

Home and community services Severity Assessment Code (SAC) examples 2024

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 after the 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. See also the [SAC rating and process tool](#).

For other specialty adverse event SAC guides please refer to the [specific SAC examples](#) here.

Psychological, cultural and spiritual harm

Psychological, cultural and spiritual harm is dependent on the values and experiences of individual consumers and whānau, 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, the additional burden on whānau carers when planned services are significantly delayed.

Psychological, cultural and spiritual harm can result from such events as unconsented student involvement, not being offered the opportunity for whānau support in the room during a procedure or advanced care plan discussion, care providers not being supportive of tino rangatiratanga and providers dismissing or undermining consumer wishes.

SAC 1 – Severe: 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
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- Fall during the provision of care resulting in death or a severe loss of function (includes falls from equipment)
 - Delay in the planned provision of care, and when the carer attends, the consumer is found deceased
 - Medication or treatment plan error resulting in death or permanent disability
 - An accessible advance directive¹ is not followed, which leads to the delivery of treatment the person has stated they do not want

¹ An **advance directive** is consent to or refusal of a specific treatment that 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.

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
- Fall during the provision of care resulting in fractured neck of femur or major bone (ie, femur, tibia, fibula, humerus, radius, ulna, pelvis), head injury or laceration requiring skin graft
 - Medication or treatment plan error resulting in significant intervention (eg, anaphylaxis from a known medication allergy)
 - Delayed recognition of consumer deterioration during the provision of care resulting in unplanned transfer to hospital for high-acuity care
 - Delay in the planned provision of care, and when the carer attends, the consumer has deteriorated significantly and requires admission to hospital
 - Lack of documentation or communication of aspects of care that lead to the need for additional significant intervention (eg, wound drain not documented and migrates in, causing a non-healing wound that needs surgical intervention)
 - Community-acquired stage 3, 4 or unstageable pressure injury or a pressure injury that has deteriorated to this level
 - An accessible advance care plan² not followed that leads to unwanted significant interventions (eg, active treatment provided for consumer on the palliative pathway)
 - Breach of privacy resulting in harm to consumer or others (SAC rating depends on the harm that occurs for the consumer)

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 health care. 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.

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 the immediate expected outcome of care
 - Can be physical, psychological, cultural or spiritual
- Fall during the provision of care resulting in minor fracture, dislocation of a joint, dental injuries or laceration
 - Delayed referral for treatment or recognition of deterioration resulting in the need for moderate additional intervention
 - Community-acquired stage 2 pressure injury
 - Medication or treatment plan error resulting in the need for minor additional care
 - Lack of documentation or communication of aspects of care that lead to the need for minimal additional intervention
 - Breach of privacy resulting in harm to consumer or others (SAC rating depends on the harm that occurs for the consumer)

SAC 4 – Minor: Harm causing no loss of function and requiring little or no intervention (includes near misses)

- 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 during the provision of care resulting in soft tissue injury, contusion, or no injury
 - Delayed referral or recognition of patient deterioration resulting in minimal loss of function (eg, additional monitoring, investigations or minor interventions)
 - Breach of privacy resulting in harm to consumer (SAC rating depends on the harm that occurs for the consumer)
 - Lack of documentation or communication of aspects of care that led to the risk of additional intervention

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