

## Citation

Zeitlin GL: Recovery room mishaps in the ASA Closed Claims Study. *ASA Newsletter* 53(7):28-30, 1989.

## Full Text

For the last four years the ASA Committee on Professional Liability has been conducting a study of malpractice claims against anesthesiologists. Reviewers, who are all anesthesiologists, complete a detailed 10 page questionnaire for each closed claim file on the premises of a variety of insurance companies. The findings are entered into a computerized database and in October, 1988 the database contained the information gleaned from 1,175 closed claims.

In 84 (7.1 percent) of the closed claims the incident that led to a malpractice suit developed in the recovery room. More than half of these (49) involved respiratory system critical incidents. A much smaller number (9) involved the cardiovascular system. Figure 1 displays the type and frequency of critical incidents involving the respiratory system in the recovery room together with comparable data from the entire Closed Claims database. Although the full database contains the recovery room incidents, one can see clearly the parallels between the respiratory mishaps in the recovery room and those in the operating room.

Although the number of incidents in the recovery room is much smaller, the proportion of serious outcomes is higher and three quarters of the patients either died or suffered brain damage. Table 1 compares the five most common recovery room mishaps with those in the full database.

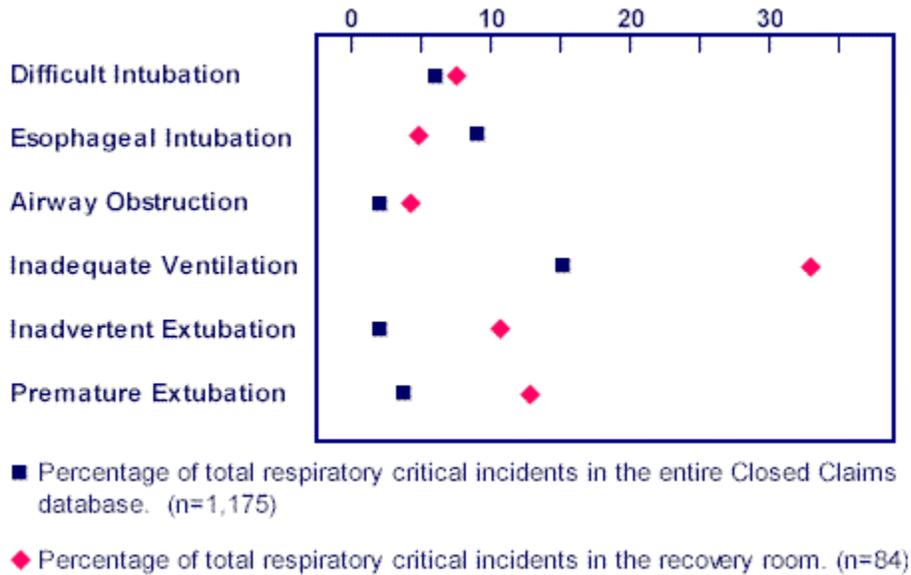
The reviewers were asked to decide whether the monitoring equipment available today, including pulse oximeters and capnometers, might have prevented the complications. They judged in 39 percent of the cases that better monitoring would have prevented the complication. The comparable figure in the full database is 29 percent. As in the full database, the monitor most likely to have prevented the injury in the recovery room was a pulse oximeter.

Table 2 compares the payments made in those cases in which better monitoring would have prevented the mishap with those in which it would not. Apart from the human loss, the financial consequences can be clearly seen. The most striking finding is the high median payment in both the recovery room and full database cases in which better monitoring might have prevented the mishap.

The results to date indicate that pulse oximetry may play a significant role in prevention of recovery room mishaps.

**Figure 1**

**Primary Respiratory System Incidents  
Comparison of Recovery Room and Entire Database**



**Table 1**

<b>Most Common Outcomes of Recovery Room Mishaps Compared to Outcomes in the Total Database</b>				
<b>Complication</b>	<b>Recovery Room</b>		<b>Full Database</b>	
	<b>Cases</b>	<b>% of 84</b>	<b>Cases</b>	<b>% of 1175</b>
Death	49	58	421	36
Brain Damage	15	18	244	21
Cardiovascular Collapse	6	7	73	6
Pulmonary Edema	5	6	19	2
Prolonged Ventilatory Support	4	5	36	3

**Table 2**

**Summary of Payment Statistics for Recovery Room Mishaps and Entire Closed Claim Database Mishaps**

<b>Recovery Room</b>			
	<b>No. of Payments</b>	<b>Range</b>	<b>Median</b>
Overall (n=84)	49	\$750 - 6Mil	\$100K
Better Monitoring Would Have Prevented (n=33)	24	\$10K - 6Mil	\$325K
Better Monitoring Would Not Have Prevented (n=47)	23	\$750-984K	\$17.5K

<b>Entire Database</b>			
	<b>No. of Payments</b>	<b>Range</b>	<b>Median</b>
Overall (n=1175)	647	\$15 - 6Mil	\$82.5K
Better Monitoring Would Have Prevented (n=347)	261	\$1.5K - 6Mil	\$250K
Better Monitoring Would Not Have Prevented (n=751)	351	\$15 - 5.4Mil	\$22.5K

Zeitlin GL: Recovery room mishaps in the ASA Closed Claims Study. *ASA Newsletter* 53(7): 28-30, 1989 was reprinted with permission of the [American Society of Anesthesiologists](#), 520 N. Northwest Highway, Park Ridge, Illinois 60068-2573.