Primary care Severity Assessment Code (SAC) examples 2024

Primary care provider refer to services such as general practice, Māori health providers, community pharmacies, non-governmental organisations, corrections health services and community telehealth services.

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.

See also the SAC rating and process tool. For adverse events related to aged residential care, maternity, pre-hospital, 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, 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.

Psychological, cultural and spiritual harm includes 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 dismissing or undermining consumer wishes, causing cultural and spiritual harm.

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 the immediate expected outcome of care
- Can be physical, psychological, cultural or spiritual

- Suicide by any person receiving mental health care, treatment and services within 72 hours from a primary care provider.
- Consumer who presented with mental health concerns commits serious assault or homicide within 72 hours of being assessed by a primary care provider.
- Medication, vaccination or treatment plan error resulting in death or severe loss of function (eg, renal replacement therapy, uterine perforation resulting in hysterectomy or sepsis following intrauterine device insertion) or requiring lifesaving intervention (eg, CPR).
- Delayed referral, diagnosis or treatment resulting in death or treatment options limited to palliation (eg, delay in diagnosis following multiple visits for the same clinical issue or the inability to access appropriate care/screening).
- Delay in follow-up on urgent blood test or other diagnostic investigations (eg, screening) resulting in death or the need for lifesaving intervention (eg, neutropenic sepsis).
- Delayed recognition of patient deterioration resulting in permanent disability or death (eg, includes death at home from sepsis within 72 hours of being assessed in primary care).
- Delay in ability to access appropriate care and/or resourcing resulting in death or lifesaving intervention.
- Fall while receiving care in a primary care setting resulting in death or severe loss of function (eg, severe traumatic brain injury) or requiring lifesaving intervention.
- Advance directive[1] not accessed and/or not followed that leads to the delivery of the treatment the person stated they do not want.
- The impact of psychological, cultural and spiritual harm should be discussed with the consumer and their whānau (with consent).

[1] An advance directive is consent or refusal to 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

- Medication, vaccination or treatment plan error resulting in major harm (eg, requiring temporary renal replacement therapy, anaphylaxis from a known medication allergy, reversal agent administered, such as naloxone).
- Delay to follow-up on urgent blood or other diagnostic investigations (eg, screening) requiring unplanned transfer to hospital resulting in surgical or significant intervention.
- Delayed referral, diagnosis or recognition of deterioration requiring significant intervention and admission to hospital (eg, sepsis, acute coronary syndrome). Includes delay in diagnosis following multiple visits for the same clinical issue or the inability to access appropriate screening.
- Delay in ability to access appropriate care and/or resourcing resulting in deterioration that requires significantly increased intervention.
- Wrong consumer or wrong procedure resulting in major loss of function or requiring significant intervention.
- Serious self-harm by any person receiving care for mental health issues within 72 hours of contact with service.
- Procedure that results in significant harm (eg, joint injection resulting in septic arthritis).
- Equipment sterilisation process error that leads to sepsis or the need for significant additional intervention for the consumer (eg, formal psychological support).
- Fall while receiving care in practice resulting in fracture of major bone (eg, vertebrae, skull, jaw, neck of femur, femur, tibia, fibula, humerus, radius, ulna or pelvis), head injury or laceration requiring significant intervention.
- Advance care plan,[2] whānau ora plan or shared goals of care not recognised, unable to be accessed and/or not followed, leading to unwanted significant interventions (eg, active treatment provided for a consumer on the palliative pathway).
- The impact of psychological, cultural and spiritual harm should be discussed with the consumer and their whānau (with consent).

[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 minimal 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 in practice resulting in minor fracture, dislocation of a joint, dental injuries or laceration (eg, vasovagal event following vaccination resulting in injury).
- Delayed referral, follow-up, diagnosis or treatment (SAC rating will depend on the actual harm for the consumer).
- Medication, vaccination or treatment error resulting in the need for moderate additional intervention (eg, formal psychological support) and/or transfer to hospital.
- Post skin excision wound infection/non-healing requiring surgical intervention. Includes injection site infections.
- Temporary nerve damage, pain from vaccine administration or vaccination site infection.
- Cold chain process failure resulting in re-vaccination requirement (rating will depend on the actual harm for the consumer).
- Failure of equipment sterilisation processes that leads to harm (rating will depend on the actual harm for the consumer).
- Consumer felt unheard in the development of a shared goals of care[3] or advance care plan, and it didn't reflect consumer and whānau preferences.
- The impact of psychological, cultural and spiritual harm should be discussed with the consumer and their whānau (with consent).

[3] Shared goals of care are when clinicians, patients and whānau explore patients' values, 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 4 – Minor; harm requires 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

- Additional monitoring, investigations or minor interventions because of a near miss or minor harm event.
- Medication error with no resulting harm. Includes vaccination events (eg, dilution or dose error).
- Breach of confidentiality from disclosure of violence resulting in risk to consumer/caregiver (rating will depend on the actual harm for the consumer).
- Delay to follow-up of x-ray results resulting in delayed treatment of minor fracture (eg, greenstick fracture).
- Delay or failure in the sending or receipt of referral letters or discharge summaries (rating will depend on the actual harm for the consumer).
- The impact of psychological, cultural and spiritual harm should be discussed with the consumer and their whānau (with consent).

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