

• 系統編號	RG9513-3305		
• 計畫中文名稱	實施醫院品質報告卡可行性研究		
• 計畫英文名稱	Exploring the Feasibility of Hospital Report Card		
• 主管機關	行政院衛生署	• 計畫編號	DOH93-NH-1012
• 執行機構	台北醫學大學醫務管理學系		
• 本期期間	9307 ~ 9406		
• 報告頁數	371 頁	• 使用語言	中文
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• 中文關鍵字	品質報告卡；就醫選擇；醫療品質；總額預算		
• 英文關鍵字	report card；provider choice；quality of medical care；global budget		
• 中文摘要	<p>在國外，品質報告卡的使用已有十年以上的歷史，品質報告卡的使用衍然已成為歐美許多國家衛生管理的趨勢及政策。本研究的主要目的有下列六項：(1) 瞭解各國發展及實施醫院品質報告卡之概況；(2) 從民眾觀點篩選適合台灣醫院品質報告卡的指標項目；(3) 探討台灣民眾對醫院品質報告卡的認知及態度，並探討何種特質的民眾較有意願使用醫院品質報告卡；(4) 探討醫師及醫院經營者對品質報告卡之認知、態度及實施醫院品質報告卡對醫院行為的可能影響；(5) 發展適合台灣的醫院品質報告卡，訂定品質報告卡公開之項目及範圍；(6) 對中央健康保險局建議可行的醫院品質報告卡發行機構、指標項目、呈現與傳播方式及回饋機制。本研究首先以修正型德菲法篩選醫院品質報告卡的指標項目，其次，探討門住診病人對醫院品質報告卡的需求，最後則探討醫院對推行醫院品質報告卡的想法。在探討住院病人對醫院品質報告卡的需求方面，本研究先立意選取願意合作的台北市兩家地區級以上醫院問卷(一家區域醫院及一家醫學中心)，醫學中心面訪人數約 200 位，區域醫院面訪人數約 150 位，總計約為 350 位。在探討門診病人對醫院品質報告卡的需求方面，選擇北部、中部、南部及東部各三家區域級以上醫院門診病人為研究對象，一共為十二家醫院。每天選擇門診領藥的前 20 位病人發放問卷由病人自行填寫後回收，每家醫院發放 200 份問卷，總計發出問卷 1200 份。在探討醫院對推行醫院品質報告卡的想法方面，本研究以財團法人醫院評鑑暨醫療品質策進會網站公佈民國 90 年至 93 年通過醫院評鑑的 462 家地區級(含)以上醫院的院長為研究對象，每家醫院寄發一份問卷，共發出 462 份問卷。本研究結果顯示，約有 80% 受訪民眾表示需要醫院品質報告卡的資訊來協助其選擇就醫場所，因此，建議行政院衛生署及中央健康保險局可考慮推行醫院品質報告卡制度，提供被保險人更充份的就醫品質資訊，協助被保險人正確地選擇適當的醫院就醫，以確保民眾的就醫品質及減少不適當的就醫行為，同時抑制醫療費用的持續上漲。</p>		

門診或住診病人需要同時也是醫院願意且有能力公佈的指標計有門診時刻表、醫師專長與資歷、自費項目與價格、醫師擁有專科醫師資格比率、看診科別、醫院交通資訊、門診病人對醫師服務態度的滿意度、門診病人對醫師診療醫術的滿意度、門診病人對醫師解說病情的滿意度等九項。門診或住診病人有需要，且醫院有能力公佈但不願意公佈的指標計有住院病人對醫師病情解說內容的滿意度、院內感染率、手術傷口感染率等三項。推行醫院品質報告卡的可行方案為由行政院衛生署每年先依六個健保局分局別再依醫院評鑑等級的分類方式來比較醫院間的醫療品質表現，並以指標二(分類百分比及星號的個數)的呈現方式，最後以網際網路或印成小手冊的方式發行。

The use of report card has been over one decade in the United States. Many developed countries have also regarded the use of report card as a trend and policy of health care administration. The purposes of this study were: (1) to understand the current status of the use of hospital report card in other countries; (2) to select the appropriate quality indicators from consumers' view; (3) to explore consumer's knowledge and attitudes toward hospital report card; (4) to explore hospital administrator's knowledge and attitudes toward hospital report card; (5) to develop appropriate report card for Taiwan health care delivery system; (6) to suggest the initiative organization, indicators, presentation methods, and spread method of hospital report card to the Bureau of the National Health Insurance. We used modified Delphi method to select appropriate indicators. Thereafter, we explored the need of hospitalized patients and outpatients toward hospital report card. We also explored hospital administrators' need toward hospital report card. As to hospitalized patient's need, we conveniently selected one medical center and one regional hospital. We randomly selected 200 inpatients from medical center and 150 inpatients from regional hospital. In total, 350 inpatients were selected as our study sample. As to outpatients, we selected 100 patients each from 12 hospitals located in northern, central, southern, and eastern parts of Taiwan. In total, 1200 patients were selected as our sampled patients. The subjects of this study were general hospitals that were accredited by the Taiwan Joint Commission on Hospital Accreditation as medical centers, regional hospitals, district teaching hospitals, or district hospitals in the years 2001 and 2004. The study population amounted to 462 general hospitals. The study found that about 80% of respondents need hospital report card to help them select healthcare providers. Therefore, we suggest health authority to initiate hospital report card in order to provide more information to consumers, to help consumers select appropriate providers, to assure quality of health care, and to contain the escalating health expenditures. The indicators that inpatients and outpatients need most and hospital were willing to release are outpatient schedule, physician specialty and experience, out-of-pocket items and price, the ratio of specialty physicians, specialties provided, traffic information, outpatient's satisfaction with physician's attitudes, outpatient's satisfaction with physician technique, and outpatient's satisfaction with physician explanation. We suggest the health authority to rate hospitals according to 6 branch location and accreditation level. The website and brochure can be used to spread hospital report card.

- 英文摘要