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| • 計畫中文名稱 | 建立各級醫院對大量傷患應變計劃的內容及評估指標   |        |             |
| • 計畫英文名稱 | Establishment of a standardized hospital plan of mass casualty disaster and their evaluation indicators   |        |             |
| • 系統編號   | PG9704-0122   | • 研究性質 | 應用研究        |
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| • 執行機構   | 台北醫學大學{萬芳醫院急診醫學科}   |        |             |
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| • 研究人員   | 林樹基,石富元,林茂榮,邱文達,邱弘毅,蔡行瀚,莊佳璋,李文生,林宏榮,陳維恭,張群岳,邱子恒   |        |             |
| • 中文關鍵字  | 外部災難；醫院；應變計劃；評估指標；；；  |        |             |
| • 英文關鍵字  | mass casualty disaster；hospital；indicator；emergency plan；；；   |        |             |
| • 中文摘要   | <p>當大量傷患在無預警情況下到達醫院時，不但會影響院內病人及傷患的醫療品質，更可能造成醫院及醫療人員安全的威脅。本研究利用面訪方式，收集樣本醫院在日常作業下，急診室以外的院內可運用在治療大量傷患的人力、病床，及估算可暫時騰空成醫療區域面積及實際有效床數。同時聆聽院方的困難。上述資料在量化及質性的分析後，經專家會議討論，建立各級醫院的大量傷患應變計劃內容及評估指標，經院內演習，並對指標加以驗證。當大量傷患出現時，指揮系統即可經由該評估指標的機制，得以正確衡量醫院的治療能量，並適當地調派資源。</p>  |        |             |
| • 英文摘要   | <p>When a mass casualty disaster happens, the involved hospitals will be confronted with a stressful situation due to sudden arrival of large numbers of victims. Their arrival will cause not only delay of medical care for the admitted patients but the victims themselves; This scenario will become a nightmare if the hospitals do not have a practical plan for mass casualty emergency. Our study will utilize personal interviews and checklists to evaluate the mass casualty plan of the sample hospitals. We will record the number of medical providers, available beds and medical materials inside the hospitals, other than the department of emergency, that are going to supply the medical needs of the victims. We will estimate the space area of the inside of the hospital that can be transformed into temporarily treatment area in case of needs. We also listen to the story of the preparedness from the hospital side. After the above-mentioned information is collected, we will use a quantitative and qualitative method to analyze the data and experts meeting to construct a</p> |        |             |

standard mass casualty plan for the hospitals in Taiwan. A set of indicators for evaluating the plan will also be created simultaneously. Finally, mass casualty exercises will be carried out in the sample hospitals to verify the indicators. After the construction of these indicators, the disaster command center will have the tools to arrange the resources more effectively.