

範例

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出國報告（出國類別：開會）

②

2019 年歐洲呼吸道年會暨國際研討會—海報論文發表

③

服務機關：臺中榮民總醫院 重症醫學部

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派赴國家/地區：西班牙馬德里市

出國期間：2019/9/26-2019/10/04

報告日期：2019/11/03

摘要（含關鍵字）

Title : Health Care Expenses for COPD with Late Do-Not-Resuscitate (DNR) Decisions Escalate Nearly 2-Fold in Final Admission of Life

Background : Our previous study showed 70% of do-not-resuscitate (DNR) directive of chronic obstructive pulmonary disease (COPD) patients were made prior to their last hospital admission. The objective of the study was to compare the end-of-life resource use among COPD decedents on the different status of DNR decisions.

Methods: A retrospective cohort analysis from electronic medical records (EMR) was conducted in a teaching hospital in Taiwan. Those who died of COPD were enrolled based on the primary and secondary cause of death. We classified the cohort into three groups as without DNR decision (No DNR), with an early DNR (EDNR) decision (prior to last hospital admission) and with a late DNR (LDNR) decision. Multivariate linear regression analysis was used to determine the independent predictors of cost.

Results: We enrolled 361 subjects and 318 (88.1%) of them died with a DNR directive, however only 31.4% were EDNR. EDNR group were less in ICU admission, less in total medical expenditures, and less in receiving invasive procedures than other two groups. The total medical cost during the last admission escalated approximately nearly 2-Fold in LDNR group than in EDNR group. About 60 % of medical expenses were significantly attributed to factors as LDNR, age, hospital stays and comorbidities by multivariate linear regression model.

Conclusion: LDNR is also a kind of low value care lead to higher intensive care resource use and focused on prolonging life in COPD patients. It indicated an unmet need and necessary of early share decisions with advanced COPD patients.

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關鍵字：COPD, Palliative care, Electronic Medical Records, Intensive Care Unit (ICU)

註：關鍵字（至少一組），摘要約 200-300 字。

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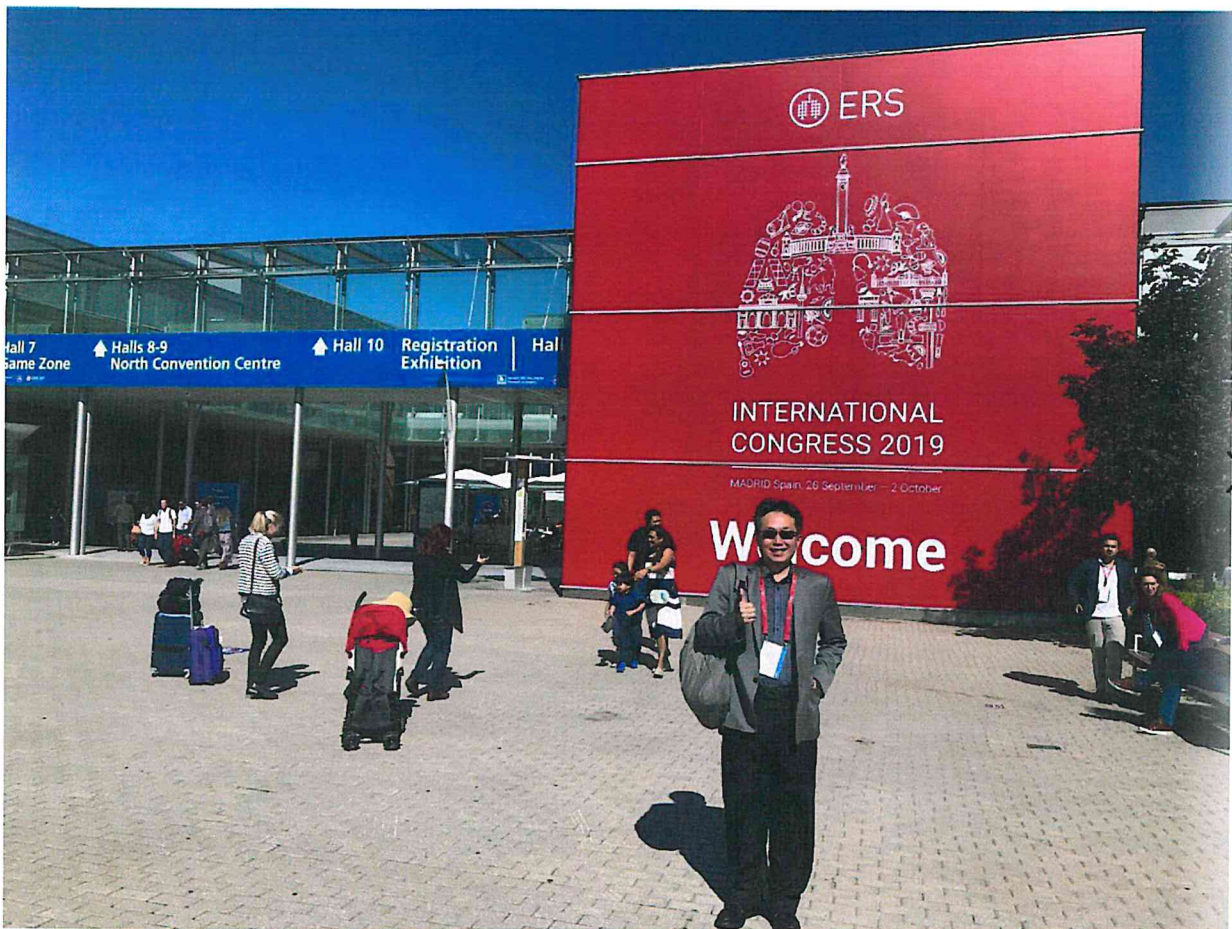
內文

一、 目的

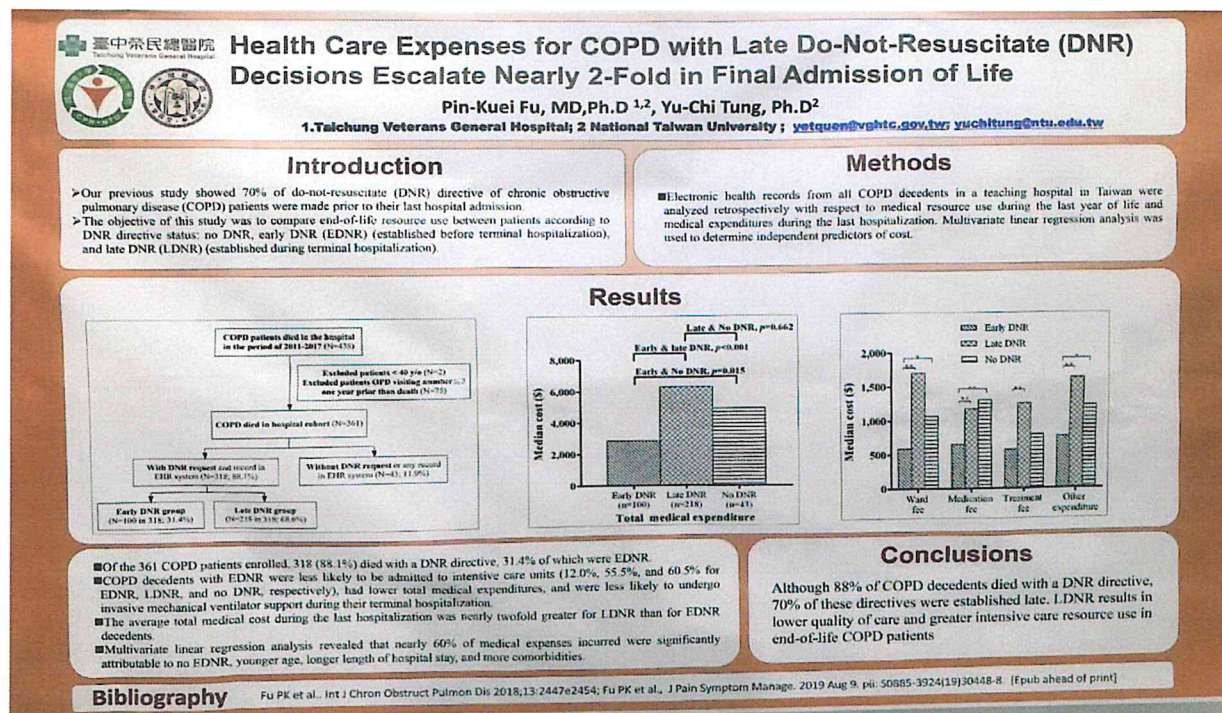
本人於 2019/9/26 至 10/04 赴西班牙馬德里市的 IFEMA (Feria de Madrid)國際會議中心，參加 2019 年歐洲呼吸道年會(大會期間 9/27-10/2)，進修計畫及經費由院內超額基金補助日支費及註冊費，奉派公假前往。

歐洲呼吸道年會為全世界最大之呼吸道及相關呼吸重症領域最大的學術會議，每年 9 月-10 月舉行，由歐洲先進國家輪流舉辦，參與大會人數約 3-4 萬人，正式會期 4 天，大會前一天會有付費的教育訓練課程及講座，都是領域前沿的第一手資料。由於本人的專業領域為肺阻塞疾病、肺纖維化及重症醫療照護等，本次大會特別針對這幾個領域進行深入學習。

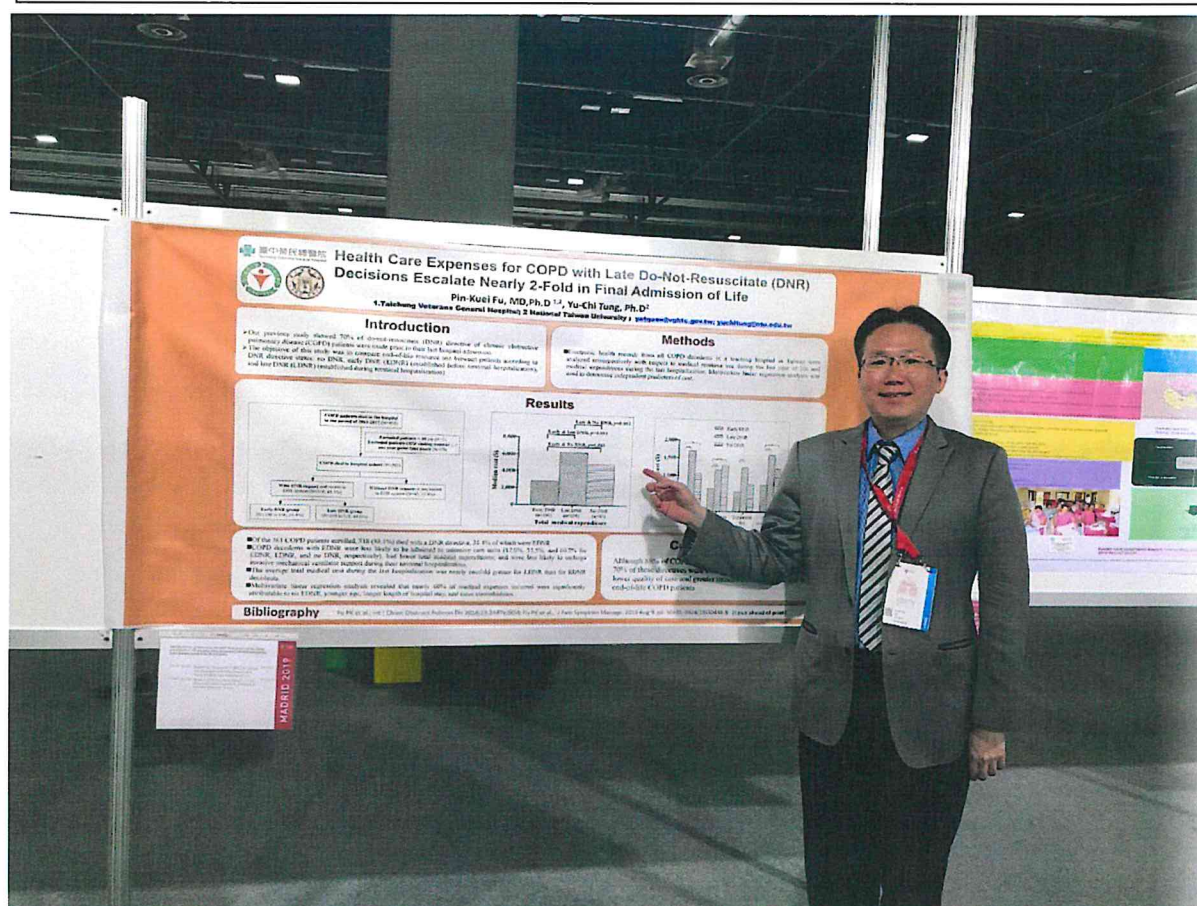
二、 過程

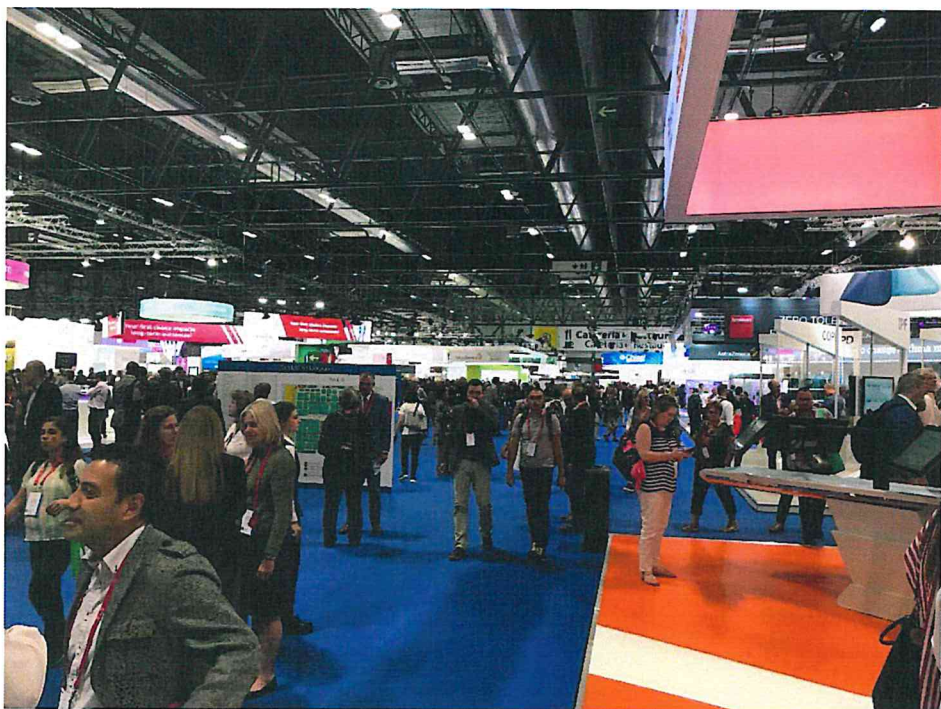


歐洲呼吸道年會今年在馬德里 IFEMA 國際會議中心舉行

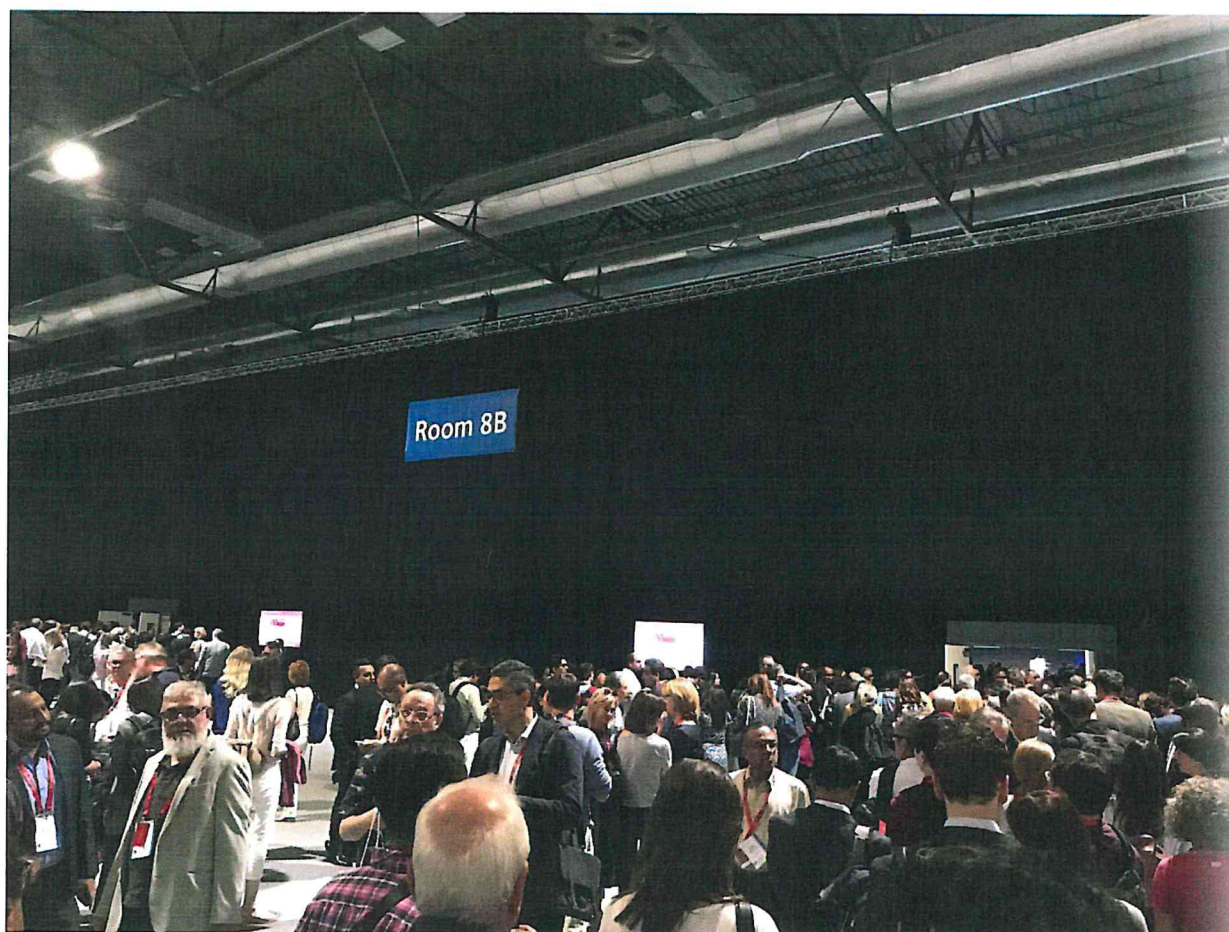


本次發表的海報論文：Poster ID: TP-06 2019/9/29 12:50-14:40，Section Topic: Treatment of airway disease in primary care





每年 ERS 大會均會吸引超過 4 萬專業人員參加，來自世界各國的胸腔科專科醫師齊聚一堂。大會也是大師雲集，各領域的教授學者都在年會發表重要論文



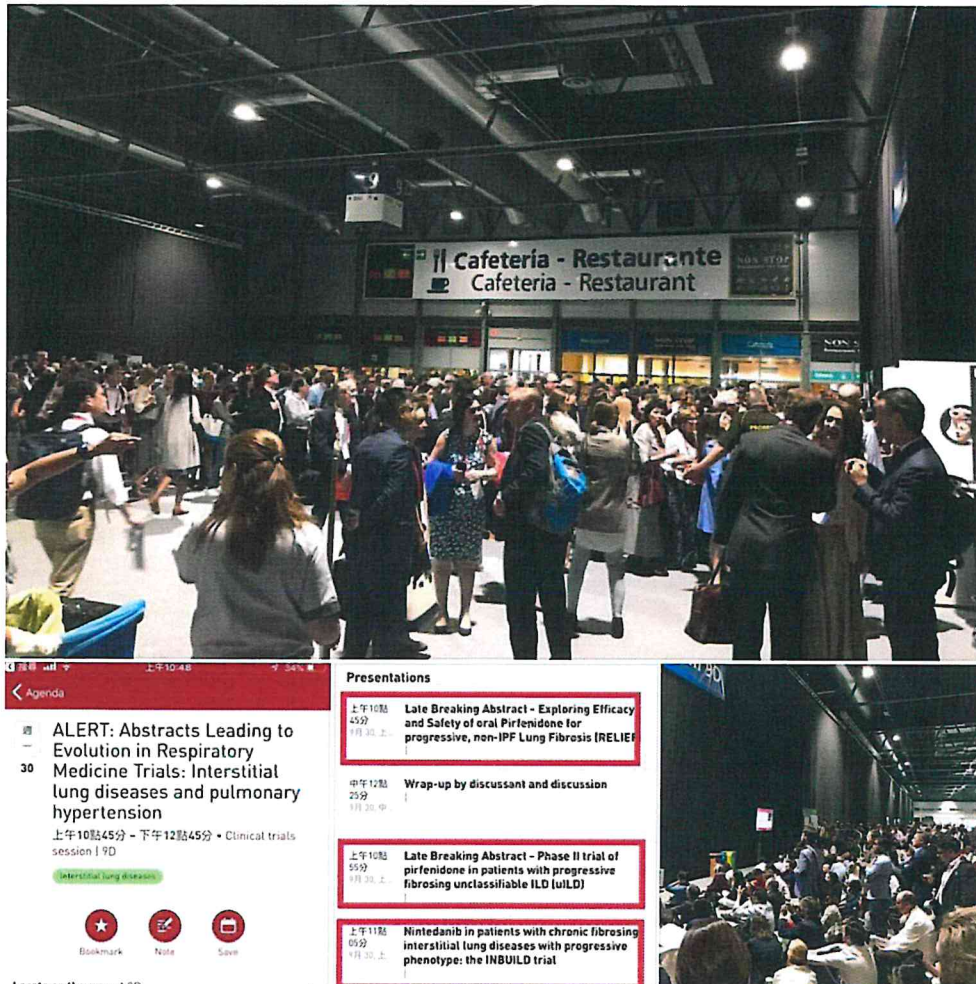


傅彬貴在馬德里。

9月30日 · 2人 · ▼

ERS—肺纖維化新的臨床試驗結果發表會，人潮洶湧的比演唱會還誇張，應該是進不去了！！

提早了15分鐘來也沒機會，肺纖維化這議題真的很熱門！！



9/30 肺纖維化臨床試驗結果，有三個重大研究發表，會場擠得水洩不通，人山人海。這三個研究的結果也同步發表於 Lancet、NEJM 等國際權威醫學期刊。

三、心得

感謝院方的批准，讓我能參加 2019 歐洲呼吸道年會並發表壁報論文。本次出國開會，收穫豐富，除了可以獲得第一手的醫學研究資料外，自己的研究也可以與其他國家的學者一起討論，並將我們醫院的資料整理發表成論文。

希望能在呼吸道及重症醫療照護上繼續努力，將本院的照護結果整理、撰寫成學術論文，繼續投稿，明年在維也納的 2020 年歐洲呼吸道年會，也同樣能收穫滿滿。

四、建議（包括改進作法）

本次感謝本院抽額基金的註冊費及生活日支費補助，讓我能夠節省部分經費參與本次盛會。

建議本院繼續補助有研究及發表論文潛力的主治醫師、醫護人員多參與國際研討會，帶回新知、增進交流。

五、附錄

本次研討會後發表文章

ARTICLE IN PRESS

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Journal of Pain and Symptom Management 1

Original Article

Early Do-Not-Resuscitate Directives Decrease Invasive Procedures and Health Care Expenses During the Final Hospitalization of Life of COPD Patients

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