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• 中文關鍵字	大量傷患；緊急；評估；指標；；；；		
• 英文關鍵字	mass casualty disaster；hospital；indicator；emergency plan；；；；		
• 中文摘要	目的：當災難（例如大地震或海嘯）造成大量傷患時，若院方毫無準備，不但無法提供基本的治療，甚至會威脅到醫院的運作及醫護人員的安全，故本研究目標爲結構適合各層級醫院的大量傷患應變計畫內容，並建立適當的評估指標。 方法：首先用評估表收集醫院基本資料，再透過面訪了解各院應變計畫的內容及執行現況，接著根據量性與質性研究結果，設計出評估指標，最後進行指標問卷的測試。 結果：本研究共收集 12 家醫院的資料，以及 5 位專家和 25 位醫院同仁對於評估指標的看法。研究發現：(1)大量傷患的定義應以「醫院」或「急診室」負荷量爲準；(2)內容應涵蓋「緊急應變計畫」、「事後檢討機制」與「緊急應變手冊（卡）」；(3)大量傷患準備應獲得「院方的重視」、「同仁的配合」且應包含「促進大量傷患準備計畫的策略」；(4)評估大量傷患的準備應了解有無「足夠的急診空間」、「足夠的人力」、「專業的整合」與「良好的規劃」；(5)應變機制應「由值班醫師啓動」、「以廣播簡碼啓動」，同時啓動「檢傷分類」；(6)計畫啓動規模應視「災難規模」或「傷患人數」而有所不同；(7)啓動時應有「衛生單位」與「其他醫院」的協助。 結論及建議：本研究建構完成各層級醫院的資料庫及應變計畫的評估指標，並經過驗證而將指標區分爲大量傷患的「定義」、「準備」及「執行」三面向。依據研究發現建議各層級醫院應增加對院內同仁進行大量傷患應變計畫的宣導，相關主管機關也應加強輔導各層級醫院制定大量傷患應變計畫。		
• 英文摘要	Objectives: 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. Therefore, the goals of this study are to build a standard emergency plan and to design some indicators used to evaluate the		

plan. Methods: Our study utilized face-to-face interviews and checklists to evaluate the mass casualty plan of the sample hospitals. After the above-mentioned information was collected, we used a quantitative and qualitative method to analyze the data and experts conference to construct a set of indicators for evaluating the plan. Finally, mass casualty exercises carried out in 3 hospitals to verify the indicators. Results: As for the quantitative and qualitative phase of this study, 12 hospitals deeply interviews had been carried out. Five experts and 25 hospital workers were also recruited in the second quantitative phase to understand their opinions about evaluation indicators. Study results showed that: (1) “mass casualty” should be defined by hospital itself; (2) the contents should include “emergency plan”, “self-criticism system” and “the handbook of emergency plan”; (3) the preparation of emergency plan should be valued by hospital supervisors and workers which also include the strategies of promoting emergency plan; (4) items such as “space of emergency room”, human resource“, “profession-integration” and “well-planned” should be evaluated; (5) emergency system should be started by physician who is on duty using brevity code, besides he/she should start the triage system immediately; (6) scale of emergency plan must be different due to “scope of disaster” or “number of patients”; (7) the assistance of “health department” or “other hospitals ” should be obtained easily during emergency. Conclusions & Suggestions: Our study has achieved both of goals we set. After verifying, we classified the indicators into three parts: definition, preparation and performance of emergency plan. According to the findings of our study, we suggest that every level of hospitals need to improve the promotions of emergency plan to its workers. On the other hand, official departments are suggested to help each hospital make the emergency plan by referring to the indicators our study constructed.