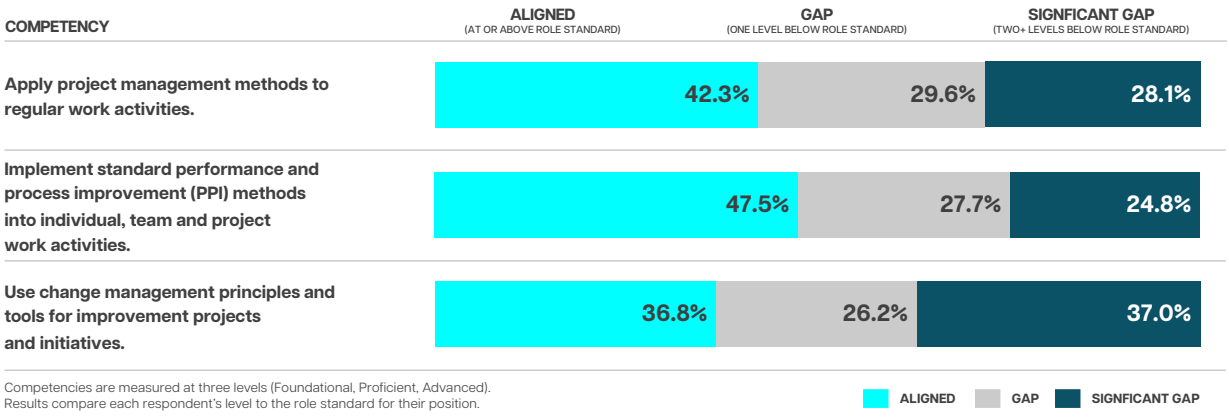
Healthcare has invested extensively in the methods and disciplines of performance and process improvement. **But their value is ultimately determined not only by whether a better process can be identified and implemented, but whether it can be adopted, spread and sustained.** When effective practices remain confined to individual projects or teams, variation persists and the same inefficiencies, safety risks and operational barriers can continue elsewhere.

The data indicates that reported work in this domain is most closely aligned to NAHQ Role Standards in *Implement standard performance and process improvement (PPI) methods into individual, team and project work activities,* followed by project management. **The greatest opportunity appears in *Use change management principles and tools for improvement projects and initiatives.*** This pattern indicates that the workforce is more closely aligned to identifying and implementing improvements than to managing the change required for those improvements to be adopted, spread and sustained.

The economic opportunity is significant: failures of care delivery are estimated to account for $102 billion to $166 billion in annual healthcare waste, with as much as $97 billion in potential savings from interventions addressing those failures.[3] Capturing that value requires more than finding solutions that work. It requires the workforces capability to build adoption, address barriers to change and sustain effective practices in daily work.

Performance & Process Improvement

Competency-Level Alignment to Role Standards



Competencies are measured at three levels (Foundational, Proficient, Advanced).
Results compare each respondent's level to the role standard for their position.

For the healthcare workforce, the challenge is not simply knowing how to improve performance, but how to sustain improvement. In an industry facing significant cost, workforce and performance pressures, the ability to spread and sustain what works will help determine whether improvement produces isolated successes or durable gains in quality, safety and efficiency.

DOMAIN

Health Data Analytics

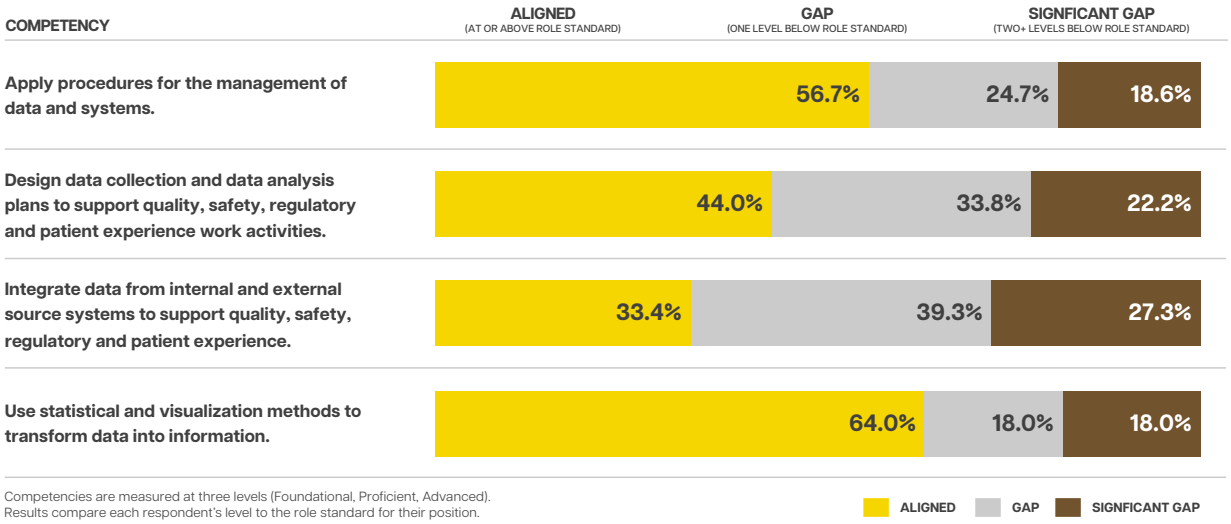
TURNING DISCONNECTED DATA INTO COORDINATED INSIGHT

Healthcare has no shortage of data, and emerging technologies are making it possible to analyze more information with greater speed and sophistication. **But more data and more powerful analytic tools do not, on their own, create better decisions. The workforce must still determine what information matters, what can be trusted, how different signals connect, what is driving the results and what action should follow.** These capabilities become more important, not less, as healthcare expands its use of automation, predictive analytics and AI-enabled tools.

The data indicate that reported work is most closely aligned to the NAHQ Role Standards in both *Use statistical and visualization methods to transform data into information and Apply procedures for the management of data and systems.* **The greatest opportunity appears in *Integrate data from internal and external source systems to support quality, safety, regulatory and patient experience.*** Importantly, this competency is not simply about the technical integration of data. It requires human judgment about what information is needed, how different sources relate, whether the information is reliable and how it should be interpreted and applied to quality and safety.

Health Data Analytics

Competency-Level Alignment to Role Standards



Competencies are measured at three levels (Foundational, Proficient, Advanced).
Results compare each respondent's level to the role standard for their position.

When information remains separated across systems and functions, individual measures may be visible without revealing how quality, safety, patient experience, utilization, clinical and operational factors interact. **The required workforce capability is connecting those signals, determining what can be trusted, understanding what is driving the results and deciding what the information means for quality and safety.**

As AI and other analytic tools make it possible to process more information faster, the differentiator will increasingly be what the workforce can do with what those tools produce. The opportunity is to pair advancing technology with the workforce capability needed to turn an expanding volume of information into better quality, safety and performance.

DOMAIN

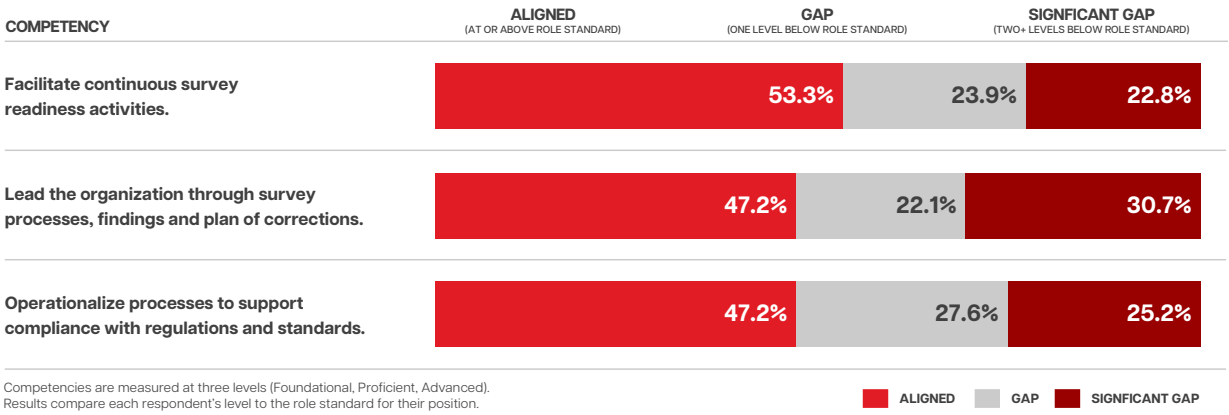
Regulatory & Accreditation

FROM SURVEY READINESS TO SUSTAINED ACCOUNTABILITY

Healthcare operates in an environment of evolving regulations, accreditation requirements, certification standards and external oversight. Meeting those expectations requires more than preparing for surveys or demonstrating compliance at a point in time. The workforce must be able to translate changing requirements and identify deficiencies into corrective action that becomes part of how work is performed every day.

Regulatory & Accreditation

Competency-Level Alignment to Role Standards



Regulatory & Accreditation represents a comparatively strong area. The greatest opportunity appears in *Lead the organization through survey processes, findings and plan of corrections*. Reported work appears more closely aligned to maintaining readiness, monitoring compliance, conducting audits and supporting ongoing oversight than in leading the response when findings, deficiencies or risks have been identified.

Identifying a deficiency is only the beginning. The value of regulatory and accreditation activity comes from what happens next: determining what needs to change, establishing accountability for corrective action and ensuring that changes address the underlying issue rather than temporarily resolving it for the next review.

As regulatory requirements and accreditation standards continue to evolve, the opportunity is to strengthen the workforce capability that turns compliance requirements and external findings into sustained practice. This moves regulatory work beyond readiness for the next survey and toward its larger purpose: strengthening the systems and practices that support quality and safety every day.

DOMAIN

Patient Safety

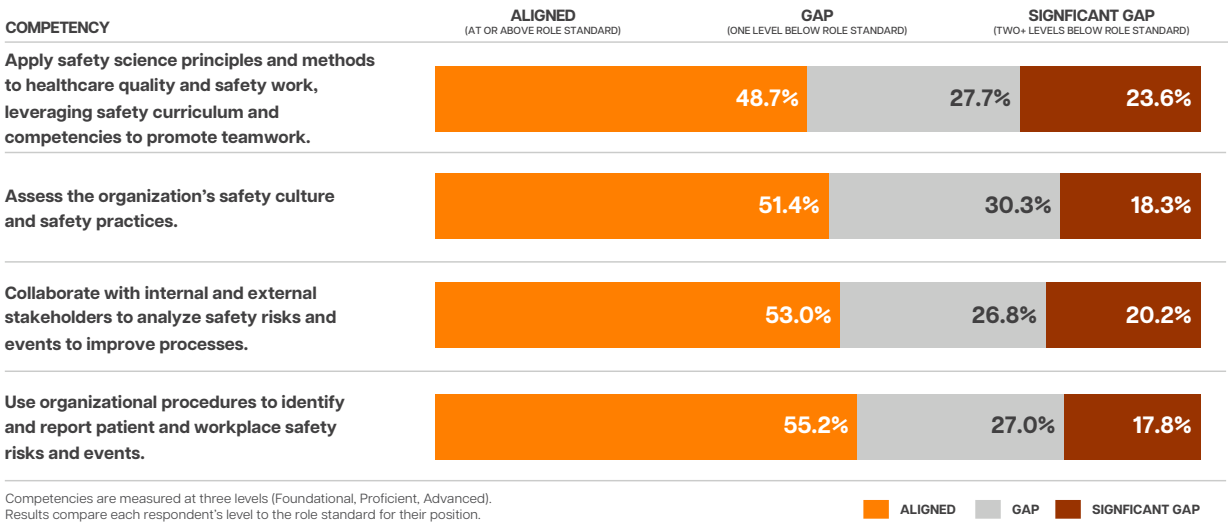
THE GAP BETWEEN REPORTING SAFETY EVENTS AND PREVENTING THEIR RECURRENCE

Safety reporting makes risk visible, but **reducing harm requires the workforce to go further: understand why events occur, identify the conditions that make them possible and use that learning to redesign work before harm recurs.** This becomes increasingly important as technology, automation and new digital workflows introduce additional complexity into care delivery.

There is stronger alignment to the NAHQ Role Standards in *Use organizational procedures to identify and report patient safety risks and events* than in *Apply safety science principles and methods to healthcare quality and safety work, leveraging safety curriculum and competencies to promote teamwork.* The workforce is more closely aligned to identifying and reporting risk than to applying systems thinking, human factors, high-reliability principles and the teamwork methods needed to address the conditions that contribute to harm.

Patient Safety

Competency-Level Alignment to Role Standards



Competencies are measured at three levels (Foundational, Proficient, Advanced).
Results compare each respondent's level to the role standard for their position.

The stakes are significant. Nationally, one in four hospitalized Medicare patients experienced harm, and 43% of those harm events were considered preventable.[4] **Reporting tells us where harm has occurred; safety science helps the workforce understand why it occurred and what must change to reduce the risk of recurrence.** Without that progression, individual events may be addressed while vulnerabilities in processes, technology, working conditions or team interactions remain.

Making safety problems visible is essential, but visibility is not the end goal. The greater imperative is a workforce able to learn from harm and translate that learning into safer, more reliable systems of care.

DOMAIN

Quality Leadership & Integration

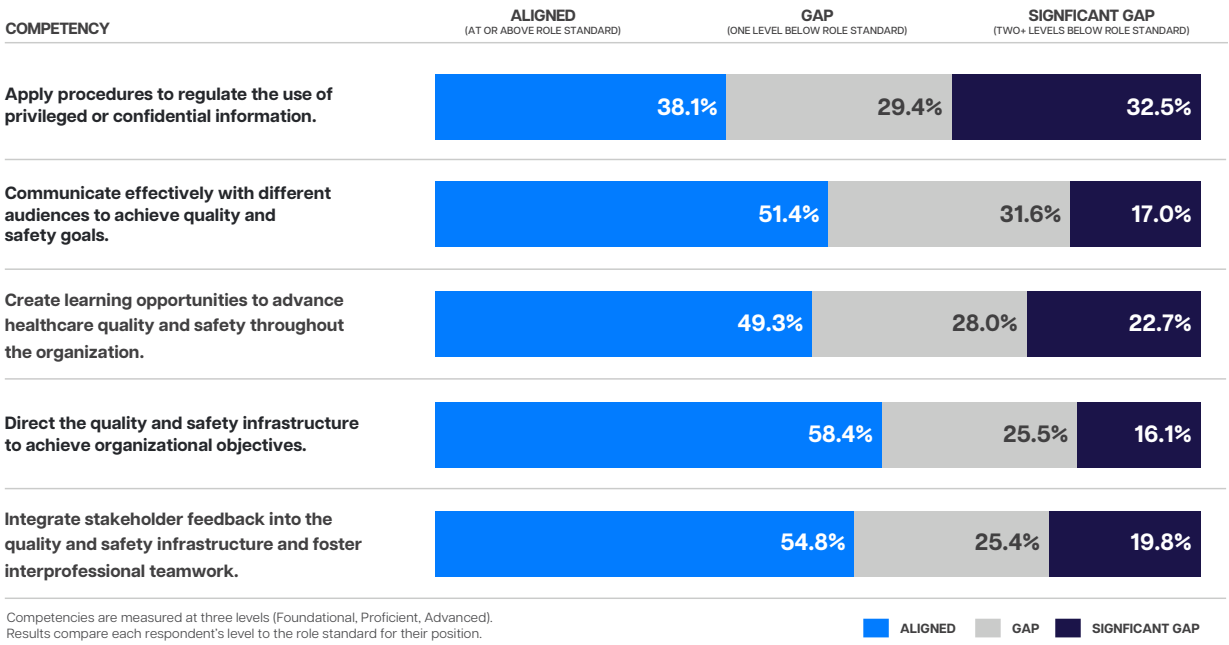
A STRONG FOUNDATION FOR TURNING QUALITY STRATEGY INTO COORDINATED ACTION

Quality and safety have greater impact when they are connected to the priorities and decisions that shape healthcare performance. That requires a workforce able to bring quality and safety considerations into strategy, governance, investment and improvement rather than allowing them to remain isolated activities.

There is comparatively stronger alignment to the NAHQ Role Standards across this domain, particularly in the work that supports governance, stakeholder engagement and communication. Within that stronger foundation, the clearest opportunity appears in *Apply procedures to regulate the use of privileged or confidential information.* As healthcare expands its use of data, analytics, AI and digital platforms, protecting sensitive quality and safety information while preserving its appropriate use becomes increasingly consequential.

Quality Leadership & Integration

Competency-Level Alignment to Role Standards



Quality and safety depend on the ability to examine failures honestly, report concerns, identify risk and learn from sensitive information. Insufficient protections can undermine trust and create legal and regulatory exposure, while unnecessarily restricting information can limit learning and improvement. The challenge is ensuring the workforce can protect sensitive information without compromising its appropriate use to advance quality and safety.

Ultimately, quality and safety information has value when it informs learning, shapes priorities and influences the decisions that follow. Keeping that connection intact is part of what allows quality and safety to move beyond individual activities and influence healthcare performance more broadly.

Quality and safety are not downstream outcomes of strategy; they are shaped by the strategic choices healthcare makes. As leaders navigate financial pressure, workforce challenges, technology disruption and growing accountability, the workforce must be positioned to bring quality and safety into those decisions rather than respond to their consequences after the fact.

DOMAIN

Professional Engagement

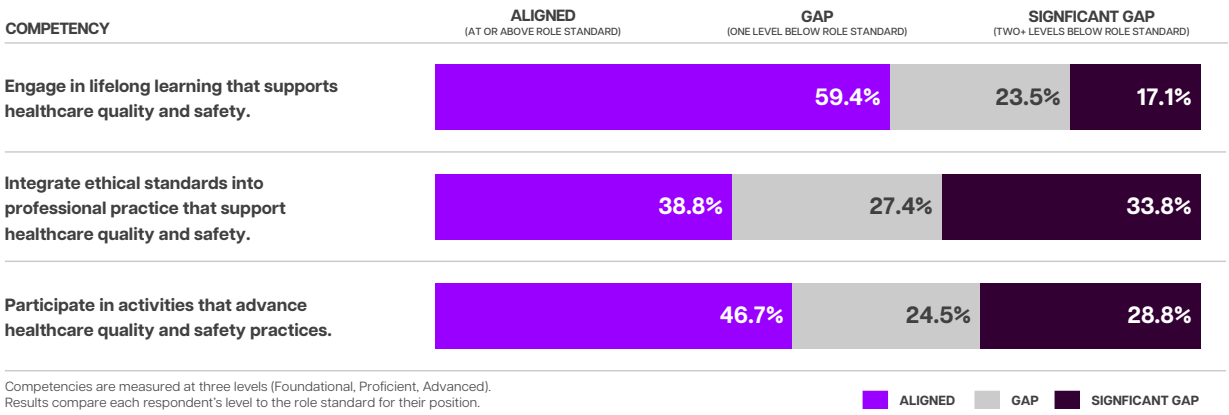
TURNING PROFESSIONAL RESPONSIBILITY INTO ORGANIZATIONAL IMPACT

Healthcare quality and safety depend not only on what professionals know, but on how they exercise judgment when the right course of action is not always clear. As healthcare becomes more complex, data driven, and increasingly influenced by AI, ethical decision-making and professional accountability become even more critical. Technology can inform and accelerate decisions, but professionals remain responsible for determining when and how those tools are used and the decisions that follow.

The Professional Engagement domain has comparatively stronger alignment to NAHQ Role Standards, driven in large part by the reported level of work in lifelong learning activities. The workforce appears more closely aligned to professional development, self-assessment and continuous learning than to the application of ethical standards or the broader contributions that advance healthcare quality and safety practice.

Professional Engagement

Competency-Level Alignment to Role Standards



The most significant gap is in *Integrate ethical standards into professional practice that support healthcare quality and safety.* Ethical standards help shape how performance information is used; how concerns are addressed; how improvement priorities are selected; and how patients, families and workforce members experience organizational culture. The importance of this competency is not simply recognizing an ethical issue but exercising sound judgment when decisions affect quality and safety.

As healthcare navigates greater complexity, workforce pressures and the expanding use of AI, the ability to exercise ethical judgement becomes increasingly consequential. **AI can generate recommendations, identify patterns and influence decisions, but it cannot assume professional accountability for their consequences.** Quality and safety therefore depend on a workforce prepared to question, interpret and act responsibly when the path forward is not obvious.

CONCLUSION

Today's healthcare imperative is to ensure that the workforce is prepared to turn information into coordinated action and sustained improvement to manage outcomes across settings and connect quality and safety to enterprise performance and financial sustainability.

Closing those gaps will require more than education alone. Healthcare organizations will need to clarify expectations, intentionally design roles and responsibilities, and strengthen workforce capability. They will need to measure and manage performance in new ways to ensure that capabilities are keeping pace with industry imperatives.

NAHQ's role is to help the industry convert this evidence into action. We will continue to:

Build a national workforce evidence base and measure workforce readiness against standard role targets. Until now, there has been no common reference point for what quality and safety capability should look like across organizations, care settings and geographies. NAHQ Role Standards create that shared baseline, so for the first time, we can examine capability with data, not anecdotally.

Guide workforce development investment. Provide healthcare organizations, funders and policymakers with a stronger basis for prioritizing workforce investments around the capabilities needed to advance quality, safety and organizational performance.

Align education with the work the industry needs. Academic programs, credentialing bodies and learning providers get a clear basis for building curricula, credentials and development pathways against real role expectations – closing the gap between what is taught and what the work demands.

Strengthen workforce planning and mobility. By defining how quality and safety responsibilities shift across roles and levels, NAHQ Role Standards support clearer career pathways, more intentional role design and workforce planning that prepares people for greater responsibility.

Support the industry with implementation strategies. NAHQ is as committed to standard setting in quality and safety competencies as we are to supporting an organization's action against them. We continue to innovate, and we push ourselves to make sure the industry has low, medium and high impact implementation methods to achieve role standard alignment that makes healthcare better and delivers return on investment. (Read NAHQ's "ROI-Q report," which quantified the financial return on investing in quality and patient safety.)

Together, these actions represent the next phase of healthcare workforce modernization: treating workforce capability as essential infrastructure for stronger outcomes, safer care, better value and sustained organizational performance. The opportunity now is to turn insight into action and ensure the workforce is equipped not only to meet today's expectations but to advance what healthcare can achieve.

Learn how NAHQ can help you identify and address workforce gaps to build organizational capability. Contact us at EnterpriseSolutions@NAHQ.org

REFERENCES

1 Scheetz, M. "CMS penalizes 2,334 hospitals for high readmissions: 6 things to know." *Becker's Hospital Review.* October 7, 2026.

2 Pifer Parduhn, R. "Medicare penalizes more hospitals for readmissions." *Healthcare Dive,* October 8, 2026; Centers for Medicare & Medicaid Services, FY 2027 Hospital Readmissions Reduction Program Fact Sheet.

3 Shrank, W. H., Rogstad, T. L., & Parekh, N. "Waste in the US Health Care System: Estimated Costs and Potential for Savings." *JAMA*.

4 U.S. Department of Health and Human Services, Office of Inspector General, "Adverse Events in Hospitals: A Quarter of Medicare Patients Experienced Harm in October 2018"

APPENDIX

Methodology and Gap Analysis

NATIONAL DATASET

The analysis includes 3,937 respondents who completed the NAHQ Professional Assessment between January 2023 and February 2026, representing 110,236 competency-level responses across 28 competencies and eight domains. Assessment and demographic data were de-identified and connected through each respondent's unique Response ID.

The sample spans multiple healthcare settings, role groups and job levels. Approximately 67% of respondents work in acute hospitals or health systems. Directors and executive directors represent just over 30% of respondents, and managers and supervisors represent just under 20%. For the 3,937 people included in the analysis, the approximate 95% margin of sampling error for percentage estimates is ±1.6 percentage points.

HOW THE REPORTED LEVEL OF WORK WAS ESTABLISHED

The Professional Assessment presents skill statements reflecting different levels of work for each competency in the Healthcare Quality Competency Framework. Respondents select the statements that describe work they consistently perform in their day-to-day responsibilities or indicate that they do not perform that work as part of their role. These responses establish a self-reported level of work for each competency.

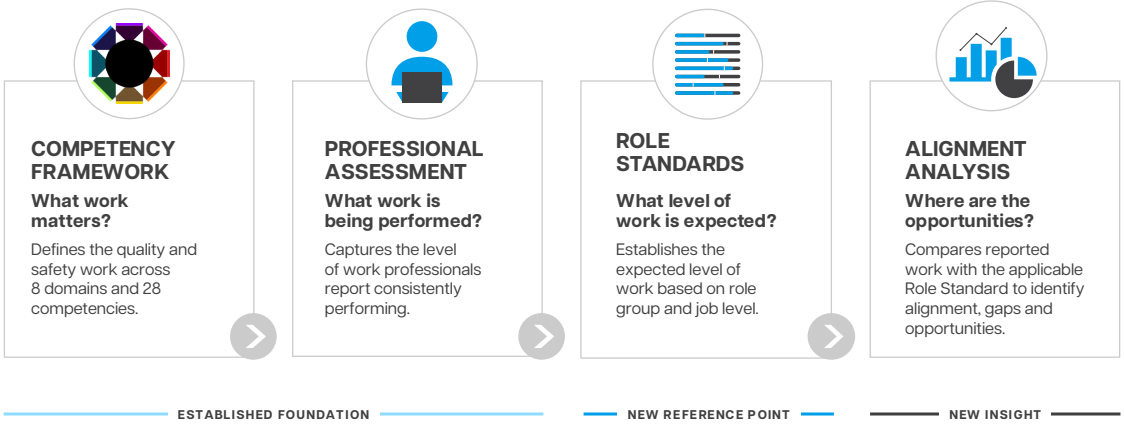
The assessment measures the self-reported level of work performed. It is not a knowledge examination and does not directly measure competency or proficiency attainment or individual job performance – it measures reported work activities.

HOW NAHQ ROLE STANDARDS WERE ASSIGNED TO RESPONDENTS

Each respondent was assigned an applicable Role Standard for every competency based on the respondent's relationship to quality and safety work and stated job level.

From understanding the work to understanding performance

The Framework, Professional Assessment and Role Standards work together to show where workforce performance aligns with expectations and where opportunities exist.



Role group assignment used three data points reported at the time of the Professional Assessment: percentage of time performing quality and safety work, job title or primary responsibility and stated job level. Percentage of time in quality was used as an operational indicator to identify respondents' level of quality and safety responsibilities for role group assignment.

ROLE GROUP DEFINITIONS

ROLE GROUP	RELATIONSHIP TO QUALITY & SAFETY WORK	APPLICATION
Core Quality & Safety Workforce	Roles whose primary responsibility is quality, safety, regulatory, risk, measurement, improvement or related infrastructure. These roles hold direct accountability for quality and safety performance and systemwide improvement.	Respondents reporting 70% to 100% of their time performing quality and safety work were assigned to this group.
Clinical Quality & Safety Bridge	Clinical and operational leaders or specialists who translate quality and safety priorities into clinical practice, service-line performance, education, informatics, operations or improvement work. These roles connect frontline care delivery with quality programs and are accountable for executing improvement within clinical settings.	Respondents reporting 40% to 70% of their time performing quality and safety work were assigned to this group.
Diagnostic, Therapeutic & Interventional Clinical Support	Licensed and technical clinical roles that support diagnosis and treatment through specialized services rather than continuous bedside care. Their impact on quality and safety is driven by clinical decision support, technical accuracy and reliability.	For respondents below the Core and Bridge thresholds, job title or primary responsibility determined assignment. No respondents in the population were assigned to this group.
Frontline Care Delivery	Roles providing direct care in which quality and safety are demonstrated through daily practice, teamwork, reliability and patient interaction.	For respondents below the Core and Bridge thresholds, job title or primary responsibility determined assignment to role group.
Senior Leadership & Governance	Executive or governance roles responsible for enterprise strategy, oversight, resource prioritization and accountability for quality and safety performance. These roles provide oversight and accountability rather than operational execution.	For respondents below the Core and Bridge thresholds, job title or primary responsibility determined assignment to role group. Some C-Level leaders align to Core and Bridge based on percentage of time in quality and safety such as CQO, CMO, CNO.
Ancillary & Operational Support	Operational, administrative and support roles that enable safe, reliable care through systems, processes, infrastructure and support services. While their connection to quality and safety is indirect, their work is critical to organizational reliability and performance.	For respondents below the Core and Bridge thresholds, job title or primary responsibility determined assignment. No respondents in the population were assigned to this group.

A1. ORGANIZATION SETTING

EMPLOYER TYPE	RESPONDENTS	PERCENT
Acute hospital	1,700	43.2%
Health system	940	23.9%
Payer	235	6.0%
Academic institution	157	4.0%
Government agency	129	3.2%
Other represented settings	776	19.7%

Note: “Other represented settings” includes physician or provider practices, behavioral health, external quality review organizations, outpatient settings, home health or hospice, long-term care, licensing or accrediting bodies and ambulatory surgery centers.

A2. ROLE-GROUP DISTRIBUTION

ROLE GROUP	RESPONDENTS	PERCENT
Core Quality and Safety Workforce	3,096	78.6%
Clinical Quality and Safety Bridge	400	10.2%
Frontline Care Delivery	370	9.4%
Senior Leadership & Governance	71	1.8%

The distribution reflects the role groups represented after the established NAHQ Role Standards methodology was applied to the 2026 population. The dataset consists predominantly of professionals whose primary or substantial responsibilities involve healthcare quality and safety.

A3. JOB-LEVEL DISTRIBUTION

JOB LEVEL	RESPONDENTS	PERCENT
Director/Executive Director	1,205	30.5%
Manager/Supervisor	776	19.7%
Specialist/Analyst	590	15.0%
Consultant/Advisor	518	13.2%
Coordinator	322	8.2%
C-Level/System Executive	236	6.0%
Vice President	164	4.2%
Clinical Staff	126	3.2%

Job level was used with the assigned role group to identify the applicable Role Standard for each competency.

LEGAL DISCLAIMER: *NAHQ's Role Standards, the Workforce Accelerator program, and the Healthcare Quality Competency Framework™ are not intended to state or define medical practice requirements or standards of care, which differ by state, region, and country. NAHQ provides healthcare quality and performance-related information for reference purposes only. NAHQ does not control participating organizations and does not guarantee any specific clinical, operational, financial, workforce, quality, safety, or patient outcomes.*

The NAHQ Healthcare Quality Competency Framework

When the Healthcare Quality Competency Framework™ was initially established in 2016, the healthcare quality profession had evolved largely organically and locally. Roles, responsibilities and expectations varied widely across organizations. Even professionals with similar titles were not necessarily expected or prepared to perform the same work.

The Framework established an industry standard and provided a common language for healthcare quality competencies, enabling individuals and organizations to align expectations, support consistency across role standards and settings, and strengthen the development of a capable, prepared workforce.

Always evolving and frequently updated, today the Framework defines eight domains, 28 competencies and 600+ skill statements that describe the capabilities health systems need to meet today's quality and safety challenges.

The Framework has been twice validated and is updated frequently through a robust peer review process. It has been adopted by higher-education programs, integrated into major health systems and care delivery settings across the continuum of care, and endorsed by Joint Commission™.

The Framework includes eight domains: Professional Engagement, Quality Leadership & Integration; Performance & Process Improvement, Population Health & Care Transitions, Health Data Analytics, Patient Safety, Regulatory & Accreditation, and Quality Review & Accountability.



©2026 National Association for Healthcare Quality