醫院設置呼吸照護病房之相關因素探討

Exploring Related Factors for Establishment of Respiratory Care Wards in Hospitals

中文摘要

呼吸器依賴是高度資源耗用及高成本的照護方式，花費加護病房大約 40-50%的資源。國內因呼吸衰竭需長期使用呼吸器的病患逐年持續成長，對家庭、社會及醫療資源之分配造成相當大的衝擊，適時將呼吸器依賴病患由加護病房轉出至呼吸照護病房，可提昇照護品質並降低照護成本。

本研究的目的在瞭解國內醫院設置呼吸照護病房的現況，並探討醫院對「全民健康保險呼吸器依賴患者整合性照護前瞻性支付制度」試辦計劃(以下簡稱試辦計劃)的瞭解情形，以及影響醫院設置呼吸照護病房之相關因素。本研究採橫斷性研究，以全國 442 家醫院評鑑合格之急性綜合醫院(不含專科醫院)為研究對象，採郵寄結構式問卷方式進行調查，回覆醫院共 195 家，回收率為 44%。

研究發現目前醫院設置呼吸照護病房最主要的困難，在於病患來源及專業人員的聘用。目前病患主要係經由院內加護病房轉入，回收樣本中有 45.6%的醫院設置呼吸照護病房，未來一兩年內將有 71.3%的醫院會提供此項服務，總床數至少將增加 50%。影響受訪醫院對試辦計劃瞭解情形的因素包括醫院評鑑等級，登記的總床數，急性病房及加護病房之佔床率，是否參與院際間水平整合，是否有內科專科醫師及其專任人數，是否有胸腔暨重症加護專科醫師及其專兼任人數，以及是否有呼吸治療師及其專任人數等。影響醫院目前設置呼吸照護病房之相關因素包括急性病房佔床率，對於試辦計劃的瞭解情形，是否有內科專科醫師，是否有胸腔暨重症加護專科醫師，呼吸治療師之有無，兼任胸腔暨重症加護專科醫師數及兼任呼吸治療師數等。影響醫院未來欲設置呼吸照護病房之相關因素除上述因素外，並包括醫院評鑑等級。

另一方面，對試辦計劃瞭解的醫院，以及隸屬私立醫院目前設置呼吸照護病房的機會較高。對試辦計劃瞭解的醫院，規模小於 100 床，以及聘有呼吸治療師之醫院，未來欲設置呼吸照護病房的機會較高。醫院對試辦計劃的瞭解程度，急性病房佔床率介於 61-80%，兼任胸腔暨重症加護專科醫師數及兼任呼吸治療師人數，是影響醫院呼吸照護病房現有及未來欲設置之床數的預測因素，可以分別解釋 24.7%及 30.8%的總變異量。

呼吸照護病房是呼吸器依賴病患後續照護的主要模式，醫院未來急欲增設者多為規模小於 100 床的醫院。主管機關應對於地區醫院給予適當的輔導轉型，並建立全台呼吸照護病床數需求量及專業人力推估資料，及落實呼吸照護品質之監控，以維護呼吸器依賴病患之權益。

英文摘要

Forty to fifty percent of ICU resources is used on caring ventilator dependent patients (VD patients). The number of patients who need long-term respiratory care due to respiratory failure is increasing yearly, and it has caused remarkable impacts on families, society, and the distribution of health care resources. Transferring VD patients from ICU to Respiratory Care Wards (RCWs) can both increase the quality of care and decrease the cost.
This study aims at understanding the current state of RCWs, the related factors of hospitals' understanding toward the Ventilator Dependents Managed Care Demonstration with Integrated Delivery System & Prospective Payment System (IDS project), and the related factors in setting up RCWs. Surveyed acute hospitals in Taiwan, and questionnaires by mail. One hundred and ninety-five responses were collected, which the response rate 44%.
The results indicated that the main difficulties in running RCWs are the source of patients and the recruitment of specialists. Currently, RCW patients were mainly transferred from ICUs of hospitals. There are 45.6% of hospitals have RCW, and 71.3% of hospitals are going to RCW in the near future. The total bed number might increase at least 50% in two years. There are several factors related to hospitals' understanding toward the IDS project, including the accreditation level, the total beds of the hospital, the occupancy rates of the acute care unit and the ICU, if joining horizontal integration, and the availability of internist, pulmonary physicians, and respiratory therapists.
Several factors related to hospitals RCW, including understanding toward the IDS project, the occupancy rate of the acute care unit, and the availability of internist, pulmonary physicians, and respiratory therapists. The factors related to hospitals RCW or in the near future include, i.e., the accreditation level, the above.
A hospitals toward the IDS project, and the private hospitals are more likely to establish RCWs. Hospitals having better understanding toward the IDS project, hospitals with less than 100 beds, and hospitals with respiratory therapists are more likely to establish RCWs in the future.
The understanding toward the IDS project, the 61-80% occupancy rate of the acute care unit, the number of pulmonary physician, and respiratory therapist are the predictive factors of the number of RCW beds at the present and in the future. The R2 is 24.7% and 30.8%, respectively.
According to the results, suggest that the government need to provide local hospital more assistance to help them play a better role in the continuous of care. In order to avoid the crisis of adverse selection and cream skimming of patients, the assessment of RCW care quality and balancing the demand and supply of VD care are urgently needed.