

Hospice 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 adverse events related to primary care, aged residential care, maternity, pre-hospital, hospital and specialist services, mental health and addiction services or healthcare-acquired infections, 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, consider the psychological effect on a consumer when consent isn't obtained before an examination or procedure or the additional burden on the whānau carer when planned services are significantly delayed.

Psychological, cultural and spiritual harm can result from such events as unconsented student involvement, disposal of human products without consent (when whānau would have taken it home for burial), not being offered the opportunity for whānau support in the room during a procedure, 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
- Fall in a continuous care setting, resulting in earlier than expected palliative death
 - Medication or treatment plan error, resulting in earlier than expected palliative death
 - Healthcare-associated infection resulting in sepsis-related earlier than expected palliative death
 - Advance directive¹ not accessed and/or not followed, which leads to the delivery of the specific treatment the person has stated they do not want in their advance directive
 - Incorrect medication/dose/route administered, resulting in earlier death than expected palliative death
 - Suspected suicide by any consumer receiving care, treatment and services in a continuous care setting or within 72 hours of discharge (excludes assisted dying under the End of Life Choice Act 2019)

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, skull, vertebrae, tibia, fibula, humerus, radius, ulna, pelvis), head injury or laceration requiring skin graft
 - Medication or treatment plan error resulting in significant additional intervention (eg, anaphylaxis where consumer is given a medication to which they have a known allergy, incorrect medication/dose/route administered requiring significant additional intervention)
 - Serious self-harm by any consumer receiving care, treatment and services in a continuous care setting or within 72 hours of being assessed/discharged
 - Stage 3, 4 or unstageable pressure injury acquired in a continuous care setting or where a community-acquired pressure injury deteriorates to this level
 - Advance care plan or shared goals of care² not recognised and/or not followed that leads to unwanted significant interventions (eg, active treatment provided for a patient on the palliative pathway)
 - Delay in ability to access services because of a lack of resourcing that significantly affects or delays required interventions
 - Breach of privacy resulting in harm to consumer (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.

Shared goals of care are when clinicians, patients and whānau explore patients' values and the care and treatment options available and agree the goals of care for the current admission/episode of care and if the patient deteriorates.

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 resulting in minor fracture, dislocation of a joint, dental injuries or laceration
 - Medication or treatment plan error or delay resulting in moderate additional intervention or monitoring (eg, opioid toxicity requiring intervention)
 - Stage 2 pressure injury acquired in a continuous care setting
 - Consumer felt unheard and their wishes were not visible within their shared goals of care or advance care plan (ie, it didn't reflect the consumer and whānau preferences)
 - Delay in providing required consumer care due to a lack of resourcing (SAC rating depends on the amount of additional intervention required)
 - Breach of privacy resulting in harm to consumer (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 misses³)

- 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 soft tissue injury, contusion or no injury
 - Medication or treatment plan error that requires little or no additional intervention or monitoring
 - Stage 1 or suspected deep-tissue injury acquired in a continuous care setting
 - Device-related infection (SAC rating depends on the level of intervention required)
 - Breach of privacy resulting in harm to consumer (SAC rating depends on the harm that occurs for the consumer)

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³ A near miss is an event that, under different circumstances, could have caused harm to a consumer but did not and is indistinguishable from an adverse event in all but outcome.