

中文題目：重症末期呼吸器依賴病患安寧療護品質-三年追蹤資料

英文題目：The quality of hospice care for the critically and terminally ill patients with ventilator dependent : 3-year follow-up data

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Purpose : Treatment strategies for prolonging the life of the critically and terminally ill patients with ventilator dependent always made them lose their quality of life. National Health Insurance Administration of Taiwan also started to emphasize the importance of holding family meeting about the palliative care (insurance code: 02020B) for all patients with prolonged ventilator dependent and their families on June 11, 2014. The purpose of the meeting is to remind those patients and their families that they could have a different choice at the end of the patient's life. However, few articles discussed about the palliative and end-of-life care in patients with the ventilator dependent. We therefore collected 3-year data about these patients and share our experience.

Methods : Our program was taken in Kaohsiung Medical University Hospital and was divided into two parts. The first part was to offer information about the palliative and hospice care at intensive care unit. After the patients were transferred to respiratory care unit (RCC), we hold a family meeting on the first three days. The meeting provided not only the information about the progression of their diseases and also how to perform the hospice care. Intervention strategies included family meetings, education leaflets (also provide App-QR CODE information service), advocacy posters, true case sharing video about the withdraw the life support system, and mandatory checking the palliative and hospice care interventions in computer medical orders. We also revised the palliative and hospice care evaluation checklist for the critically and terminally ill patients with ventilator dependence. We carefully review the patient's condition and enrolled these patients had belonged to the end of the disease or terminal illness and then we can provided the hospice care services to those patients. The second part included companion, care and communication with the patients and their families, and understanding their needs and wishes. We compared the differences between before (January to August 2014) and after (January to August 2017) the program.

Results: From September 2014 to August 2017, total 748 patients were transferred to our RCC, which had 96 patients had completed hospice consultation. Of the 96 patients, 78 (81.3%) received hospice co-care service and up to 66 (84.6%) patients agreed to withdraw the life support system. In other words, approximately two patients and their

families choice the withdraw life support system each month during this period. The most three common diseases were terminal cancer, severe respiratory failure, and chronic kidney disease. The rates of DNR signature in each month during January to August 2017 and during January to August 2014 were 57.2% and 35.1%, respectively. The rate of family meeting for palliative and hospice care increased from 15.8% in 2014 to 98.3% in 2017. During this period, the satisfaction rate of withdraw of life-sustaining treatment services was 90%; the average satisfaction rate of hospice care education group was approaching to 100%; and the average satisfaction rate of overall hospital service was about 92%. Other information of the program included 69.4% (the average weaning rate about the past half year) and 14.7% (the average days of ventilator use), both of those two parameters were also better than the Taiwan Clinical Performance Indicator data.

Conclusions : Concerning patients with end-stage respirator dependence, we should provide the patients and their families the further information about the hospice care as soon as possible and avoid useless medical service in end-of-life care. We wish that the patients and their families would be peaceful in the terminal stage of diseases.