

Apparent to their
colleagues.
physicians do not
want



**ASSIGN
BUSTER**

Apparent authority (also known as “ostensible authority”) is a concept used in agency law that refers to the situation that arises when a principal, such as a corporation, indicates to a third party that an officer or agent is authorized to 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 does not exist. Even though they are not hospital employees, many physicians such as anesthesiologists; radiologists; pathologists; and specialists in emergency medicine, nuclear medicine, and other clinical fields have contracts with hospitals to provide services to hospital patients.

(Showalter, 2015) The theory was confirmed recently by a New Jersey state appellate court, which held that a hospital may be vicariously liable for a staff doctor whom a patient reasonably believes is providing treatment on behalf of the hospital. (Ruling may up risk, 2009)

Healthcare risk management is a diverse profession in a dynamic and evolving healthcare industry.

Healthcare risk managers hold a wide variety of titles and work in a cross-section of organizations. (ASHRM, n. d.) Risk management in healthcare is potentially more important than in any other industry. (Moskowitz, 2015)

In most industries, an organization develops and implements risk management strategies in order to prevent and mitigate financial losses.

(Moskowitz, 2015) The same can be said for healthcare, but this includes patient safety. Risk management in the healthcare industry can mean the difference between life and death. (Moskowitz, 2015) In order to manage risks, health leaders must establish what could happen, how likely something is to happen, and what the severity would be.

After this has taken effect, it must be determined how the organization can mitigate those risks, limit their impact, and what the potential exposure of those risks would be if they were not contained. (Moskowitz, 2015)

The relationship between physicians and hospitals is a complicated thing. The physician-hospital alignment is becoming more important as hospitals seek to lower costs, improve care, and prepare themselves for payment models that reward collaboration. (Becker's, 2011) Physicians and hospitals have had an almost adversarial relationship that too often has been characterized by a lack of trust. (Epstein, 2014) When developing a physician contract, hospitals should clearly define their expectations in terms of performance improvement activities such as reducing infections, establishing better communication with nurses, or achieving clinical benchmarks. (Epstein, 2014) Physicians should be involved in those expectations and should be making strategic decisions within.

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

Sharing technology can help improve the partnership while also improving a hospital's interoperability. (Epstein, 2014) Hospitals absolutely cannot
<https://assignbuster.com/apparent-to-their-colleagues-physicians-do-not-want/>

function without close physician collaboration. They rely on physicians to admit patients to their facilities, refer to their specialists, and to use their lucrative diagnostic services. (Goldsmith, 2016) As a health administrator and having that relationship between physician and agency, I could conclude that without it, an organization would not be able to work. The relationship between a physician and the hospital is so important because all important or undecided health matters of patients are dealt between the two. If you don't have one or the other, who takes care of things that need taking 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 pasta and cheese and it works so well together while getting the job done. It's the same thing for the physician-hospital relationship. They both have to work well together in order to get the job done and make things work in accordance with the hospitals and the quality of care. As a hospital administrator, it is important to hire the most ethical and competent physicians. They must validate the performance of potential physicians before contracting out and making sure they do not present a liability issue for the hospital. There are many ways health administrators can help the relationship be productive for both parties. According to an article from Vital WorkLife, there are 6 things administrators can do for physicians. (Godfrey, 2015) They include the following: 1.

Work closely with physician leaders to help keep the practice groups stable, improve physician satisfaction and reduce turnover: attend physician

meetings when possible as a positive presence so the physicians recognize
<https://assignbuster.com/apparent-to-their-colleagues-physicians-do-not-want/>

they are being heard and acknowledge, while allowing them to drive the agenda. (Godfrey, 2015) 2. Create career paths for physicians to prepare them for leadership roles with increasing responsibility: provide rotating committee memberships, task forces, research opportunities, and executive/leadership coaching. (Godfrey, 2015) 3. Share with 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.

Make regular 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 referral sources, such as community primary care physicians and thank them for their confidence in the hospital's capabilities. (Godfrey, 2015) 5. Openly share information about physician turnover and retention rates: connect this effort with physician and patient satisfaction scores to set up a formal program for improvement. (Godfrey, 2015) 6. Provide the physicians with more protected nonclinical time for engagement-related activities: offer physicians the training and educational resources to increase their knowledge in such fields as health care economics and to improve skills such as team-building dynamics and interpersonal communications. (Godfrey, 2015) References Showalter, J., S., (2015)

The Law of Healthcare Administration.

(7th ed) Chicago, IL: Health Administration Press: A division of the Foundation of the American College of Healthcare Executives. Ruling may up risk

for 'apparent authority.' (2009) Healthcare Risk Management, 31(4), 43-44.

Retrieved from <https://kaplan.>

<https://assignbuster.com/apparent-to-their-colleagues-physicians-do-not-want/>

brightspace.com/d2l/le/content/48562/viewContent/3935151/View

American Society for Healthcare Risk Management (ASHRM) (n. d) Overview of Healthcare Risk Management Profession. Retrieved from http://www.ashrm.org/about/HRM_overview.

dhtml Moskowitz, D. (2015) The Importance of Healthcare Risk Management. Investopedia. Retrieved from <https://www.investopedia.com/articles/personal-finance/072315/importance-healthcare-risk-management>.

asp Becker's Hospital Review. (2011) 7 Reasons Hospitals Struggle to Align With Physicians. Retrieved from <https://www.beckershospitalreview.com/hospital-physician-relationships/7-reasons-hospitals-struggle-to-align-with-physicians.html> Epstein, J.

(2014) Fostering Hospital-Physician Relationships: 5 strategies. Managed Healthcare Executive. Retrieved from <http://managedhealthcareexecutive.modernmedicine.com/managed-healthcare-executive/news/fostering-hospital-physician-relationships-5-strategies> Goldsmith, K.

(2016) The Tangled Hospital-Physician Relationship. The Health Care Blog. Retrieved from <http://thehealthcareblog.com/blog/2016/05/11/the-tangled-hospital-physician-relationship/> Godfrey, L.

(2015) 12 Ways Administrators & Physicians Can Improve Engagement. VitalWorkLife. Retrieved from <http://vitalworklife.com/blog/2015/09/12/12-ways-administrators-physicians-can-improve-engagement/>

<https://assignbuster.com/apparent-to-their-colleagues-physicians-do-not-want/>