

• 系統編號	RC8702-0169	
• 計畫中文名稱	病人之日常生活依賴程度與長期照護的成本和需求之關係的探討	
• 計畫英文名稱	The Relationship between Degree of Dependence on Activities of Daily Living and Costs and Needs for Long-Term Care	
• 主管機關	行政院國家科學委員會	• 計畫編號 NSC86-2314-B038-034
• 執行機構	台北醫學院公共衛生系	
• 本期期間	8508 ~ 8607	
• 報告頁數	0 頁	• 使用語言 中文
• 研究人員	屈蓮 CHIU, LIAN	
• 中文關鍵字	成本分析；需求；長期照護；依賴；日常生活	
• 英文關鍵字	Cost analysis；Need；Long term care；Dependence；Daily life	
• 中文摘要	<p>本前瞻性研究乃盼望透過對依賴程度與照顧成本之比較,對不同型態之長期照護服務的使用進行成本與效益之比較。 469 位 60 歲以上的中風病人及其家屬,在大台北行政區的四所教學醫院,包括兩所醫學中心之精神科及精神外科部門,從其出院日追蹤其出院後三個月,測量家屬在多種長期照護服務所花費的照護成本,這份資料收集始於 1995 年 11 月,在 1996 年 3 月 31 日完成收集。這 469 位中風病人根據是否使用長期照護服務、長期照護使用的型式、再依據 ADLs 值分組,共得六組。 結果顯示,ADL 分數可能無法經由對嚴重生理功能殘障之病人使用護理之家及居家看護而有所改善;然而,對於輕度及中度病患,長期照護服務之有無,家屬的自行照護均有助 ADLs 之改善,且利用慢性病房的重度病人之 ADL 值亦有明顯改善。但護理之家較醫院中的慢性病房便宜;再者,若將家庭照護勞力一併考慮,則居家看護較長期照護機構昂貴,且家屬自行照護對嚴重病患比對輕、中度病患不具效果且花費較大。故病人居家照護抑或是接受機構照護是否為一合適的選擇,實際上仍端視病人的生理功能狀態以及家屬是否能長期支持照護提供所帶來的負擔(勞力的輸入)。</p>	
• 英文摘要	<p>A prospective study was designed to compare the relative cost and effectiveness of long-term institutional care and home care for stroke patients with different level of physical disability in terms of ADL from the viewpoints of families. A total of 469 hospitalized patients with stroke and older than 60 years and their families from four teaching hospitals in the Taipei Metropolitan Area were followed from the discharged day to the third month after being discharged, between November of 1995 and March of 1996. According to the type of long-term care services utilized and ADL scores, these patients were categorized into six groups. Patients cared for in their own homes appeared relatively expensive compared with nursing home and the chronic care unit in the hospital because of the labor contribution of the family, especially caring for the patients with severe</p>	

physical function disability; and the effectiveness of caregiving from the families was relied on the ADL scores of the patients. Whether the patients cared for in homes or institutions in an appropriate choice substantially depends upon the functional status of the patients (effectiveness) and whether families could sustain the caregiving responsibility for a long time (labor input).