

個案管理介入第 2 型糖尿病人之照護成效探討--以某區域醫院為例

The Effectiveness of Applying Case Management for Type 2 Diabetes Mellitus Patients at Outpatient Department--a Case of Regional Hospital

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本研究目的旨在比較個案管理介入與否，對門診第 2 型糖尿病患在過程指標(預約就診率、服務滿意度、自我照顧能力)及結果指標(血糖值、糖化血色素及住院率)的差異。本研究採類實驗性研究 (Quasi-experimental design) 設計，以立意取樣方式，依門診先後分配至實驗組與對照組，研究期間自 2003 年 4 月至同年 11 月，研究樣本為某區域醫院第 2 型糖尿病門診病患，且符合本研究條件者。實驗組採個案管理介入，對照組接受一般常規照護。於實施前收集兩組基本資料與前測資料--包括過程指標的預約就診率、滿意度及自我照顧能力，結果指標的血糖值、糖化血色素及住院率等，實施照護方案三個月後，再依前測方式收集後測資料，比較不同照護方式成效差異。資料以 EPI-INFO (6.0) 鍵入及 SAS for Windows 8.0 套裝軟體處理，以 Chi-Square 及 t-test 分析兩組基本屬性，並以 GEEs (Generalized Estimating Equations) 之迴歸模式、McNemar's test 及 Fisher's exact test，比較兩組照護成效之前後測差異性。本研究實驗組 29 人，對照組 28 人。研究結果顯示：實施個案管理後，過程指標：病患預約就診率，統計上未具顯著差異 ($p=.125$)，病患服務滿意度，迴歸係數為負值，而統計上未具顯著差異 ($p>.05$)。病患的自我照顧能力成效構面中的運動自我照顧、飲食自我照顧、藥物與血糖監測自我照顧、足部自我照顧、高低血糖的預防及處理自我照顧，統計上均未具顯著差異 ($p>.05$)。結果指標：血糖值及糖化血色素值，迴歸係數為負值，均具有統計上顯著差異 ($p<.001$)，住院率統計上未具顯著差異 ($p=.49$)。但以上研究在個案管理介入後均有進步，建議臨床上可以此個案管理模式嘗試推廣。

Abstract

The purpose of this study is to find out the differences of process index (return rate of reserved registration, service satisfaction rate and self-care ability) and result index (blood sugar level, HbA1c level and admission rate) of type 2 DM (diabetic mellitus) patients in OPD (out patient department) while they received the regular nursing care and the case management care was introduced in to the nursing care process. The methodologies used in this study are Quasi-experimental design and

purposeful sampling method. The study samples (DM patients) were collected from the OPD at a regional hospital. During the period from April to November 2003, the OPD patients who fulfill the criteria of this study were divided into experimental group and control group according to their visiting sequence. The experimental group received case management nursing care while the control group received regular nursing care. The data of process index (return rate of reserved registration, service satisfaction rate and self-care ability) and result index (blood sugar level, HbA1c level and admission rate) of the two groups were collected prior to the case management care was introduced and specified as pre-testing data. The same kinds of data were collected again 3 months later and specified as post-testing data. The two sets of data were compared to find out if there is any difference between the two different nursing care processes. The data were treated with software of EPI-INFO (6.0) and SAS for Windows 8.0. The attributes of these two groups were analyzed with Chi-Square and Student T-Test. The nursing care effects were compared by using regression model of GEES (Generalized Estimating Equations), McNemar's test and Fisher's exact test. There were 29 patients being classified as experimental group and 28 patients being classified as control group separately. The results of this study indicated that there was no significant statistical difference in process index: return rate of reserved registration ($p = .125$); service satisfaction rate ($p > .05$) and regression-coefficient of service satisfaction rate is negative; self-care ability ($p > .05$) which including exercise, diet, drugs, blood sugar monitoring, foot care, and prevention of hyper- or hypoglycemia. However, the result index showed that the regression-coefficient of blood sugar and HbA1c level ($p < .001$) were negative and had significant difference in statistics. But the admission rate ($p = .49$) was no significant difference. In the study period, the patients who received the case management nursing care had good improvement so we would recommend the case management nursing care model being promoted in clinical practice.