

Performance Is Built Between the Strategy and the Work

By Heidi Arndt

Your leadership team agrees on the growth target. Department leaders leave with their assignments. Everyone expects delivery.

Then Monday morning arrives. An open position changes the staffing plan. A doctor's schedule conflicts with a new initiative. Two departments need the same manager's time. A decision only the executive team can make waits for the next leadership meeting.

The target is clear. What happens next is not.

I have worked in clinical care, founded, grown, and sold a consulting business, and served as a CEO and COO. Those roles have taught me to examine performance from several directions: the financial result, the work required to produce it, and the people responsible for delivering it.

Sometimes the strategy needs to change. Sometimes the opportunity is sound, but the organization has not built the capability, capacity, or decision-making structure to pursue it. Knowing the difference matters. Each requires a different response.

Start with what is holding performance back

When I look at a business, I want to understand where performance is falling short, what is causing the gap, and which changes would make the greatest difference.

A missed growth target is a starting point for that discussion. I look at the measures behind it, how work moves across the organization, and what leaders and teams encounter each day. Where is capacity going unused? Which decisions keep returning to the executive team? Where does a capable manager spend time working around the same obstacle?

The distinction matters financially. An unfilled appointment is lost capacity. A delayed decision can postpone revenue. Conflicting priorities consume management time and can produce inconsistent results across locations.

My work connects those operating realities to business performance so the leadership team can decide where to act first.

A target needs an operating plan

Consider a dental group that wants to improve same-store growth through hygiene. The hygiene leader may see the opportunity clearly. Delivering it depends on staffing, scheduling, patient communication, clinical recommendations, and doctor participation.

Assigning a growth target gives the number an owner. The operating plan must establish how those responsibilities come together, while preserving clinical decision-making with doctors.

I would examine where visits are being lost, whether available capacity matches patient demand, and how scheduling and clinical workflows support the goal. Then I would help the leadership team identify the priorities, decision rights, and resources required to make progress.

The response should follow the diagnosis. If scheduling practices are limiting access, address the workflow and who can change it. If leaders lack the skill to coach their teams, develop that capability. If competing executive priorities keep disrupting the work, resolve those priorities.

The response should follow the diagnosis.

Build the leaders who carry the plan

Regional leaders, clinical directors, and practice managers turn executive expectations into daily work. They also carry information back up: where capacity is tight, which processes are breaking, and what their teams need to improve.

Their judgment affects patient care, employee experience, expenses, and growth. Developing these leaders is part of building the business's ability to perform.

That development needs to happen in the work itself: setting priorities, coaching an employee, addressing a missed expectation, or bringing an unresolved issue to the executive team with a clear recommendation.

I help leaders build those skills alongside clear ownership and practical accountability. A manager needs to understand what they can decide, what requires support, and how to get that support before an obstacle becomes a recurring performance problem.

People remain responsible for their performance. The organization remains responsible for clear expectations, workable processes, and timely decisions.

Turn the diagnosis into follow-through

An assessment becomes useful when the leadership team acts on it. My role is to help translate what we learn into a manageable set of priorities, clear ownership, and a regular process for reviewing progress and resolving issues.

That means agreeing on what changes first, what can wait, who makes each decision, and which measures will show whether the response is working. It also means preparing leaders to carry the plan into their teams.

A scorecard should move the conversation forward. If a measure remains below target, leaders need to examine what has been tried, what changed, and what decision or action comes next. Another month of reviewing the same gap is another month the business carries its cost.

Five questions to ask your leadership team

- 01 What matters most right now, and what can wait?
- 02 What has to change in daily work to reach the goal?
- 03 Who owns the result, and who controls the decisions that affect it?
- 04 How will concerns reach someone who can resolve them?
- 05 How will we know whether our response is working?

These questions help distinguish a capability gap from a process problem, a resource constraint, or an unresolved executive decision. That judgment determines where leadership attention and investment will be most useful.

This is the work I bring to organizations: identifying what is holding performance back, helping leaders make the necessary choices, and building the capability and accountability to follow through.

Supporting people and expecting results belong together.