**Quality Check**

**Introduction**

The Joint Commission Report ensures that hospitals in the US continually improve their quality measures. It has the vision to make sure that all citizens have safe, highest quality and best value health services in all healthcare institutions. The following section takes a look at the commission’s quality report on Southwest Connecticut Mental Health System, uses the PDSA model to identify one area that needs improvement while taking McLean Hospital as a benchmark for such an improvement.

One of the sectors that require improvement in Southwest Connecticut Mental Health System is the assessment of the risk of violence, disorders from substance usage, trauma and patient strengths. The hospital results for the overall rate is much lower at 71% of 45 eligible patients compared to the nationwide and statewide rates at 94% and 96% respectively (The Joint Commission, 2016). Moreover, with McLean Hospital as a desirable benchmark with a hospital result of 94% of 4765 eligible patients, this indicates how much Southwest Connecticut Mental Health System needs an improvement in this area (The Joint Commission, 2016). Therefore, the two tools for quality improvement that will be used include benchmarking and the PDSA model.

In the ‘plan’ phase of the PDSA model, it will require the recruitment of the team. The team must have knowledge of the problem and should be engaged. In this case, some of the team members will include the clinical psychologists, licensed professional counselors, mental health counselors, school psychologists, clinical social workers, alcohol, and drug abuse counselor, psychiatrist, and child/adolescent psychiatrist. The aim of the improvement will be to improve the assessment of the risk of violence, disorders from substance usage, trauma and patient strengths.

The next step will be the ‘do’ stage where the team will require an implementation of the improvement initiative. The tasks to get an improvement will include providing the screening services the age groups of 1-12, 13-17, 18-65 and above 65 years. Among the screened elements will include the violence risk to self and other people, usage of substance and substance usage, psychological trauma and strengths of the patients to support themselves.

The ‘study’ stage will require having an insight on the improvements made or if there are unintended effects of the screening. Among the possible improvements will include reduced levels of risks of violence to self and others, lowered levels of substance and alcohol abuse and reduced levels of patient exposure to psychological trauma (Saraceno et al., 2007). Moreover, the screening will improvement will provide more elements of reinforcing patient strengths to assist them in recovering.

Lastly will be the ‘act’ stage. Since the benchmark for this improvement is McLean Hospital where the benefits of the high levels of screening of risk of violence, disorders from substance usage, trauma and patient strengths have been noted, it will necessitate the team to standardize the screening procedures and begin using them routinely. For instance, the plan might require that the hospital conducts admission screening for all the psychiatric inpatients within their first two days of admission to identify their violence risks to self and others, use of substance, trauma, and strengths of the patients.

In conclusion, Southwest Connecticut Mental Health System has a deficiency in the assessment of the risk of violence, disorders from substance usage, trauma and patient strengths compared to other hospitals like McLean. A screening plan for all the inpatients to identify these risks would assist the hospital in raising their quality standards towards the required levels.

**References**

Saraceno, B., van Ommeren, M., Batniji, R., Cohen, A., Gureje, O., Mahoney, J., ... & Underhill, C. (2007). Barriers to improvement of mental health services in low-income and middle-income countries. *The Lancet*, *370*(9593), 1164-1174.

The Joint Commission. (2016, June). *National Quality Improvement Goals: Hospital-Based Inpatient Psychiatric Services.* Retrieved January 24, 2017, from The Joint Commission: https://www.qualitycheck.org/nqig-quarterly-detail/?bsnid=3017&msrSetId=13&rfiIndId=0&subSetid=65

The Joint Commission. (2016). *National Quality Improvement Goals: Hospital-Based Inpatient Psychiatric Services.* Retrieved January 24, 2017, from The Joint Commission: https://www.qualitycheck.org/nqig-detail/?bsnId=1151&msrsetid=13