

# [Apparent to their colleagues. physicians do not want](https://assignbuster.com/apparent-to-their-colleagues-physicians-do-not-want/)

Apparentauthority (also known as “ ostensible authority”) is a concept used in agencylaw that refers to the situation that arises when a principal, such as acorporation, indicates to a third party that an officer or agent is authorizedto act on its behalf and the third party relies in good faith upon such authority.(US Legal, 2016) It is used as a defense when implied or actual authority doesnot exist. Even though they are not hospital employees, many physicians such asanesthesiologists; radiologists; pathologists; and specialists in emergencymedicine, nuclear medicine, and other clinical fields- have contracts withhospitals to provide services to hospital patients. (Showalter, 2015) Thetheory was confirmed recently by a New Jersey state appellate court, which heldthat a hospital may be vicariously liable for a staff doctor whom a patientreasonably believes is providing treatment on behalf of the hospital. (Rulingmay up risk, 2009)             Healthcarerisk management is a diverse profession in a dynamic and evolving healthcareindustry.

Healthcare risk managers hold a wide variety of titles and work in across-section of organizations. (ASHRM, n. d.) Risk management in healthcare ispotentially more important than in any other industry. (Moskowitz, 2015) Inmost industries, an organization develops and implements risk managementstrategies in order to prevent and mitigate financial losses. (Moskowitz, 2015)The same can be said for healthcare, but this includes patient safety. Riskmanagement in the healthcare industry can mean the difference between life anddeath. (Moskowitz, 2015) In order to manage risks, health leaders mustestablish what could happen, how likely something is to happen, and what theseverity would be.

After this has taken effect, it must be determined how theorganization can mitigate those risks, limit their impact, and what thepotential exposure of those risks would be if they were not contained.(Moskowitz, 2015)             Therelationship between physicians and hospitals is a complicated thing. Thephysician-hospital alignment is becoming more important as hospitals seek tolower costs, improve care, and prepare themselves for payment models thatreward collaboration. (Becker’s, 2011) Physicians and hospitals have had analmost adversarial relationship that too often has been characterized by a lackof trust. (Epstein, 2014) When developing a physician contract, hospitalsshould clearly define their expectations in terms of performance improvement activitiessuch as reducing infections, establishing better communication with nurses, or achievingclinical benchmarks. (Epstein, 2014) Physicians should be involved in thoseexpectations and should be making strategic decisions within.

If physiciansfeel a hospital is dictating what they must do and how they must do it, theyare likely to resist it. (Epstein, 2014) Inorder to keep the hospital-physician relationship alive and continue to grow, hospitals need leaders who are adept at fostering communication by reaching outand listening to their colleagues. Physicians do not want to feel they arebeing managed by hospital administrators. It is critical for physician leadersto take a visible and active role in establishing and sustaining rapport amongtheir peers. (Epstein, 2014) Physicians want to feel like they are part of anorganization. They need to see how they are benefitting from the relationship.

Sharing technology can help improve the partnership while also improving ahospital’s interoperability. (Epstein, 2014) Hospitals absolutely cannot functionwithout close physician collaboration. They rely on physicians to admitpatients to their facilities, refer to their specialists, and to use theirlucrative diagnostic services. (Goldsmith, 2016)Asa health administrator and having that relationship between physician andagency, I could conclude that without it, an organization would not be able towork. The relationship between a physician and the hospital is so important becauseall important or undecided health matters of patients are dealt between thetwo. If you don’t have one or the other, who takes care of things that needtaking care of? For example, you can’t have macaroni pasta without the cheese. It’s just plain and boring and it loses the really meaning to “ mac and cheese.

“ But when the cheese is added in, it blossoms into this perfect dish of pastaand cheese and it works so well together while getting the job done. It’s thesame thing for the physician-hospital relationship. They both have to work welltogether in order to get the job done and make things work in accordance withthe hospitals and the quality of care. As a hospital administrator, it isimportant to hire the most ethical and competent physicians. They must validatethe performance of potential physicians before contracting out and making surethey do not present a liability issue for the hospital. Thereare many ways health administrators can help the relationship be productive forboth parties. According to an article from Vital WorkLife, there are 6 thingsadministrators can do for physicians. (Godfrey, 2015) They include thefollowing: 1.

Workclosely with physician leaders to help keep the practice groups stable, improvephysician satisfaction and reduce turnover: attendphysician meetings when possible as a positive presence so the physiciansrecognize they are being heard and acknowledge, while allowing them to drivethe agenda. (Godfrey, 2015) 2.    Createcareer paths for physicians to prepare them for leadership roles withincreasing responsibility: provide rotating committeememberships, task forces, research opportunities, and executive/leadershipcoaching. (Godfrey, 2015)3.    Sharewith the physician the financial and operational goals of the hospital: help them view the hospital’s objectives through an administrator’s eyes.(Godfrey, 2015)4.

Makeregular visits into the community to meet the hospital’s constituents on their turf: visit local post-acute facilities, make joint calls on the hospital’s referralsources, such as community primary care physicians and thank them for theirconfidence in the hospital’s capabilities. (Godfrey, 2015)5.    Openlyshare information about physician turnover and retention rates: connect this effort with physician and patient satisfaction scores to set up aformal program for improvement. (Godfrey, 2015)6.    Providethe physicians with more protected nonclinical time for engagement-relatedactivities: offer physicians the training andeducational resources to increase their knowledge in such fields as health careeconomics and to improve skills such as team-building dynamics andinterpersonal communications. (Godfrey, 2015)           ReferencesShowalter, J., S., (2015) The Law of Healthcare Administration.

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