SAMPLE

Building Tomorrow's Healthcare Administrators

The Schedule's Keeper in the Machine Era

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Contents

Introduction

Chapter 1 — The Schedule

Chapter 2 — The Two Folklores

Chapter 3 — The Way In

Chapter 4 — The Working Day

Chapter 5 — The Craft

Chapter 6 — The Churn

Chapter 7 — The Conversation

Chapter 8 — The Instruments

Chapter 9 — The Year

Chapter 10 — The Long Arc

Introduction

A hospital runs on promises most people never see. The promise that a bed will be there, the promise that a theatre slot means a surgeon and a team and a working anaesthetic room, the promise that a clinic letter will become an appointment, the promise that a deferral, however unwelcome, carries a date behind it. The people who keep those promises are not the ones who appear in the photographs, and their trade has a name that sounds like paperwork: healthcare administration.

This book describes that trade honestly. It is not about the folklore version of the work, the administrator as the person who says no, and it is not about its opposite, the administrator as the invisible hero of every crisis. It is about the ordinary discipline at the middle: a schedule that tells the truth about scarce capacity, a waiting list that does not hide, a roster that respects the humans on it, and the quiet accounting by which an organisation learns, week by week, what it can actually promise.

The book's keeper is the schedule. Not the software, which changes every few years and is never the point, but the artefact underneath every version of the software: the honest record of what the organisation's scarce resources, its beds, theatres, clinics and staff hours, have been promised to, and when, and on what conditions. The book's claim is that the schedule is to the hospital what the ledger is to an accountant, the single instrument that makes every other conversation about capacity, funding, staffing and delay honest or dishonest.

The chapters follow the collection's arc. The first chapter names the keeper and the four ways the promise breaks. The second prices the two folklores the trade lives under and the third story the machine era is writing now. The third describes the routes in, the fourth the working day, the fifth the craft, the sixth the churn, the seventh the conversations the trade actually consists of, the eighth the instruments, the ninth a full composite year, and the tenth the long arc of a career and its succession.

A caution the collection carries everywhere, and this trade most of all: the machines have arrived. They draft rosters, predict demand, walk waiting lists and negotiate slot arithmetic faster than any administrator ever did, and the drafting is genuinely good. The pages that follow treat the era seriously rather than resentfully, and the finding is the series' usual one: the machines draft, and the keeper keeps, and the schedule's honesty is not a drafting problem and never was. The organisation that hands its promises to a model discovers,

usually in its worst week, what the trade's practitioners have always known, that a promise kept is a promise somebody checked.

The Collection's Promise

This volume keeps the collection's standing promise, which readers of the earlier books will recognise: one trade, one keeper idea, examined from the same four angles, in the same honest vocabulary, with the same refusal to flatter. The healthcare volume's version of that promise is stated plainly here. The reader who finishes these chapters can walk into any hospital's operations office and ask four questions, and the answers, or their absence, will describe the place accurately: who counts the double promises, where the invisible queue lives, which roster the rostering actually follows, and which number the building reports when the true one hurts. The four questions are the book's export, and the book's chapters are their justification, and the collection's promise, in this trade's vocabulary, is that the reader will leave holding them.

The Volume's Reader

The book was written for four readers, and it should say who they are. The first is the practitioner inside the trade, running a ward, a list or a theatre suite, who will recognise the rooms and wants the vocabulary for what the rooms cost. The second is the person standing at one of the trade's doors, a nurse, a clerk or a graduate, weighing whether to cross, and the way-in chapter is addressed to that reader directly. The third is the executive or board member who commissions the trade's work, since the conversation chapter is really a guide to being the trade's best client, the one who asks for the honest number instead of the flattering one. The fourth is the era's reader, the one being told that the machines have settled the scheduling question, and the book's caution has been written for that reader most of all, because the machines have settled nothing of the kind and the decade ahead belongs to the keepers who learn to work with them honestly.

A Word on Method

The volume follows the collection's method, and the reader deserves it stated. Every case in these chapters is constructed, built from the trade's ordinary weather rather than any real building's history, and built so that the lesson sits in the arithmetic rather than in the drama. No system, vendor, product or person is named, because the trade's lessons survive translation across every health system's borders and the naming would only narrow them. The numbers are illustrative, chosen to be honest in shape rather than true in

figure, and the reader who wants the figures will find the way to verify them described in the reference pages at the back. The method's one discipline is the trade's own: every claim in the book is the kind of claim a working administrator could check with a ledger, a walk and a week, and the reader is invited to check, which is the highest compliment one book about keeping can pay another.

One last note on tone. The book is calm about the trade because the trade is worth being calm about, not because its buildings are calm, and the reader will meet surge weeks, deferral lists and two in the morning in these pages, described plainly. The calm is the keeper's own habit, learned early: the promises are counted because the counting is what keeps them, and the counting cannot be done in a panic, so the book teaches its reader the trade's most useful paradox at the start, that the way to survive a building on fire with promises is to write the fire down, one entry at a time, until the page is finished and the day can be left behind, closed, on the desk, where the next keeper can read it.

Chapter 1 — The Schedule

The Keeper, Named

Every healthcare organisation, from a two-doctor clinic to a thousand-bed system, has one artefact that everybody argues about and almost nobody reads honestly: the schedule of its scarce capacity. The trade of healthcare administration is the keeping of that artefact. The schedule is not a diary and not a database. It is the organisation's own account of what it has promised, to whom, and under what conditions, and every other claim the organisation makes about itself, its capacity, its efficiency, its delays, its care, is either read off that account or invented in its absence.

The trade's definition, stated as the book's first sentence and defended for its remaining pages: a booked slot is a promise, the schedule is the promise's ledger, and the administrator's work is keeping the ledger honest while the organisation's demand, staffing and money all change underneath it. The definition sounds humble, and the trade's folklore will tell you it is humble, and the definition is not humble at all. An honest schedule is the only instrument in a health system that can say no to a surgeon, a funder, a ministry and a chief executive in the same morning, and be right, and be able to show why.

What the Trade Actually Is

The folklore says administration is paperwork, and the paperwork is real, but the trade is the relationship between three quantities that never quite agree: what the organisation can do, what it has promised to do, and what it is being asked to do next. Capacity is fixed in the short term, promises are long, and demand arrives every morning like weather. The administrator stands where the three quantities meet and holds, in one working head or one working folder, the knowledge of which promise can bend, which promise cannot, and which promise has already quietly broken without anybody admitting it.

The work is therefore not clerical, though it uses clerical instruments, and not managerial in the folklore's sense of decisive meetings, though it runs meetings. It is closer to a navigator's work: the organisation is a ship whose cargo, crew and destination change daily, the schedule is the chart, and the navigator's job is not to command the ship but to keep the chart truthful enough that the officers' decisions mean anything at all.

The Four Breaks

The promise breaks in four ways, and the trade's working people learn them before they learn anything else, because every crisis in the book's composite

year, and every crisis the reader has ever read about in a health system's worst week, is one of these four wearing different clothes.

The first break is the double promise. The same scarce slot promised twice, the theatre booked for the elective list and the emergency list simultaneously, the clinic double-booked because two referrers both had urgent reasons, the bed assigned to a patient who is still in the recovery of another hospital's theatre. The double promise is always discovered late, at the moment of arrival rather than the moment of booking, and its cost is paid in the corridor, in public, by people in pain.

The second break is the invisible queue. The patient who was deferred and never rebooked, the referral letter that arrived and was filed rather than listed, the waiting list that was reduced by deletion rather than by treatment. The invisible queue is the most seductive of the four because it makes every number look better on the day it is created, and the trade's honest practitioners treat a list that has recently shrunk for no clinical reason with the suspicion a bank auditor treats a quarter that has recently improved for no commercial reason.

The third break is the roster that ignores itself. A schedule of staff hours that assumes a nurse on nights can also work the weekend list, that assumes leave approved in the system will be honoured by the person who approved it, that assumes the locum booked for Monday exists. A roster of this kind is not a schedule but a wish, and the wish is cashed in, always, by the same people: the staff who cover, and the patients who wait.

The fourth break is the statistic that hides the queue. The utilisation figure that counts booked slots but not cancelled ones, the access measure that counts from the booking call but not from the referral, the average that is fine because half the patients are fast and the other half are invisible. The fourth break is the trade's particular danger because administrators produce these numbers themselves, and the trade's ethics are tested, every month, in the decision of whether to publish the flattering number or the true one first.

A Morning, Constructed

A constructed morning, labelled as constructed, to show the four breaks in their ordinary clothing. An operations desk at a regional hospital, the huddle at half past seven. The bed board shows four gaps that last night's discharge round promised and the ward confirms as two, and the elective list for the morning theatre needs the two that exist, and the emergency pathway needs

them too, and the four-promise argument that follows is not a failure of anybody's character but the arithmetic of a system that has been double-promising for a week. Down the corridor a referral clerk is listing a stack of letters from before the holiday, and the waiting list report, run yesterday for the board, shows a number that will not survive the listing. The roster for the weekend has a gap the size of one nurse, filled on paper by a name that has since asked for her own wedding off. The month's access figures are due at noon, and the assistant who runs them has found that the measure moves if cancellations are excluded, and is waiting, with the figures held politely in both hands, for an administrator to tell her which truth to print.

Nothing in that morning is dramatic, and that is why the morning here is built rather than remembered. Every item is ordinary, every person is trying, and the morning ends with the organisation either more honest or less honest than it began, depending almost entirely on the instrument-keeping of people whose names appear in no photograph. The remainder of this book describes how those people are made, how their days are shaped, how their craft defends the ledger, and how the era's drafting machines change the trade without touching its centre.

The Chapter's Argument, Compressed

The schedule is a promise, the promise's honesty is the trade, and the trade's four breaks, the double promise, the invisible queue, the wishful roster and the flattering statistic, are the entire syllabus of healthcare administration. The chapters that follow describe the people who learn it, the folklores that misdescribe them, the day and the year that shape them, and the arc that keeps the promise held by more than one pair of hands.

The Promise's Three Parties

Every booked slot is a promise to more than one party, and the trade's difficulty lives in the parties' different clocks. The first party is the patient, whose clock is pain, fear and a working life on hold, and for whom the promise is the appointment, the bed and the operation in that order of reality. The second party is the staff, whose clock is a shift pattern, a training rotation and a family, and for whom the same slot is an hour of skilled labour that was promised to them as much as by them. The third party is the funder, whose clock is a quarter, a contract and a public commitment, and for whom the slot is a unit of a service the organisation has agreed to deliver at a price.

The three parties are all legitimate, and the schedule is the only place their

claims are held together. When the trade's literature speaks of capacity it means the meeting point of the three clocks, and when the corridor speaks of admin it usually means the party whose clock the speaker does not currently hold. The administrator's characteristic skill is not choosing between the parties, which is governance, but keeping the three clocks visible on one page, so that whoever chooses, chooses in full view of what each choice spends.

A Vocabulary, Inherited and Defined

The trade works in a vocabulary that arrives half-mangled from software vendors and half-inherited from nursing culture, and the first chapter owes the reader a set of working definitions, because the four breaks cannot be named without them. Capacity is what the organisation can actually do this week, with the staff it actually has, which is always lower than what it could do on a perfect week, and the difference is variation, the honest week's weather. Demand is what the organisation is being asked to do, and it arrives with urgency attached, and urgency is a clinical property, not a scheduling one, which is the single most abused distinction in the book. A deferral is a promise postponed with a date, a cancellation is a promise postponed without one, and the trade's craft chapter will defend the distinction as the profession's whole ethics, since the gap between those two nouns is the gap between an honest list and an invisible queue.

Flow is the movement of promises through the organisation's rooms, and it is measured, always, from the referral and never from the booking, because measuring from the booking is how the flattering statistic is born. A slot is the atom of the whole account, and a list is atoms waiting with an order, and the bed is the organisation's scarcest atom and therefore the one with the most politics attached. The definitions are few, and the reader should notice that none of them mention software, because every generation of systems implements this vocabulary or fails to, and the vocabulary outlives every implementation.

The Inheritance, and What It Costs

The new administrator inherits a schedule that was kept by other hands for years, and the inheritance is the trade's true first impression. The inherited board has conventions, some documented, most oral, and the oral ones are the building's real memory: which theatre runs long on Tuesdays, which consultant's clinic always needs two extra slots, which ward's discharge round is fiction until the matron arrives. The honest first month is spent learning the inheritance rather than correcting it, because a convention the newcomer

cannot explain is usually load-bearing, and the corrections that matter, the four breaks the newcomer can already see, are made in the second month, in the room, with the convention's keeper sitting there.

The inheritance's deepest item is the previous keeper's reputation, and the new practitioner should understand what it is worth before trading on it or against it. A desk with a good name is spending trust the newcomer did not earn, and a desk with a bad name is carrying debt the newcomer did not take on, and both positions are spendable, in the room, for the first hundred days, which is the honest reason the trade's experienced practitioners change buildings rarely and treat their own arrival as a borrowing rather than a conquest. The schedule is the organisation's memory, the memory has an author, and the author's habits are part of the estate whether the estate's new holder likes them or not.

The Keeper's Ordinary Week, Preliminarily

One last construction before the deeper chapters, and it is small: the reader should see the four breaks in the shape of one ordinary week rather than one ordinary morning, because the week is the unit the trade actually lives in. Monday carries the weekend's arithmetic, the admissions that happened unscheduled and the electives that must now be renegotiated around them, and Monday's double promises are usually the previous Friday's optimism. Tuesday and Wednesday are the honest days, the days the craft chapter's disciplines are actually practiced, because the middle of the week is when the schedule is closest to its own truth. Thursday is the flexing day, the day the elective list is threatened by the week's accumulated emergencies, and the corridor's Thursday negotiations are the trade's characteristic photograph, the desk standing between a surgeon with a list and a bed manager with a patient and a hospital with only one of each. Friday is the closing, the weekend's promises made explicit, the roster's gaps covered or honestly declared, and the folder's Friday sentence is the longest of the week, because Friday is when the week confesses.

The week's shape explains the profession better than any definition can. Nobody works in healthcare administration for the paperwork, and nobody stays for the title, and the ones who stay, the composite year's practitioner among them, stay for the week's Friday, the quiet hour when the organisation's promises, fought over, flexed, rebooked and priced, are still standing, and the desk knows, in a way no board report will ever show, what that standing cost and who paid it.

The Flu Season, Worked

The first chapter deserves a worked case at full length, built for the chapter and named as a construction, because the four breaks sit easier in the memory as a story than as a list. The case is a medium hospital in its worst ordinary winter, which is to say no catastrophe, no outbreak beyond the seasonal one, no villain: only weather, and what the weather finds.

The setting, constructed: a hospital of five hundred beds serving a mixed district, running at ninety-two per cent occupancy in a normal week, which is to say already full in the way a hospital full of emergencies and full of electives can be, since the two compete for the same beds. The administrator in the case is three years in, owns the surgical division's schedule, and has spent the autumn learning the four breaks by name so that January does not teach them unnamed.

Week one. Influenza admissions rise by a fifth, which is an ordinary rise, and the emergency department absorbs it, which is what the emergency department is built to absorb. Nothing breaks. The schedule holds, the elective list runs, and the corridor conversation on the Friday is about parking. The interesting fact about week one, and the reason the chapter builds a case from it, is that the promise's ledger recorded the week accurately: capacity, demand, deferrals, none of it flattering, none of it hidden. Week one is what the whole year could be if the ledger were always honest, and the reader should hold its shape in mind, because the case's point is how few weeks hold it.

Week two. The rise becomes a third above normal, and the four breaks begin, in order and for money. The surgical unit is asked to flex six beds to the medical wards. The flex is a capacity decision made at the pace of an emergency, and it is correct, and it is also, in the ledger's vocabulary, a deferral of every elective that needed those beds, with dates attached, which is the honest version, or without dates, which is the invisible queue. The administrator, three years in, attaches the dates in the week the beds flex, not the week the enquiry arrives, and the difference between the case and its folklore is exactly that week.

Week three. Two of the deferred patients are readmitted through the emergency department with worsened conditions, which is the invisible queue's interest, coming due at the highest rate of all, in the emergency department, where the organisation pays retail for what it declined to pay wholesale. The case's administrator knows the two patients are from the

deferred list because the list was honest enough to be checked against. The hospital that defers without dates cannot make that statement, and its enquiry, when the pattern becomes public, will find no list to check, and the difference between the two hospitals is not the number of deferrals, which will be similar, but the knowledge of them, which will not.

Week four. The surge ebbs, and the case's least dramatic week is its most instructive. The beds are returned, the elective list restarts, and the administrator spends the week on the queue rather than the schedule, because the schedule will heal itself and the queue will not. The deferred patients are rebooked oldest first, the roster is checked against the restart rather than assumed, and the month's ledger closes with a fourth week that costs nothing unusual, which the reader should notice is the whole argument of the chapter, the book, and the trade, arriving quietly, in a built case, on a Tuesday, in February.

The Waiting Room's Arithmetic

The chapter closes with the arithmetic the case implies, stated plainly because the trade's outsiders never see it and its insiders stop seeing it. In the case's month: roughly four hundred surgical promises kept, roughly thirty deferred with dates, none deferred without one, two readmissions traceable to the deferral list, one flex of six beds, one ledger, one hour a day spent keeping it honest. The folklore's version of the same month contains a crisis, a hero, a complaint, and a newspaper, and no arithmetic anywhere.

The chapter's claim, held up to the light: the difference between the two months is not talent, staffing, funding or luck, all of which were identical, and the reader who has walked the case's four weeks can name the difference, because the chapter has been naming it: the ledger, kept hourly, attached to dates, defended in the corridor, and read on the Tuesday the surge ended. That is the whole of the first chapter's teaching, and the chapters that follow repeat it at greater length, in more rooms, with more at stake.

The Ledger Entry, Taught

The keeper's habits begin with the first entry a new administrator writes, and the trade's mentors teach it as a sentence with four mandatory parts: the promise, the counterparty, the date and the number. An entry that reads "a busy day in theatres" is a diary. An entry that reads "the fourth session moved a second time, the anaesthetist's hours agreed in the corridor, patient and family informed on the Tuesday, the move recorded on the list the same hour"

is a ledger, and the difference matters in the week the enquiry arrives. The taught sequence is mechanical and unglamorous: the day closes, the entries are written before the desk is left, the numbers agree with the instruments before the words are added, and nothing is recorded that the instruments contradict. The new keeper writes the entry badly for a season, argues with the discipline for another, and then, usually in the third, meets the first enquiry that the entries answer in a morning, and the discipline becomes the keeper's own without anybody noticing the conversion. The conversion is the chapter's real subject, because the ledger entry is where the trade's whole habit of mind first becomes muscular: a promise, named, dated, counted and owned, in one sentence, written the same day it was kept or broken. Every later instrument in the book, the board, the list, the audit and the report, is that sentence scaled up, and the reader who writes the sentence well for a year will find the instruments mostly assemble themselves.

The Chapter's Four Sentences

The chapter closes with the four sentences the rest of the book keeps proving. A booked slot is a promise. The promise is broken in four ways: doubled, hidden, mis-staffed and dressed up. The schedule is the ledger the trade keeps against all four, and its honesty is the whole of the discipline. And the first habit of the keeper is the entry, written the same day, that turns the day's promises into evidence, which is the trade's only currency, and the chapters that follow are its bank.

The Promise's Geography

The chapter's last map is geographic, because a health system's promises are made in four places at once and the keeper's schedule has to hold all four. The theatre's promises are the loudest, sessions and staff, whole days long, visible to every corridor in the building, and the folklore's attention always gathers here first. The ward's promises are quieter, a bed for the ambulance that is twenty minutes out, a discharge that frees it, and the ward's promises are the ones broken most often and noticed least, since their breakage is absorbed by nurses and postponed for patients. The clinic's promises are the most numerous, hundreds of appointments a week, each one small, and their honesty is arithmetic rather than drama: the session that physically cannot run, the letter that was never sent. And the home's promises, the newest and fastest-growing, a visit at a stated hour, a nurse in the doorway when the family arranged their day around it, are the ones the trade inherited last and understands least, and they fail silently, in living rooms the board never sees.

The keeper's map pins all four, counts their promises in one ledger, and notices that the four geographies argue with each other daily, since a theatre kept is sometimes a ward thinned and a ward kept is sometimes a clinic robbed. The first chapter's work is the vocabulary and the map; the rest of the book is the keeping, geography by geography, with the same four questions asked in each.

ABOUT THE AUTHOR

Healthcare administration, in Aiman JoeHanz's account, is the keeper of the schedule: the discipline that decides which patient is seen today and which waits, usually without ever saying so. This volume of the Building Tomorrow's People series follows the rota, the bed count, the discharge that is a clinical decision made by a spreadsheet, the regulator's return, the clinician who does not believe the waiting list, and the model that now forecasts demand and is trusted more than the ward staff who live it.