

應用個案管理於控制腦中風病患照護品質及成本效益之成效探討

Application of case management on patients with stroke : Examining quality of care and cost benefit

中文摘要

英文摘要

The purpose of this study was to investigate the application of case management in the frequency of complication, cognition of self-care, satisfaction on health care, length of stays, medical cost, and related factors on the length of stays and medical cost in hospitalization for the cerebrovascular accident (CVA) patients. The Quasi-experimental design was used in this study. Based on the hospitalization order and the study inclusion criterion, the total sample consisted of 114 CVA patients. The subjects were divided into two groups, 57 subjects in each group. The subjects in the experimental group received case management method and the subjects in the control received the routine care method.

Content validity, Cronbach's alpha, and Kappa were performed to examine the validity and reliability of the instruments used in this study. Using Cronbach's alpha method, the reliability coefficients were 0.75 for the evaluation tool of self-cognition, and 0.88 for the satisfactory questionnaire. Kappa method was used for the agreement among the researchers and coefficient was 0.86. Data collection was done by using the demographic data sheet, the evaluation tool of self-cognition, the satisfactory questionnaire, and the patient's chart. Data also were collected from the center of research institutions.

The pre-test was done by researcher within 24 hours after patient's hospitalization, and the post-test was done on the day of patient's discharge. Data were analyzed by using the chi-square test, t-test, pair t-test, Mc Nemar's test, ANOVA and multiple regression test. The results indicated that the frequency of urinary tract infection on experimental group was significantly less. The experimental group was significantly

higher in the cognition of self-care and patient's satisfaction on medical health care. The experimental group was significantly less in the average length of stays and medical cost. There was no significant difference on Activities of Daily Living Dependent Index, Coma Scale and the types of placement on the patient's discharged day. The study results also showed that Case management and variance causes, pneumonia, coma scale index, and diagnosis could predict the length of stays. The total explained sources of variation was 61%. Case management and variance causes, pneumonia and coma scale index could predict the medical cost. Based on the study results, it was concluded that the implication of case management method can effectively control quality of care, length of stays and medical cost in CVA patients. In addition, during the change of insurance payment policy, the findings would provide to nursing administrators as on managing quality and cost.