

Vignette #3 – The Administrator

Space for Notes

By Andrew Dana Hudson

There were pains, and then there were growing pains, and it was Clar's job to know which was which. Doctors and nurses did the same thing, Clar often said, usually *to* the doctors and nurses. They triaged and strategized, and they had to decide which of a patient's symptoms were signs of trouble and which were an expected part of the process of healing or aging. So too did Clar, as a hospital administrator, have to decide which of their employees' complaints were problems to fix and which were simply part of the process of necessary change.

Clar did not have a medical degree, but they had spent their life managing human bodies and the logistical abstractions they cast off like so much sweat and hair and warm breath. Weddings with their invite lists and registries, warehouses with their inventories and robots, clinics with their workflows and health information systems—these were just different kinds of puzzles to solve for Clar. They got a real thrill from untangling the seaweed knots spun by the eddies and currents of contradiction that all change produced. And on the other side of change? Clearer water to swim in, for everyone.

Clar was very attuned to the necessity and possibility of change. They felt every day the ways lives could be misaligned and the world could be backwards and cruel and pain could go unnoticed, unheard, unaddressed. At the same time, Clar also knew how much some things had changed for the better, over the course of just a few decades. They had seen it in themselves, and they had seen it professionally, in the epochal shift from paper health records to electronic ones.

Once an endless trickle of patients had slipped through the cracks as papers were lost or spilled on or came out illegible in the first place. Charts were rendered inaccessible when doctors took them home. Physician handwriting alone had created huge opportunities for error (and therefore malpractice suits). Switching to digital had likely prevented many mishaps and turned healthcare practices into more thorough and accountable institutions. Nurses, doctors, patients, and particularly administrators—for all involved it was a huge relief to not worry that they were constantly missing something obvious.

Beyond the obvious, there had been a huge swath of now-vital utility unlocked by electronic records. Clar believed nothing was more powerful than a spreadsheet. Once records were digital, they had been able to find with ease, say, patients who had been given a referral but not shown up, which meant they could call and give those patients a nudge, or even deploy automated systems to do the nudging for them. Suddenly they could peer across time and space. HIS saved lives. More than that, *data* saved lives, for admins, researchers, and policymakers could now also see the not-so-obvious, which had profound

implications for both how hospitals were run and for public health as a whole. But along the way, throughout what seemed to Clar a needed and beneficial change, there had been much wailing and gnashing of teeth, many organizational snarls to untangle, many frustrated clinicians who found that the tools that would allow them to care for the people got in the way of caring for their patients. By day and week and month it had been a mess. By year and decade, it was proving to be poetry.

Today's next stage of the process: automated transcription, the latest evolution of the HIS revolution. This new tool could capture what was actually happening in exam rooms, removing the need for clinicians to do tedious work or clinics to hire dedicated transcriptionists. According to grumbling doctors and nurses, the kinks were still getting worked out on the provider-facing GenAI summary outputs, but Clar had faith that such growing pains would pass. All pain passed, eventually. What was more important was the data layer beneath those summaries, the recordings of conversations between patients and providers, their words captured and catalogued and made pliable for analysis.

Not *individual* words, of course. That would be a violation of patient privacy laws, which Clar took very seriously. But individual patients didn't much interest Clar, nor, truth be told, did individual providers. In aggregate, that was where things got interesting. In aggregate, patient stories could be parsed for patterns too subtle for frontline staff to notice, which could in turn point to outbreaks or other trends in public health as they started to emerge. In aggregate, the provider side of the conversation could reveal best practices and collective pain points, opportunities for improved training or hospital protocols. It was another revolution in the making, and Clar woke up every day excited to be a part of the vanguard.

These new AI systems, as Clar understood them, were not just providing access to unprecedented petabytes of data, they were capable of analyzing them. In someways, they *were* that analysis. Assuming they worked as well as the vendor promised, they offered an analysis you could query, even talk to, that you could both tell what to look for what look for and *ask* what to look for. That was very exciting to Clar.

Clar spent many an hour hearing out employees who didn't trust the transcriptions, who didn't like trudging through their outputs (as though deciphering MD scrawl was any easier!), who were resentful of having their skill making exam notes with the HIS made partially irrelevant. Trust the process, Clar said. This will help. Soon enough we'll all be working to our full scopes of practice. We'll all be glad we made the change. Trust. Trust.

Afterward, Clar would return to their office and toy with the data, the endless new realms of abstraction available to them, which might contain infinite insight. They were working on the scale of years and decades, they believed. And the clinicians with their complaints? They'd head back down to their next twenty-minute appointment.