

住院病例組合複雜性與出院狀況及資源耗用之相關性探討-以大臺北都會區六家醫院為例

Exploring the Relationship between Case Mix Complexities and Discharge Status and Resources Utilization among the In-patients of Six Hospitals in the Taipei Metropolitan Area

中文摘要

支付制度對醫療費用、醫療服務效率、醫療品質、醫療資源之分佈及行政效率皆有很大的影響。好的支付制度不但能將費用成長控制在合理的範圍內，更可進一步地影響醫療服務提供者的服務效率。本研究主要目的在瞭解不同醫院特質、不同科系別及不同病患特質，其「住院病例組合」複雜性是否有差異，以釐清小醫院是否有「輕病住院的行為」，而大醫院是否真的收留比較嚴重的病患。並探討「住院病例組合」複雜性與住院病患出院時狀況，及醫療資源耗用情形是否有相關性，以提供相關單位作為決策之參考。

本研究係一橫斷性研究（cross-sectional study），從大臺北都會區醫院中挑選兩家公立地區級教學醫院、兩家公立區域級教學醫院及兩家私立之地區級非教學醫院作為研究對象。自九十一年十二月起收集區域醫院兩個月、地區醫院四個月的全體住院病患資料，問卷資料採面訪方式取得。使用的統計方法包括卡方檢定、單因子變異數分析（One-Way ANOVA）、薛費氏事後檢定（Scheffe Multiple Comparison, Scheffe Method）、複迴歸分析（Multiple Regression）及羅吉斯迴歸分析（Logistic Regression）。

研究結果發現，隨著醫院別、醫院權屬別及醫院評鑑等級的不同，其所收治病患之病例組合複雜性皆有顯著性的差異。六家樣本醫院收治之病患依據住院病例組合複雜性構面之身心功能狀態、疾病嚴重度、合併症數目及合併症等級等變項之分佈分析，與醫院別有關；內科系病患之病例組合複雜性最高。住院病患特質除性別外，在年齡層、婚姻狀況、生活收入、住所、住院途徑等均與住院病例組合複雜性顯示有意義之差異。出院時狀況及資源耗用高低與病患特質、醫院別、住院科別及住院病例組合複雜性等，皆有顯著性差異。較複雜之住院病例組合會耗用醫院較多的資源。區域教學醫院資源耗用情形在昂貴儀器檢查或治療及住院日數上均高於地區級教學及地區級醫院。住院病患出院存歿狀況及住院死亡率與醫院權屬別及評鑑等級無相對關係，探究其原因係受醫院因收治安養中心病人，經營慢性病房、呼吸照護病房、安寧病房者以及不收外科病患採保守療法影響致之。本研究之結果建議，醫院應根據其權屬及評鑑等級所賦予不同的任務及社會責任，藉由病例組合之調整，使醫療資源之利用更有效率；並依各科系住院病例組合之不同列入成本會計之考量，並善用其資源，擴大其差異性，以求取最高之成本效益。支付制度給付基準應考量住院病患之人口學及社經特質、住院病例組合

複雜性，適度調整重症病患之給付，使給付更符合公平與效率。對未來研究者建議，如何利用出院狀況等治療成果來促進醫療品質的提升當是大家所共同期待的。並繼續以縱貫性研究（Longitudinal study）探討影響出院狀況及資源耗用的因素、考慮多面向評估的可能性、擴大研究對象範圍、和設計合適的評估量表，以提供決策者之參考。

英文摘要

The payment system is demonstrated affecting medical expenditures, health services efficiency, medical quality, distribution of healthcare resources, and administrative efficiency.

The purposes of this study are to examine whether the variations of characteristics of hospitals, admission departments, and in-patients characteristics are different on in-patients case mix complexities; to explore the relationships among case mix complexities, discharge status, and resource utilization among in-patients of six hospitals in the Taipei Metropolitan Area.

This cross-sectional study is evaluated by face-to-face interviewing 5992 in-patients from the six hospitals in the Taipei Metropolitan Area. The six hospitals are two public and two private local teaching hospitals and two public regional teaching hospitals. The independent variables in case mix complexities are functional status (for measuring physical and mental health, social and role functioning, and other general health concepts), severity of illness (staging of disease is the measurement scales of this study), co-morbidity numbers and its scales levels. Chi-Square test, one-way ANOVA, Scheffe Multiple Comparison, Multiple Regression, and Logistic Regression are used in this study.

The results support that there are significant differences among the six different hospitals in case mix complexities. Differences of the characteristics of hospitals (public/private, degree of hospital accreditation) lead to various case mix complexities. In discharge status and use of medical resources, there are significant differences among admitted patient conditions, admission departments, the characteristics of the hospitals, and case mix complexities. The more complex case mix is, the more hospital resources are used.

These results suggest that hospitals consider their characteristics, role and social responsibilities to use medical resources well. Hospital managers should concern various case mix complexities in different departments and develop a better cost accounting and financial strategies.

To provide appropriate medical equality and efficiency, we also suggest to adjust the coverage expenditures of payment system by considering patients' characteristics, sub-populations, and in-patients case mix complexities. These suggest future

researches could be developing an effective tool to evaluate the healthcare outcome and exploring the relationships among discharge status, resources utilization, and evaluation for all healthcare facilities and hospitals, with longitudinal study design and choosing appropriate indicators.