Safe Systems Improvement Tool

2018
REFERENCE
GUIDE

ACKNOWLEDGEMENTS

A large number of individuals have collaborated in the development of the Safe Systems Improvement Tool (SSIT). This information integration tool is designed to support system improvement activities. The SSIT is an open domain tool. The copyright is held by the Praed Foundation to ensure that it remains free to use. Training and certification is expected for appropriate use.

For specific permission to use please contact the Praed Foundation. For more information on the SSIT contact:

Michael Cull, PhD
Policy Fellow
Chapin Hall at the University of Chicago
1313 East 60th Street
Chicago, IL 60637
mcull@chapinhall.org
www.chapinhall.org

Tiffany Goodpasture, EdD, LPC-MHSP
Director of Safety Analysis
Tennessee's Department of Children's Services
UBS Tower, 315 Deaderick, 7th Floor
Nashville, TN 37243
Tiffany.Goodpasture@tn.gov
www.tn.gov/dcs

The Praed Foundation
550 N. Kingsbury Street, Suite 101
Chicago, IL 60654
http://PraedFoundation.org
http://TCOMConversations.org

LeadTeamFirst
812 Nanearle Place
Nashville, TN 3720
www.leadteamfirst.org

Table of Contents

1. INTRODUCTION

SAFE SYSTEMS IMPROVEMENT TOOL

The pursuit of learning is the characteristic that distinguishes high-quality service delivery systems. Organizations with a well-developed culture of excellence find ways to successfully identify improvement opportunities, implement strategies for change, evaluate change over time, and hardwire what they learn.

The following is a multi-purpose information integration tool designed to be the output of an analysis process. The purpose of this instrument is to support a culture of safety, improvement, and resilience. As such, completion of this instrument is accomplished in order to allow for effective communication at all levels of the system. Since its primary purpose is communication, this instrument is designed based on communication theory rather than the psychometric theories that have influenced most measurement development. There are five key principles of a communimetric measure that apply to understanding this instrument.

FIVE KEY PRINCIPLES

1. It is designed at the item level. Each item may inform the development of a plan. Each item is individually reliable and valid.
2. Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for systems' needs. For a description of these action levels please see below.
3. The ratings are made for the opportunity for improvement independent of current interventions. So, if interventions are in place that are masking a need/opportunity, the underlying need/opportunity is described, not its status as a result of the intervention. For example, if a work-around has been created to overcome an equipment failure, the underlying equipment failure should be rated.
4. Culture and development are considered before the action levels are applied. This characteristic is the mechanism to make a common language culturally sensitive and developmentally informed.
5. Items are agnostic as to etiology. Items are designed to be descriptive and avoid the controversy that can arise from cause-effect assumptions.

This is an effective assessment tool for use in critical incident review. To administer the instrument found at the end of this manual, the reviewer or quality improvement professional should read the anchor descriptions for each item and then record the appropriate rating on the assessment form.

HISTORY AND BACKGROUND

The SSIT was first developed for use in Tennessee's Department of Children's Services' (TN DCS) critical incident reviews (i.e., Child Death and Near Death reviews). During critical incident reviews, professionals assigned to work with the family, both past and present, are requested to participate in debriefing. These debriefings are voluntary, supportive, facilitated opportunities for professionals to process their casework, identify barriers and improvement opportunities, and highlight learning. SSIT provides both a guide in facilitating these debriefings (e.g., questions to consider) and an efficient means to capture the complex information provided as a result of debriefings. After debriefings, critical incident reviews are presented to a multi-disciplinary team who dissects the case and relevant findings from a systemic perspective. SSIT is used to facilitate these conversations and to capture rich discussion. SSIT is completed once, at the closing of every case review. SSIT's scores are aggregated and analyzed on at least a quarterly basis to review findings and discuss trends. In a similar way to how a barometer measures pressures in the atmosphere, SSIT measures pressure existing within organizations and provides a frame for targeted quality improvement work.

Since 2015, the SSIT has been successfully used to support the analysis of deaths and near deaths, reports made to TN DCS' Confidential Safety Reporting System, and critical incident reviews that do not involve death or near death (e.g., staff injuries, incidents where custodial children absconded and were subsequently exploited).

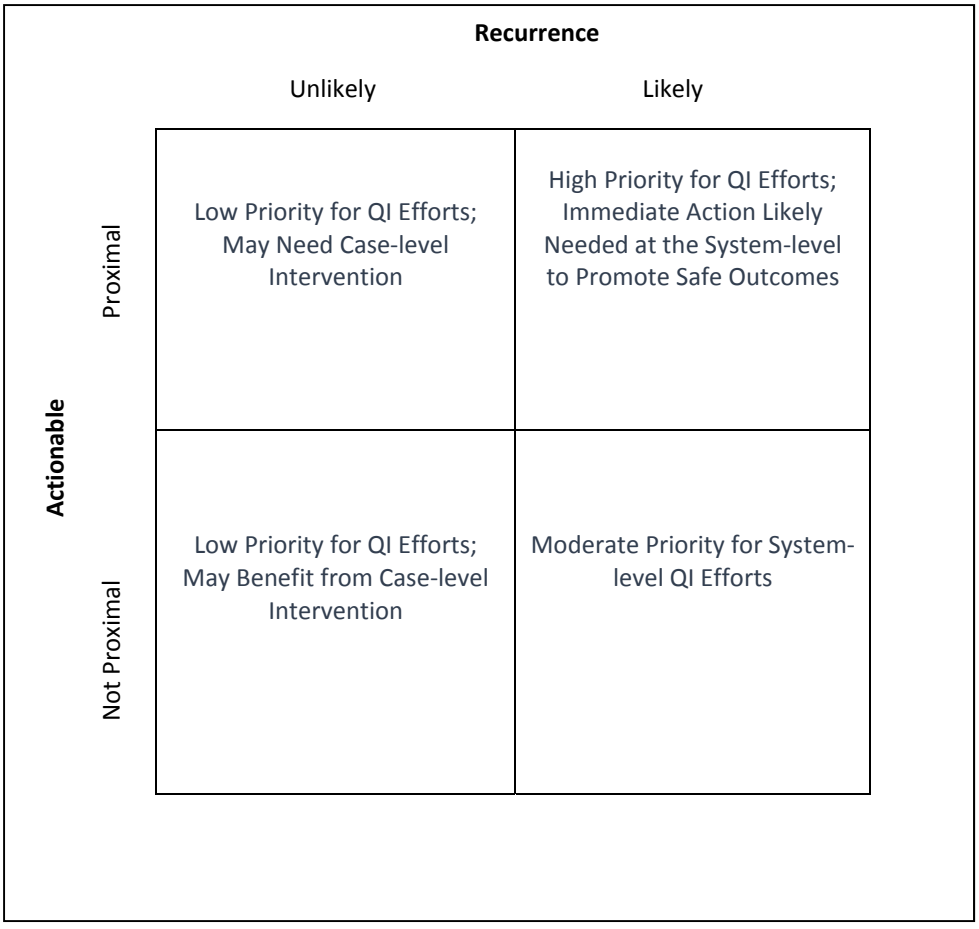
RATING FINDINGS

The SSIT is easy to learn and use in critical incident reviews. It is easy to understand and provides structure to organizational learning. Basic core items are rated for all critical incident reviews.

Each SSIT rating suggests a different degree of influence on casework. There are four levels of rating for each item with specific anchored definitions. These item level definitions, however, are designed to communicate the following action levels:

a. '0' indicates no evidence, no need for action
b. '1' indicates latent factor, unlikely need for action
c. '2' indicates action needed to mitigate risk and avoid recurrence of non-proximal actions/decisions
d. '3' indicates immediate or intensive action needed to prevent recurrence of proximal actions/decisions

A scoring of '2' or '3' denotes an item as actionable. For retrospective reviews, item-level ratings are combined with a recurrence score to assess if and to what degree case-specific or system-level quality improvement (QI) intervention is needed. For this reason, problem statements (i.e., findings) also receive a recurrence score. It is important for a system to understand the likelihood of recurrence when making decisions about when and how to apply valuable quality improvement resources.



HOW IS THE SSIT USED?

IT IS AN IMPROVEMENT STRATEGY

When items are rated with a 2 or 3, they indicate a need for improvement. The SSIT helps a system identify and prioritize systems improvement opportunities. The structure of the SSIT allows a system to uncover those threats/opportunities that are most proximal and likely to recur. Quality improvement resources can then be directed efficiently to mitigate risk and support safe, reliable, and effective care.

IT FACILITATES OUTCOMES MEASUREMENT

Ratings on items can be aggregated across cases. The SSIT standardizes critical incident review data for use in quality improvement. SSIT data contributes to professional learning at the individual case level and can be aggregated at any level of the system to support improvement and evaluate change over time.

IT IS A COMMUNICATION TOOL

Classifying complex systems findings into a common language supports improvement discussions at all levels of the organization. SSIT domains, items, and anchors derive from research in human factors and safety science. The SSIT supports organizational learning and an improvement approach focused on human interaction in complex systems.

IT IS A CULTURE CARRIER

The SSIT becomes an important organizational artifact. Use of the SSIT in critical incident reviews reinforces important organizational values and shifts focus away from discussions of blame-worthy acts and simple cause and effect relationships. It supports efforts to create a culture of safety by increasing understanding of complex interactions in tightly-coupled systems.

SSIT BASIC STRUCTURE

PROFESSIONAL DOMAIN
Cognitive Fixation
Stress
Fatigue
Knowledge Deficit
Documentation
Evidence

TEAM DOMAIN
Teamwork/Coordination
Supervisory Support
Production Pressure

CHILD/YOUTH and FAMILY CAREGIVER DOMAIN (optional)
Family Conflict
Developmental
Mental health
Substance use
Medical/Physical
Developmental/Intellectual
Mental Health

ENVIRONMENT DOMAIN
Demand-Resource Mismatch
Equipment/Technology
Policies
Training
Service Array

PROBLEM STATEMENT
Organizational Recurrence

The SSIT is grouped into three core domains to facilitate learning and improvement. A fourth Child/Youth and Family Caregiver Domain can be added using select items from the CANS or FAST. While these domains provide structure to learning, they are not intended to suggest exclusivity (e.g., barriers in synthesizing evidence may be due to professional capacities as well as a community partner's extended delay in returning contacts).

2. PROFESSIONAL DOMAIN

This section focuses on factors primarily present within professionals. Largely intrapersonal in focus, this domain centers on the experience, knowledge, perceptions, and skills of professionals assigned to the case or experiencing the problem under review. This domain focuses on behaviors as well as the presence of psychological factors within professionals, like fatigue and stress. Neither this domain nor any domain is created to assign blame for a problem's existence; rather this domain offers an organized way to deconstruct perspectives before, during, and after decision-making.

For the **PROFESSIONAL DOMAIN,** use the following categories and action levels:

0 No evidence, no need for action.

1 Latent factor.

2 Action needed to mitigate risk and avoid recurrence of non-proximal actions/decisions.

3 Immediate or intensive action required to prevent recurrence of proximal actions/decisions.

COGNITIVE FIXATION

A faulty understanding of a situation due to inherent bias(es) (e.g., confirmation bias, focusing effect, transference).

Questions to Consider	Ratings & Descriptions	
• What were your thoughts when you received the referral/case? About the family? Perpetrators? Children?	0	No evidence of bias(es) that impacted objectivity.
	1	Evidence of latency (i.e. no known impact to case, but bias was present).
	2	Bias(es) impacted actions/decisions which affected safety and risk assessment or case planning. Actions/decisions were not proximal to poor outcomes.
	3	Bias(es) impacted actions/decisions and was proximal to poor outcomes for clients or staff.

STRESS

Unsafe work practices influenced by a psychological strain or tension resulting from adverse or demanding circumstances.

Questions to Consider	Ratings & Descriptions	
• What were the pressures you faced, professionally and personally? How did that impact casework? How do you know when you are stressed?	0	No evidence of stress influencing casework practices.
	1	Evidence of latency (i.e. no known impact to case, but stress was present).
	2	Stress had an impact on case events which affected safety and risk assessment or case planning—OR—assigned field professional expressed or exhibited moderate difficulty managing the level of stress while assigned the case. Stress was not proximal to poor outcomes.
	3	Stress was proximal to poor outcomes for clients or staff—OR—assigned field professional(s) expressed or appeared ill-equipped to manage the level of stress involved in working the case, resulting in significant interference in personal functioning during work or away from work.

FATIGUE

Unsafe work practices influenced by extreme tiredness.

Questions to Consider	Ratings & Descriptions	
• What were the pressures you faced, professionally and personally, that contributed to fatigue? How did that impact casework? How much sleep had you received in the days preceding this incident?	0	No evidence of fatigue influencing casework practices.
	1	Evidence of latency (i.e. no known impact to case, but fatigue was present).
	2	Fatigue had an impact on case events which affected safety and risk assessment or case planning—OR—assigned field professional expressed or exhibited moderate difficulty managing the level of fatigue while assigned the case. Fatigue was not proximal to poor outcomes.
	3	Fatigue was proximal to poor outcomes for clients or staff—OR—assigned field professional(s) expressed or appeared ill-equipped to manage the level of fatigue involved in working the case, resulting in significant interference in personal functioning during work or away from work.

KNOWLEDGE DEFICIT

An absence of knowledge or difficulty activating knowledge (i.e., putting knowledge into practice).

Questions to Consider	Ratings & Descriptions	
• Was there anything you learned from this case that you previously had not known? Were there items you felt unequipped to assess or address? Were any records (i.e., medical records) difficult to interpret?	0	No evidence of knowledge deficits.
	1	Evidence of latency (i.e. no known impact to case, but knowledge deficits were present).
	2	Knowledge deficits impacted actions/decisions and affected safety and risk assessment or case planning. Actions/decisions were not proximal to poor outcomes.
	3	Knowledge deficits impacted actions/decisions and were proximal to poor outcomes for clients or staff.

DOCUMENTATION

Absent or ineffective official records.

Questions to Consider	Ratings & Descriptions	
• If someone only read the notes, would they know what was going on?	0	No evidence of documentation concerns. Documentation was completed within protocol timeframes and clearly communicated relevant details of case activity, case manager impressions, etc.
	1	Evidence of latency (i.e. no known impact to case, but documentation concerns were present)
	2	Essential documentation was not completed and/or available in the hard case file and/or contains minimal detail. Lack of documentation resulted in field professionals not having a clear sense of the relevant details of the case and affected safety and risk assessment or case planning. Actions/decisions were not proximal to poor outcomes.
	3	Essential documentation was not completed and/or available in the hard case file and/or contained minimal detail. The extent of documentation issues was proximal to poor outcomes for clients or staff.

EVIDENCE

Difficulties in obtaining and synthesizing (i.e., summarizing; combining multiple pieces of information into a coherent holistic assessment) externally-sourced information (e.g., medical records, criminal records, statements from key members, formal assessments).

Questions to Consider	Ratings & Descriptions	
• How did you decide what records to request in this case? Were historical records on previous services requested? How were assessments used to plan services?	0	No evidence of difficulties in obtaining or synthesizing external records.
	1	Evidence of latency (i.e. no known impact to case, but concerns were present).
	2	Difficulties obtaining or synthesizing records affected safety and risk assessment or case planning. Actions/decisions were not proximal to poor outcomes.
	3	Difficulties obtaining or synthesizing records were proximal to poor outcome for clients or staff.

3. TEAM DOMAIN

This section focuses on factors primarily present within teams. The pressures, communication, and climate of the team are considered in this domain, with specific attention given to the supervisor's unique role in supporting the professional. This domain is not exclusive to factors only present among internal teams; collaboration with relevant community partners is assessed as well.

Question to Consider for this Domain:

For the **TEAM DOMAIN,** use the following categories and action levels:

0 No evidence, no need for action.

1 Latent factor.

2 Action needed to mitigate risk and avoid recurrence of non-proximal actions/decisions.

3 Immediate or intensive action required to prevent recurrence of proximal actions/decisions.

TEAMWORK/COORDINATION

Ineffective collaboration between two or more internal and/or external entities (e.g., agencies, people and teams).

Note: Ineffective teamwork and coordination between an internal supervisor to those internally supervised is captured under "Supervisory Support."

Questions to Consider	Ratings & Descriptions	
• What barriers existed in communicating with outside partners during this case? How often did you communicate? What barriers existed in internal communication while working this case?	0	No evidence of issue with teamwork/coordination.
	1	Evidence of latency (i.e., no known impact to case, but teamwork/coordination concerns were present).
	2	Teamwork/coordination impacted actions/decisions which affected safety and risk assessment or case planning. Actions/decisions were not proximal to poor outcomes.
	3	Teamwork/coordination impacted actions/decisions and was proximal to poor outcomes for clients or staff.

SUPERVISORY SUPPORT

Ineffective support, teamwork, availability, or knowledge transfer from an internal supervisor to those internally supervised.

Questions to Consider	Ratings & Descriptions	
• What support was received from supervisors during this case? What is supervision generally like on this team? What was the supervisor's leadership style?	0	No evidence of problems with supervisory support.
	1	Evidence of latency (i.e., no known impact to case, but supervisory support concerns were present).
	2	Supervisory support problems affected safety and risk assessment or case planning—OR—a case member disclosed feeling poorly supported by their supervision. Actions/decisions were not proximal to poor outcomes.
	3	Supervisory support problems were proximal to poor outcomes for clients or staff—OR—a case member disclosed feeling unsafe as a result feeling poorly supported by their supervision.

PRODUCTION PRESSURE

Demands to increase efficiency.

Note: This is distinctive from Demand Resource Mismatch (DRM) as Production Pressure describes pressures within casework (e.g., overdues, extensive court involvement, child removals in other assigned cases). Though not exclusively, the presence of DRM may impact the presence of Production Pressures.

Questions to Consider	Ratings & Descriptions	
• How pushed were you by deadlines in this case? How many other cases did you have? What was happening in other cases during the time of this incident?	0	No evidence of problems with production pressures.
	1	Evidence of latency (i.e., no known impact to case but production pressures were present).
	2	Production pressures affected safety and risk assessment or case planning. Actions/decisions were not proximal to poor outcomes.
	3	Production pressures were proximal to poor outcomes for clients or staff.

4. ENVIRONMENT DOMAIN

This section focuses on factors present in the team's environment. This domain fosters an appreciative inquiry of the team's internal and external access to resources, policies, services, and technologies needed to support safe and reliable care delivery.

For the **ENVIRONMENT DOMAIN,** use the following categories and action levels:

0 No evidence, no need for action.

1 Latent factor.

2 Action needed to mitigate risk and avoid recurrence of non-proximal actions/decisions.

3 Immediate or intensive action required to prevent recurrence of proximal actions/decisions.

DEMAND-RESOURCE MISMATCH

A lack of internal resources (e.g., inadequate staffing, limited access to drug testing supplies, insufficient funding for services) to carry out safe work practices. *Note: The absence of equipment and technology are scored in a separate item.*

Questions to Consider	Ratings & Descriptions	
• What was the staffing pattern at the time of this case? How long has it been that way? What problems did it cause in this case? What is the barrier to having adequate staffing?	0	No evidence of problems with demand-resource mismatch. Assigned case professionals appeared to have needed resources to carry out safe work practices.
	1	Evidence of latency (i.e., no known impact to case, but demand-resource mismatch was present).
	2	Lack of resources to carry out safe work practices affected safety and risk assessment or case planning. Actions/decisions were not proximal to poor outcomes.
	3	Lack of resources to carry out safe work practices were proximal to poor outcomes for clients or staff.

EQUIPMENT/TECHNOLOGY

An absence or deficiency in the equipment and technology (e.g., communication devices, electronics, protective safety materials like gloves, vehicles, operability and usability of electronic records management system) used to carry out work practices.

Questions to Consider	Ratings & Descriptions	
• What equipment would have been helpful in this case? Were	0	No evidence of problems with equipment or technology.

EQUIPMENT/TECHNOLOGY

An absence or deficiency in the equipment and technology (e.g., communication devices, electronics, protective safety materials like gloves, vehicles, operability and usability of electronic records management system) used to carry out work practices.

there any difficulties in acquiring or using certain equipment or technology?	1	Evidence of latency (i.e., no known impact to case, but issues with equipment/technology were present).
	2	The absence or deficiency of equipment or technology affected safety and risk assessment or case planning. Actions/decisions were not proximal to poor outcomes.
	3	The absence or deficiency of equipment or technology was proximal to poor outcomes for clients or staff.

POLICIES

The absence, poor clarity, or ineffectiveness of a written practice or procedure.

	Ratings & Descriptions	
Questions to Consider • What policies, protocols, or forms affected this case? How did it impact decisions? What would have been more helpful?	0	No evidence to suggest absent or ineffective policies influenced the case.
	1	Evidence of latency (i.e., no known impact to case, but the absence of ineffectiveness of a policy was present).
	2	The absence or ineffectiveness of one or more policies affected safety and risk assessment or case planning. Actions/decisions were not proximal to poor outcomes.
	3	The absence or ineffectiveness of one or more policies was proximal to poor outcomes for the client or staff.

TRAINING

The absence, poor clarity, or ineffectiveness of formal instruction.

	Ratings & Descriptions	
Questions to Consider • What trainings affected decision-making in this case? Were needed trainings helpful and available? What trainings would have been useful?	0	No evidence to suggest absent or ineffective trainings influenced the case.
	1	Evidence of latency (i.e., no known impact to case, but the absence of ineffectiveness of a training was present).
	2	The absence or ineffectiveness of one or more trainings affected safety and risk assessment or case planning. Actions/decisions were not proximal to poor outcomes.
	3	The absence or ineffectiveness of one or more trainings was proximal to poor outcomes for the client or staff.

SERVICE ARRAY

The unavailability of a particular service to support safe, healthy outcomes for clients (e.g. children and families) or staff.

	Ratings & Descriptions	
Questions to Consider • What services are available in the area? How accessible are those services? How effective do services appear to be?	0	No evidence of problems with service array.
	1	Evidence of latency (i.e., no known impact to case, but service array concerns were present).
	2	Problems with service array existed and affected safety and risk assessment or case planning. Actions/decisions were not proximal to poor outcomes.
	3	Significant problems with service array existed and were proximal to poor outcomes for clients or staff.

5. CHILD/YOUTH AND FAMILY/CAREGIVER DOMAIN

This section focuses on factors present in the family at the time of the critical incident. It provides an opportunity to document the family/caregiver and child/youth's needs and strengths during the time under analysis. Action levels should reflect the historical level of need at the time of the incident – not at the time of the analysis. This is an

optional domain but can be useful in drawing correlations between core domains and certain family items (e.g., if knowledge deficits highly correlate to the presence of families with developmental disabilities)

For the **CHILD/YOUTH AND FAMILY/CAREGIVER DOMAIN,** use the following categories and action levels:

0 No evidence, no need for action.

1 History, watchful waiting

2 Action needed

3 Immediate or intensive action required

FAMILY/CAREGIVER ITEMS

FAMILY CONFLICT (Safety Item)

This item refers to how much fighting and arguing occurs between family members. Domestic violence refers to physical fighting in which family members might get hurt.

Questions to Consider

- Do members of the family get along well?
- Do arguments escalate to physical altercations

Ratings & Descriptions	
0	Family has minimal conflict, gets along well and negotiates disagreements appropriately.
1	Family generally gets along fairly well, but when conflicts arise, resolution is difficult or there is a history of significant conflict or domestic violence.
2	Family is generally argumentative and significant conflict is a fairly constant theme in family communications.
3	Family experiences domestic violence. There is threat or occurrence of physical, verbal, or emotional altercations. If the family has a current restraining order against one member, then they would be rated here.

DEVELOPMENTAL (Safety Item)

This item refers to developmental disabilities including autism and intellectual disabilities.

Questions to Consider

- Has the caregiver been identified with any developmental disabilities or intellectual disabilities?

Ratings & Descriptions	
0	There is no evidence that the caregiver has developmental needs.
1	The caregiver has developmental challenges, but they do not currently interfere with parenting or there is a history of those challenges interfering with parenting.
2	The caregiver has developmental challenges that interfere with their capacity to parent.
3	The caregiver has developmental challenges that make it impossible for them to parent at this time.

MENTAL HEALTH (Safety Item)

This item refers to mental health needs only (not substance abuse or dependence). A formal mental health diagnosis is not required to rate this item.

Note: Serious mental illness would be rated '2' or '3' unless the individual is in recovery.

Questions to Consider

- Does the caregiver have any mental health needs?

Ratings & Descriptions	
0	There is no evidence that the caregiver has mental health needs.

MENTAL HEALTH (Safety Item)

This item refers to mental health needs only (not substance abuse or dependence). A formal mental health diagnosis is not required to rate this item.

Note: Serious mental illness would be rated '2' or '3' unless the individual is in recovery.

- Are the caregiver's mental health needs interfering with their functioning?

1	The caregiver is in recovery from mental health difficulties or there is a history of mental health problems.
2	The caregiver has mental health difficulties that interfere with their capacity to parent.
3	Caregiver has mental health difficulties that make it very difficult or impossible for them to parent at this time.

SUBSTANCE USE (Safety Item)

This item includes problems with alcohol, illegal drugs and/or prescription drugs.

Note: Substance-Related Disorders would be rated '2' or '3' unless the individual is in recovery.

Questions to Consider

- Do caregivers have any substance use needs that make parenting difficult?
- Does anyone else in the family have a serious substance use need that is impacting the resources for caregiving?

Ratings & Descriptions	
0	There is no evidence that he caregiver has any alcohol or drug use problems.
1	The caregiver may have mild problems with work or home life that result from occasional alcohol or drug use or there is a history of substance use problems.
2	The caregiver has clear problems with alcohol or drug use that interferes with their life, there is a documented history of substance use problems, or the caregiver has a diagnosable substance-related disorder.
3	Caregiver has substance use problems that make it very difficult or impossible for them to parent at this time.

CHILD/YOUTH ITEMS

MEDICAL/PHYSICAL

This item is used to describe the child/youth's current medical/physical health.

Note: Most transient, treatable conditions would be rates as a '1'. Most chronic conditions (e.g., diabetes, severe asthma, HIV) would be rated a '2'. The rating '3' is reserved for life threatening medical conditions.

Questions to Consider

- How is the child/youth's health?
- Does the child/youth have any chronic conditions or physical limitations?

Ratings & Descriptions	
0	No evidence that the child/youth has any medical or physical problems, and/or they are healthy.
1	Child/youth has transient or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.
2	Child/youth has serious medical or physical problems that require medical treatment or intervention. Or child/youth has a chronic illness or a physical challenge that requires ongoing medical intervention.
3	Child/youth has life-threatening illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to child/youth's safety, health, and/or development.

DEVELOPMENTAL/INTELLECTUAL

This item describes the child/youth's development as compared to standard developmental milestones, as well as rates the presence of any developmental (motor, social and speech) or intellectual disabilities. It includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders. Rate the item depending on the significance of the disability and the related level of impairment in personal, social, family, school, or occupational functioning.

Questions to Consider

- Does the child/youth's growth and development seem age appropriate?
- Has the child/youth been screened for any developmental problems?

Ratings & Descriptions	
0	No evidence of developmental delay and/or child/youth has no developmental problems or intellectual disability.
1	There are concerns about possible developmental delay. Child/youth may have low IQ, a documented delay, or documented borderline intellectual disability (i.e. FSIQ 70-85). Mild deficits in adaptive functioning are indicated.
2	Child/youth has developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.
3	Youth has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments.

MENTAL HEALTH

This item is used to describe the child/youth's current mental health. A formal mental health diagnosis is not required to score this item.

Questions to Consider

- Does the child/youth have any mental health needs?
- Are the child/youth's mental health needs interfering with their functioning?

Ratings & Descriptions	
0	There is no evidence that the child/youth is currently experiencing mental health challenges. The child/youth has no signs of any notable mental health problems.
1	The child/youth has mild problems with adjustment, may be somewhat depressed, withdrawn, irritable, or agitated.
2	The child/youth has moderate mental health challenges and/or a diagnosable mental health problem that interferes with their functioning.
3	The child/youth has significant challenges with their mental health. The child/youth has a serious psychiatric disorder.

6. PROBLEM STATEMENT

CRITICAL INCIDENT FINDINGS

In addition to scoring the above items, relevant findings from critical incident review are scored individually regarding their likelihood to recur within the organization. In Tennessee's critical incident review, these findings are best described as relevant actions or inactions present in the reviewed case. While not a direct factor affecting a poor outcome (i.e., child death or near death), these findings are selected based on their potential to have influenced overall trajectory for the child and family identified in the case (e.g., holistic assessment, expedient service delivery, use of trauma-informed care). Findings are also chosen based on current knowledge of best practices and industry standards.

The SSIT may be used to assess an array of problems within human service work. Audit findings (i.e., Child and Family Service Review findings, internal audits) and other observations may be assessed using the SSIT and doing so will help inform quality improvement plans.

For the **PROBLEM STATEMENT,** use the following categories and action levels:

0 No evidence, no need for action.

1 Latent factor.

2 Action needed to mitigate risk and avoid recurrence.

3 Immediate or intensive action required to prevent recurrence.

ORGANIZATIONAL RECURRENCE	
Questions to Consider • Is this finding already known to be part of a systems issue? Are effective policies/practices in place to address? Have system changes already been in effect since the problem last occurred?	Ratings & Descriptions 0 No likelihood of recurrence. 1 There is a history of recurrence that appears to have been successfully addressed through organizational improvement(s). 2 There is a likelihood of future recurrence. Though some organizational constructs (e.g., policy, supervision practices, trainings, technology, and resource allocation) exist to address the problem, it is unproven or disproven this will successfully reduce recurrence. 3 No organizational constructs currently exist to address the problem.

Safe Systems Improvement Tool	
CASE ID:	

Influence

0=No Evidence of Influence 1=Latent Factor 2=Evidence of Influence 3=Evidence of Proximity to Poor Outcomes

	Influence				Narrative
Professional Domain	**0**	**1**	**2**	**3**	***Required if rating is 2 or 3***
Cognitive Fixation	○	○	○	○	
Stress	○	○	○	○	
Fatigue	○	○	○	○	
Knowledge Deficit	○	○	○	○	
Documentation	○	○	○	○	
Evidence	○	○	○	○	
Team Domain	**0**	**1**	**2**	**3**	***Required if rating is 2 or 3***
Teamwork/Coordination	○	○	○	○	
Supervisory Support	○	○	○	○	
Production Pressure	○	○	○	○	
Environmental Domain	**0**	**1**	**2**	**3**	***Required if rating is 2 or 3***
Demand-Resource Mismatch	○	○	○	○	
Equipment/Technology	○	○	○	○	
Policies	○	○	○	○	
Training	○	○	○	○	
Service Array	○	○	○	○	
Child/Youth and Family/ Caregiver Domain	**0**	**1**	**2**	**3**	***Required if rating is 2 or 3***
Family Conflict	○	○	○	○	
Developmental	○	○	○	○	
Mental Health	○	○	○	○	
Substance Use	○	○	○	○	
Medical/Physical	○	○	○	○	
Developmental/Intellectual	○	○	○	○	

Findings/Problem Statements	Organizational Recurrence				Explanatory Narrative
	0	1	2	3	***Required for all ratings***
	○	○	○	○	
	○	○	○	○	
	○	○	○	○	
	○	○	○	○	
	○	○	○	○	
	○	○	○	○	
	○	○	○	○	
	○	○	○	○	
	○	○	○	○	
	○	○	○	○	
	○	○	○	○	
	○	○	○	○	
	○	○	○	○	
	○	○	○	○	
	○	○	○	○	
	○	○	○	○	
	○	○	○	○	
	○	○	○	○	
	○	○	○	○	
	○	○	○	○	
	○	○	○	○	