Clinical governance and risks minimization at acute psychiatric setting
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Keywords:
Prevention
Suicide
Violence
Fall
Choking
Infection

Introduction
Author initiates a clinical governance at a female acute psychiatric ward since 2012 until now.

Objectives
To minimize all kinds of risks that could be happened at acute psychiatric ward setting

Methodology
Various of strategies: Daily CRM application; monitor KPI; briefing and debriefing; structural re-design; team collaboration; training and clinical governance

Result
Outcome is satisfactory. The yearly KPI improves along these years; patient LOS is maintained around 20-22 days. No patient suicide all along these years. The incidence rate of poor data: violence; infection outbreak; fall are all declining.