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Topic: The effective and efficient delivery of healthcare to depends on the ability of health providers to work in a team. Teamwork has been considered as a key element in the health service reform to arrive at a safer, efficient, and patient-focused care. Some experts who are inspired by ethnographic studies and medical research, revealed that teamwork among healthcare create opportunities for more challenging, diverse responses pertaining to healthcare management. Through teamwork, expertise are shared and medical opinions on specific cases can open a wider discourse on patient’s possibilities, thus, can undertake medical assistance with deeper foresights shared by practitioners.
Like any company, a hospital with medical practitioners operating in a team, can systematically organize their approaches in relating with their patients. In the hospital where I am working, there is yet so much to do to improve the relations of clinical teams and in bridging the healthcare professional’s divide. The hospital also needs to improve its medical facilities, technologies and communication system to achieve integration of its systems. While it can be inferred that the hospital are financially capable of meeting all these needed facilities but an integrated medical services truly require transformational management that can facilitate organizational reforms and improve relations among workers. As practitioners are considered as healthcare team or clinical microsystem teams, thus, they function on their role as to meet the needs of the patient in exchange for values. As such, they work as small staff with shared goal but fundamentally meant to address a patient concerns. They must therefore be group in a more reasonable fashion instead of grouping them rapidly or in an unplanned manner for an emergent purpose. This is however relatively experienced because in other hospitals, those team that are group rapidly consist of expert or highly trained professional doctors, although they rarely work together. These are medical professionals who are needed in critical events as contingency team.
With regard to ‘ silos’ status, the hospital where am working has relatively attained that level although not yet completely. True, the hospital has its own pharmacy, laboratory, rehabilitation clinic, ambulatory clinic, maternal delivery and children’s section, but not all of these operate independently from the other. Perhaps, the physicians may have independently hold its office within the hospital as resident physicians; the pharmacy is operated on its own; and, all the rest e. g. laboratory, ambulatory clinic, wards, delivery system and children section are still part of the hospital system and is being managed by hospital’s officials. There are designated personnel who are dealing all the nitty-gritty in all of these departments. As part of the performance appraisal, all of those assigned in these departments submit reports regularly and are subject to monitoring or regular evaluation.
Those designated in the canteen and in the information office are also directly reports to the hospital officials. It can therefore be inferred, that the departments are not autonomously or independently operating. The management of the hospital assumed all managerial and monitoring functions in these departments.
Reference
Reid, P., Compton, D. C.; Grossman, J., Fanjiang, G. (2005). A framework for a Systems Approach to Health Care Delivery. In: Building A Better Delivery System: A New Engineering/Healthcare Partnership. The National Academies Press, Washington, D. C. pp. 19-23.