

臺北市立聯合醫院品質管理中心電子報

發行日：2017年4月18日

發行單位：臺北市立聯合醫院品質管理中心

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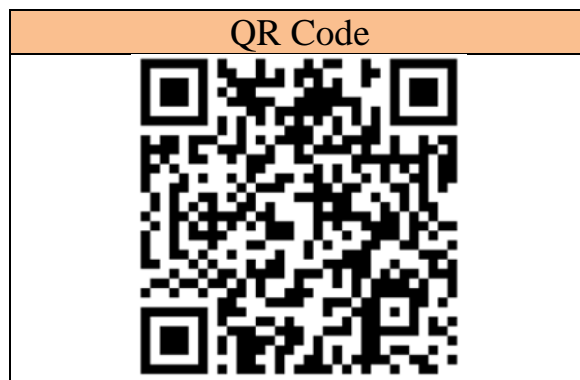
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(2017年4月號)

本期精采摘錄

- ◆ 臺北市立聯合醫院英文網站建置醫療品質及病人安全「[Quality Improvement and Patient Safety](#)」專區。



- ◆ 106 年度醫療品質訓練 4 月課程

➤ 4/25 09:00-16:30

【輔導員課程系列一 QC 七手法】

➤ 4/26 09:00-16:30


【輔導員課程系列二問題解決型

QC Story 實務】



醫療品質最新消息

為推廣醫療品質及病人安全之重要性於臺北市立聯合醫院英文網站
建置醫療品質及病人安全「Quality Improvement and Patient Safety」專
區。 <http://english.tch.gov.taipei/np.asp?ctNode=94081&mp=109012>



The screenshot shows the Taipei City Hospital website interface. At the top, there is a navigation bar with links for Home, Site Map, 中文版 (Chinese Version), Bilingual Resources, Contact Us, and FAQ. The main header features the hospital's logo and name in both Chinese and English, along with the tagline "Passing Excellence Health of Citizens". Below the header, there is a search bar and a visitor count of 3198802. The main content area displays a breadcrumb trail: "You are here: Home > Information". Under the "Information" section, the link "Quality Improvement and Patient Safety" is highlighted with a red box. Other links in this section include Services, Regulations, Bilingual Resources, and FAQ. To the left, there is a sidebar menu with categories like Announcement, About Us, Information, International Training Program, Taipei City Hospital Bulletin, Contact Information, Related Links, and On-Line Appointment. To the right, there are several featured content blocks, including "Influenza Express", "Statistics of HIV / AIDS" with a "Careful" graphic, and "Taipei City Council" and "New Taipei City" links.

Quality Improvement and Patient Safety QR Code



病人安全我關心

- 2017年病安週宣導影片、海報已於病安資訊網\教育資源\宣導品專區上架，歡迎下載~

就醫前準備，請主動告知醫師

- (1) 哪裡不舒服?有那些症狀?
- (2) 不舒服長達多久時間?
- (3) 有無藥物或食物過敏史?
- (4) 目前正在使用的藥品，包含中、西藥或健康食品

就醫3問

- (1) 導致我不舒服的主要原因是什麼?
- (2) 我有哪些治療方案?
- (3) 這些治療方案的優點和可能的風險是?



- 資料來源：[衛生福利部台灣病人安全資訊網](http://www.mohw.gov.tw)

- **實施安全針具，減少醫護人員針扎感染風險**

衛生福利部對於所屬醫事人員執行直接接觸病人體液或血液之醫療處置時，透過對注射或採血針類及針筒等醫療器材產品之特殊設計，以降低醫療人員暴露於病原體及血液傳染疾病之風險並減少醫護人員針扎及感控問題，於106年3月1日衛部醫字第1061661064號公告「更新105年度第4季安全針具品項清單」公告網址如下：

http://www.mohw.gov.tw/CHT/Ministry/DM2_P.aspx?f_list_no=9&od_list_no=4559&doc_no=44879

➤ 2017.3.8 公告修正「醫院評鑑及教學醫院評鑑作業程序」

1. 修正醫院評鑑及教學醫院評鑑實地評鑑時間

申請醫院規模(急性醫班病床)	評鑑時間
1. 49 床以下	0.5 天
2. 50 至 249 床	1 天
3. 250 至 499 床	1.5 天
4. 500 床以上	2.5 天
5. 醫學中心評鑑	2.5 天

2. 實地評鑑期間如遇天然災害(如：風災、水災、震災、土石流災害及其他天然災害)，受評醫院所在地之縣市政府發布停班，則中止實地評鑑作業，將採書面審查方式或擇期接續實地評鑑方式完成評鑑作業。前述實地評鑑中止及後續處理，由衛福部或協辦單位通知醫院。

詳細資訊請參閱公告網址中：[衛福部醫事司](#)

➤ 2017.3.8 公告修正「教學醫院評鑑基準」

「教學醫院評鑑基準」項目及項次均未更動，僅修正部分章節之重點說明，詳細資訊請參閱公告網址：[衛福部醫事司](#)

➤ 106 年度醫院評鑑及教學醫院評鑑說明會-北場簡報

本(106)年度醫院評鑑及教學醫院評鑑說明會-北場，各課程簡報皆經講師授權刊登於醫策會網站。

敬請於公告網址中下載參閱：[醫策會最新消息](#)

Rude, Disrespectful Surgeons May Also Be More Error-Prone: Study Patients who complained about their doctor had more post-surgical complications, researchers say

By Robert Preidt

Wednesday, February 15, 2017

Surgeons with a history of patient complaints regarding their personalities or attitude are also more likely to make mistakes in the operating room, a new study finds.

Researchers compared surgical outcomes with patient reports of unprofessional behavior by their doctors at several health systems in the United States.

The investigators found that people treated by surgeons who had the most complaints had nearly 14 percent more complications in the month after surgery than patients treated by surgeons viewed as more respectful.

Complications included surgical-site infections, pneumonia, kidney conditions, stroke, heart problems, blood clots, sepsis and urinary tract infections, according to the study led by Vanderbilt University Medical Center (VUMC) researchers.

Lead author Dr. William Cooper said surgeons who are rude and disrespectful to patients might also treat other medical professionals poorly, which could affect the quality of care. Cooper is a professor of pediatrics and director of the Vanderbilt Center for Patient and Professional Advocacy.

"For example, if a surgeon speaks disrespectfully to an anesthesiologist during a procedure, the anesthesiologist may become reluctant to speak up the next time the surgeon and the anesthesiologist work together," he said in a Vanderbilt news release.

"Similarly, if a nurse's reminder to perform a safety procedure such as a surgical time-out is repeatedly ignored, the nurse may be less likely to continue to share his or her concerns with the surgeon," Cooper noted.

Study co-author Dr. Gerald Hickson is senior vice president for quality, safety and risk prevention at VUMC. He said that "we need to reflect on the impact patients and families experience from these avoidable outcomes. From conservative economic estimates, the cost of addressing the excess surgical complications could amount to more than \$3 billion annually."

The findings also suggest that analyzing patient and family reports about unprofessional behavior could help spot surgeons with higher complication rates.

Hospitals could then take steps to improve the doctors' behavior and, possibly, also patient care, the researchers said.

醫療品質病安相關報導

Hickson called the numbers significant.

"Even though there was only a 14 percent difference in adverse outcomes between patients cared for by the most respectful and least respectful surgeons, if you take those numbers and distribute them across the United States where 27 million surgical procedures are performed each year, that could represent more than 350,000 surgical-site infections, urinary tract infections, sepsis -- all kinds of things that we know can be avoided when surgical teams work well together," Hickson said in the news release.

And Cooper thinks professionals could benefit from an opportunity to see themselves the way other team members see them.

"Most develop insight and self-regulate," he said. "Physicians are lifelong learners and respond if their medical colleagues have the courage to provide feedback in an organized, stepwise approach."

The study was published online Feb. 15 in the journal *JAMA Surgery*.
SOURCE: Vanderbilt University Medical Center, news release, Feb. 15, 2017

醫師對病人不尊重或粗魯的行為也有可能相同的對待醫療專業人員，藉而影響到醫療品質，如護理人員重複提醒執行手術安全步驟被反覆忽略，造成護理人員不再跟醫師分享她的疑慮，**醫生是終身學習者，若醫療專業人員提供意見應適時的給予回饋。**

參考資料：https://medlineplus.gov/news/fullstory_163604.html

課程預告

上課日期	課程名稱	課程大綱	對象	上課地點	講師
4月25日 9:00-16:30 (6小時)	輔導員課程系 列一 QC七手法	1. 基本QC手法介紹 - 特性要因圖 - 查檢表 - 柏拉圖 - 層別法 - 常用圖表 2. 各種手法在使用上應注意事項	1. 培訓之輔導員 2. 基層主管與擬培訓之同仁 3. 醫品病安改善團隊成員 4. 有興趣之同仁		
4月26日 9:00-16:30 (6小時)	輔導員課程系 列二 問題解決型QC Story實務	1. 問題的定義 2. 問題解決型定義及其改善步驟之說明 3. 問題解決型步驟介紹 4. PDCA循環意義、各步驟活動要領 5. 品管圈活動案例介紹	1. 培訓之輔導員 2. 基層主管與擬培訓之同仁 3. 醫品病安改善團隊成員 4. 有興趣之同仁	婦幼院區 第七講堂	毛綺如 顧問

備註：

1. 中衛團結圈考照需有30小時基礎及進階訓練時數及實際從事有關現場管理改善活動相關工作滿3年(含)以上。
2. 輔導員課程系列時數修滿30小時出具證明。
3. 午餐敬請自理。

■ 相關內容亦可連結本院[醫品病安資訊網](#)