

Improvement of Medical Assistant Handoff Process

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Abstract:

In most primary care clinics for the underserved, the scarcity of resources, especially manpower, is a perpetual problem. In particular, these clinics often rely on medical assistants (MA) as the foundation of their functioning. The combinations of high stress, high volume, low pay and the resulting high turnover rate often result in missed orders that hamper patient care. Increasing recruitments and higher wages are not realistic proposals. As such, we proposed the use of paper handoffs to enhance communication between residents and MA. We evaluated the implementation of the proposal by doing a survey on the MA before and after the implementation of the new process. It was done at the main rotation side of our Family Medicine program clinic, an FHQC. The implementation period was about 8 months. Data was analyzed using two-tailed student T test. The analysis of the results showed that while the extra work with the paper handoffs offered a boost in confidence and perception of improvement among the MA, there was no statistically significant difference between the pre- and post-implementation. This could be due to the small sample sizes. The other reason could have been the high turnover rate of the MA on top of the diverse background of our MA recruits such that the pre- and post- survey MA could have been considered completely different cohorts. Alternatively, it could be concluded additional works to combat mistakes due to lack of manpower would logically lead to no improvement at best. The perceived improvement could have boost morale but unfortunately, the project was not design to assess turn over rate pre- and post- intervention.