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Pre-hospital and transfer 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.

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 when consent isn't obtained before an examination or procedure, not offering the opportunity for whānau support in the room during a procedure or care providers not being supportive of tino rangatiratanga, and dismissing or undermining consumer wishes.

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
• Delay in care (excluding weather or unscheduled maintenance) that results in death or immediate lifesaving interventions. For example, diversion of resources, delay in clinician, aircraft or ambulance availability • Delay or lack of availability of most appropriate method of inter-hospital transfer leading to death or life-saving interventions prior to, or during transfer • Delay in response due to lower acuity call prioritisation causing death. • Delayed recognition of patient deterioration resulting in cardiopulmonary resuscitation, severe loss of function or death. • Medication or treatment plan error resulting in death or the need for permanent therapy (eg, renal dialysis) • Fall during the provision of care resulting in death. Includes falls from equipment (eg, Stretcher or carry chair). • An accessible advance directive[1] is not followed which leads to the delivery of treatment the person has stated they do not want.	• Delay in care and/or treatment (excluding weather or unscheduled maintenance) for a consumer that leads to significant deterioration prior to or during transport. For example, diversion of resources, delay in clinician, aircraft or ambulance availability • Delay or lack of availability of most appropriate method of inter-hospital transfer leading to significant additional intervention prior to, or during transfer • Delay in response due to lower acuity call prioritisation leading to significant additional intervention • Delayed recognition of patient deterioration resulting in significant additional intervention. • Medication or treatment plan error resulting in major loss of function or requiring significant intervention (eg, requiring temporary dialysis, anaphylaxis from a known medication allergy, reversal agent administered (eg naloxone) • Fall during the provision of care resulting in head injury, laceration requiring skin graft or major bone fracture (ie skull, vertebrae, neck of femur, femur, tibia, fibula, humerus, radius, ulna, pelvis). Includes falls from equipment (eg stretcher or carry chair) • Serious self-harm by consumer during the provision of care. • An accessible advance care plan[2] not followed that leads to unwanted significant interventions (eg.Active treatment provided for consumer on the palliative pathway)

[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.

[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. S**o**me advance care plans contain an advance directive.

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SAC 3 – Moderate; harm causing short-term loss of function and/or requiring moderate additional intervention	SAC 4 – Minor; harm causing no loss of function and requiring 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
• Delay in care (excluding weather or unscheduled maintenance) that results in minimal additional intervention. For example, diversion of resources, delay in clinician, aircraft or ambulance availability • Delay in response due to lower acuity call prioritisation resulting in minimal additional intervention. • Delayed recognition of patient deterioration resulting in moderate additional intervention. • Medication or treatment error resulting in temporary loss of function eg. decreased respiratory effort requiring additional monitoring and/or a brief period of oxygen. • Fall during the provision of care resulting in minor fracture, dislocation of a joint, dental injuries or laceration. Includes falls from equipment eg stretcher or carry chair. • Clinical call back where self-transport is inappropriately recommended contributing to outcome (SAC rating depends on actual harm to the consumer).	• Delay in care (excluding weather or unscheduled maintenance) that leads to additional monitoring eg. diversion of resources, delay in clinician, aircraft or ambulance availability • Medication or treatment plan error with no resulting harm. • Fall resulting in soft tissue injury, contusion or no injury. Includes falls from equipment eg stretcher or carry chair. • Clinical call back where self-transport is inappropriately recommended not contributing to outcome.

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