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• 中文摘要	隨著健保制度不斷地變革及成本控制的壓力，具成本效益的電話護理諮詢服務雖已在許多國家實施約 30 年，但國內有關此研究卻極少，故本研究的目的爲：1、建構一完善的醫學中心急診電話護理諮詢服務系統及團隊。2、分析急診最常見之就診問題或症狀前 20 項，以作爲制定電話護理諮詢照護指引之依據。3、了解急診返家後個案利用電話護理諮詢服務之情形、電話護理諮詢紀錄表與諮詢照護指引(written protocol)使用情形，與諮詢師執行此服務之經驗。4、比較急診電話護理諮詢服務實施前及實施後的效益差異。本研究的設計爲描述性比較性研究，以北部某一 700 床醫學中心之急診處設立電話護理諮詢服務。此電話護理諮詢服務時間爲星期一至星期日，早上 9 點至晚上 9 點。研究對象急診就診返家後個案，但意外事故者、有生命威脅者及精神異常者除外。資料收集後，以 SPSS for window 10.0 英文版統計軟體處理，描述性統計包括個案數、百分比、平均值、標準差、比率及排序；分析資料包括年齡、性別、72 小時後緩解情況、滿意度、諮詢後 21 天之急門診就診次數、急診返診率及諮詢問題或症狀，並比較電話護理諮詢服務實施前後整體急診滿意度得分之差異。結果顯示，在電話諮詢系統上,有高達 30 位(83.3%)認爲通話非常清晰。經評核後有 9 位護理人員擔任本研究之諮詢護理師(4 位大學畢業與 5 位是專科畢業)；平均工作年資爲 6.7 年。在就診問題或症狀之前 20 項依序爲成人腹痛、小兒發燒、成人發燒、撕裂傷、呼吸短促、胸痛、頭暈、小兒腹痛、成人噁心嘔吐、小兒噁心嘔吐、擦傷、成人腹瀉、小兒腹瀉、頭痛、手臂或手的問題、頭部外傷、心悸、解尿困難、腹脹、口腔問題。在實施之三個月期間，電話護理諮詢之利用率低；只有 0.61%，其中諮詢師建議：可居家照護不須立即就醫者有 21 件(38.9%)，須 2-4 小時內至急診就醫者有 8 件(14.8%)，須 24 小時內至門診就醫者 25 件

(46.3%)。在諮詢師之執行經驗上，都一致認爲照護指引是方便、好用、可依循的。本研究之諮詢時間平均爲 6.1 分鐘，且在急診病患或家屬對急診整體服務滿意度顯示較實施前提高約 0.12-0.18 分。總結，本研究之結果顯示電話護理諮詢是具效益的；不但能擴展護理人員之角色功能，更可有效的提升急診服務滿意度與降低非計劃性之急門返診率。本研究希望未來此服務能推廣至全院，並成立諮詢中心以嘉惠更多就醫之民眾。

- 英文摘要

With changing in health insurance payment system and the pressure on cost containment, although the cost-effectiveness of telephone nursing consultation has implemented in many countries for more than 30 years, few studies have been conducted in Taiwan. Therefore, the purposes of this study were 1) to build a comprehensive telephone nursing (TN) consultation program and to develop a multidiscipline team at an emergency department (ED) of a medical center in Taipei, 2) to analyze the tope five of consulting problems or symptoms regarding TN used at ED, 3) to analyze and evaluate the utilization of written protocols and the quality of documentation while TN used at ED, and 4) to compare the effectiveness of TN used at ED before and after the implementation. The design was descriptive. A new TN at ED was implemented at a 700-bed of medical center in Taipei to improve the quality of care. The TN at ED was opened from Monday to Sunday; 9 AM to 9 PM. The samples were those who had visited ED at study hospital, but if a person with accident, life-treating situation, or having mental problem was excluded. After data collection, all data were analyzed using the statistical package of SPSS 10.0 for window. Data such as age, gender, symptoms after 72 hours, satisfaction scores, number of ED or outpatient visits, and readmission rate within 21 days after called were analyzed using number of cases, percent, mean, standard deviation, ratio, and rank. Finally, differences in satisfaction scores between before and after implementation of TN at ED were compared. The results were as follows. More than 30 people (83.3%) thought the TN was very clear. After screening, 9 nurses were (4 were obtaining college degree and 5 were receiving junior college degree) chosen to be consultants for this study. The mean working experience was 6.7 years. The top 20 sign or symptoms were ranking from adult abdominal pain, child fever, adult fever, laceration, dyspnea, chest pain, diazzes, child abdominal pain, adult nausea and vomiting, child nausea and vomiting, abrasion, adult diarrhea, child diarrhea, headache, arm and hand problems, head injury, palpitation, urinary difficulty, abdominal distension, mouth problems. The utilization of TN was 0.61%, which is low. The advises from the TN consultants were 21 calls (38.9%) for home management, 8 (14.8) calls for emergency visits within 2-4 hours, and 25 (46.3%) calls for outpatient visits within 24 hours. For the experiences of as TN consultants, they all thought the TN was convenient, useful, and can be followed. The average consulting time was 6.1 minutes and the overall satisfaction was increased about 0.12 to 0.18 points. Conclusively, the findings indicated that the TN was effective, not only can expand the roles and functions of nurses, but also improve the service satisfaction at ED and reduce the unnecessary emergency and outpatient visits. We hope the TN can be extended to all departments at study hospital and to develop a call center to serve more patients in the future.