

# Severity Assessment Code rating and process tool for Healing, learning and improving from harm

## Severity Assessment Code descriptors

### SAC 1: severe

Death or harm causing severe loss of function and/or requiring lifesaving intervention

- not related to natural course of illness or treatment
- differs from 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 immediate expected outcome of care
- can be physical, psychological, cultural or spiritual

### SAC 3: moderate

Harm causing short-term loss of function and/or requiring moderate additional intervention

- not related to natural course of illness or treatment
- differs from immediate expected outcome of care
- can be physical, psychological, cultural or spiritual

### SAC 4: minor

Harm causing no loss of function and requiring little or no intervention

- not related to natural course of illness or treatment
- extra investigation or observation
- review by another clinician
- minor treatment
- can be physical, psychological, cultural or spiritual

Includes near misses

## Process to report, review and learn

Harm or potential harm is reported by health care worker(s) or consumer(s) (includes historical harm and harm notified through complaints processes)

Provider with responsibility for care to discuss harm with the consumer and whānau. Consider appropriate tikanga for engagement and use discussion to inform the SAC rating. Respect the wishes of whānau if not ready to engage

Create a provisional SAC rating

### Once SAC rated:

- manage using your local processes
- SAC 1, 2 and ARR: submit Part A to Te Tāhū Hauora within 30 working days
- at any stage consider the need to upgrade/downgrade your SAC rating and corresponding level of review process

OR

Consider the use of restorative practice or hohou te rongo to review the harm.

- this is a voluntary approach that the consumer and whānau may choose to meet their needs (transition to implement 2028)
- document agreed learning and actions for improvement with the approval of those involved

### SAC 3, 4 and ARR:

- look for trends across events and cluster reviews
- discuss solutions using the experience of those from the front line
- develop learning and quality actions for improvement

### SAC 1 or 2

- use standardised local templates to review falls and pressure injuries
- undertake a learning review (preferred method)
- develop learning opportunities and actions for improvement using the experience of those on the front line
- share draft report with consumers, whānau and health care worker(s) involved in the event

- across SAC events complete the Te Tāhū Hauora learning template for nationally relevant learning

### SAC 1 and 2:

- approve learning opportunities and actions for improvement within local governance process
- final SAC rating based on the level of harm experienced, not the learning opportunities that arise
- share anonymised learning review report and implement actions:
  - with the consumer and whānau
  - with health care workers
  - locally and regionally
  - among professional forums
- complete a Part B and submit with the final anonymised report to Te Tāhū Hauora within 120 working days

## Close the loop

Support and address the needs of the consumer and whānau and the health care worker(s) through the process. Use open communication throughout and keep all stakeholders updated of progress. Share and evaluate the learning and quality actions for improvement. Follow up on progress with actions for improvement and evaluate for effectiveness and unintended consequences.