



# Virtual Sessions

**Strategic Workforce Management:**  
Solving the Puzzle of Scheduling Ownership

August 25, 2026

## Featuring:

**Jessica Potts**

VP of Workforce Strategy & Operations  
*SSM Health*

**Fletcher Pierce, MD**

President and CEO  
*UNC Health Medical Group*

**Kent Sona**

VP and CIO  
*Nebraska Methodist Health System*

# Introductions



**Coltin Ball**  
*Associate Director*  
**THMA**



**Kristin Wylie**  
*VP of Product Marketing*  
**QGenda**



**Jessica Potts**  
*VP of Workforce  
Strategy & Operations*  
**SSM Health**



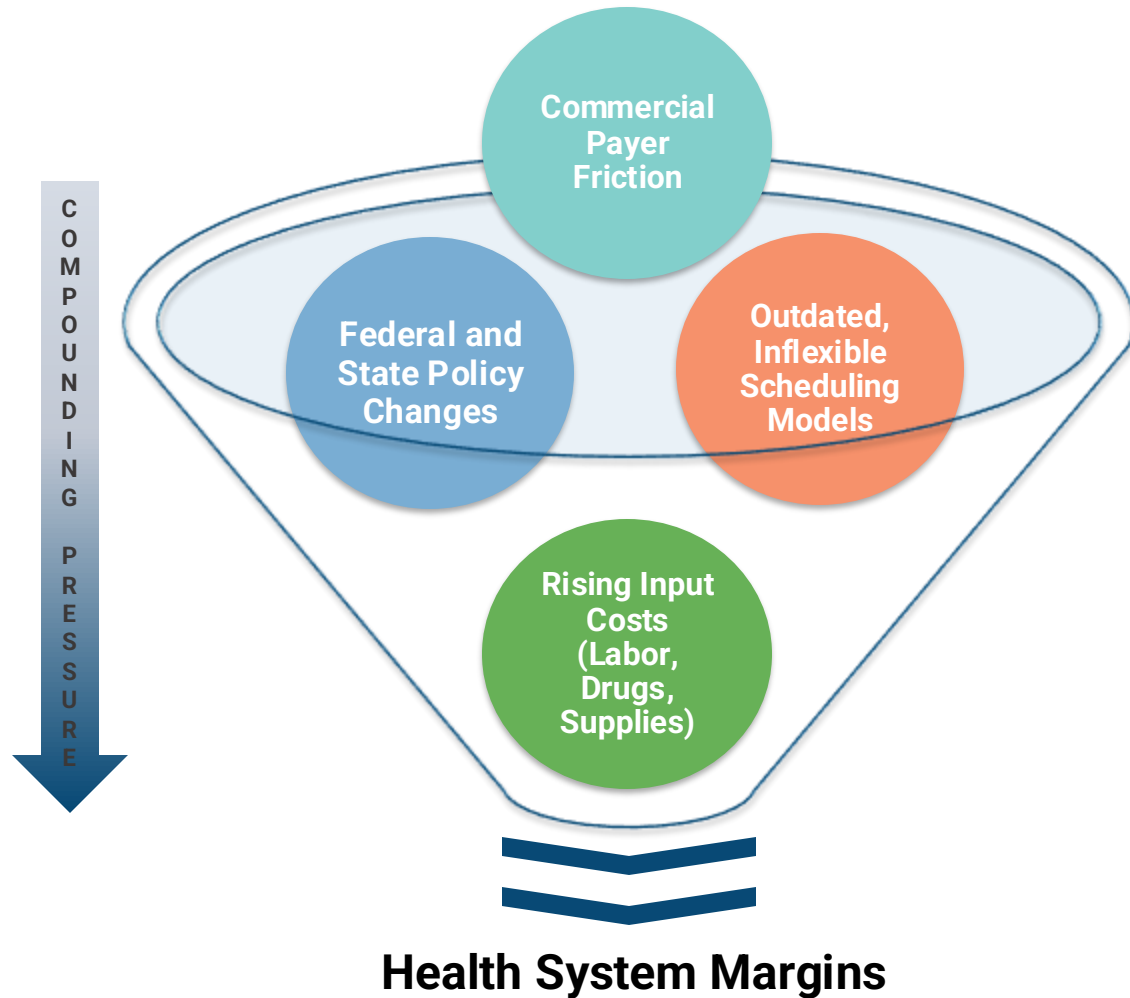
**Fletcher Pierce, MD**  
*President and CEO*  
**UNC Health  
Medical Group**



**Kent Sona**  
*VP and CIO*  
**Nebraska Methodist  
Health System**

# Setting the Stage: Overview of THMA + QGenda Research

# Converging Forces Necessitate a Strategic Approach to Workforce Scheduling



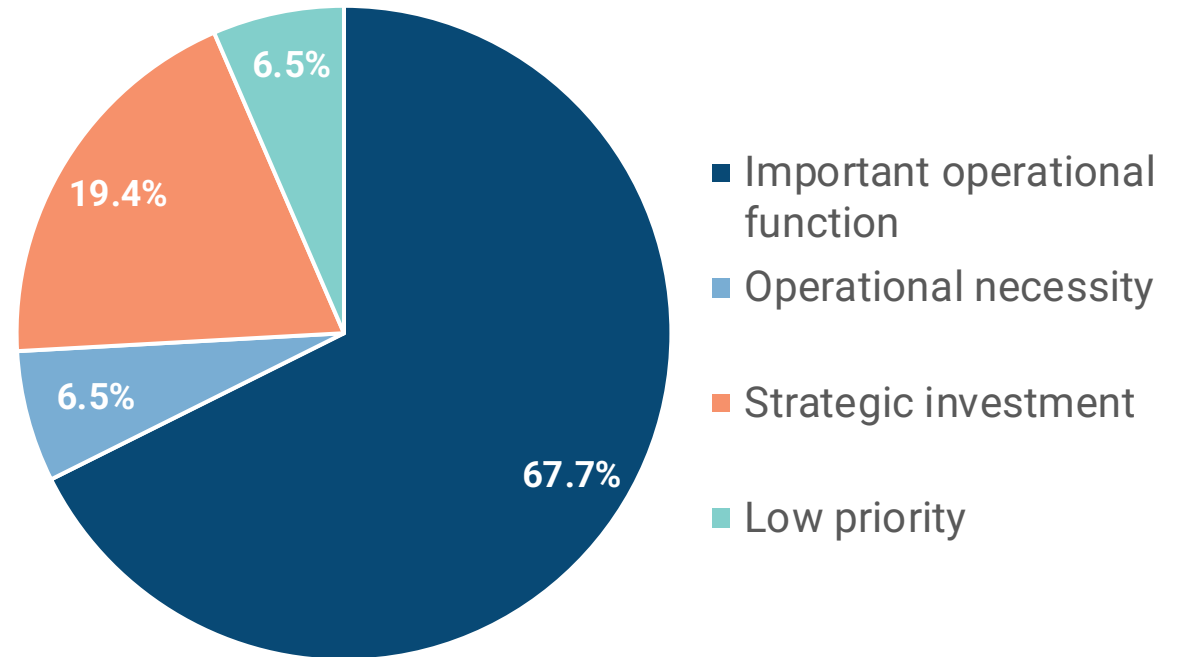
- Key inputs of care are rising sharply in cost while operating margins remain thin
  - Workforce spending rose 5.6% in the past year, compounding sizable year-over-year growth since the pandemic.
- External strain from commercial payers, federal policy, and state regulation, compound these costs by disrupting revenue models and reinforcing labor cost rigidity.
- **Health systems must treat workforce scheduling and management as a strategic lever to face persistent, double-edged cost pressures.**

# Underdeveloped Scheduling Strategy Incurs Enterprise-Wide Costs

- Despite the mounting pressure, most systems treat workforce scheduling as an *important operational function* rather than a strategic investment.
- This fragmented posture creates enterprise-wide financial, operational and strategic costs such as:
  - Excessive reliance on premium labor (66.7%)
  - Challenges integrating current scheduling solutions into other workflow management solutions (62.5%)
  - Inability to adjust scheduling based on real time demand (54.2%)
  - Time-intensive manual scheduling processes (45.8%)
  - Staff dissatisfaction with schedule and schedule management (37.5%)
- **Collectively, costs of fragmented and manual scheduling represent a substantial, invisible price.**

## How does your organization currently view workforce scheduling and management?

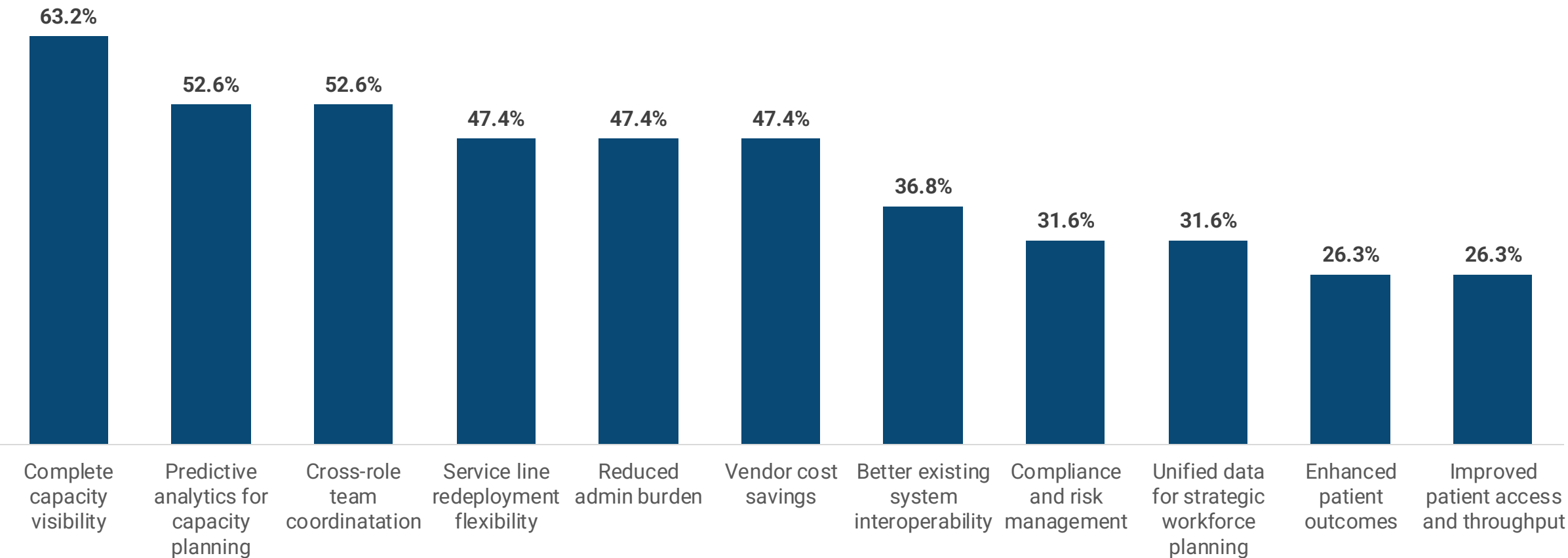
Percentage of respondents



# Separate Schedule Management Undercuts Key Opportunities

What opportunities, if any, do you believe your organization is missing by managing physician and nurse scheduling separately?

Percentage of respondents



# The Impact of Enterprise Scheduling Extends Far Beyond the Sightline

## Surface Level: Where Traditional ROI Analysis Stops

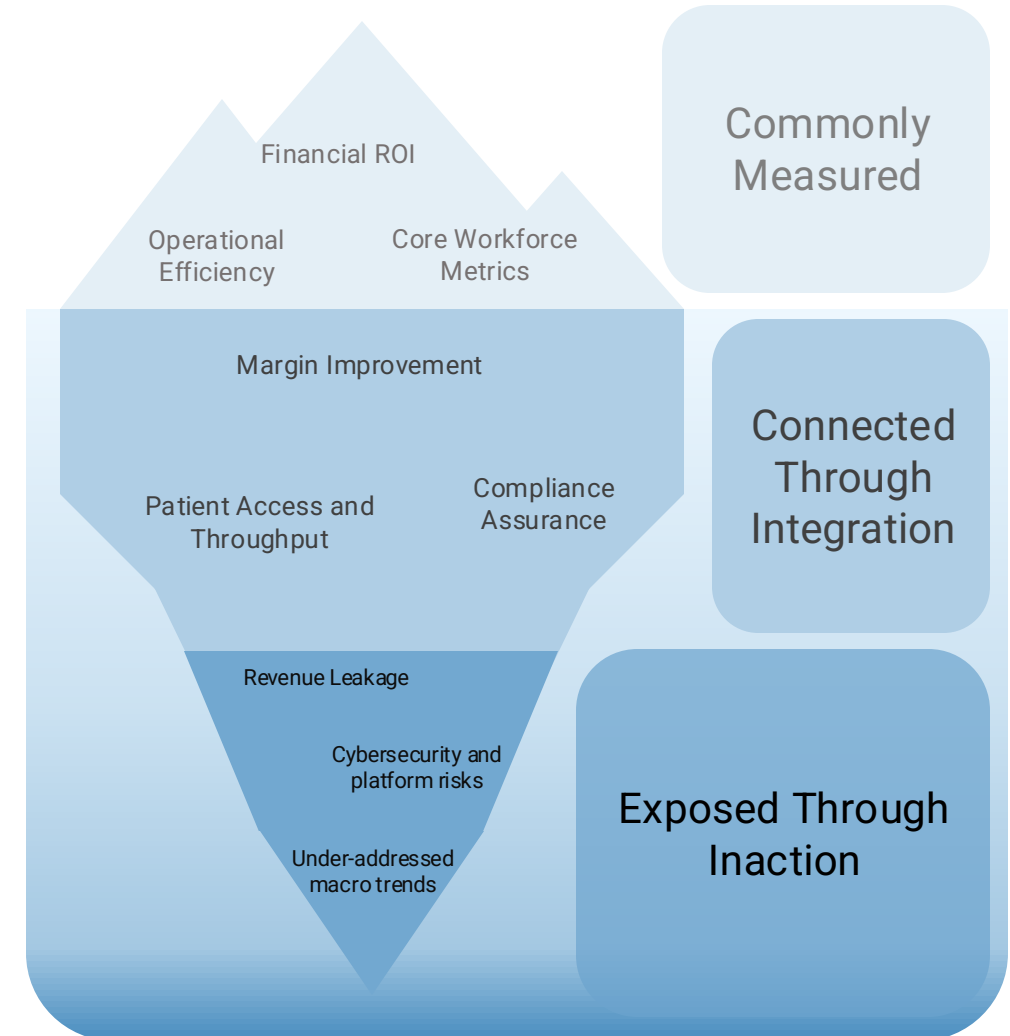
- Financial ROI analysis underpins investment decision, but a narrow view obscures the entire ROI equation.
  - CFOs, CIOs and CHROs weight financial return (average: 27.4%) and operational efficiency (average: 21.6%) most heavily when evaluating scheduling investments but also **consistently attribute value across workforce, clinical, and strategic domains**.

## Submerged Level: Where Integration Deepens Connection Beyond Workforce Metrics

- Elevating workforce scheduling as an enterprise strategic directive connects scheduling to strategic initiatives that sit well outside traditional workforce metrics: compliance assurance (71.4%), margin improvement (57.1%), and patient access and throughput (57.1%).

## The Deepest Layer: What the Status Quo Leaves Exposed

- Maintaining the status quo doesn't just fail to address macro-level pressures — it compounds exposure to revenue leakage, and fallout from cybersecurity and forced platform transition events.

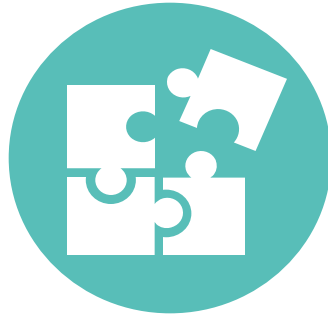


# The Scheduling Integration Continuum



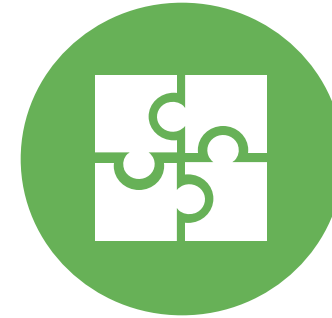
## Fragmented

Scheduling is managed independently at the unit or department level, each with bespoke processes and limited enterprise standardization or data centralization.



## Consolidated

Scheduling practices have achieved some level of enterprise connectedness, but still rely on distinct platforms, processes, and workflows at the service line level.



## Integrated

Scheduling operates as a unified enterprise function, with standardized data infrastructure, consistent policies, and single governance structures that deliver full visibility.



## Fragmented

- More prevalent among smaller, rural or resource-constrained systems
- Manifests as reliance on manual tools and unstandardized protocols
- Limits a system's ability to make strategic decisions

### Is your system fragmented?

Does your system heavily rely on manual scheduling processes like spreadsheets, whiteboards, or text messages?

Does your system utilize premium labor to an extent that exceeds what budgeted staffing shortages alone would predict?

## Consolidated

- Where most systems reside along the curve
- Foundational challenges have been addressed but decisions continue to be optimized locally
- Enterprise-wide visibility and cross-functionality remains limited, restricting flexibility and scalable optimization

### Is your system consolidated?

Are managers able to optimize staffing locally, but limited in their ability to optimize workforce capacity across the organization?

Does your organization lack a single operational lens for viewing and managing enterprise workforce capacity?

## Integrated

- A rare state achieved by highly strategic systems
- Have centralized scheduling at the enterprise level with robust data visibility, synchronized policies, and shared governance
- Transforms visibility into tactical cross-functional capability

### Is your system integrated?

Is scheduling viewed as a strategic enterprise asset rather than an operational or departmental function?

Can staff be flexed across facilities, operational domains, or care settings when operationally appropriate?



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