比較長期呼吸器依賴病患在呼吸照護病房與居家照護之照護成效
Comparing the Effects of Respiratory Care Ward and Home Care for Long-term Ventilator-dependent Patients

中文摘要

本研究目的在於比較呼吸器長期依賴病患於呼吸照護病房與居家照護之照護成效差異，採立意取樣方式，針對中部地區符合健保局呼吸器依賴病患整合性照護計劃之病情穩定病患，以橫斷式之結構性問卷調查法與縱貫式之定期訪談法收集呼吸照護病房與居家照護病患各 30 名進行比較，以描述性統計，卡方檢定、t-test、pearson correlation 進行分析。研究結果顯示：居家照護組之總成本花費（64742 元/月）約佔呼吸照護病房組（154696 元/月）之 42%，其中呼吸照護病房組之醫療成本約佔總成本之 87% 。照護成果方面，呼吸照護病房組之呼吸道感染次數（3.07 次/人）高於居家照護組（1.16 次/人），迴轉次數（0.10 次/人）低於居家照護組（0.56 次/人），此兩項均達統計上之顯著差異（P<.004）。病患家屬之滿意度中，呼吸照護病房組平均分數高於居家照護組，但僅以整體醫療照護、醫師專業照護、呼吸治療師專業照護、病患緊急狀況處理與經濟負擔五項達統計上之顯著差異。兩組之人口學特質，病患年齡、教育程度、婚姻狀況、宗教信仰、子女數、呼吸器使用月數等具有統計上之顯著差異。本研究結果可做爲日後健保支付制度、醫療服務、社會福利制度及相關成本研究之參考。

英文摘要

The purpose of this comparative study was to explore the different effects between respiratory care ward and home care for ventilator -dependent patients. Every one group has thirty patients who were recruited using purposive sampling from whose conditions were as stable according to the standard of Taiwan Critical Chest Medical Association in central section Taiwan. They were surveyed with constructed questionnaires and were followed nine months for outcomes. Data was analyzed by using Chi-square test, t-test, Pearson correlation. The results indicated（1）The total cost of home care was 42% of that of respiratory care ward . The health cost of respiratory care ward possesses 87% .（2）The infection rate of respiratory care ward（M＝3.07）was higher than that of home care（M=1.16）, and the returned rate （M＝0.10）was lower than that of home care（M=0.56）.（3）The total healthcare , the professional care of doctors and respiratory therapists , the emergency care of the patients , and economic burden of the primary family caregiver’ s satisfaction between the two groups were different significantly . （4）The demographics of the two groups, such as patients’ age, education, married status , religion, children numbers, and the ventilator-dependent months show significant differences. The results would provide a reference for practicing respiratory care integrity delivery

system , setting indicator of hospital respiratory care models, social welfare system, and the cost study .