

中文題目：經由全人照護模式提升肺高壓病人的生活照護品質

中文題目：The multidisciplinary care model Can Improve quality of life in patients with pulmonary hypertension

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OBJECTIVE : Pulmonary arterial hypertension (PAH) is a rare disease with a high morbidity and mortality. Furthermore, PAH is associated with reductions in health-related quality of life (HRQL). Although invention of new drug therapy in recent decade, the patient care still play an important role in improvement of HRQL. However, there was no publication to study the relationship between multidisciplinary care model and quality of life in Taiwanese PAH patients. Therefore, we aimed to investigate the application of multidisciplinary care model to improve quality of life in patients with PAH via healthcare failure mode and effect analysis (HFMEA) method.

METHODS : A multidisciplinary team among intensivists, cardiologists, pulmonologists, cardiac surgeons, rheumatologists, chest surgeons, rehabilitation physicians, psychologist, pharmacologists, hospice care physicians, nutritionist, social workers and nursing staffs in Kaohsiung veterans Genreal hospital was organized. The key interventions include home based rehabilitation therapy, 24 hours hot line care, PAH care nurse training program, hospice care information and consultation, psychological care and autogenic training, prompt PAH referral system, social care connections, on-line self PAH risk assessment system, on-line and innovative mobile apps patient instructions, facebook patient care group and outdoor PAH patient education program. The PAH patients were divided into three groups: pre-interventional group from May to Dec 2013, Interventional group from Jan to June 2014 and post-interventional group from July 2014 to Feb 2015. HRQL was measured using the Short Form 36 Health Survey (SF-36) in all enrolled subjects.

RESULTS : The average physical compartment scale of SF-36, including physical functioning; role limitations due to physical health, pain and general health improved from 49 ± 30 in pre-interventional group, to 52 ± 34 in interventional group and to 73 ± 20 in post-interventional group ($p < 0.05$). The average mental compartment scale of SF-36, including role limitations due to emotional problems, energy/fatigue, emotional well-being and social functioning, improved from 54 ± 30 in pre-interventional group, to 56 ± 31 in interventional group and to 73 ± 19 in post-interventional group ($p < 0.05$).

CONCLUSIONS: The study showed multidisciplinary care model could improve quality of life in patients with PAH via continuous quality improvement method.