

Benjamin Paul Sachs, MB. BS, DPH, FACOG

Chief Obstetrics and Gynecology, Beth Israel Deaconess Medical Center
Harold H. Rosenfield Professor Obstetrics, Gynecology and Reproductive Biology,
Harvard Medical School, Professor in the Department of Society, Human Development
and Health in the Faculty of Public Health, Harvard School of Public Health.

Dr. Sachs has been a member of the faculty of BIDMC since 1982 and was appointed chief in 1989. He also serves as President of the Beth Israel Deaconess Physician Organization.

A graduate of St. Mary's Hospital and Medical School (Imperial College, London England) and received a degree in public health from the University of Toronto and completed a residency in obstetrics and gynecology at the Boston Hospital for Women and a fellowship in maternal-fetal medicine at Brigham & Women's Hospital.

Dr. Sachs has placed a special emphasis on initiatives to provide quality clinical care for *all* women. He has placed a special emphasis on public/preventative health care and the safety of childbirth. He chairs a committee for the state *Department of Public Health* that oversees obstetrical care and a national committee through the American College of Obstetricians and Gynecologists that issues practice guidelines. In addition to public health programs in Boston, Dr. Sachs has been involved in international initiatives including a women's healthcare program in Yerevan, Armenia, which served more than 82,000 patients since its inception (1991-1996). He now has a non-sectarian program funded by the Combined Jewish Philanthropy in Dniepropetrovsk in the Ukraine.

TEAMWORK IN HOSPITAL LABOR AND DELIVERY UNITS: A NATIONAL RANDOMIZED CONTROLLED TRIAL

Benjamin P. Sachs, MBBS,¹ Marlene B. Goldman, ScD,¹ Peter Nielsen, MD,² Stephen D. Pratt, MD,³ Ronald Marcus, MD,¹ Susan Mann, MD,¹ Penny Greenberg, RN,¹ David E. Shapiro, PhD,⁴ Mary Salisbury, MSN,¹ (¹Departments of Obstetrics & Gynecology and ³Anesthesia, Beth Israel Deaconess Medical Center, ²Madigan Army Medical Center, ⁴Department of Biostatistics, Harvard School of Public Health)

We report the preliminary findings of a randomized cluster-based clinical trial to evaluate the role of a team-training program to reduce the occurrence of adverse outcomes and enhance patient and provider satisfaction in obstetrics. There is an obstetrical malpractice crisis in the United States with premiums approaching \$200,000 a year. In some states malpractice insurance is either unaffordable or no longer available. Tort reform does not appear imminent and many believe without a major effort to improve patient safety it is unlikely to occur. The Institute of Medicine has recommended focusing health care delivery around teams, with an emphasis on patient safety, patient satisfaction, and efficiency in the delivery of care. Fifteen hospitals were randomized to receive team training or no intervention. Data on over 40,000 deliveries have been collected during baseline, team training, and post-intervention periods. Since there are no universally agreed-upon obstetrical measures, we created outcome and process measures that uniquely capture labor and delivery unit performance. The process measures, which deal with time factors, are surrogates for teamwork behavior. Statistical analyses compared the measures between the study arms. Patient and employee satisfaction was measured pre- and post-intervention. The team-training program has evolved from the concept of crew resource management. CRM was first developed in 1979 upon the realization that the majority of aircraft accidents were the result of poor teamwork. Today all three services of the United States military and commercial airlines use forms of CRM. Our program included all the physicians, nurses, and support staff in direct contact with obstetrical patients. The initial training required four hours of interdisciplinary classroom instruction on specific teamwork behaviors and skills. This was followed by real-time coaches ensuring repeated practice of the behaviors. These teamwork principles are relevant to other areas of health care with similar environments, such as emergency medicine, labor and delivery units, intensive care units and operating rooms.

Corresponding Author:

Benjamin P. Sachs, MB.BS, DPH

Obstetrician-Gynecologist-in-Chief - Beth Israel Deaconess Medical Center

Harold H. Rosenfield Professor of Obstetrics, Gynecology and Reproductive Biology,
Harvard Medical School

Professor in the Department of Society, Human Development and Health in the Faculty of Public Health,
Harvard School of Public Health

Address: 330 Brookline Ave., KS3182
Boston, MA 02215

Phone: (617) 667-2286

Email: bsachs@bidmc.harvard.edu