

CASE STUDY

Filling the Seat Is Not the Same as Building a Leader

How a fast-growing, private-equity-owned hospice operator built a leadership pipeline across six transitions — from bedside nurse to CEO.

THE SITUATION

A private-equity-owned hospice and palliative care operator, growing fast. Under its sponsor's plan, the company expects to roughly double its branch footprint and daily census over the next five years, with a change of ownership expected later in the decade. Every branch on that curve needs a clinical branch leader who is ready on day one, and a business-development counterpart ready alongside her. The company's talent — clinical and commercial — is strong. Its growth plan depends on whether that talent becomes leadership at the pace the plan requires.

THE DIAGNOSIS

The board and executive team asked a fair question: is our succession process a system, or a series of individual judgments? The honest answer was the latter. Promotions were argued case by case, against criteria that changed with the room. Three patterns kept recurring:

- **Promotion by default.** Under growth pressure, the seat gets filled by the best individual performer or the person next in line — whether or not they are ready for a fundamentally different job.
- **The heroic doer.** Hospice attracts people who run toward suffering. The clinician who takes the hardest cases personally is admired — and, promoted unchanged, becomes the manager who never lets anyone else do the hard things. Her branch does not build a bench, because she is the bench.
- **The identity trap.** Every promotion asks a leader to give up the version of herself that earned it. Without a language for that loss, leaders retreat into the work that made them successful — one level down from the job they now hold.

Underneath all three: too little honest, specific feedback, and two career tracks — clinical and business development — that understood each other's work too little for a company that has to run on their partnership.

THE WORK

Working with the executive team, and building on early work the company had already done to identify high-potential leaders, we built the architecture the growth plan required — adapted from Ram Charan and Stephen Drotter's Leadership Pipeline model, with the demands of each passage defined for this industry and this operating model:

- **A map of the six transitions** — frontline practitioner; manager of clinical services; regional director; state or multi-state head; C-suite function head; and CEO. For each: the shift the passage demands, the qualities that matter most at that rung, what success looks like, and the failure pattern most likely to derail it.
- **Assessment against the next level, not the last.** A great bedside nurse is not thereby a great branch leader. Readiness is judged against the demands of the seat being entered — its skills, its mindset, and the different standing a leader has to build with colleagues — alongside the derailers most likely to surface.
- **A dual ladder.** Clinical excellence is its own career, culminating in senior clinical roles that do not require managing people — so leadership seats are filled by people who chose leadership, not by people talked out of work they loved and did superbly.
- **Development ahead of the appointment.** Rising leaders are developed against the gaps the map names — coaching, structured feedback, and cross-functional fluency between the clinical and growth tracks — while there is still time to close them, supported by action-learning teams working live operating problems.

WHAT THE BOARD GOT

A shared, written picture of its own pipeline: the transitions that matter, where the risk concentrates — the branch-leader rung carries the highest volume, because every new branch is a bet on it — and what each passage requires. That includes the CEO seat itself, its demands defined separately from any candidate, so the board can prepare more than one successor against them. Succession conversations now start from criteria the board and executive team hold in common, instead of from advocacy for individual names. And promotion decisions can be made — and developed for — ahead of the announcement, rather than explained after it.

THE POINT FOR ANY BOARD

This operator's industry is hospice; its problem is universal. Growth promotes experts. The expertise that earns the promotion is not the capability the new job requires, and wanting the seat is not evidence of being able to do it. The boards that get succession right do the legwork early: they understand each important transition in their pipeline, they assess their rising stars against the role they are entering, and they develop them before the trigger is pulled. Filling the seat is not the same as building a leader.