# A 5-year retrospective review of opioid-patch related incident reports across South Australian hospitals

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## Background

- Opioid patches provide non-invasive, continuous delivery of analgesia. Despite their advantages, they come with unique risks and potential for harm.
- Little is known about the specific incidents occurring related to opioid-patches in hospitalised patients.

## Objective

To characterise opioid-patch related incidents occurring in hospitalised patients to identify targets to improve medication safety.

## Method

- A retrospective review of opioid-patch related incidents in three public hospitals, over five years was conducted
- Incidents were categorised by type, where in the medication management process the incident originated and severity of outcome.
- Where multiple incidents were identified in a single report, each was coded individually
- Results were summarised using quantitative descriptive statistics.

## RESULTS

**10,118 medication-related reports** were retrieved from the Incident Reporting System: **302** pertained to fentanyl or buprenorphine, 121 to transdermal opioid patches. From these, **136 discrete incidents were identified.**

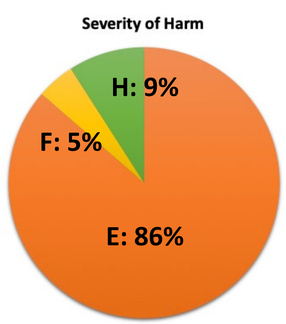
Buprenorphine was involved in 52% of incidents, and fentanyl was involved in 48% of incidents.

**Most incidents reached the patient (87%)** and of these, **harm to the patient was reported for 19%.**

**Harm Category E: 86%**
Temporary harm to patient and required intervention

**Harm Category F: 5%**
Temporary harm to the patient and required prolonged hospitalization

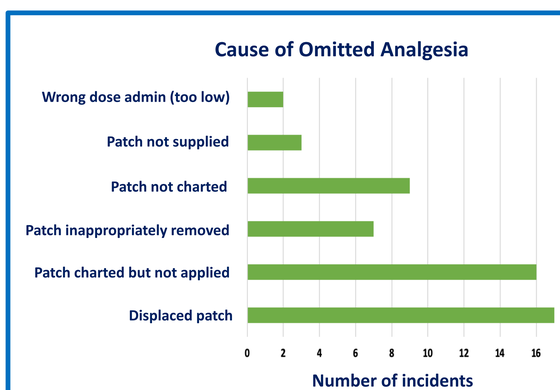
**Harm Category H: 9%**
Intervention necessary to sustain life




Incidents most frequently occurred during **Administration (61%)** or **Prescribing (19%)** phases.

**Failure to remove patch** was the most commonly occurring incident, making up 25% of all cases, followed by **displaced patch** at 12.5%, and by **patches not applied** as charted at 12% of all cases.


**Displaced patches 77% of displaced patches were never recovered**




While failure to remove a patch was common, pooled results show overall **patients were more likely to experience a lack of analgesia**

**Conclusion**: Incidents related to opioid-patches are likely to reach the patient and are frequently associated with harm. Pharmacists have the opportunity to identify strategies for safe opioid-patch management to improve outcomes.

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