

# OSA Death and Near Miss Registry

The path to creation.....

October 23, 2015

Norman Bolden, M.D.  
Vice-Chairman, Department of Anesthesiology  
Associate Professor, Case Western Reserve University



---

---

---

---

---

---

---

---

## Disclosures

- None

---

---

---

---

---

---

---

---

## Objectives

- Discuss events leading up to the creation of the OSA Death and Near Miss Registry
- Define the inclusion criteria for the Registry
- Share safeguards in place for the Registry
- Encourage participation and solicitation of additional cases.

---

---

---

---

---

---

---

---

## SPECIAL THANKS!!!!

Karen Posner, PhD

Karen Domino, M.D.

Anesthesia Quality Institute

Closed Claims Personnel

---

---

---

---

---

---

---

---

## OSA Critical Events Details

1. Ostermeier AM, Roizen MF, Hautkappe M, Klock AP, Klapka JM. Three Sudden Postoperative Respiratory Arrests Associated with Epidural Opioids in Patients with Sleep Apnea. *Anesth Analg* 1997;85:452-60
2. Lofsky A. Sleep Apnea and Narcotic Postoperative Pain Medication: A Morbidity and Mortality Risk. *APSF Newsletter* 2002;17:24-25
3. Bolden N, Smith CE, Auckley D. Avoiding Adverse Outcomes In Patients With Obstructive Sleep Apnea: Development and Implementation of a Perioperative OSA Protocol. *Journal of Clinical Anesthesia*. 2009; 21:286-93

---

---

---

---

---

---

---

---

### Perioperative Complications in OSA Patients Undergoing Surgery: A Review of the Legal Literature

- Objective: Review legal literature in order to describe the potential ramifications of perioperative complications in patients with OSA.

---

---

---

---

---

---

---

---

## Perioperative Complications In Obstructive Sleep Apnea Patients Undergoing Surgery: A Review of the Legal Literature

Nick Fouladpour, MD,\* Rajnish Jesudoss, MD,† Norman Bolden, MD,‡ Ziad Shaman, MD,† and Dennis Auckley, MD†

Anesth Analg 2015 June 23 (epub ahead of print)

---

---

---

---

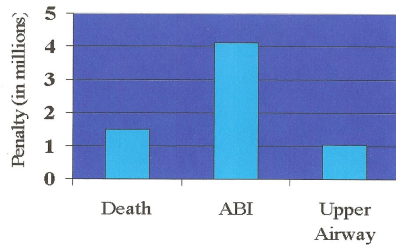
---

---

---

---

## Financial Consequences by Reason for Lawsuit



---

---

---

---

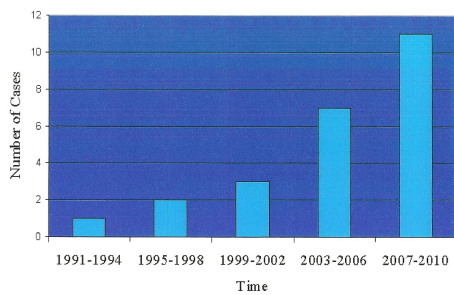
---

---

---

---

## Number of Lawsuits Over Time



---

---

---

---

---

---

---

---

## Conclusions

- The majority of malpractice cases involving perioperative complications in OSA patients result from early extubation, failed reintubation, or the administration of narcotics in an unmonitored setting.
- The majority of cases appear avoidable.
- Adverse outcomes are often catastrophic and carry a serious financial penalty.
- Our data likely significantly underestimates the actual medical-legal burden as most cases are settled out of court and are never published.

---

---

---

---

---

---

---

---

## American Academy of Sleep Medicine

(Clinical Practice Review Committee)

Upper Airway Management of the Adult Patient with Obstructive Sleep Apnea in the Perioperative Period- Avoiding Complications  
(Sleep, Vol 26, No 8, 2003)

- Sleep disordered breathing increases the risk for anesthetic and sedative complications, including life threatening cardiorespiratory complications.
- Continuous pulse oximetry and HR monitoring with preset alarms should be used during the postop period.
- Recommend that individual hospitals examine and develop protocols that provide for adequate levels of postoperative monitoring.

---

---

---

---

---

---

---

---

### ■ SPECIAL ARTICLES

Anesthesiology 2006, 104:1381-95

© 2006 American Society of Anesthesiologists, Inc. Lippincott Williams & Wilkins, Inc.

#### ***Practice Guidelines for the Perioperative Management of Patients with Obstructive Sleep Apnea***

*A Report by the American Society of Anesthesiologists Task Force on Perioperative Management of Patients with Obstructive Sleep Apnea*

---

---

---

---

---

---

---

---

Perioperative care of patients with obstructive sleep apnea - a survey of Canadian anesthesiologists

Turner K - *Can J Anaesth* - 01-MAR-2006; 53(3): 299-304

- 72 % No departmental policies for OSA
- 82% Thought guidelines would be useful

---

---

---

---

---

---

---

---

Sleep Breath (2015) 19:315-325  
DOI 10.1007/s11325-014-0023-8

ORIGINAL ARTICLE

Attitudes regarding perioperative care of patients with OSA:  
a survey study of four specialties in the United States

Dennis Auckley · Robynn Cox · Norman Bolden ·  
J. Daryl Thornton

---

---

---

---

---

---

---

---

Attitudes Regarding Perioperative Care of Patients with OSA:  
A National Survey Study of Four Specialties

*Auckley et al. Sleep Breath (2015) 19:315-325*

- 72% reported their institution did not have a policy regarding perioperative management of OSA patients
- 83% felt OSA perioperative guidelines would be useful
- 5% reported knowing of a perioperative death related to OSA.

---

---

---

---

---

---

---

---

## OSA Protocol at Work!

### Pain/Sedation Mismatch

- 35 y/o h/o Crohn's disease s/p colectomy with chronic abdominal pain.
- HTN, DM, BMI 45, Severe OSA, OHS
- Underwent exploratory lap for SBO
- Extubated in OR. Pain 9-10 in PACU despite dilaudid PCA. Transferred from PACU to OSA bed.
- Multiple episodes of desats to 70 despite BiPAP. Patient aroused with nursing stimulation with increase in oxygen saturation.

---

---

---

---

---

---

---

---

## OSA Protocol at Work

- Nurses respond to alarm in 70s. No response to sternal rub. Rapid Response team called.
- Mask ventilated. Narcan given X 2. Anesthesia stat called.
- Patient transferred to SICU.
- Discharged without complication

---

---

---

---

---

---

---

---

## SASM Members

- Under-appreciation of critical cases continuing to occur in the postoperative period for OSA patients
- Assembling a series of cases and documenting the details of the cases would better highlight the safety concerns in these patients
- Learn more about the circumstances surrounding the events and possibly acquire data to help develop "best practices" for OSA

---

---

---

---

---

---

---

---

## OSA Death and Near Miss Registry Goals

- Identify recurring patterns and themes underlying deaths and near misses suspected to be related to OSA
- Ultimate aim of risk prevention and improved anesthesia patient safety

---

---

---

---

---

---

---

---

## OSA Registry Inclusion Criteria

- Age 18 or > at time of event
- Event after 1993
- Dx or suspected Dx OSA at time or after event
- One of the following (suspected related to OSA)
  - Unanticipated Death
  - Brain Injury
  - Urgent/Emergent transfer to ICU
  - Code Blue/ACLS

[Anonymous (De-identified) collection of cases]

---

---

---

---

---

---

---

---

## Submission of Cases

- Website: [www.asaclosedclaims.org](http://www.asaclosedclaims.org)
- [www.sasmhq.org](http://www.sasmhq.org)
- Submission strongly encouraged
- Please encourage colleagues to submit cases

---

---

---

---

---

---

---

---