Re-CAP: Patient Hand-offs Between Stanford Pediatric Residents

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Objectives

- To provide structure in resident hand-offs
- To assess the accuracy of resident hand-offs
- To increase resident awareness of the importance of hand-offs
- To enhance communication between care teams and among care teams
- To adhere to duty hours regulations

Intervention

- Intern and supervisor hand-offs were again separated into intern-to-intern and supervisor-to-supervisor sign-out
- The Re-CAP structure (see Figure 1) was introduced to assist with the hand-off
- The supervisors taking over the night-shift were asked to use the Re-CAP structure to review the key pieces of the hand-off with the interns for accuracy
- Supervisors were asked to document the concordance of the separate sign-outs
- Surveys were used to assess the value of the hand-offs from the perspective of both night-time and day-time supervisors

Survey of Night-Team Residents

Immediately after Re-CAP, answer YES or NO

1. We agreed on which patients were sickest after Re-CAP
2. We agreed on anticipated course of each patient after Re-CAP
3. We agreed on the plans of action for each patient during Re-CAP
   - In the morning, prior to sign-out, answer YES or NO
4. The sign-out from the day-team provided appropriate plans of action for each patient
5. The sign-out from the day-team properly identified the children who were sickest overnight.

Survey of Day-Team Residents

After rounds, answer YES or NO

1. The actions of the night-team were appropriate.
2. The night-team did not miss any of the to-do’s we signed out yesterday
3. The night-team told us about all overnight events

References:
2. Vidyarthi et al., “Managing discontinuity in academic medical centers: strategies for a safe and effective resident sign-out,” Society of Hospital Medicine, 2006, 1(4) 257-266.

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Conclusions and Implications

- The Re-CAP model can provide structure to hand-offs
- A structured hand-off and longitudinal evaluation of its efficacy increase awareness of the importance of hand-offs
- Increased awareness may improve communication even if residents do not use Re-CAP due to a perceived lack of time
- The Re-CAP model allows for separate intern and supervisor sign-out by offering a structure for review of information
- This model can improve duty hour adherence
- Training medical students and new interns to use a structured format can increase accuracy of information conveyed