



**Service Priorities and Programmes**  
**Electronic Presentations**

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**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.