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Hospital and specialist services Severity Assessment Code (SAC) examples 2023

The examples below are for **guidance only; they are not intended to be prescriptive or exclude other events from review**. The final SAC rating can be changed following review based on the experience of harm for the consumer, not based on the number or type of learning opportunities developed. The viewpoints and experiences of consumers and whānau must be incorporated into the provisional and final SAC ratings. Scan the QR code to the right for more resources and other sector-specific SAC guides.

Note: references to 'pregnancy' or 'during pregnancy' in this document include antenatal, intrapartum and the postnatal period up to 42 days following the end of pregnancy.

Psychological, cultural and spiritual harm

Psychological, cultural and spiritual harm is dependent on the values and experiences of individual consumers, which makes identifying specific examples difficult. When rating an event, engage with the consumer and whānau to identify their perspective and ability to function as a result, for example, consider the psychological effect on a consumer when consent isn't obtained before an examination or procedure.

SAC 1 – Death or harm causing severe loss of function and/or requiring life-saving intervention • Not related to natural course of illness or treatment • Differs from the immediate expected outcome of care • Can be physical, psychological, cultural or spiritual	**SAC 2 – Major; harm causing major loss of function and/or requiring significant intervention** • Not related to natural course of illness or treatment • Differs from the immediate expected outcome of care • Can be physical, psychological, cultural or spiritual
• Suicide by any person receiving care, treatment and services in a continuous care setting (including the emergency department [ED]) or within 72 hours of discharge; includes approved and unapproved leave status • Fall directly resulting in life-saving intervention or death • Delayed referral, follow-up, diagnosis or treatment resulting in death, the need for cardiopulmonary resuscitation or severe loss of function (eg, blindness, being limited to palliative care options or inability to access appropriate care/screening) • Delayed recognition of patient deterioration resulting in death, cardiopulmonary resuscitation or severe loss of function • Delay in transfer into higher level of care due to lack of space and/or resourcing resulting in death (eg, ambulance patient into ED, unable to access intensive care unit [ICU] bed) • Medication, vaccination or treatment plan error resulting in death or the need for permanent therapy (eg, renal dialysis) • Hypoxic brain injury resulting in permanent brain damage • Equipment failure or equipment process error • Child or infant abduction or discharge to wrong whānau regardless of time absent from area or successful return • Wrong-site procedure resulting in removal of wrong limb or organ • Advance directive[1] not accessed and/or not followed, leading to the delivery of treatment the person has specifically stated they do not want	• Serious self-harm by any consumer receiving care, treatment and services in a continuous care setting (including ED) or within 72 hours of discharge • Fall resulting in fracture of major bone (such as vertebrae, skull, jaw, neck of femur, femur, tibia, fibula, humerus, radius, ulna or pelvis), head injury or laceration requiring significant intervention (eg, skin graft) • Delayed referral, follow-up, diagnosis or treatment resulting in the need for significant additional intervention (eg, delay in diagnosis resulting in removal of limb or organ, or inability to access appropriate care/screening) • Delayed recognition of patient deterioration resulting in unplanned transfer to ICU, high dependency unit (HDU) or another hospital for higher-acuity care or increased interventions if already in ICU • Delay in transfer into higher level of care due to lack of space and/or resourcing, resulting in deterioration that requires significantly increased intervention • Medication, vaccination or treatment plan error resulting in significant intervention (eg, requiring temporary dialysis or anaphylaxis from a known medication allergy requiring administration of a reversal agent) • Stage 3, 4 or unstageable pressure injury • Equipment failure or equipment process error that leads to significant additional intervention (eg, sterilisation process error that leads to sepsis) • Serious assault by a consumer on another consumer within a care setting that results in injury • Intra-operative damage to another organ or vessel requiring significant additional intervention • Advance care plan[2] or shared goals of care[3] not accessed and/or not followed, leading to unwanted significant interventions (eg, active treatment provided for consumer on the palliative pathway)

1. An advance directive is consent or refusal to a specific treatment which may or may not be offered in the future when the person no longer has capacity. A valid advance directive is legally binding. To be valid the advance directive must have been created by a person with capacity, who was informed and undertook the process voluntarily. The directive only comes into play when the person has lost capacity and it must relate to the current situation.
2. Advance care planning is a process of thinking and talking about your values and goals and what your preferences are for current and future healthcare. A person may write down what is important to them, their concerns and care preferences in an advance care plan. Some advance care plans contain an advance directive.
3. Shared goals of care are when clinicians, consumers and whānau explore consumer' values, the care and treatment options available and agree the goal of care for the current admission/episode of care and if the consumer deteriorates.

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SAC 3 – Moderate; harm causing short-term loss of function and/or requiring minimal additional intervention	SAC 4 – Minor; harm requires little or no intervention (includes near misses)
• Not related to natural course of illness or treatment • Differs from the immediate expected outcome of care • Can be physical, psychological, cultural or spiritual	• Extra investigation or observation • Review by another clinician • Minor treatment • Not related to natural course of illness or treatment • Differs from the immediate expected outcome of care • Can be physical, psychological, cultural or spiritual
• Fall resulting in minor fracture, dislocation of a joint, dental injuries or laceration • Delayed referral, follow-up, diagnosis or treatment resulting in the need for moderate additional intervention (SAC rating depends on actual harm to the consumer) • Delayed recognition of patient deterioration resulting in moderate loss of function • Delay in transfer into higher level of care due to lack of space and/or resourcing, resulting in deterioration that requires moderate additional intervention • Medication, vaccination or treatment plan error resulting in moderate additional intervention (eg, unplanned transfer to higher level of care [excluding ICU interventions] or hospitalisation from community setting) • Stage 2 pressure injury • Equipment failure or equipment process error that leads to additional intervention for the consumer (eg, cold chain failure that leads to the need for re-vaccination) • Missing person with a risk of serious harm to self or others • Breach of confidentiality resulting in risk to the consumer or caregiver (eg, disclosure of family violence or breach of protection order) • Consumer felt unheard in the development of an advance care plan or shared goals of care, and plan did not reflect the preferences of the consumer and whānau	• Fall resulting in soft-tissue injury, contusion or no injury • Delayed referral diagnosis or treatment resulting in the need for minimal or no additional intervention (eg, non-invasive diagnostic procedure) • Delayed recognition of patient deterioration resulting in minimal loss of function (eg, additional monitoring, investigations or minor interventions • Medication, vaccination or treatment plan error resulting in minimal intervention or monitoring (eg, extra investigation or observation, review by another clinician or minor treatment) • Equipment failure or equipment process error that requires minor additional intervention • Stage 1 or suspected deep-tissue pressure injury • Delay to decision to implement end-of-life care leading to prolonged interventions • Delayed referral, diagnosis or treatment that did not result in harm (near miss) • Medication, vaccination or treatment plan error with no resulting harm (near miss) • Equipment failure or equipment process error that leads to a near miss

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