Healthcare Systems Mastery

How healthcare really works, end to end.

Founding cohort begins **Monday, January 18, 2027** · 16 weeks · 40 contact hours · Certificate of completion

PROGRAM SUMMARY

Follow the patient. Follow the dollar.

Most clinicians and coordinators are excellent at their own piece of care and have never been shown how the whole system fits together: who pays, how a charge becomes cash, why a denial lands on a unit, what a Condition of Participation is, and how a budget variance gets explained. Healthcare Systems Mastery (HSM) closes that gap in 16 weeks.

Every module follows one patient through the system and follows the money that moves with them. Learners finish able to read a P&L, trace a denied claim to its root cause, explain payer mix, run a mini root-cause analysis, and pitch an improvement to leadership on one page.

Who it is for

Bachelor-prepared healthcare professionals 1–7 years into their careers: nurses, therapists, care coordinators, and new or aspiring managers who are ready to lead beyond their own role.

How it is delivered

- **One lesson every weekday by email**, about 25–30 minutes: short video lectures, slides, a curated reading, and a 3-question knowledge check.
- **A Friday "apply it at work" exercise** every week, done on the learner's own unit with real data.
- **Week 15 capstone**: a patient-journey map, dollar-flow map, root cause, and improvement plan for one real problem on the learner's unit, scored against a rubric.
- **Week 16 final knowledge test** (70% to pass) and an individual development plan.

16 weeks	JAN 18 – MAY 7, 2027
25–30 min	PER WEEKDAY LESSON
40	CONTACT HOURS
70%	FINAL TEST PASS MARK

Time commitment. About 2.5 hours a week: five 25–30 minute lessons plus a 20–40 minute Friday exercise. Week 15 (capstone) runs 4–6 hours. Lessons arrive by email and can be done before a shift, on a break, or at home. No live sessions to schedule around.

Contact hours. The 40 contact hours reflect estimated learner time across daily lessons, knowledge checks, weekly exercises, the capstone, and the final test. Progress is logged per learner (lessons opened, quiz scores, timestamps) to support the completion report.



Taught by Walter Dusseldorp, MBA, FACHE, LSSBB

Healthcare executive and coach. Walter brings an operator's view of finance, quality, and operations, plus a Lean Six Sigma Black Belt's approach to fixing problems at the root. His teaching borrows from aviation crew resource management: clear roles, closed-loop communication, and checklists that make teams safer.

CURRICULUM

16 modules with learning outcomes

WK	MODULE	BY THE END OF THE MODULE, THE LEARNER CAN…
1	**The system on one page** *Players, patient flow, money flow*	Name the five players (patients, providers, payers, regulators, suppliers), trace a patient from ED to discharge, and follow a charge through claim to payment.
2	**Payers and reimbursement** *Medicare, Medicaid, commercial, value-based*	Explain how Medicare, Medicaid, and commercial plans differ; describe DRGs, RVUs, fee schedules, capitation, and bundles; identify what each of the unit's top payers rewards.
3	**Finance for non-finance leaders** *P&L, budgets, variance, labor*	Read a department P&L, explain gross vs. net revenue, separate fixed from variable cost, calculate FTEs and hours per patient day, and write a five-line variance explanation.
4	**Revenue cycle end to end** *Front end, middle, back end*	Map registration, authorization, documentation, coding, charge capture, claims, and denials; trace one denied claim from root cause to fix.
5	**Quality and patient safety** *Measures, Just Culture, high reliability*	Apply structure–process–outcome thinking, interpret HCAHPS and star ratings, use Just Culture principles, and run a mini root-cause analysis with 5 Whys and PDSA.
6	**Regulation and compliance** *CoPs, surveys, privacy, fraud and abuse*	Explain Medicare Conditions of Participation and the survey process, apply HIPAA basics, recognize Stark and Anti-Kickback risks, and audit the unit against one Condition.
7	**Operations and patient flow** *Capacity, staffing, supply chain*	Analyze throughput and bottlenecks, connect staffing to demand, and design a unit operating rhythm (huddle, metrics, escalation).
8	**Workforce and HR** *Recruiting, retention, labor relations, scope*	Describe the cost drivers of turnover, the basics of labor relations and scope of practice, and build a 30-day retention plan for one at-risk role.
9	**Health IT, data and AI** *EHR, interoperability, analytics, cyber*	Explain how EHR data flows between systems, read basic analytics, identify cybersecurity and AI risks, and define a one-page KPI dashboard for the unit.
10	**Population health** *Social drivers, care management, risk*	Explain social determinants of health, care management, and risk attribution; profile the community's top needs and one gap the unit touches.
11	**The care continuum** *Ambulatory, post-acute, behavioral, home*	Describe each setting of care and how it is paid, and map one transition of care, showing where it fails.
12	**Strategy and governance** *Boards, planning, competition*	Explain how boards and leadership set direction, connect mission to an operating plan, and write a one-page SWOT for the department.
13	**Ethics and professionalism** *Patient rights, conflicts, equity*	Apply a four-step ethics framework to a real case, and recognize conflicts of interest, patient-rights obligations, and equity gaps.
14	**Leading from the middle** *Influence, communication, change*	Use crew-resource-management communication, lead change without positional authority, and pitch one improvement to a manager: one page, one ask.
15	**Capstone** *A real unit problem, end to end*	Produce a patient-journey map, dollar-flow map, root-cause analysis, and improvement plan for one real problem on the learner's unit (scored with a rubric).
16	**Final assessment and next steps** *Review, final test, development plan*	Pass the final knowledge test (70%), complete the course evaluation, and write an individual development plan for the next 12 months.

Maps to ACHE BOG domains; Fellows may self-report hours. ACHE has not reviewed, approved, or endorsed this program.

FOR THE EMPLOYER

What your organization gets

Deliverables

- **Completion report** for each funded learner (shared with the learner's consent): lessons completed, knowledge-check scores, Friday exercises submitted, capstone status, final test result, and completion date.
- **A capstone tied to a real unit problem.** In Week 15 the learner documents one real problem on your unit (a denial pattern, a flow bottleneck, a handoff failure) with a journey map, dollar-flow map, root cause, and improvement plan. You get a ready-to-discuss improvement proposal.
- **Weekly applied work.** 14 Friday exercises use your unit's own data: payer mix, a real budget variance, a mini root-cause analysis, a KPI dashboard, a retention plan, and more.
- **Certificate of completion** showing 40 contact hours, issued to learners who pass the final test.

Why it matters to a manager

- Staff who understand payers, documentation, and denials make fewer costly mistakes upstream.
- Charge nurses and coordinators who can read a budget and explain a variance take work off the manager's desk.
- It builds a bench of future leaders, so the next manager role can be filled from inside.
- Lessons arrive by email, so there is no backfill, travel, or classroom time.

Cost options

OPTION	PRICE	NOTES
Founding cohort seat	$549	Founding price for the January 18, 2027 cohort (list price $695). One learner, full program and certificate.
Payment plan	4 × $189	Four monthly payments ($756 total). Useful when reimbursement is paid after completion.
Employer 10-seat pack	$5,250	Ten seats ($525 per seat). One invoice, a roster of completion reports, and seats that can be assigned to named staff.
Hardship tier	$199	For individual learners without employer support who cannot afford the full price. Limited seats.

Return on investment: how to think about it

We do not quote industry-wide savings figures. The return is local, so use your own numbers. The two examples below are **illustrative only**; the figures are hypothetical and are not results from this program.

Illustrative example A: denials. Suppose a unit sees 8 claims a month denied for a missing authorization, averaging $1,500 each. If a learner's capstone fix prevents 3 of those each month, that is $4,500 a month in payment not delayed or lost, or $54,000 a year against a $549 seat. *Plug in your own denial counts and average claim value.*

Illustrative example B: retention. Suppose replacing one experienced nurse costs your organization a figure your HR team already tracks (recruiting, orientation, agency coverage). If a development program helps keep even one person who would otherwise have left, the 10-seat pack is repaid by that one stay. *Ask HR for your own replacement-cost figure.*

Many organizations fund programs like this through tuition assistance, professional development, or education budgets. Check your policy for annual limits, timing (before or after completion), and any documentation required. A receipt, program outline, and completion report are provided for reimbursement files.

TEMPLATE · FILL IN AND HAND TO YOUR MANAGER

Request for tuition / education funding

MEMO

To: _____ (manager / education or HR contact)

From: _____ (your name, role, unit)

Date: _____

Re: Funding request: Healthcare Systems Mastery (HSM), The Dutch Mentor

I am requesting *[full / partial: $_____]* funding for **Healthcare Systems Mastery**, a 16-week program that runs **January 18 to May 7, 2027**. It delivers one 25–30 minute lesson each weekday by email, a weekly applied exercise on our unit, a capstone project, and a final test. Completion earns a **certificate of completion for 40 contact hours**. It does not require time away from scheduled shifts.

Why this matters for our unit: I want to understand how payers, the revenue cycle, budgets, quality measures, and regulation affect the work we do every day, so I can *[e.g., help reduce authorization-related denials / explain our labor variance / support our survey readiness]* .

What you will get: (1) a completion report showing my lesson, quiz, exercise, and final-test results; (2) a Week 15 capstone on a real problem on our unit, which I propose to be:

_____

_____

Cost: ☐ Founding seat $549 (list $695) ☐ 4 payments of $189 ☐ Part of an employer 10-seat pack ($5,250)

Funding source requested: ☐ Tuition assistance ☐ Education / professional development budget ☐ Other: _____

My commitment: I will complete the program on schedule, share my completion report and capstone with you, and present one finding to our team at a huddle or staff meeting by _____.

A program outline and cost options are attached. Founding pricing closes before the cohort starts, so I would appreciate a decision by _____. Thank you for considering this request.

_____	_____	_____
Employee signature / date	Manager approval / date	Cost center / budget code

☐ Approved ☐ Approved with changes ☐ Not approved at this time Notes: _____

Questions or a 10-seat invoice? Visit **thedutchmentor.com** to request an invoice or a short call with Walter about funding a group from your department.