



Posted On: **March 10, 2011** by [Patrick A. Malone](#)

## **Hospital's comprehensive obstetrics program cuts malpractice claims by 99%**

Anyone who believes it's inevitable that some babies will get injured during childbirth may have a change of heart after reading how a New York City hospital dramatically cut staff errors and reduced medical malpractice payouts by 99%.

In a report published in the American Journal of Obstetrics & Gynecology, the head of the obstetrics team at New York Weill Cornell Medical Center describes how the safety

Patrick A. Malone  
Patrick Malone & Associates, P.C.  
1331 H Street N.W.  
Suite 902  
Washington, DC 20005

[pmalone@patrickmalonelaw.com](mailto:pmalone@patrickmalonelaw.com)  
[www.patrickmalonelaw.com](http://www.patrickmalonelaw.com)  
202-742-1500  
202-742-1515 (fax)

initiatives they introduced reduced avoidable deaths and serious injuries to zero in 2008-2009, down from five in 2000.

“Any hospital could do it — it's not about money, it's about changing the culture to make it safer to deliver babies,” says team leader Dr. Amos Grunebaum. The new measures introduced by the team reduced errors and helped ward off lawsuits by clearly documenting everything doctors did right in cases where a bad outcome was not their fault.

Consumer advocates are hailing the report as a breakthrough in patient safety and a better way to curb malpractice costs than so-called tort reform.

Patient safety advocates like me, who represent patients in medical malpractice lawsuits, have said over and over that we would like to see lawyers get less business by making the medical system safer for patients.

The reforms at Weill Cornell resulted in annual medical malpractice payouts dropping from an average of \$28 million from 2003 to 2006 to \$2.6 million a year from 2007 to 2009. And since there were no sentinel events reported in 2008 and 2009, those numbers are expected to drop even more.

Among the changes were:

\* Doing away with the labor and delivery unit's dry-erase whiteboard, which staff used to communicate patients' progress, and replacing it with a new electronic application.

Patrick A. Malone  
Patrick Malone & Associates, P.C.  
1331 H Street N.W.  
Suite 902  
Washington, DC 20005

[pmalone@patrickmalonelaw.com](mailto:pmalone@patrickmalonelaw.com)  
[www.patrickmalonelaw.com](http://www.patrickmalonelaw.com)  
202-742-1500  
202-742-1515 (fax)

\* Not allowing any paper charting.

\* Hiring a full-time patient safety nurse to educate staff on new protocols the doctors wanted and to conduct emergency drills.

\* Hiring three physician assistants and a “laborist” (an obstetrician who works at the hospital full-time) who works nights and weekends, reducing on-call time for other obstetricians, in order to avoid errors due to sleep deprivation.

Though many aspects of the plan were costly, the authors concluded that the savings in medical malpractice payments “dwarf the incremental cost of the patient safety program.”

Source: [Crain’s New York Business.com](#)

You can read the article in the American Journal of Obstetrics and Gynecology [here](#).

*People interested in learning more about our firm's legal services, including [medical malpractice in Washington, D.C., Maryland and Virginia](#), may ask questions or send us information about a particular case by phone or email. There is no charge for contacting us regarding your inquiry. A [malpractice attorney](#) will respond within 24 hours.*

*All contents copyrighted 2010 [Patrick Malone & Associates](#) except where copyright held by others. Reproduction in any form prohibited except where expressly granted.*

Patrick A. Malone  
Patrick Malone & Associates, P.C.  
1331 H Street N.W.  
Suite 902  
Washington, DC 20005

[pmalone@patrickmalonelaw.com](mailto:pmalone@patrickmalonelaw.com)  
[www.patrickmalonelaw.com](http://www.patrickmalonelaw.com)  
202-742-1500  
202-742-1515 (fax)