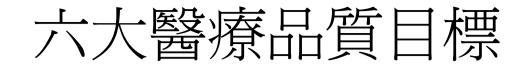
Healthcare Matrix for TRM



六大核心能力

- 美國畢業後醫學教育評鑑委員會 (ACGME) 提出 的醫學教育下應使未來的醫生應具備的核心能力
 - 病患照顧能力(Patient Care)
 - 醫學知識(Medical Knowledge)
 - 以現行執業為基礎之學習與改進(Practice-Based Learning and Improvement)
 - 人際關係以及溝通技巧(Interpersonal and Communication Skills)
 - 專業態度 (Professionalism)
 - 醫療體系內的執業能力(System-Based Practice)



- 美國醫學研究院 IOM (Institute of Medicine Of the National Academy of Sciences) 於 2001 年 提出六大醫療品質目標
 - -安全(Safety)
 - 有效(Effective)
 - 病人為中心 (Patient Centered)
 - 及時(Timely)
 - 有效率 (Efficient)
 - 平等 (Equitable)

Health Professions Education

Using a Healthcare Matrix to Assess Patient Care in Terms of Aims for Improvement and Core Competencies

John W. Bingham, M.H.A. Doris C. Quinn, Ph.D. Michael G. Richardson, M.D. Paul V. Miles, M.D. Steven G. Gabbe, M.D.

何謂 Healthcare Matrix

- 2005年Bingham與Quinn等人以醫療品質六項目標為縱座標,核心能力六項要件為橫座標,組合成"健康照護矩陣"(Healthcare Matrix)。
- 健康照護矩陣將醫療照護品質與醫師核心能力 整合成一項評估工具,將品質評核方式由線提 升到面,達成更全方面的目標。

Healthcare Matrix

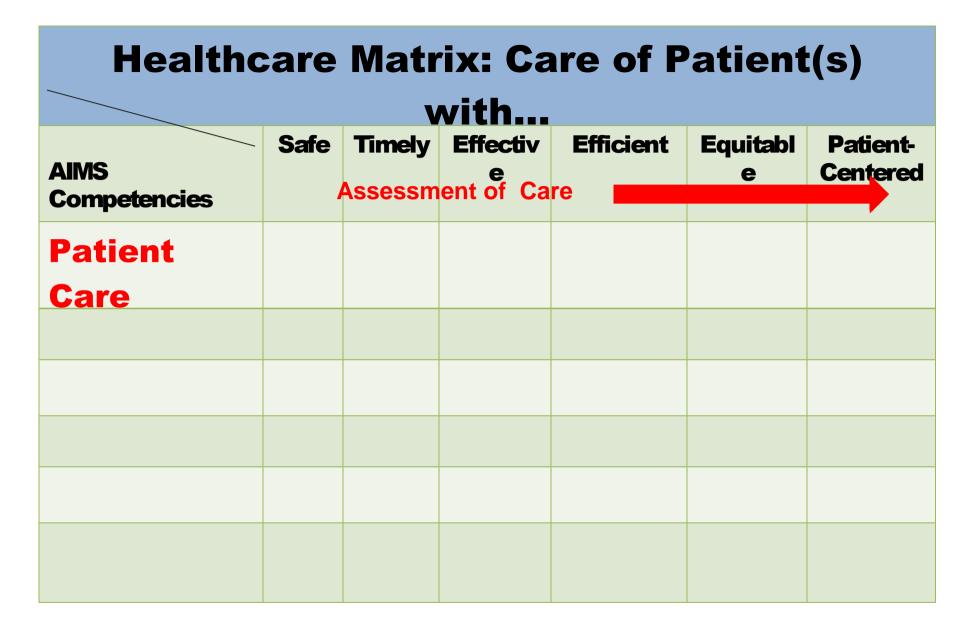
Healthcare Matrix: Care of Patient(s) with							
AIMS Competencies	Safe	Timely	Effective	Efficient	Equitable	Patient- Centered	
Patient Care							
Medical Knowledge							
Interpersonal/ Comm. Skills							
Professionalism							
Systems Based Practice							
Practice-Based Learning /Improvement							

特點

- 適用於所有的臨床學科
- 可應用於病例討論會,包括死亡病例或合 併症病例討論會
- 可與不同領域專業人員的共同學習與檢討 改進:臨床照顧病人之護理、藥學、營養
 、復健等醫療專科,可填寫矩陣表單,並
 提到會議討論,促進團隊照護之整合

執行方式

- 可利用 30 分鐘進行包括診斷、治療、預後
 等傳統臨床課題討論
- 以15分鐘進行矩陣表單檢討分析
- 最後利用 15 分鐘開放所有與會人員進行討
 論



The Healthcare Matrix, 2004, John Bingham & Doris Quinn, Vanderbilt University

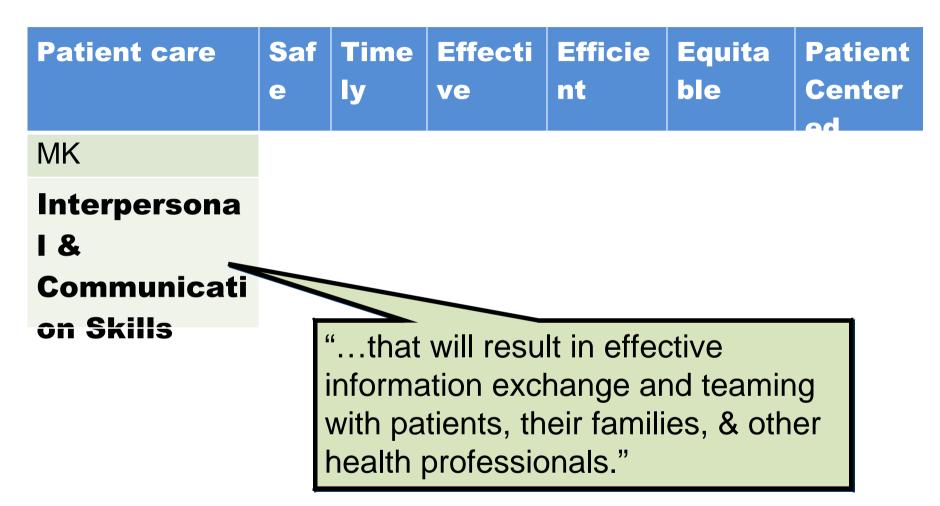
Patient Care Should Be:

- Safe: Avoiding injuries to patients from care intended to help them.
- <u>Timely</u>: Reducing waits and sometimes harmful delays for those who receive and give care.
- Effective: Providing services based on scientific knowledge to all who could benefit; refraining from providing services to those likely not to benefit.
- Efficient: Avoiding waste of equipment, supplies, ideas, energy.
- Equitable: Providing care that does not vary in quality because of personal characteristics.
- Patient-Centered: Providing care that is respectful of and responsive to individual patient preferences, needs, values; ensuring that patient values guide all clinical decisions.

Medical Knowledge: What Must We Know?

Patient care	Saf e	Timel Y	Effecti ve	Efficie nt	Equita ble	Patient Center ed
Medical Knowledge		biomed science	ut establis lical, clini es, and ap dge to pa	cal, and oplication	of this	

Interpersonal/Communication Skills: What Must We Say?



Professionalism: How Must We

Rehave?

				r		
Patient care	Saf	Time	Effecti	Effici	Equitab	Patient
	e	ly	ve	ent	le	Center
MK						90
ICS			• 6			-
Professiona I-ism		comm profes adhei & sen	manifes nitment to ssional re rence to sitivity to ation."	o carryir esponsik ethical p	ng out pilities, principles,	

Systems-Based Practice: What is the Process? On Whom Do We Depend? Who

Denende On Ile?

Patient care	Safe	Time ly	Effecti ve	Efficie nt	Equita ble	Patient Center
MK						
ICS		"	as manife	sted by a	actions th	at
Prof		dem	nonstrate	an awar	eness of, larger co	and
Systems-		•			and abilit	
Based <				•	tem reso al value."	
Practice		prov	/ide care	of optima	al value."	

Practice-Based Learning & Improvement: What Have We Learned? What Will We

Patient care	Saf	Timel	Effect	Efficie	Equita	Patient		
	e	У	ive	nt	ble	Center ed		
MK								
ICS		"	involvo	s investig	lation &			
Prof				of reside				
SBP			U	s, or instit nt care, a	-			
Practice- Based Learning & Improvemen		an ev	d assim	ilation of and impr	scientific			

t

Healthcare Matrix: Care of Patient(s) with								
AIMS	Safe	Timely	Effectiv e	Efficient	Equitable	Patient- Centered		
Competencie s								
PC	YES	NO	YES	NO	YES	YES		
MK				Disagreemen t over def. of CI				
ICS		Poor comm. Btween surgery -primary service		Only LH cath performed; requested RH & LH				
Prof								
SBP		Outside recs. Not available no review						
PBLI								
		ХХХ		XXX				

Improvements

Timeliness: Need to have direct contact with referring physician from outside the hospital. If outside records arrive, primary team should be paged or information should be flagged in the chart.

Efficiency: Direct communication must occur between teams if questions exist regarding proposed procedures.