

Obstructive Sleep Apnea Registry: Searching for the Light *Early Case Insights*

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Disclosures

Research Funding

- Society of Anesthesia and Sleep Medicine (SASM): OSA Death and Near Miss Registry
- Anesthesia Quality Institute (AQI): Anesthesia Closed Claims Project
- American Society of Anesthesiologists Committee on Professional Liability: Annual Malpractice Premium Survey

CLOSED CLAIMS PROJECT and Its Registries
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Welcome to the Closed Claims Project and its Registries

The **NEW** Obstructive Sleep Apnea (OSA) Death and Near Miss Registry is now accepting case reports. Please visit the [Registry webpages](#) to:

- Learn more about the OSA Registry
- View eligibility criteria
- Access case submission materials

www.asaclosedclaims.org

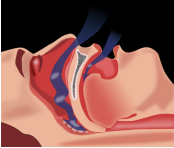
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Obstructive Sleep Apnea (OSA) Death and Near Miss Registry

The Society of Anesthesia and Sleep Medicine and the Anesthesia Closed Claims Project have established this Registry to investigate unanticipated perioperative deaths and near misses in patients with obstructive sleep apnea (OSA).

- [Eligibility](#)
- [Case Submission](#)
- [Contact Us](#)



Habib M'henni/Wikimedia Commons

Obstructive Sleep Apnea Death and "Near-Miss" Database

Case Report ID:

IMPORTANT: See instructions for creating a coded case report ID

Form Completed By: Anesthesiologist Surgeon Risk Manager Other _____

SECTION 1: INSTRUCTIONS-INCLUSION/EXCLUSION CRITERIA


Before completing the case report, check that your case meets all four (4) inclusion criteria specified below

1. Patient was 18 years or older at the time of the event: Yes
2. Event occurred in 1993 or later: Yes
3. Patient was diagnosed or suspected to have OSA (check all that apply):
 - Diagnosed with OSA by polysomnogram (PSG)
 - Identified as "high risk" for OSA by screening tool such as STOP, STOP BANG, or Berlin Questionnaire (other _____)
 - Identified as "high risk" for OSA by history (describe: _____)

* Note: even if OSA identified/suspected after the critical event

4. At least one of the following events suspected to be related to OSA must have occurred (check all that apply):

SECTION 1: CONTINUED



Section 15: NARRATIVE SUMMARY CONTINUED:

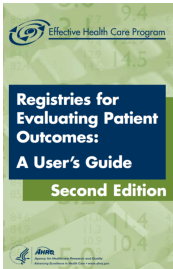
*Attach additional sheets if needed

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Data Security

- IRB approval – UW, MetroHealth, UM
- De-identified Case Reports
- Access to Data - only by IRB approved investigators & staff:
 - ✓ Bolden - MetroHealth
 - ✓ Ramachandran - UM
 - ✓ Posner - UW
 - ✓ Domino - UW
- SASM OSA Committee — NO ACCESS TO CASE REPORTS – Only aggregate data

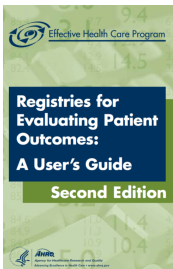
Data Security Protection from Discovery



Chapter: Protection of Registry Data from Litigation

Case Example: Protections Available to Registry Data from Institutional Review Boards and Academic Institutions

Data Security Protection from Discovery



Description

The Postoperative Visual Loss (POVL) Registry consists of anonymous case reports of blindness after non-ophthalmologic surgery. Its goal is to identify patient and clinical factors associated with this complication.

Results

The university supported an appeal to the state supreme court in order to support institutional protections of research data. The state supreme court ruled that ... release of the underlying data was not required.

Case Insights Learning from Registries

Examples of Aggregate Data
and
Lessons Learned from
Registry Data

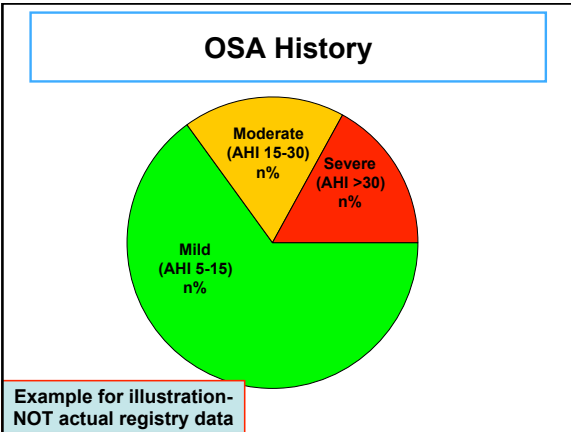
Events Related to OSA

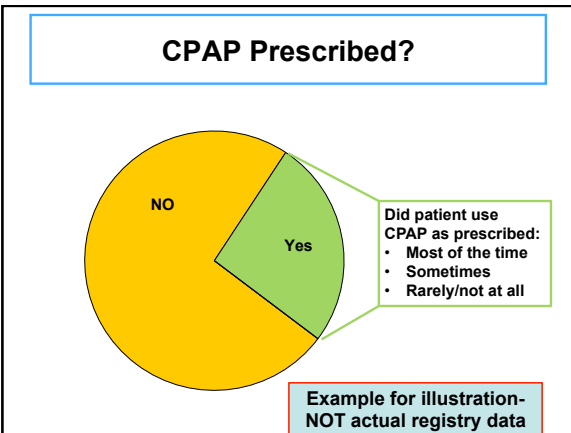
Example for illustration-
NOT actual registry data

Patients in OSA Registry Cases

Female	n%
BMI (mean ± SD)	N + n
ASA physical status 1-2	n%
Age (mean ± SD), yr	N ± n
Patient ≥ 50 yr. old	n%
Race	
Black/African-American	n%
White/Caucasian	n%
Latino/Hispanic	n%
Native American	n%
Asian	n%

Example for illustration





PAIN MEDICINE

Postoperative Opioid-induced Respiratory Depression

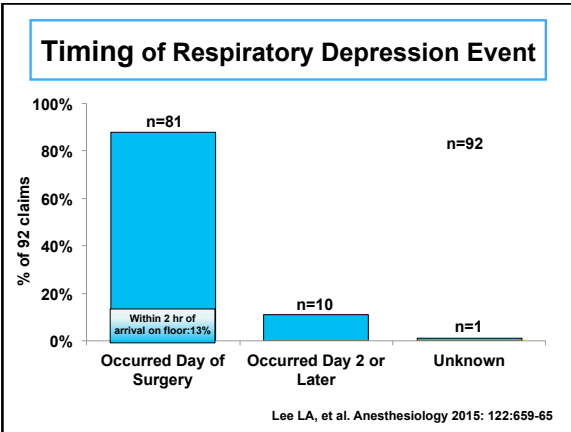
A Closed Claims Analysis

Lorri A. Lee, M.D., Robert A. Caplan, M.D., Linda S. Stephens, Ph.D., Karen L. Posner, Ph.D., Gregory W. Terman, M.D., Ph.D., Terri Voepel-Lewis, Ph.D., R.N., Karen B. Domino, M.D., M.P.H.

What We Already Know about This Topic

- Postoperative opioid-related respiratory depression is an important cause of iatrogenic injury in the perioperative period
- Risk factors for this injury are numerous and not applicable to all patients who develop respiratory depression

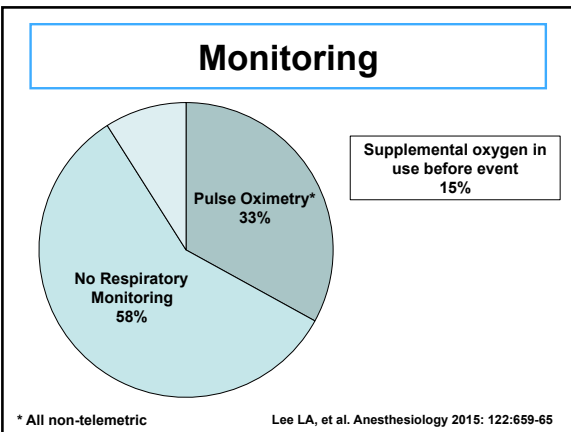
Lee LA, et al. *Anesthesiology* 2015; 122:659-65

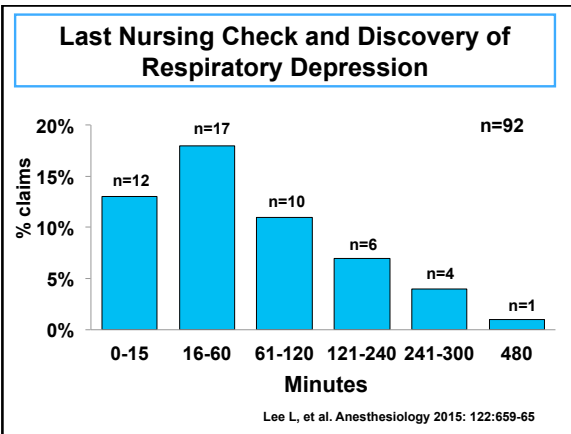


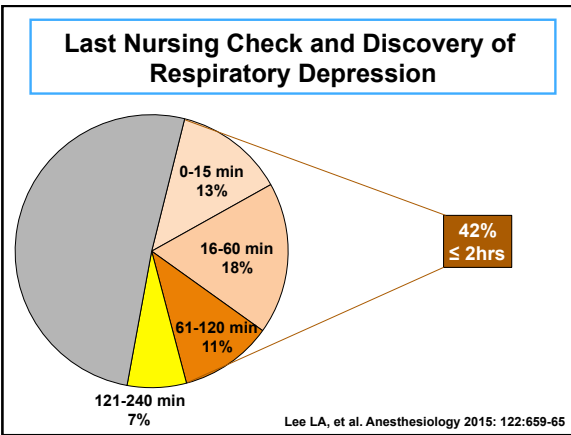
Medication Factors Associated with Respiratory Depression

Routes of Opioid Therapy	
PCA only	18%
Neuraxial only	17%
Other only	17%
Multimodal	47%
Continuous infusion of opioids	46%
Interaction of opioid + non-opioid sedative medications	34%
More than one physician prescribing	33%
Excessive opioid use	16%

Lee LA, et al. Anesthesiology 2015; 122:659-65







PAIN MEDICINE

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What This Article Tells Us That Is New

- In a review of 357 acute pain claims from the Anesthesia Closed Claims Project database, 92 cases involved likely opioid-related respiratory depression
- The vast majority of these injuries occurred within 24 h of surgery and 97% were judged as preventable with better monitoring and response

(ANESTHESIOLOGY 2015; 122:659-65)

Clinical Lessons From Opioid-Induced Respiratory Depression Claims

- First 24 hours-not just OSA patients
- Sedation: nursing assessments
- Continuous monitoring-centralized alarms
- Institutional policies
 - Prescribing physicians
 - Interaction with non-opioid sedating meds
- Prevention (non-opioid analgesics)
- Education (providers and patients)

Clinical Lessons From The OSA Death and Near Miss Registry



- We need 100+ cases!
- Send in your cases
- Encourage others to submit case reports
- Come back next year...

THANK YOU!
