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計畫主持人： 簡毓寧

協同主持人： 簡麗年

研究人員： 陳亭安

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摘要

近年國外民眾就醫滿意度研究趨勢，已逐漸發展為病人就醫經驗導向，且貼近民眾就醫情形與實際感受，本研究期中報告部分，將整理國內外民眾就醫經驗(滿意度)運用在健康照護體系之相關文獻，並檢視各部門總額評核構面「維護保險對象就醫權益」之評核項目及內容提出研修建議，且以 103 至 108 年之整體性、西醫基層、中醫、牙醫、醫院及門診透析等六項民眾就醫權益調查結果作分析，說明如下。

第一，有關滿意度調查方式、題目設計以及對象就醫權益部分。研究結果發現：

(1)調查方法與工具在各國多利用電話訪問或信件為主，電話的部分多以使用市話進行問卷訪談，而有使用信件、電話及混合模式的國家，主要以信件訪問為主，當無法聯繫患者時，則進一步採用電話及電子郵件進行訪問。以我國調查方式而言，主要以電話為主，並增加行動電話調查方式，較不會侷限於市話的部分，且也可以納入較多的研究對象。

(2)在調查對象中，我國是以 18 歲以上有使用各項總額部門服務且年齡落在 18 歲以上的患者，但在各國是針對各就醫科別訂定條件，若有符合的患者才會被納入。

第二，有關滿意度趨勢分析部分。從就醫滿意度趨勢分析的結果發現：(1)在各總額部門(西醫基層、醫院、中醫、門診透析、牙醫及整體性)，對於整體醫療結果及診療環境都是呈現滿意。(2)問項中詢問是否有在假日就醫求診，回答「有」需求之患者，在西醫及牙醫部門有增加的情況，但中醫部門有下降趨勢，針對此一問題經檢視後發現其原因可能導因於問卷內容之問法改變所致，因各年度在問卷題目及問法不同，可能造成調查結果之變化。建議將可以調查問題之問法能統一，避免導致調查結果有差異。(3)醫院總額調查結果顯示，目前健保署有實施遠距醫療，但使用不普及，建議也能

多與區域及地區醫院合作，提供有需要就診的民眾能使用，能減少因就醫交通時間而不就醫的情況。亦也可以增設各醫療院所之接駁公車，多設立幾個停靠站於交通便利性較低的區域，以能提高民眾就診之意願。

本計畫也完成 108 年監理指標結果，以 108 年度健保整體運作的監測表現部分，在效率、醫療品質、效果及財務構面，皆呈現正向結果，但「資源配置」構面偏向負向結果，顯示尚有改善空間，宜持續觀察，並能進一步研擬相關改善之方案。

目前監測指標相當多元，但只有少部分之指標能與國外相比，因各國之健保制度不相同，且我國以總額部門做分類，但國外是以整個醫療院所為主。至於個別疾病的指標，因健保署已針對個別疾病進行監測及審查，所以認為不需重複納入。針對於監理指標本研究提出以下幾點：

第一，對於監理指標之改善方向：1.指標 2.1「手術感染率」，目前呈現以每半年為監測期間，因國外之數據是以每年呈現，建議以每年度作呈現，並參考國際定義計算監理指標監理值，以達到國際可比較性。2.指標 1.5「西醫基層與醫院門診服務病人數、件數占率」，建議能將進一步將醫院分層分析，分為醫學中心、區域醫院及地區醫院，以了解各層級醫療院所之就醫變動性。3.指標 4.1「以鄉鎮市區發展程度，觀察最高與最低兩組醫師人力之比值(各部門)」，建議可以再進一步考量採用縣市別離散係數做計算，能了解各縣市醫師人力之比值，以利對於差異過大之縣市，進行後續改善之研擬。

第二，在監理指標 2.4「急性病房全日平均護病比占率分布」之計算方式，我國以月次加權計算，而國外是以護理人員除病床人數之平均值(Aiken,2012)，也因計算方式之不同，致使無法與國外數值做比較，未來建議可新增統計項目，以利國際比較之可能。

第三，有關監理指標 3.1「民眾對於醫療院所醫療結果滿意度(各部門)」，乃用以了解民眾對於就醫權益之滿意程度，然該調查 106 至 108 年市內電話之填答民眾樣本數落在 1032 至 1034 份，而行動電話樣本數僅 301 至 505 份。在抽樣樣本數受限的情況下，抽樣調查結果之樣本份數是否足以代表民眾對於各總額部門之滿意程度，仍受到部分學者的質疑，並有待進一步討論。因此，建議以擴大樣本數及納入多元調查方式，去取得更具代表性之調查結果後，再配合修正監理指標。

關鍵詞：民眾滿意度、就醫權益、醫療品質、監理指標

Abstract

In recent years, the research trend of foreign people's satisfaction with medical treatment has gradually developed into a patient's medical experience-oriented, in order to be close to the public's medical treatment situation and actual feelings. and this study analyzed the results of six surveys on the rights and interests of the public of holistic, Western medicine, Chinese medicine, Dental, Hospitals and Outpatient Dialysis in 2014-2019, the explanation is as follows.

First, is about the satisfaction survey method, topic design, and the medical rights and interests of the subjects. The results of the study found that: (1) The survey methods and tools in various countries mainly use telephone interviews or letters, and most of the telephone parts use local calls for questionnaire interviews, and countries that use letters, telephones and mixed modes mainly use letters to interview. Mainly, when the patient cannot be contacted, the telephone and e-mail are further used for access. As far as taiwan's survey methods are concerned, telephones are mainly used, and mobile phone surveys are added, which are not limited to the part of local calls, and more research objects can also be included.

(2) Among the surveyed subjects, Taiwan include patient who is over 18 years old or is over 18 years old. However, in various countries, the conditions are set for each medical department.

Second, From the results of medical satisfaction analysis, it is found that : (1) In each of Global Budgeting departments (Western medicine, hospital, Chinese medicine, outpatient dialysis, dentist and holistic), they are satisfied with the overall medical results and diagnosis and treatment environment. (2) In the question, whether there are patients seeking medical treatment on holidays, and the number of patients who answered "Yes" has increased in Western medicine and dental departments, but the

Chinese medicine department has a downward trend. The reason for this problem has been found after inspection. It may be caused by the change of the questionnaire content of the questionnaire. Due to the different questionnaire questions and questioning methods in each year, the survey results may change. It is recommended to unify the questioning methods that can be investigated to avoid differences in investigation results. (3) The survey results of the total amount of hospitals show that the National Health Insurance Department currently implements telemedicine, but it is not widely used. It is recommended to cooperate more with regional and regional hospitals to provide access to people in need of medical treatment, which can reduce the travel time caused by medical treatment. The situation without medical treatment. It is also possible to add shuttle buses for various medical institutions, and set up more stops in areas with lower transportation convenience, so as to increase the willingness of the public to seek medical treatment. (3) The hospital Global Budgeting survey results show that people are unwilling to see a doctor because of the long time for medical treatment. It is recommended that you can use telemedicine to reduce the problem of travel time to the doctor.

Third, in the future, this plan will further analyze the performance facet indicators of my country and foreign countries, and complete the results of the supervision indicators and provide policy recommendations in 2019.

The plan has also completed the results of the supervision indicators for 2019. Based on the monitoring performance part of the overall operation of health insurance in 108 years, the results are positive in terms of efficiency, medical quality, effectiveness and financial aspects, but the "resource allocation" aspect is biased towards negative. The result shows that there is still room for improvement, and it is advisable to continue to observe and to further develop relevant improvement plans.

At present, the monitoring indicators are quite diverse, but only a small part of the

indicators can be compared with foreign countries. Because the health insurance systems of various countries are different, and my country and the total amount of departments are classified, foreign countries are mainly based on the entire medical institution. As for the indicators of individual diseases, since the National Health Insurance Agency has conducted monitoring and review for individual diseases, it is considered that there is no need to repeat them. In view of the supervision indicators, this study puts forward the following points:

First, the monitoring performance of the overall operation of health insurance in the year of 2019 showed positive results in terms of efficiency, medical quality, effectiveness" and financial aspects, but the "resource allocation" aspect was biased towards negative results, indicating that there was still progress and progress. The room for improvement requires continued observation and attention, and relevant improvement plans can be further developed.

Second, in the calculation method of the supervision indicator 2.4 "The distribution of the average daily rate of nursing care in acute wards", my country uses monthly weighted calculations, while foreign countries use the average number of nursing staff excluding beds (Aiken, 2012). Due to different calculation methods, it is impossible to compare with foreign values. In the future, it is recommended to add statistical items to facilitate the possibility of international comparison.

Third, for the improvement direction of the supervision indicators: 1. Indicator 2.1 "Surgical infection rate" is currently presented with a semi-annual monitoring period. Because foreign data is presented annually, it is recommended to present it annually, and calculate the supervision value of the supervision index with reference to international definitions to achieve international comparability. 2. Indicator 1.5 "The number of patients and the proportion of outpatient services in western medicine at the grass-roots level and in hospitals".It is recommended that hospitals be further divided

into medical centers, regional hospitals and regional hospitals to understand the medical care of each level of medical variability. 3. Indicator 4.1 "Observe the ratio of the highest to the lowest two groups of physician manpower (each department) based on the development level of the township and urban area." The ratio is used to facilitate subsequent improvement studies for counties and cities with too large differences.

Third, the relevant supervision indicator 3.1 "Public satisfaction with the medical results of medical institutions (various departments)" is used to understand the public's satisfaction with the rights and interests of medical treatment. However, the survey was a sample of the residents who responded to the city calls from 2017 to 2019. The number falls between 1032 and 1034, while the sample number of mobile phones is only 301 to 505. Given the limited number of samples, whether the number of samples of the sample survey results is sufficient to represent the satisfaction of the people with the total amount of departments is still questioned by some scholars and needs further discussion. Therefore, it is recommended to expand the number of samples and include multiple survey methods to obtain more representative survey results, and then cooperate to modify the supervision indicators

keywords : people satisfaction, medical rights, medical quality, supervision indicator

第一章 緒論

第一節 前言

隨著經濟的成長、生活品質提升及健康意識抬頭，民眾就醫權益日漸受到關注。據國內外文獻指出，民眾就醫滿意度是測量健康照護體系績效及醫療品質的重要面向，而健康照護的滿意度亦是目前測量醫療服務品質最常見的量測方式，透過醫療品質的提升，間接提高病患的滿意度，降低醫療上的糾紛及疏失問題(陳俊成，2010)。我國自 93 年開始，健保署便陸續辦理「全民健康保險民意調查」，針對民眾對於醫療院所滿意度、健保利用率、就醫情形、未就醫原因、對於健保的認知等項目進行調查，並在當年度問卷調查中，納入該年度健保重要議題之題組，以瞭解民眾對於就醫滿意度、可近性及健保重要議題之認知與態度(郭乃文等，2014)。而政府亦將每年所辦理之「民眾滿意度調查結果」(包含醫院、西醫基層、牙醫、中醫部門及透析服務)，納為「維護保險對象就醫權益」之重要評核內容，藉此檢視民眾對就醫可近性、醫療服務品質、自費情形及民眾意見反映等看法。

近年國外民眾就醫滿意度研究趨勢，已逐漸發展為病人就醫經驗導向，以貼近民眾就醫情形與實際感受。健保署的滿意度調查亦逐漸轉型，自 100 年起進行就醫權益監測模式之先驅研究，106 至 108 年委託辦理「運用資料治理於民眾就醫權益之創新模式研究」，進行多元的病人就醫權益及醫療服務滿意度調查。此外，除前述民眾就醫滿意度系列調查外，政府自 103 年起，便建置「全民健康保險業務監測結果報告(下稱監測結果報告)」，分別以效率、醫療品質、效果、資源配置及財務等 5 大面向進行監測，期以更宏觀、結構性的方式，全面檢視健保在業務面及財務面的運作情形。

第二節 背景說明

我國將民眾就醫滿意度視為保險對就醫權益而列入評核中，且為重要的指標之一，自 93 年起推動全民健康保險民意調查，又因 87 年陸續開辦牙醫、中醫、西醫基層及醫院總額支付制度，對於醫療院所的管理方式有所改變，因此 95 年就進一步將民眾就醫滿意度納入調查，以就醫可近性、公平性及民意調查為主(楊銘欽等，2012)，檢視民眾就醫可近性、對於醫療服務品質及相關意見以提供政府了解。而全民健康保險開辦至今，健保署施行各項總額支付制度有效控制健保支出，透過民眾就醫監測系統能提高醫療服務品質及民眾生活品質，自 100 年開始楊銘欽教授依據安德森行為模式發展出就醫權益監測之研究架構先驅，將監測架構分為人口特徵、健康行為及結果三大構面，近幾年林寬佳教授又將監測就醫權益加入多元創新模式以續研究，像是數位調查(文字雲、詞頻累加圖等)及輿情分析以了解民眾對於醫療服務的認知。

目前監測就醫權益研究已推行多年，在整體性、西醫基層、中醫、牙醫、醫院及門診透析等六項民眾就醫權益調查，而 106 年開始林寬佳教授就將就醫權益監測做 3 年的追蹤，也加入多元創新模式更能了解民眾之需求及認知，不過尚未有相關研究將多年之訪問調查做整合性分析，所以本研究以 103 至 108 年之整體性、西醫基層、中醫、牙醫、醫院及門診透析等六項民眾就醫權益調查結果作分析。

第二章 國內外相關研究之文獻探討

第一節 健康照護體系績效評估

WHO 提到衛生保健系統的目標是使公民身體健康，且對公民的期望給予回饋(Mossialos et al, 2016)。為衡量和評估健康照護體系的績效，許多國家以量化的方式，發展出一套系統性的績效評估指標。

以下會將各國的健康照護體系績效構面及指標做整理，第一構面為健康生活或健康狀況改善構面，透過健康狀況變化提出相關健康結果之衡量指標，了解提供醫療服務是否有降低死亡及疾病的發生，在 OECD、美國、英國、加拿大、WHO 及澳大利亞都有提出。

第二個構面是反應性，在健康照護體系中反應性的概念是相當的廣泛，其中包含患者滿意度、患者可近性及患者經驗等，主要是透過為患者提供醫療服務及治療選擇是否有符合患者之期望及需求，提出此構面之國家有 OECD、美國及加拿大。第三個構面為效率及有效性，評核指標有：單位成本、經濟效率、使用資料、產生成本的變化及比率，提出構面之國家有：OECD、美國、英國、加拿大及澳大利亞。第四個構面為公平，通常從人口變項像是性別、年齡、收入及地理位置就了解對於醫療資源之分布是否具有公平性，也能間接了解健康狀況及家庭收入之情況，分為健康照護、機會、反應性及財務等，詳細整理如表 1。

表 1 各國健康照護體系績效構面彙整

	OECD	美國	WHO	英國	加拿大	澳大利亞
health lives or health status improvement 健康生活 或健康狀況改善	v	v	v	v	v	v
appropriateness of care 適當照顧	v	v			v	v
competence or capability 能力		v			v	v
Responsiveness 反應性	v	v	v		v	
Safety 安全	v	v			v	v
patient experience 患者經驗	v	v	v	v	v	
Accessibility 可近性	v	v		v	v	v
continuity of care 照護連續性					v	v
Efficiency/Effectiveness 效率和有效性	v	v		v	v	v
Macroeconomic efficiency 宏觀經濟效率	v					
unit costs 單位成本				v	v	v
Equity 公平	v	v	v		v	
equity of health care 醫療照護的公平性	v		v			
equity of responsiveness 公平的反應性	v		v			
equity of access 就醫可近性的公平性	v		v	v	v	v
equity of financial contributions 財務貢獻的公平性	v		v			

資料來源：Hurst, J., & Jee-Hughes, M. (2001). Performance measurement and performance management in OECD health systems. Canadian Institute for Health Information. (2013). A Performance Measurement Framework for the Canadian Health System (Updated November 2013). Canadian Institute for Health Information.

第二節 各國健康照護體系績效構面之相關指標

上述四大構面分別為：健康生活或健康狀況改善、反應性、效率和有效性及公平等，以下會依據美國、英國、加拿大及澳大利亞之健康照護體系需求提出的評核指標做介紹及整理。

一、美國

美國的保險分為公辦的低收入戶保險(Medicaid)及老人醫療保險(Medicare)和由商業保險公司或雇主提供的私人保險，也因為公私共同提供之醫療制度，造成無法衡量臨床及健康績效指標。所以陸續成立醫療保健組織(The Joint Commission, JCAHO)、醫學研究中心(Institute of Medicine, IOM)、衛生研究與質量機構(Agency for Healthcare Research and Quality, AHRQ)及衛生計畫數據中心(The Healthcare Effectiveness Data and Information Set, HEDIS)等單位，共同建立相關評估之績效指標(Arah et al., 2003)。

以下將績效指標做相關整理，可以看到在反應性構面中，可近性之指標有：初級保健提供者的可用性、兒童接觸初級保健提供者的機會、心理健康/化學依賴提供者的可用性、每年牙科就診、牙醫的可用性、成人獲得預防/門診醫療服務、成人產前檢查、產科/產前健保提供者的可用性、高危險分娩和新生兒的低出生體重分娩的設備及語言翻譯服務的可用性，安全之指標有會員滿意度調查及調查描述性資訊。

而效率和有效性構面之指標有：心臟病發作後使用乙型阻斷劑治療、老年者的健康、糖尿病患者的眼科檢查、老年者的流感預防接種、子宮頸癌篩檢、乳癌篩檢等。健康生活或健康狀況改善構面，指標有：幼兒出生後前 15 個月的就診次數、幼兒的第三、第四、第五及第六年就診次數、青少年保健訪問、選定過程的頻率、住院利用-非急性照護、剖腹產後剖腹產和陰道分娩率、產婦保健中女性的出院率和平均住院時間、新生兒的出生和平均住院時間、進行產前檢查的頻率、精神衛生利用率-晝夜住院和門診服務的佔比(%)、心理健康利用-住院病人出院和平均住院時間及因化學依賴性而再次入院及門診用藥，詳見表 2。

表 2 美國系統績效構面之指標

構面	指標
Accessibility 可近性	Availability of primary care providers 初級保健提供者的可用性
	Children's access to primary care providers 兒童接觸初級保健提供者的機會
	Availability of mental health/chemical dependency providers 心理健康/化學依賴提供者的可近性
	Annual dental visit 每年牙科就診次數
	Availability of dentist 牙醫的可近性
	Adults' access to preventive/ambulatory health services 成人獲得預防/門診醫療服務
	Adult Initiation of prenatal care 成人產前檢查
	Availability of obstetrical/prenatal care providers 產科/產前健保提供者的可用性
	Low birth-weight deliveries at facilities for high-risk deliveries and neonates 高危險分娩和新生兒的低出生體重分娩的設備
	Availability of language interpretation services 語言翻譯服務的可用性
Responsiveness 反應性	The Member Satisfaction Survey 會員滿意度調查
	Survey descriptive information 調查描述性資訊
Efficiency/Effectiveness 效率和有效性	Advising smokers to quit (in Member Satisfaction Survey) 建議吸菸者戒菸(在會員滿意度調查)
	Beta blocker treatment after a heart attack 心臟病發作後使用乙型阻斷劑治療
	The health of seniors 老年者的健康
	Eye exams for people with diabetes 糖尿病患者的眼科檢查
	Flu shots for older adults 老年者的流感預防接種
	Cervical cancer screening 子宮頸癌篩檢
	Breast cancer screening 乳癌篩檢
	Childhood immunisation status 孩童免疫狀況
	Adolescent immunisation status 青少年免疫狀況
	Treating children's ear infections 治療孩童的耳朵感染
	Prenatal care in the first trimester 懷孕早期的產前檢查
	Low birth-weight babies 出生體重較低的幼兒
	Check-ups after delivery 分娩後的檢查
	Follow up after hospitalisation for mental illness 精神疾病住院後的追蹤

表 2 美國系統績效構面之指標-續

構面	指標
health lives or health status improvement 健康生活或健康狀況改善	Well-child visits in the first 15 months of life 幼兒出生後前 15 個月的就診次數
	Well-child visits in the third, fourth, fifth and sixth year of life 幼兒的第三、第四、第五及第六年就診次數
	Adolescent well-care visit 青少年保健訪問
	Frequency of selected procedures 選定過程的頻率
	Inpatient utilisation -- non-acute care 住院利用-非急性照護
	Ambulatory care 日間照護
	Caesarean section and vaginal birth after caesarean rate (VBAC - rate) 剖腹產後剖腹產和陰道分娩率(VBAC 率)
	Discharge and average length of stay for females in maternity care 產婦保健中女性的出院率和平均住院時間
	Births and average length of stay, newborns 新生兒的出生和平均住院時間
	Frequency of ongoing prenatal care 進行產前檢查的頻率
	Mental health utilisation -- percentage of members receiving inpatient day/night and ambulatory services 精神衛生利用率-晝夜住院和門診服務的占比(%)
	Readmissions for specified mental health disorders 特定精神健康疾病的再次入院
	Chemical dependency utilisation -- inpatient discharges and average length of stay 化學依賴性的利用-住院病人出院和平均住院時間
	Chemical dependency utilisation -- percentage of members receiving inpatient, day/night care and ambulatory services 化學依賴性的利用-接受住院、日夜照護和門診服務的占比(%)
	Mental health utilisation - inpatient discharges and average length of stay 心理健康利用-住院病人出院和平均住院時間
	Readmission for chemical dependency 因化學依賴性而再次入院(%)
	Outpatient drug utilization 門診用藥(%)

資料來源：Hurst, J., & Jee-Hughes, M. (2001). Performance measurement and performance management in OECD health systems., Braithwaite, J., Hibbert, P., Blakely, B., Plumb, J., Hannaford, N., Long, J. C., & Marks, D. (2017). Health system frameworks and performance indicators in eight countries : a comparative international analysis. SAGE open medicine, 5, 2050312116686516.

二、英國

自 1983 年開始陸續在制定績效指標及發展評估措施，所以績效指標的制定相較於其他 OECD 國家擁有更多的經驗及數據資料。陸續也將評估患者的經歷和患者經驗的問卷及各種臨床療效和結果指標等納入考量(Braithwaite et al., 2017)。

下表 3 為英國健康照護體系績效構面所提出的相關指標，在可近性構面中，有 7 項指標為：冠狀動脈繞道手術及電腦斷層血管攝影術的手術率、65 歲以上更換髖關節手術的手術率、白內障置換手術的手術率、平均住院等候天數、使用 NHS 牙醫服務的人數、篩檢乳癌的占比及篩檢子宮頸癌的占比，而效率和有效性構面提到指標有：預防接種的占比、40 歲以下女性子宮擴張刮除手術的發生率、膠耳手術的干預率(索環手術)、急性照護管理包含：嚴重耳鼻喉感染的住院率、腎/尿道感染、心臟衰竭、氣喘、糖尿病、癲癇、苯二氮卓類藥物在初級保健中的心理健康、具有成本效益的藥物處方組成，包括：健康照護經驗及產品的組合、健康照護經驗與產品的修正發行、健康照護經驗與產品的有限臨床價值、吸入性糖皮質激素劑量用於氣喘的健康照護經驗及每日劑量，出院率包含：緊急入院後 56 天內從中風到通常居住地的出院率(50 歲及以上)及股骨頸骨折的患者在緊急入院後 28 天內出院到通常居住地的比率(65 歲及以上)。

反應性構面中，提到的指標有：每日案件率、病例組合調整住院天數、產婦的單位成本、接受專科心理健康服務時照顧患者的單位成本、接受專科心理健康服務時照護患者的單位成本、等待不到 2 個小時的急診病人、入院當天或之後因非醫療原因取消手術的患者、75 歲或以上的人延遲出院的比例或 75 歲以上的人中 1000 人內沒有住院比例、未參加患者的首次門診預約占比及等候名單在 12 個月或更長之占比。

在健康生活或健康狀況改善構面提到的指標為：標準化所有原因死亡率(15-64 歲及 65-74 歲)、癌症的人數登記(包含：胃惡性腫瘤、氣管、支氣管和肺的惡性腫瘤、皮膚惡性黑色素瘤、子宮頸癌惡性腫瘤、女性乳房的其他惡性腫瘤及子宮頸癌惡性腫瘤)、死亡率(包含：所有惡性腫瘤、所有循環系統疾病的死亡率及由自殺及未明確的傷害造成)、事故死亡人數事故和不良後果造成的標準化死亡率、16 歲以下的受孕者比率、五歲兒童的牙齒腐爛、缺失等及平均數量、治療發生的不良事件或併發症(包含：年齡標準化的 28 天緊急再入院率、疝氣復發手術、每 1000 人中 75 歲以上的緊急醫院收治及緊急精神科再入院率)、嬰兒各項死亡率(死產率及死亡率)、癌症 5 年生存率-綜合指標(包含：乳癌及子宮頸癌的存活率)、潛在可避免的死亡率(包括：孕產婦死亡率、結核病及霍奇金氏症死亡率、慢性風濕性心臟病的死亡率、高血壓和腦血管疾病的死亡率、氣喘死亡率、闌尾炎，腹部疝氣，膽石症和膽囊炎的死亡率及 65 歲以下人群冠心病死亡率)及院內早期死亡(包含 30 天手術期死亡率及心肌梗塞後 30 天的死亡率)。

表 3 英國健康照護體系績效構面之指標

構面	指標
Accessibility 可近性	Surgery rates for CABG and PTCA 冠狀動脈繞道手術及電腦斷層血管攝影術的手術率
	Surgery rates for hip replacement (aged 65 or over) 65 歲以上更換髖關節手術的手術率
	Surgery rates for knee replacement (aged 65 or over) 65 歲以上更換髖關節手術的手術率
	Surgery rates for cataract replacement 白內障置換手術的手術率
	Size of inpatient waiting list per head of population 平均住院等候天數
	Adults registered with an NHS dentist 使用 NHS 牙醫服務的人數
	Early detection of cancer, composite consisting of target population screened for breast cancer 篩檢乳癌的占比(特定人口)
Efficiency/Effectiveness 效率和有效性	Early detection of cancer, composite consisting of target population screened for cervical cancer 篩檢子宮頸癌的占比(特定人口)
	Disease prevention and health promotion % of target population vaccinated 預防接種的占比(特定人口)
	Inappropriately used surgery, composite consisting of age standardised: 不適當的手術，以校正標準化年齡：
	rates of D&Cs performed in women under 40 40 歲以下女性子宮擴張刮除手術的發生率
	surgical intervention rates for glue ear (grommet surgery) 膠耳手術的干預率(索環手術)
	Acute care management, composite consisting of age standardised 急性照護管理，以校正標準化年齡：
	admission rates for severe ENT infection 嚴重耳鼻喉感染的住院率
	kidney/urinary tract infection 腎/尿道感染率
	heart failure 心臟衰竭(%)
	Asthma 氣喘(%)
	Diabetes 糖尿病(%)
	Epilepsy 癲癇(%)

表 3 英國健康照護體系績效構面之指標-續

構面	指標
Efficiency/Effectiveness 效率和有效性	Mental health in primary care volume of benzodiazepines 苯二氮卓類藥物在初級保健中的心理健康
	Cost effective prescribing composite, consisting of 具有成本效益的藥物處方組成，包括
	NIC/PU of combination products 健康照護經驗及產品的組合
	NIC/PU of modified release products 健康照護經驗與產品的修正發行
	NIC/PU of drugs of limited clinical value 健康照護經驗與產品的有限臨床價值
	NIC/DDD of inhaled corticosteroidfu 吸入性糖皮質激素劑量用於氣喘的健康照護經驗及每日劑量
	Discharge from hospital, composite consisting of rate of 出院率，由以下各項組成：
	rate of discharge to usual place of residence within 56 days of emergency admission from there with a stroke (ages 50 and over) 緊急入院後 56 天內從中風到通常居住地的出院率(50 歲及以上)
Responsiveness 反應性	rate of discharge to usual place of residence within 28 days of emergency admission from these with a fractured neck of femur (ages 65 and over) 股骨頸骨折的患者在緊急入院後 28 天內出院到通常居住地的比率(65 歲及以上)
	Day case rate 每日案件率
	Casemix adjusted length of stay 病例組合調整住院天數
	Unit cost of maternity (adjusted for casemix and market forces) 產婦的單位成本(根據病例組合和市場力量進行調整)
	Unit cost of caring for patients in receipt of specialist mental health services (adjusted for casemix, quality and market forces) 接受專科心理健康服務時照護患者的單位成本(根據病例組合，質量和市場力量進行了調整)
	% of generic prescribing 一般處方箋的占比

表 3 英國健康照護體系績效構面之指標-續

構面	指標
Responsiveness 反應性	Patients who wait less than 2 hours for emergency admissions (through A&E) 等待不到 2 個小時的急診病人(通過就診及急診入院)
	Patients with operations cancelled for non-medical reasons on the day of, or after, admission 入院當天或之後因非醫療原因取消手術的患者
	Delayed discharge from hospital for people aged 75 or over, per 1,000 of those aged 75 or over and not in hospital. 75 歲或以上的人延遲出院的比例或 75 歲以上的人中 1,000 人內沒有住院比例
	First outpatient appointments for which patient did not attend, percentage 未參加患者的首次門診預約占比
	Percentage of those on waiting list waiting 12 months or more 等候名單在 12 個月或更長之占比
health lives or health status improvement 健康生活或健康狀況改善	Standardised all cause mortality ratio (ages 15-64 and 65-74)標準化所有原因死亡率(15-64 歲及 65-74 歲)
	Cancer registrations – the summation of age and sex-standardised rates for the following cancers：癌症登記-以下癌症的年齡和性別標準化率的總和：
	malignant neoplasm of the stomach 胃惡性腫瘤
	malignant neoplasm of trachea, bronchus, and lung 氣管、支氣管和肺的惡性腫瘤
	malignant melanoma of the skin 皮膚惡性黑色素瘤
	other malignant neoplasm of female breast 女性乳房的其他惡性腫瘤
	malignant neoplasm of cervix uteri 子宮頸癌惡性腫瘤
	death rates from 死亡率分為：
	all malignant neoplasms (people aged under 75) 所有惡性腫瘤(75 歲以下的人)
	all circulatory diseases (people aged under 75) 所有循環系統疾病的死亡率(75 歲以下的人)
	suicide and undetermined injury 由自殺及未明確的傷害造成

表 3 英國健康照護體系績效構面之指標-續

構面	指標
health lives or health status improvement 健康生活或健康狀況改善	Deaths from accidents standardised mortality ratios from accidents and adverse effects 事故死亡人數事故和不良後果造成的標準化死亡率
	Conceptions below age 16 (rate, girls aged 13-15) 16 歲以下的受孕者比率(13-15 歲的女孩)
	Decayed, missing and filled teeth in five year olds, average number 五歲兒童的牙齒腐爛、缺失等及平均數量
	Adverse events/complications of treatment composite, consisting of: 治療組合的不良事件/並發症，包括：
	age standardized 28 day emergency readmission rates 年齡標準化的 28 天緊急再入院率
	surgery for hernia recurrence 疝氣復發手術(%)
	Emergency admissions to hospital for people aged 75 or over, per 1000 population 每 1000 人中 75 歲以上的緊急入院率
	Emergency psychiatric readmission rates 緊急精神科再入院率
	Infant mortality composite, consisting of: 嬰兒各項死亡率，分別為：
	stillbirth rates 死產率
	mortality rates 死亡率
	Cancer 5 year survival rates - composite indicator, consisting of age standardized 癌症 5 年生存率-綜合指標，由年齡標準化
	survival rates from breast cancer (ages 15-99) 乳癌的存活率(15-99 歲)
	survival rates from cervical cancer (ages 15-99) 子宮頸癌的存活率(15-99 歲)
	Potentially avoidable mortality composite, consisting of (with age and sex standardisation where possible): 潛在可避免的死亡率綜合數據，包括(盡可能將年齡和性別標準化)：
	mortality from peptic ulcer (ages 25-74) 消化性潰瘍的死亡率(25-74 歲)
	maternal mortality (ages 15-44) 孕產婦死亡率(15-44 歲)

資料來源: Hurst, J., & Jee-Hughes, M. (2001). Performance measurement and performance management in OECD health systems., Braithwaite, J., Hibbert, P., Blakely, B., Plumb, J., Hannaford, N., Long, J. C., & Marks, D. (2017). Health system frameworks and performance indicators in eight countries: a comparative international analysis. SAGE open medicine, 5, 2050312116686516.

表 3 英國健康照護體系績效構面之指標-續

構面	指標
health lives or health status improvement 健康生活或健康狀況改善	mortality from tuberculosis (ages 5-64) 結核病死亡率(5-64 歲)
	mortality from Hodgkin's disease (ages 5-64) 霍奇金氏症死亡率(5-64 歲)
	mortality from chronic rheumatic heart disease (ages 5-44) 慢性風濕性心臟病的死亡率(5-44 歲)
	mortality from hypertensive and cerebrovascular disease (ages 35-64) 高血壓和腦血管疾病的死亡率(35-64 歲)
	mortality from asthma (ages 5-44) 氣喘死亡率(5-44 歲)
	mortality from appendicitis, abdominal hernia, cholelithiasis and cholecystitis (ages 5-64) 闌尾炎，腹部疝氣，膽石症和膽囊炎的死亡率(5-64 歲)
	mortality from CHD in persons under 65 65 歲以下人群冠心病死亡率
	In-hospital premature deaths, composite consisting of age standardised：院內早期死亡，包括標準化年齡：
	30 day perioperative mortality rate 30 天手術期死亡率
	30 day mortality rates following myocardial infarction (MI) (ages 50 and over) 心肌梗塞(MI)後 30 天的死亡率(50 歲及以上)

資料來源：Hurst, J., & Jee-Hughes, M. (2001). Performance measurement and performance management in OECD health systems., Braithwaite, J., Hibbert, P., Blakely, B., Plumb, J., Hannaford, N., Long, J. C., & Marks, D. (2017). Health system frameworks and performance indicators in eight countries : a comparative international analysis. SAGE open medicine, 5, 2050312116686516.

三、加拿大

加拿大的健康照護體系績效(Health System Performance, HSP)框架，是由衛生福利部統計處及加拿大衛生資訊研究中心(Canadian Institute for Health Information, CIHI)，共同訂定，且進一步建立相關健康照護體系之績效指標(Government of Canada, 2002, Braithwaite et al., 2017)。

下表 4 為加拿大健康照護體系績效構面之指標，在可近性構面中，提出指標有：在急診室等待醫師評估的時間、48 小時內髖部骨折手術及急診室關閉天數/急診室超出負擔的天數。而效率和有效性構面提出指標為：急性心肌梗塞(Acute myocardial infarction, AMI)後使用冠狀動脈造影、30 天再住院(小於 19 歲以下)、30 天產科再住院、在醫院因髖部骨折的(65 歲以上)老年人患者、門診照護可避免住院之疾病、自己受傷而住院、潛在可避免的死亡率、預防原因導致的可避免死亡率及治療原因導致的可避免的死亡率。

在反應性構面中提到的指標有：醫療患者的護理敏感不良事件、手術患者的護理敏感不良事件、產科創傷—用器械陰道分娩、產科創傷—無器械陰道分娩、醫院得到感染(敗血症發生率等)、住院髖部骨折事件、剖腹產、因精神疾病而再次住院的患者及 30 天因精神疾病再次入院。最後在健康生活或健康狀況改善構面，提到指標有：認知的健康、認知的心理健康、健康狀況(包含：成人體重指數、青少年體重指數、關節炎、糖尿病、氣喘、高血壓、慢性阻塞性肺疾病、疼痛或不適且限制活動、嚴重程度疼痛或不適、情緒障礙、與出生有關的指標(包含：出生體重低、出生體重大、胎兒出生體重小、胎兒出生體重大及早產)、死亡(包含：嬰兒死亡率、周產期死亡率及預期壽命)、總死亡率(包含：循環系統所有疾病死亡、有惡性腫瘤(癌症)死亡、所有呼吸系統疾病死亡、自殺、意外傷害死亡、愛滋病死亡及早期死亡等。

表 4 加拿大健康照護體系績效構面之指標

構面	指標
Accessibility 可近性	Emergency department (ED) wait time for physician assessment 在急診室等待醫師評估的時間
	Total ED length of stay 急診室治療總天數
	Hip fracture surgery within 48 hours 48 小時內髖部骨折手術
	Number of days the ED was closed/number of days the ED was over capacity 急診室關閉天數/急診室超出負擔的天數
Efficiency/Effectiveness 效率和有效性	Use of coronary angiography following acute myocardial infarction (AMI) 急性心肌梗塞(AMI)後使用冠狀動脈造影
	30-Day Readmission-Age younger than 20 years 30 天再住院-小於 19 歲以下(%)
	30-day obstetric readmission 30 天產科再住院(%)
	30-day readmission — patients age 19 and younger 19 歲以下患者的 30 天再住院(%)
	30-day surgical readmission 30 天手術再住院(%)
	30-day medical readmission 30 天醫療再住院(%)
	In-hospital hip fracture in elderly (65+) patients 在醫院因髖部骨折的(65 歲以上)老年人患者(%)
	Ambulatory care sensitive conditions(ACSC) 門診照護的可避免住院之疾病(%)
	Self-injury hospitalization 自己受傷而住院(%)
	Potentially avoidable mortality rate 潛在可避免的死亡率(%)
	Rate of avoidable mortality from preventable causes 預防原因導致的可避免死亡率(%)
	Rate of avoidable mortality from treatable causes 治療原因導致的可避免的死亡率(%)
Responsiveness 反應性	Nursing-sensitive adverse events for medical patients 醫療患者的護理敏感不良事件(%)
	Nursing-sensitive adverse events for surgical patients 手術患者的護理敏感不良事件(%)

資料來源：Hurst, J., & Jee-Hughes, M. (2001). Performance measurement and performance management in OECD health systems. Canadian Institute for Health Information. (2013). A Performance Measurement Framework for the Canadian Health System (Updated November 2013). Canadian Institute for Health Information.

表 4 加拿大健康照護體系績效構面之指標-續

構面	指標
Responsiveness 反應性	Obstetric trauma — vaginal delivery with instrument 產科創傷—用器械陰道分娩(%)
	Obstetric trauma — vaginal delivery without instrument 產科創傷—無器械陰道分娩(%)
	Hospital-acquired infections (rates of sepsis, etc.) 醫院得到感染(敗血症發生率等)
	Hospitalized hip fracture event 住院髖部骨折事件(件數)
	Caesarean section 剖腹產(%)
	Patients with repeat hospitalizations for mental illness 因精神疾病而再次住院的患者(%)
	30-day readmission for mental illness 30 天因精神疾病再次入院(%)
health lives or health status improvement 健康生活或健康狀況改善	Well-being 福祉
	Perceived health 認知的健康
	Perceived mental health 認知的心理健康
	Perceived life stress 認為生活壓力
	Health conditions 健康狀況
	Adult body mass index 成人體重指數
	Youth body mass index 青少年體重指數
	Arthritis 關節炎(%)
	Diabetes 糖尿病(%)
	Asthma 氣喘(%)
	High blood pressure 高血壓(%)
	Chronic obstructive pulmonary disease (COPD)慢性阻塞性肺疾病(%)
	Pain or discomfort that prevents activities 疼痛或不適且限制活動(%)
	Pain or discomfort by severity 嚴重程度疼痛或不適(%)
	Mood disorders 情緒障礙
	Birth-related indicators 與出生有關的指標
	Low birth weight 出生體重低(%)
	High birth weight 出生體重高(%)

資料來源：Hurst, J., & Jee-Hughes, M. (2001). Performance measurement and performance management in OECD health systems. , Canadian Institute for Health Information. (2013). A Performance Measurement Framework for the Canadian Health System (Updated November 2013). Canadian Institute for Health Information.

表 4 加拿大健康照護體系績效構面之指標-續

構面	指標
health lives or health status improvement 健康生活或健康狀況改善	Small for gestational age 胎兒出生體重小(%)
	Large for gestational age 胎兒出生體重大(%)
	Pre-term births 早產率
	Deaths 死亡
	Infant mortality 嬰兒死亡率
	Perinatal mortality 周產期死亡率
	Life expectancy 預期壽命
	Total mortality 總死亡率
	All diseases of the circulatory system deaths 循環系統所有疾病死亡(%)
	All malignant neoplasms (cancer) deaths 所有惡性腫瘤(癌症)死亡(%)
	All diseases of the respiratory system deaths 所有呼吸系統疾病死亡(%)
	Suicide 自殺(%)
	Unintentional injury deaths 意外傷害死亡(%)
	AIDS deaths 愛滋病死亡(%)
	Premature mortality 早期死亡(%)
	Potential years of life lost (PYLL) 潛在的喪失生命年數 (PYLL)
	for provincial/territorial level time-series 用於省/地區級時間序列
	for total mortality 全死因死亡率
	for all cancer deaths 對於所有癌症死亡
	for all circulatory disease deaths 對於所有循環系統疾病的死亡
	for all respiratory disease deaths 對於所有呼吸系統疾病死亡(%)
	for unintentional injuries 意外傷害
	for Suicide 自殺
	for AIDS deaths 愛滋病死亡

資料來源: Hurst, J., & Jee-Hughes, M. (2001). Performance measurement and performance management in OECD health systems. , Canadian Institute for Health Information. (2013). A Performance Measurement Framework for the Canadian Health System (Updated November 2013). Canadian Institute for Health Information.

四、澳大利亞

表 5 為澳大利亞的健康照護體系績效構面之指標，在可近性構面提到指標有：門診等候時間、選擇性手術的等待時間、急診室等待時間、不同的方式進入醫院及藉由社區非醫院服務而可避免的公立醫院急診個案。效率和有效性構面之指標有：全國的疫苗注射免疫反應率、妊娠前三個月懷孕的比例、選定的潛在可預防住院、急性冠狀動脈疾病的存活率、可能避免的死亡率、醫院服務結果、急診病患再入院率、未在計劃內中返回治療(%)、院內感染率、平均成本下病例組合調整後的間距、於急性與非急性的照護部分之平均成本下病例組合調整後的間距、平均住院天數及未收入的醫療費用及衛生人力淨成長(%)。

而反應性構面的指標有：病人滿意度調查、醫院治療不良事件及在醫院中病患因跌倒而受傷，。最後在健康生活或健康狀況改善構面，提到指標為：心臟疾病發生率、癌症發生率、核心活動嚴重受限、預期壽命、心理障礙、可能避免的死亡、嬰兒死亡率、國家衛生重點地區疾病和狀況的死亡率、子宮頸癌篩檢、乳癌篩檢、孩童免疫反應、流感疫苗預防接種、癌症存活、急性冠心病事件後的存活、性傳播感染和血液傳播病毒的發生率、終末期腎臟疾病的發生率、受傷及中毒的住院、出生體重低的嬰兒的比例及自我評估的健康狀況。

表 5 澳大利亞健康照護體系績效構面之指標

構面	指標
Accessibility 可近性	outpatient waiting times 門診等候時間
	waiting times for elective surgery 選擇性手術的等待時間
	emergency department waiting times 急診室等待時間
	Bulk-billing for non-referred (GP) attendances 非由家庭醫師轉診之照護的批量計價
	Differential access to hospital procedures 不同的進入醫院方式
Efficiency/Effectiveness 效率和有效性	Selected potentially avoidable GP-type presentations to emergency department 藉由社區非醫院服務而可避免的公立醫院急診個案
	Immunisation rates for vaccines in the national schedule 全國的疫苗注射免疫反應率
	Proportion of pregnancies with an antenatal visit in the first trimester 妊娠前三個月懷孕的比例
	Cancer screening rates 選定的潛在可預防住院
	Selected potentially preventable hospitalisations 選定的潛在可預防住院
	Survival of people diagnosed with cancer 被診斷患有癌症的人的存活率
	Survival following acute coronary heart disease event 急性冠狀動脈疾病的存活率
	Potentially avoidable deaths 可能避免的死亡率
	hospital service outcomes 醫院服務結果
	emergency patient readmission rate 急診病患再入院率
	unplanned return to theatre 未在計劃內中返回治療(%)
	hospital-acquired infection rate 院內感染率
	cost per casemix-adjusted separation 平均成本下病例組合調整後的間距
	Cost per casemix-adjusted separation for acute and non-acute care episodes 用於急性與非急性的照護部分之平均成本下病例組合調整後的間距
	average length of stay 平均住院天數
	cost per non-admitted occasion of care 每次未收入的醫療費用
	Net growth in health workforce 衛生人力淨成長(%)

資料來源：Hurst, J., & Jee-Hughes, M. (2001). Performance measurement and performance management in OECD health systems. › Data, G. A. C. (2011). Australia's health 2016 Web report Last updated : 13 Sep 2016. Diabetes, 12(5.0), 2-3.

表 5 澳大利亞健康照護體系績效構面之指標-續

構面	指標
Responsiveness 反應性	patient satisfaction surveys 病人滿意度調查
	Adverse events treated in hospital 醫院治療不良事件
	Falls resulting in patient harm in hospitals 在醫院中病患因跌倒而受傷
health lives or health status improvement 健康生活或健康狀況改善	Incidence of heart attacks 心臟疾病發生率
	Incidence of cancer 癌症發生率
	Severe or profound core activity limitation 核心活動嚴重受限
	Life expectancy 預期壽命
	Psychological distress 心理壓力
	Potentially avoidable deaths 可能避免的死亡率
	Infant mortality 嬰兒死亡率
	Mortality for National Health Priority Area diseases and conditions 國家衛生重點地區疾病和狀況的死亡率
	Cervical screening 子宮頸癌篩檢(%)
	Breast cancer screening 乳癌篩檢(%)
	Childhood immunization 孩童免疫反應(%)
	Influenza vaccination 流感疫苗預防接種(%)
	Cancer survival 癌症存活率
	Survival following acute coronary heart disease event 急性冠心病事件後的存活率
	Incidence of sexually transmissible infections and blood-borne viruses 性傳播感染和血液傳播病毒的發生率
	Incidence of end-stage kidney disease 終末期腎臟疾病的發生率
	Hospitalisation for injury and poisoning 受傷及中毒的住院
	Proportion of babies born with low birthweight 出生體重低的嬰兒的比例
	Self-assessed health status 自我評估的健康狀況

資料來源：Hurst, J., & Jee-Hughes, M. (2001). Performance measurement and performance management in OECD health systems. › Data, G. A. C. (2011). Australia's health 2016 Web report Last updated : 13 Sep 2016. Diabetes, 12(5.0), 2-3.

第三節 就醫經驗(滿意度)運用於健康照護體系績效評量之國內外相關文獻

一、就醫權益之國內外文獻

國際上將健康照護視為基本人權的重要一環，而 WHO 提到健康定義為生理、心理、社會的完整狀態，不單單是指疾病的免除，且不分種族、宗教、政治、信仰、經濟及社會地位的基本人權(Conference et al., 2002)，是希望醫療人權與其他權利能有相等地位及重要性。

在 1981 年里斯本病人權益宣言提到，病人應具有六項權利：(1)病人有自由選擇醫師的權利、(2)病人有接受醫師在不干擾的情況下，執行臨床及醫療資訊上有關判斷的權利、(3)病人有真正了解正確資訊後，接受或拒絕醫療的權利、(4)病人有要求尊重其醫療及個人資料之保密性的權利、(5)病人在面臨死亡時，需要有尊嚴的權利及(6)病人有接受或拒絕宗教協助等精神慰藉的權利(Daniels et al., 2007；Bleich et al., 2009)。

而國內在 2009 年醫療保健政策建議書，則提出以病人自主權、民眾個人隱私權、醫療資訊提供及健康平等為民眾的就醫權利，強調病人自主權應要告知後同意法則(中央研究院，2009)，並透過溝通對話的方式重建醫病之間的關係，以保障病人之就醫權益。

二、就醫經驗(滿意度)之國內外文獻

研究發現病患滿意度與良好的健康結果有關(Kreulen et al, 2002；Ostir et al., 2002)，病患滿意度調查也漸漸成為醫院服務品質評估之重要指標的必要項目。在美國 Gupta 等研究探討住院病患對於疼痛的看法及治療滿意度，研究對象以住院超過一天、年齡在 18 歲以上且非有精神疾病診斷且出院後還活著之患者，發現疼痛若有獲得緩解，對於治療滿意度就會有所增加，且再次入院的機會就會下降(Gupta et al., 2009)。

在瑞典 Göransson 等研究病患在等待急診分診的就醫經驗，調查對象為某間大學附設醫院的急診病患。結果顯示有 76% 的患者感到滿意在到達急診室後有立即進行分診，97.8% 的病患都認為分診護理人員完全或充分符合職責，且有 96.3% 的患者認為得到護理人員的尊重及照護。發現若有及時的進行相關處置，患者的滿意度是會增加的(Göransson et al., 2010)。

在英國 Aiken 等探討病患對醫院照護及護理人員和醫生的看法，結果顯示病患對護理人員及醫師，表現出高度的信心和信任，代表對於醫療滿意度越高，也發現護理人員的專業知識及工作環境也會間接影響病患的滿意度(Aiken et al., 2018)。

澳大利亞 Sally 等研究在住院患者中進行乳房切除術後乳房重建，對於就醫滿意度之影響，結果發現進行重建的女性對乳房的外觀以及心理和性健康整體上具有較高的滿意度，對於護理人員、醫師及行政人員的滿意度也會相較未重建組增加(Sally et al., 2016)。

而在國內，部分學者透過縮短門診領藥的等候時間，增加硬體、改善輔助工具、人員的訓練、建置領藥預約系統等，結果發現「候藥時間」由 15.3 分鐘降為 6.4 分鐘，評量「病人領藥與候藥整體滿意度」，非常滿意與滿意由先前的 82% 提升至改善後的 94%。在「藥師工作滿意度」方面，由先前非常滿意與滿意為 64% 提升至改善後的 90%，可以得知縮短藥時間，病患的滿意度會增加，且對於藥師對本身工作滿意度也會同時提升(廖玲禪等，2016)。

部分學者以中部某區域醫院門診、急診及住院病患，採便利抽樣的方式收集問卷，希望能了解就醫病患對各項醫療服務相關認知的滿意情形。研究結果發現，門診、急診及住院患者對該醫院「環境設施」與「等候時間」的滿意度均為最低，顯示若能改善就醫民眾對等候時間，就能提升患者之滿意度及增加醫院的營運績效(陳敏郎等，2017)。

部分學者探討實施高齡友善優先服務是否有效縮短門診就醫時間及滿意度之影響，以臺北市某區域醫院經掛號(預約或現場)，且有排除小兒科門診之病患。研究結果發現，在整體、高齡組(≥ 80 歲)或非高齡組(< 80 歲)的就醫總等候時間皆有減少，而就醫滿意度方面則皆有提升。顯示就醫等待時間的減少，能提高病患對就醫之滿意度(王世如等，2018)。

部分學者分析病患對於醫療體驗及醫院滿意度與回診意願之關係，利用中部某醫院之就醫病患且年齡為 15 歲以上。透過結果發現，醫院在醫療環境與設施、等候時間、服務態度、醫療過程與就醫安全等因素得到較高的滿意。顯示在醫院的硬體設備及醫療服務對於民眾是影響滿意度之重要因素(應立志等，2012)。

三、總額制度就醫經驗(滿意度)文獻

滿意度是一種評估醫療品質的關鍵指標，目前滿意度調查在整體性、西醫基層、中醫、牙醫、醫院及門診透析等都有實施多年，以下為國內外學者的研究分析。

對於醫療整體性滿意度來說，醫院提供的醫療服務品質與患者的滿意度是會呈現正向關係，醫療院所提供之醫療服務品質與患者感受會有所影響(Yakoboski et al., 1994；Donabedian et al., 2008)。患者的滿意度可提供給醫療院所藉以衡量醫療服務品質之指標。因此，提高醫療服務品質也能作為監測民眾就醫權益之評估(謝佩君，2017)。

在牙醫門診就醫滿意度中，根據相關文獻提到硬體設備與環境及醫療專業與服務態度對於病患的滿意度有正向影響，有助提高患者對醫療服務品質的認知(陳俊成，2010；McAlexander et al., 1994；Woodside et al., 1989)。

而在西醫基層就醫滿意度，部分學者研究發現，就醫交通時間是就醫滿意度的影響因素，會因交通限制或不易抵達之問題(周鴻儒等，1997；蔡文正等，2006)，常常造成就醫延誤或不就醫之情況發生。

在中醫門診滿意度上，研究發現有三分之二的患者習慣會沒有固定的就醫醫療院所及醫師，只有三分之一的患者會至固定的醫療院所或醫師就診，而會選擇交通便利之醫療院所就醫(施純全，2010)。結果顯示會隨年齡較大使用情況逐漸增加，且女性普遍利用也高於男性患者(黃培銘，2009)。

門診透析滿意度中，文獻研究發現社經地位(家戶收入、最高學歷及職業)最具影響的因素，而患者本身的生活習慣或特質等因素也會間接有所影響(陳玉筠，2016)。

醫院總額滿意度相關研究提到，醫療設備完善、醫療院所交通可近性、醫師服務態度、內部環境整潔及治療所花費時間的長短，是病患就醫滿意度之影響因素(Lawther et al.,1999；陳清軒，2003；胡玉美，2004)。

第三章 我國與國外就醫經驗(滿意度)問卷探討

第一節 我國與國外問卷調查方法概述

一、我國問卷就醫經驗(滿意度)問卷

以下我們分別針對 103 至 105 及 106 至 108 年度就醫權益調查問卷研究設計與分析方法、各部門總額支付制度及整體性問卷調查構面及各部門總額評核構面「維護保險對象就醫權益」之評核項目，進行整理說明。

(一)就醫權益調查問卷之問卷調查緣起

健保署希望藉由調查民眾就醫權益與滿意度，能了解民眾權益之情形，所以透過委託學者辦理「103 至 105 年度全民健保民眾就醫權益長期監測系統之研究」計畫，以及林寬佳教授所辦理之「106 至 108 年度發展資料治理於健保服務之創新模研究—運用資料治理於民眾就醫權益之創新模式研究」計畫。針對民眾就醫的可近性、醫療品質、差額負擔及滿意度等，利用問卷方式進行調查。

問卷設計是依據楊銘欽教授在 2011 年保險對象就醫監測模式之先驅研究，以 Andersen 在 1995 年提出的 health behavioral model phase 4 為依據，加上相關專家諮詢會議修建議，修訂就醫權益監測模式之架構。

而在 2015 年由學者又將監測模式更新為第五代 Andersen 之健康模型，整體架構包含三大構面，第一大構面為個人特質包含：三項構面有前傾、使能及需要等，第二大構面為健康行為包含個人健康行為、健康服務利用兩項構面，第三大構面為結果包含：健康狀態評估、滿意度兩項構面，如圖 1。

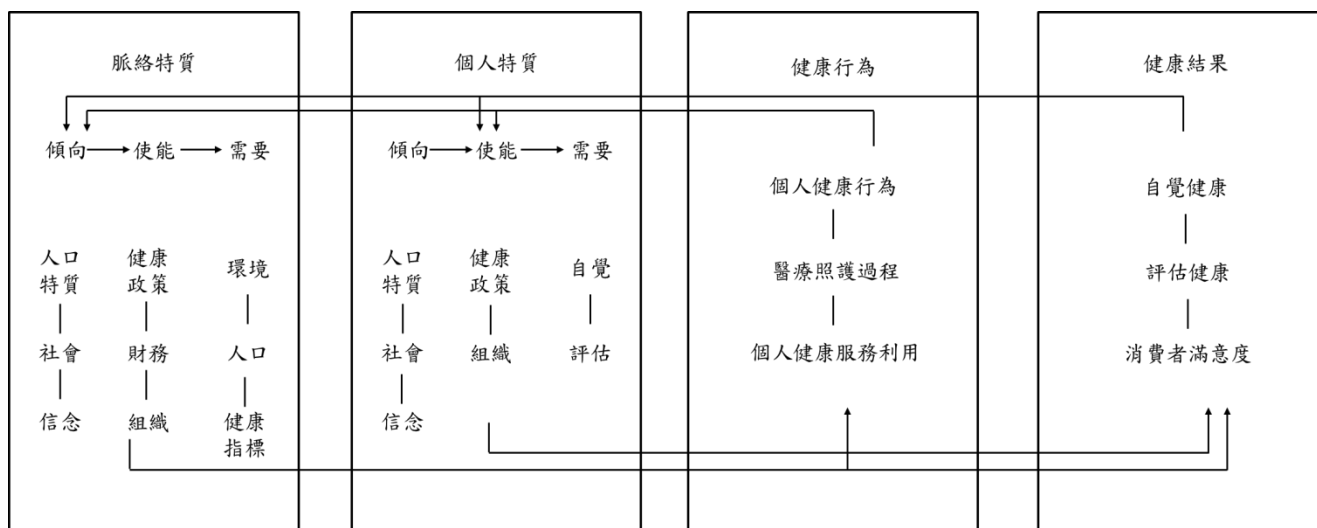


圖 1 Andersen 第五代健康行為模型

資料來源：邱尚志等，2016，全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署。

問卷調查方式是將中華電信各縣市最佳住宅電話簿為抽樣底冊，分為三階段實施，第一階段為抽取率與單位大小成比例方式(PPS)，以各縣市作分層，再由各縣市住家電話簿中系統抽樣抽取樣本局碼，取得電話號碼局號組合。抽出的電話必須進行隨機撥號法(RDD)的處理，才能作為訪問之電話使用。

在第二階段會將第一階段所抽的電話碼最後 2 碼，以隨機亂數方式取代，進行電話問卷調查。此電話訪問調查包含全民健康保險(整體性)、西醫基層、醫院、中醫及牙醫總額部門。不過在全民健康保險(整體性)多了行動電話問卷調查，由國家通訊傳播委員會公布之「行動通信網路業務用戶號碼核配現況」，將以核配之編碼自首(前 5 碼)，隨機抽樣原則抽出局碼，後 5 碼以亂數方式產生，兩者合併為手機樣本號碼，在抽樣方法使用雙底冊調查進行，引用全民健保民眾就醫權益長期監測系統之研究(邱尚志等，2016)。

第三階段則為了有效推估調查區域之民眾意見，樣本和適度檢定採用內政部公布之年度臺閩地區人口統計資料為檢定依據，以全體有效樣本的性別、年齡、教育程度、縣市別與母體結構進行檢定與加權處理，讓訪問過程中的受訪機率能趨近於相等，引用全民健保民眾就醫權益長期監測系統之研究(邱尚志等，2016)。

在門診透析是依據健保署提供之透析病人清冊名單抽樣母體，以隨機抽樣方式抽取 15000 筆門診透析病患名單，且郵寄問卷進行調查，且由受訪對象或家屬協助填答問卷並回寄至調查單位。樣本和適度檢定採用內政部公布之年度臺閩地區人口統計資料為檢定依據，全體有效樣本的性別、年齡、教育程度、縣市別與母體結構進行檢定與加權處理，引用全民健保民眾就醫權益長期監測系統之研究(邱尚志等，2016)，詳見如圖 2。

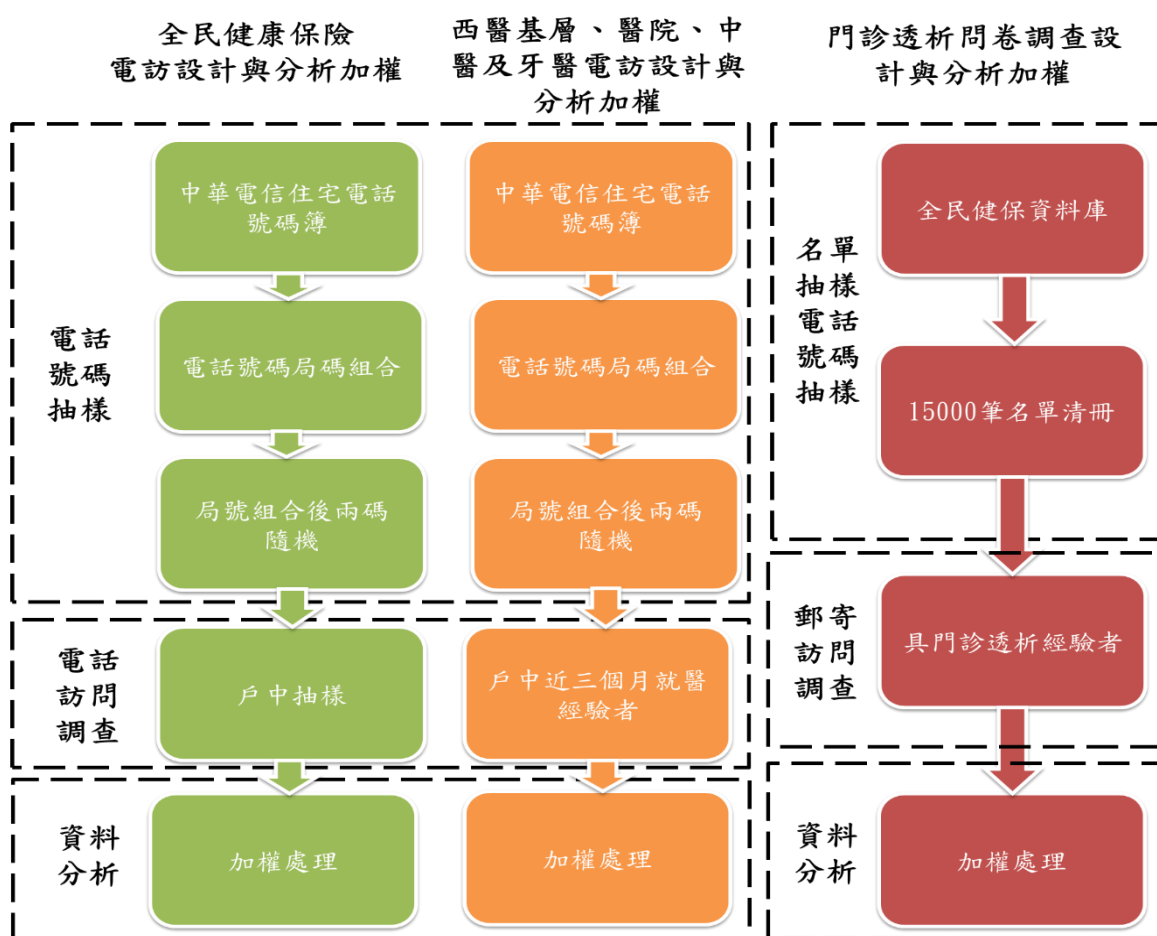


圖 2 全民健康保險、西醫基層、醫院、中醫及牙醫、及門診透析之電訪設計分析流程

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署。

(二)歷年問卷調查方式與內容之彙整

103 至 105 年使用前驅計畫問卷設計，在各總額部門是以最近 3 個月內使用各總額服務之民眾為對象。而在整體性調查是以各縣市 20 歲以上比例分配各層之樣本數，利用電腦輔助電話訪問系統(CATI 系統)進行，依據當年度依照歷年之住宅電話調查，因涵蓋率及樣本有侷限性，所以在 107 至 108 年增加採用行動電話調查進行創新模式偵測民意。手機抽樣參照國家通訊傳播委員會公布之行動信網路業務用戶號碼核配現況，會將已核配之編碼字首(前五碼)依照隨機抽樣抽出局碼，以後五碼利用亂數方式抽取，且兩者作合併為手機樣本號碼，引用發展資料治理於健保服務之創新模式研究(林寬佳等，2018)。

不過因雙第底冊調查在西醫基層、醫院、中醫及牙醫等民意調查，調查對象為特殊樣本，且要找到近三個月內有接受該總額服務之民眾機率會非常低，所以不適合使用行動電話進行調查，目前只有全民健康保險(整體性)調查使用此調查方式，引用發展資料治理於健保服務之創新模式研究(林寬佳等，2018)。

而在 107 年為了探討健康保險之可能發展方向，增加健保署整理提供之輿情資料來源進行基礎統計分析，且使用之分析工具為社群媒體分析網站 Fanpage karma，其用途在於分析及支援社群媒體經營(包含 Facebook、Twitter、Youtube、Google+、Instagram、Pinterest 等)，可同時監看所經營之多個社群媒體及競爭者概況，並計算各項關鍵績效指標(Key Performance Indicators, KPI)產出視覺化報表，引用發展資料治理於健保服務之創新模式研究(林寬佳等，2018)。

也增設數位調查之調查方式，利用民眾對於健保署新興政策推動的看法與建議，採用開放式題組收集民眾之意見，使用客製化網路問卷為數位調查之工具，透過健保署官方網頁與社群媒體(facebook、line 等)。分為三波項民眾推廣，第一波是以健保署全球資訊網，第二波是蒐集為相關領域之專業人員，第三波為健保署透過手機 app，引用發展資料治理於健保服務之創新模式研究(林寬佳等，2019)，詳見圖 3。

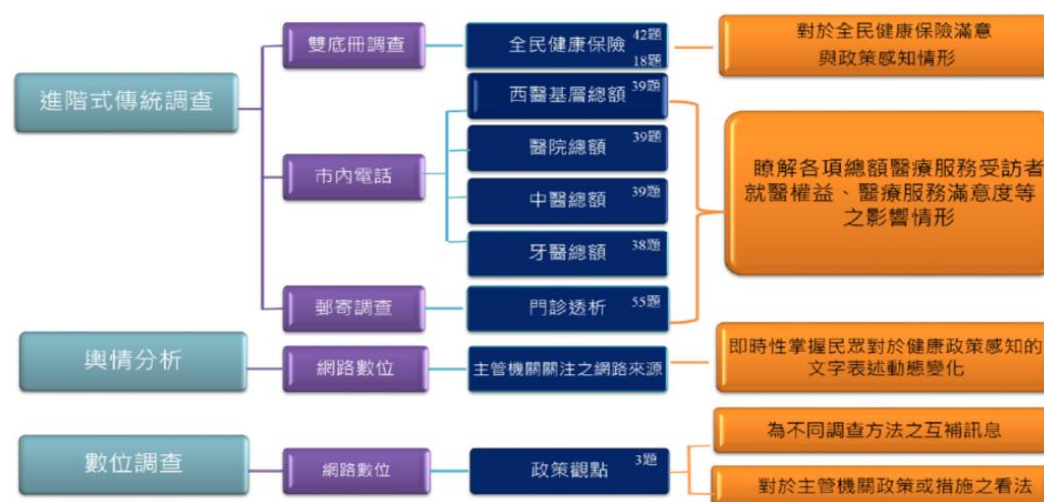


圖 3 調查問卷監測工具

資料來源：林寬佳等，(2018)。發展資料治理於健保服務之創新模式研究(2 之 3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

問卷內容主要分為醫療服務利用與可近性、滿意度與治療效果評估、健康行為與就診基本資料等，而各總額部門會依據需求增加檢驗檢查與用藥情形等的構面。而 103 至 108 年整體性及各總額部門之就醫權益調查研究設計，在調查對象中整體性以臺閩地區(含離島、金門、馬祖)為範圍，且對象要滿 20 歲以上之民眾，但在各總額部門是以最近 3 個月內使用各總額服務之民眾為對象。調查期間為各年度 7 至 10 月不等且利用電話訪談作問卷填寫，各年度之問卷樣本數為 1000 至 2000 份之間，抽樣方式為系統抽樣法以及隨機撥號法。

問卷調查內容在整體性總共有 5 大項題組，104 年為 6 大項題組，而健康狀況題組只有在 103 及 104 年出現，在 104 至 105 年有增加全民健保社會網路題組，而 106 年就刪除此題組。在西醫基層、醫院、中醫、牙醫總額及門診透析分為醫療服務利用與可近性、轉診與用藥情形、滿意度與治療效果評估、健康行為及就診基本資料等 5 大題組，轉診與用藥情形此題組會依照各總額部門之需求做調整，像在中醫總額為用藥情形題組，西醫基層與牙醫總額為轉診與用藥情形題組，醫院總額為檢驗檢查與用藥情形題組，最後門診透析為透析模式選擇與用藥情形題組。

在 104 年增加檢驗檢查與用藥情形之題組，且牙醫總額增加題組為：潔牙行為，105 至 107 年都依據專家建議增加補充題組或修正題目等，而統計分析方法都是以百分比分析、交叉分析與卡方檢定，相關彙整內容如圖 4 及表 6 至表 11。



圖 4 監測系統歷年趨勢圖

資料來源：林寬佳等，(2018)。發展資料治理於健保服務之創新模式研究 2 之 3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

表 6 歷年整體性調查研究設計與分析方法

	103 至 105 年(全民健保民眾就醫權益長期監測系統之研究)	106 至 108 年(發展資料治理於健保服務之創新模式研究－運用資料治理於民眾就醫權益之創新模式研究)
一、調查範圍與對象	103、104、105 年：以臺閩地區(含離島、金門、馬祖)為範圍，年滿 20 歲以上民眾	106、107、108 年：以臺閩地區(含離島、金門、馬祖)為範圍，年滿 20 歲以上民眾
二、調查時間	103 年：民國 103 年 7 月 14 日至 103 年 7 月 26 日 104 年：民國 104 年 8 月 15 日至 104 年 8 月 24 日間執行電話調查；網路調查於民國 104 年 8 月 15 日至 104 年 10 月 28 日間執行 105 年：民國 105 年 8 月 6 日至民國 105 年 8 月 15 日	106 年：民國 106 年 8 月 21 日至 106 年 8 月 31 日 107 年：民國 107 年 6 月 19 日至 107 年 6 月 30 日 108 年：民國 108 年 7 月 24 日至 108 年 7 月 28 日
三、調查方法與工具	103 年：電話訪問 104 年：電話訪問、網路調查 105 年：電話訪問	106 年：「市內電話調查」與「行動電話調查」兩部分 107、108 年：同上
四、有效樣本	103 年：1142 份 104 年：2803 份(電話調查：2096 份及網路調查：707 份) 105 年：2024 份	106 年：市內電話 1032 份，行動電話 301 份 107 年：市內電話 1033 份，行動電話 505 份 108 年：市內電話 1034 份，行動電話 502 份
五、抽樣設計	103 年：分層隨機抽樣輔以隨機撥號法 104、105 年：系統抽樣法以及隨機撥號法	106 年：市內電話採用系統抽樣法以及隨機撥號法；行動電話依照隨機抽樣原則抽出局碼，搭配後 5 碼以亂數方式產生，兩者合併為手機樣本號碼 107、108 年：同上
六、調查內容(題組)	103 年：1.服務利用與滿意度 2.健康狀況 3.健保重要議題 4.健康行為 5.基本資料 104 年：1.服務利用與滿意度 2.健康狀況 3.健保重要議題 4.全民健保社會網絡 5.健康行為 6.基本資料 105 年：1.服務利用與滿意度 2.健保重要議題 3.全民健保社會網絡 4.健康行為 5.基本資料	106 年：1.服務利用與滿意度 2.健保重要議題 3.總額支付制度實施後滿意度評價 4.基本資料 107 年：1.服務利用與滿意度 2.健保重要議題 3.基本資料 108 年：1.服務利用與滿意度 2.健保重要議題 3.基本資料
七、統計分析方法	103 年：1.頻次分析(次數、百分比)2.交叉分析與獨立性檢定 104 年：1.百分比分析 2.交叉分析與卡方檢定 105 年：1.百分比分析 2.交叉分析與卡方檢定	106 年：1.百分比分析 2.交叉分析與卡方檢定 107 年：1.百分比分析 2.交叉分析與卡方檢定 108 年：1.百分比分析 2.交叉分析與卡方檢定

表 7 歷年西醫基層總額調查研究設計與分析方法

	103 至 05 年(全民健保民眾就醫權益長期監測系統之研究)	106 至 108 年(發展資料治理於健保服務之創新模式研究－運用資料治理於民眾就醫權益之創新模式研究)
一、調查範圍與對象	103 年：最近 3 個月內曾利用過西醫基層門診服務的民眾 104 年：最近 3 個月內曾於西醫診所就醫的民眾 105 年：最近 3 個月內曾於西醫診所就醫的民眾	106 年：最近 3 個月內曾於西醫診所就醫的民眾 107 年：最近 3 個月內曾於西醫診所就醫的民眾 108 年：最近 3 個月內曾於西醫診所就醫的民眾
二、調查時間	103 年：民國 103 年 7 月 18 日至 103 年 8 月 28 日 104 年：民國 104 年 8 月 24 日至 104 年 9 月 26 日 105 年：民國 105 年 8 月 16 日至 105 年 10 月 6 日	106 年：民國 106 年 9 月 6 日至 106 年 10 月 16 日 107 年：民國 107 年 7 月 19 日至 107 年 9 月 10 日 108 年：民國 108 年 7 月 31 日至 108 年 8 月 27 日
三、調查方法與工具	103、104、105 年：電話訪問	106、107、108 年：電話訪問
四、有效樣本	103 年：1143 份 104 年：2009 份 105 年：2012 份	106 年：1025 份 107 年：1026 份 108 年：1030 份
五、抽樣設計	103 年：分層隨機抽樣輔以隨機撥號法 104、105 年：系統抽樣法以及隨機撥號法	106、107、108 年：系統抽樣法以及隨機撥號法
六、調查內容(題組)	103 年：1.醫療服務利用與可近性 2.轉診與用藥情形 3.滿意度與治療效果評估 4.健康行為 5.就診者基本資料 104 年：1.醫療服務利用與可近性 2.轉診與用藥情形 3.滿意度與治療效果評估 4.全民健保社會網絡 5.健康行為 6.就診者基本資料 105 年：1.醫療服務利用與可近性 2.轉診與用藥情形 3.滿意度與治療效果評估 4.健康行為 5.就診者基本資料	106 年：1.醫療服務利用與可近性 2.轉診與用藥情形 3.滿意度與治療效果評估 4.就診者基本資料 107 年：1.醫療服務利用與可近性 2.轉診與用藥情形 3.滿意度與治療效果評估 4.就診者基本資料 108 年：1.醫療服務利用與可近性 2.轉診與用藥情形 3.滿意度與治療效果評估 4.就診者基本資料
七、統計分析方法	103 年：1.百分比 2.交叉分析與獨立性檢定 3.平均數 4.ANOVA 變異數分析 104 年：1.百分比分析 2.交叉分析與卡方檢定 3.平均數與變異數分析 105 年：1.百分比分析 2.交叉分析與卡方檢定 3.平均數與變異數分析	106 年：1.百分比分析 2.交叉分析與卡方檢定 3.平均數與變異數分析 107 年：1.百分比分析 2.交叉分析與卡方檢定 3.平均數與變異數分析 108 年：1.百分比分析 2.交叉分析與卡方檢定 3.平均數與變異數分析

表 8 歷年醫院總額調查研究設計與分析方法

	103 至 105 年(全民健保民眾就醫權益長期監測系統之研究)	106 至 108 年(發展資料治理於健保服務之創新模式研究－運用資料治理於民眾就醫權益之創新模式研究)
一、調查範圍 與對象	103 年：最近 3 個月內曾於醫院就醫的民眾 104、105 年：同上	106 年：最近 3 個月內曾於醫院就醫的民眾 107、108 年：同上
二、調查時間	103 年：民國 103 年 7 月 18 日至 103 年 8 月 23 日 104 年：民國 104 年 8 月 26 日至 104 年 10 月 4 日 105 年：民國 105 年 8 月 16 日至 105 年 10 月 5 日	106 年：民國 106 年 9 月 6 日至 106 年 10 月 18 日 107 年：民國 107 年 7 月 19 日至 107 年 9 月 15 日 108 年：民國 108 年 7 月 31 日至 108 年 8 月 27 日
三、調查方法 與工具	103 年：電話訪問 104、105 年：同上	106 年：電話訪問 107、108 年：同上
四、有效樣本	103 年：1149 份 104 年：2006 份 105 年：2010 份	106 年：1023 份 107 年：1089 份 108 年：1030 份
五、抽樣設計	103 年：分層隨機抽樣輔以隨機撥號法 104、105 年：系統抽樣法以及隨機撥號法	106 年：系統抽樣法以及隨機撥號法 107、108 年：同上
六、調查內容 (題組)	103 年：1.醫療服務利用與可近性 2.檢驗檢查與用藥情形 3.滿意度與治療效果評估 4.健康行為 5.就診者基本資料 104 年：1.醫療服務利用與可近性 2.檢驗檢查與用藥情形 3.滿意度與治療效果評估 4.全民健保社會網絡 5.健康行為 6.就診者基本資料 105 年：1.醫療服務利用與可近性 2.檢驗檢查與用藥情形 3.滿意度與治療效果評估 4.健康行為 5.就診者基本資料	106 年：1.醫療服務利用與可近性 2.用藥情形 3.滿意度與治療效果評估 4.就診者基本資料 107 年：1.醫療服務利用與可近性 2.用藥情形 3.滿意度與治療效果評估 4.就診者基本資料 108 年：1.醫療服務利用與可近性 2.用藥情形 3.滿意度與治療效果評估 4.就診者基本資料
七、統計分析 方法	103 年：1.百分比 2.交叉分析與獨立性檢定 3.平均數 4.ANOVA 變異數分析 104 年：1.百分比分析 2.交叉分析與卡方檢定 3.平均數與變異數分析 105 年：1.百分比分析 2.交叉分析與卡方檢定 3.平均數與變異數分析	106 年：1.百分比分析 2.交叉分析與卡方檢定 3.平均數與變異數分析 107 年：1.百分比分析 2.交叉分析與卡方檢定 3.平均數與變異數分析 108 年：1.百分比分析 2.交叉分析與卡方檢定 3.平均數與變異數分析

表 9 歷年中醫總額調查研究設計與分析方法

	103 至 105 年(全民健保民眾就醫權益長期監測系統之研究)	106 至 108 年(發展資料治理於健保服務之創新模式研究—運用資料治理於民眾就醫權益之創新模式研究)
一、調查範圍與對象	103 年：最近 3 個月內曾於中醫門診就醫的民眾 104 至 105 年：同上	106 年：最近 3 個月內曾於中醫院所就醫的民眾 107、108 年：同上
二、調查時間	103 年：民國 103 年 7 月 18 日至 103 年 8 月 30 日 104 年：民國 104 年 8 月 31 日至 104 年 10 月 8 日 105 年：民國 105 年 8 月 16 日至 105 年 10 月 8 日	106 年：106 年 9 月 6 日至 106 年 10 月 21 日 107 年：107 年 7 月 19 日至 107 年 9 月 20 日 108 年：108 年 7 月 31 日至 108 年 8 月 27 日
三、調查方法與工具	103 年：電話訪問 104、105 年：同上	106 年：電話訪問 107、108 年：同上
四、有效樣本	103 年：1156 份 104 年：2011 份 105 年：2012 份	106 年：1033 份 107 年：1024 份 108 年：1031 份
五、抽樣設計	103 年：分層隨機抽樣輔以隨機撥號法 104 年：系統抽樣法以及隨機撥號法 105 年：系統抽樣法以及隨機撥號法	106 年：系統抽樣法以及隨機撥號法 107 年：系統抽樣法以及隨機撥號法 108 年：系統抽樣法以及隨機撥號法
六、調查內容(題組)	103 年：1.醫療服務利用與可近性 2.用藥情形 3.滿意度與治療效果評估 4.健康行為 5.就診者基本資料 104 年：1.醫療服務利用與可近性 2.用藥情形 3.滿意度與治療效果評估 4.全民健保社會網絡 5.健康行為 6.就診者基本資料 105 年：1.醫療服務利用與可近性 2.用藥情形 3.滿意度與治療效果評估 4.健康行為 5.就診者基本資料	106 年：1.醫療服務利用與可近性 2.轉診及用藥情形 3.滿意度與治療效果評估 4.健保期待 5.就診者基本資料 107 年：1.醫療服務利用與可近性 2.轉診及用藥情形 3.滿意度與治療效果評估 4.健保期待 5.就診者基本資料 108 年：1.醫療服務利用與可近性 2.轉診及用藥情形 3.滿意度與治療效果評估 4.健保期待 5.就診者基本資料
七、統計分析方法	103 年：1.百分比 2.交叉分析與獨立性檢定 3.平均數 4.ANOVA 變異數分析 104 年：1.百分比分析 2.交叉分析與卡方檢定 3.平均數與變異數分析 105 年：1.百分比分析 2.交叉分析與卡方檢定 3.平均數與變異數分析	106 年：1.百分比分析 2.交叉分析與卡方檢定 3.平均數與變異數分析 107 年：1.百分比分析 2.交叉分析與卡方檢定 3.平均數與變異數分析 108 年：1.百分比分析 2.交叉分析與卡方檢定 3.平均數與變異數分析

表 10 歷年牙醫總額調查研究設計與分析方法

	103 至 105 年(全民健保民眾就醫權益長期監測系統之研究)	106 至 108 年(發展資料治理於健保服務之創新模式研究－運用資料治理於民眾就醫權益之創新模式研究)
一、調查範圍 與對象	103 年：最近 3 個月內曾於牙醫門診就醫的民眾 104、105 年：同上	106 年：最近 3 個月內曾於牙醫門診就醫的民眾 107、108 年：同上
二、調查時間	103 年：民國 103 年 7 月 18 日至 103 年 8 月 12 日 104 年：民國 104 年 8 月 28 日至 104 年 10 月 05 日 105 年：民國 105 年 8 月 28 日至 105 年 10 月 05 日	106 年：民國 106 年 9 月 6 日至 106 年 10 月 18 日 107 年：民國 107 年 7 月 19 日至 107 年 9 月 16 日 108 年：民國 108 年 7 月 31 日至 108 年 8 月 27 日
三、調查方法 與工具	103 年：電話訪問 104、105 年：同上	106 年：電話訪問 107、108 年：同上
四、有效樣本	103 年：1150 份 104 年：2011 份 105 年：2019 份	106 年：1024 份 107 年：1034 份 108 年：1031 份
五、抽樣設計	103 年：分層隨機抽樣輔以隨機撥號法 104 年：系統抽樣法以及隨機撥號法 105 年：系統抽樣法以及隨機撥號法	106 年：系統抽樣法以及隨機撥號法 107 年：系統抽樣法以及隨機撥號法 108 年：系統抽樣法以及隨機撥號法
六、調查內容 (題組)	103 年：1.醫療服務利用與可近性 2.轉診與用藥情形 3.滿意度與治療效果評估 4.健康行為 5.就診者基本資料 104 年：1.醫療服務利用與可近性 2.轉診與用藥情形 3.滿意度與治療效果評估 4.全民健保社會網絡 5.健康行為 6.就診者基本資料 105 年：1.醫療服務利用與可近性 2.轉診與用藥情形 3.滿意度與治療效果評估 4.健康行為 5.就診者基本資料	106 年：1.醫療服務利用與可近性 2.轉診與用藥情形 3.滿意度與治療效果評估 4.健保期待 5.就診者基本資料 107 年：1.醫療服務利用與可近性 2.轉診與用藥情形 3.滿意度與治療效果評估 4.健保期待 5.就診者基本資料 108 年：1.醫療服務利用與可近性 2.轉診與用藥情形 3.滿意度與治療效果評估 4.健保期待 5.就診者基本資料
七、統計分析 方法	103 年：1.百分比 2.交叉分析與獨立性檢定 3.平均數 4.ANOVA 變異數分析 104 年：1.百分比分析 2.交叉分析與卡方檢定 3.平均數與變異數分析 105 年：1.百分比分析 2.交叉分析與卡方檢定 3.平均數與變異數分析	106 年：1.百分比分析 2.交叉分析與卡方檢定 3.平均數與變異數分析 107 年：1.百分比分析 2.交叉分析與卡方檢定 3.平均數與變異數分析 108 年：1.百分比分析 2.交叉分析與卡方檢定 3.平均數與變異數分析

表 11 歷年門診透析調查研究設計與分析方法

	103 至 105 年(全民健保民眾就醫權益長期監測系統之研究)	106 至 108 年(發展資料治理於健保服務之創新模式研究－運用資料治理於民眾就醫權益之創新模式研究)
一、調查範圍與對象	103 年：最近 3 個月內曾於醫院或診所接受透析的民眾 104、105 年：同上	106 年：最近 3 個月內曾於門診透析的民眾 107、108 年：同上
二、調查時間	103 年：民國 103 年 8 月 18 日至 103 年 10 月 31 日 104 年：民國 104 年 8 月 31 日至 104 年 9 月 7 日 105 年：民國 105 年 8 月 18 日至 105 年 10 月 7 日	106 年：民國 106 年 9 月 12 日至 106 年 10 月 19 日 107 年：民國 107 年 7 月 17 日至 107 年 9 月 20 日 108 年：民國 108 年 8 月 9 日至 107 年 9 月 10 日
三、調查方法與工具	103 年：郵寄問卷 104 至 105 年：同上	106 年：郵寄問卷 107 至 108 年：同上
四、有效樣本	103 年：741 份 104 年：1801 份 105 年：1171 份	106 年：1110 份 107 年：1026 份 108 年：1030 份
五、抽樣設計	103 年：隨機抽樣 104 至 105 年：同上	106 年：隨機抽樣 107 至 108 年：同上
六、調查內容(題組)	103 年：1.醫療服務利用與可近性 2.透析模式選擇與用藥情形 3.滿意度與治療效果評估 4.健康行為 5.就診者基本資料 104 至 105 年：同上	106 年：1.醫療服務利用與可近性 2.透析模式選擇與用藥情形 3.滿意度與治療效果評估 4.健康行為 5.就診者基本資料 107 至 108 年：同上
七、統計分析方法	103 年：1.百分比 2.交叉分析與獨立性檢定 3.平均數 4.ANOVA 變異數分析 104 年：1.百分比分析 2.交叉分析與卡方檢定 3.平均數與變異數分析 105 年：1.百分比分析 2.交叉分析與卡方檢定 3.平均數與變異數分析	106 年：1.百分比分析 2.交叉分析與卡方檢定 3.平均數與變異數分析 107 年：1.百分比分析 2.交叉分析與卡方檢定 3.平均數與變異數分析 108 年：1.百分比分析 2.交叉分析與卡方檢定 3.平均數與變異數分析

二、各國就醫經驗(滿意度)問卷研究設計

以下會分為門診、心理健康、產科、住院及急診等五大分類，分析各國的問卷研究設計及研究方法，進行比較整理說明。

表 12 為門診及門診手術就醫(滿意度)問卷研究設計及研究方法，美國在 2015 年開始問卷調查，年齡 18 歲以上且具有門診手術或治療的患者為研究對象。每個月都會進行一次問卷施測，會利用信件、電話及混合模式，混合模式會有三種分組，分別為信件和電話、電子郵件及信件及電話和電子郵件。抽樣方式為隨機抽樣，每個月有效的樣本數為 5000 至 6000 份。

表 13 為心理健康就醫(滿意度)問卷研究設計及研究方法，使用問卷的國家為英國，問卷調查從 2003 年開始，2003 至 2012 年施測時間為 7 至 9 月，2013 年至 2018 年為 9 至 11 月，調查對象是有接受過心理健康照護或治療的患者。問卷調查是以電話訪問，採取隨機抽樣的方式篩選，有效的樣本落在 12000 至 17000 份之間。

在產科就醫(滿意度)問卷中，使用的國家有：英國及澳大利亞的昆士蘭州，英國的調查對象是以有參與 NHS 的分娩且出生嬰兒必須活著(包括家庭分娩)的產婦。從 2007 年就進行調查且期間皆為 1 至 2 月，施測方式都是電話訪問，採隨機抽樣的方式，有效的樣本介於 16000 至 26000 份之間。昆士蘭州調查對象為澳大利亞居民，年齡落在 16 至 49 歲的婦女且出生的嬰兒需活著，若因聽力、語言、認知困難或疾病而無法完成訪問需要排除，調查方式是以電話訪問，抽樣採隨機抽樣進行，最終的分析樣本為 5000 至 7000 份不等，如表 14。

表 12 門診及門診手術就醫經驗(滿意度)問卷設計

	美國
調查範圍與對象	18 歲以上且具有門診手術或治療的患者
調查時間	2015、2016、2017、2018 年：每個月一次
調查方法與工具	信件、電話及混合模式(信件和電話、電子郵件和信件或電話和電子郵件)
有效樣本	5000-6000 份(每個月)
抽樣設計	隨機抽樣

表 13 心理健康就醫經驗(滿意度)問卷設計

	英國
調查範圍與對象	18 歲以上接受過心理健康照護或治療的人
調查時間	2003 至 2012 年：7 至 9 月 2013 至 2018 年：9 至 11 月
調查方法與工具	電話訪問
有效樣本	12000-17000 份
抽樣設計	隨機抽樣

表 14 產科就醫經驗(滿意度)問卷設計

	英國	昆士蘭州
調查範圍與對象	有參與 NHS 的分娩的婦女且出生嬰兒必須活著(包括家庭分娩)	1.年齡 16-49 歲的婦女，且出生的嬰兒需活著 2.需要是澳大利亞居民
調查時間	2007 年：1 至 2 月 2010、2013、2015、2018、2019 年：同上	2011、2014、2015、2017 年：7 至 9 月
調查方法與工具	電話訪問	電話訪問
最終分析樣本	16000-26000 份(有效樣本)	5000-7000 份
抽樣設計	隨機抽樣	隨機抽樣

表 15 為青少年及兒童就醫經驗(滿意度)問卷研究設計，共有兩個國家實施為美國及英國，美國的調查對象以需住院至少一天且年齡在 17 歲以下之患者。調查從 2014 年開始，每個月會進行一次抽樣，抽樣方式為信件、電話及混合模式，會以信件及電話為主，若還是無法使用前兩項調查方式，才會採取混合模式，分為：郵件和電話、電子郵件和郵件或電話和電子郵件。抽樣方法為隨機抽樣，有效的樣本數落在 4000 至 5000 份不等。

英國的調查對象為 16 歲以下的兒童和青少年，調查從 2014 年開始，2014 年實施期間為 7 至 8 月，2016 年及 2018 年為 11 至 12 月。在調查方式以信件調查，完成問卷後採隨機抽樣的方式，有效的樣本數落在 33000 至 56000 份之間。

在急診就醫經驗(滿意度)問卷研究設計中，英國的調查對象以 16 歲以上的患者，且需要具有英國居住地址，若因避孕手術、流產或需結束妊娠者需要排除。在 2003 及 2004 年以 6 至 8 月為調查時間，2008 年為 1 至 3 月，而 2014、2016 及 2018 年為 9 月，以電話訪問方式進行問卷調查，採多階段分層抽樣，有效的樣本為 40000 至 53000 份。

美國的調查對象為 18 歲以上的患者，問卷調查從 2014 年開始，每個月會進行一次抽樣，抽樣方式為隨機抽樣。以信件、電話及混合模式(郵件和電話、電子郵件和郵件或電話和電子郵件)進行調查，有效的樣本每個月介於 4000 至 5000 份間。

最後在昆士蘭州的調查對象為 16 歲以上的患者，若有未滿 16 歲須由家人回答，治療後死亡、有家庭暴力情況、因精神健康問題(與毒品或酒精有關的除外)及轉診等需要排除，而調查期間在 2011、2013 年為 5 至 7 月、2015 年為 8 至 12 月(8 至 9 月有而外增加當面訪問)，採隨機抽樣的方式最終分析的樣本數落在 1400 至 1500 份不等，詳見表 16。

表 15 青少年及兒童就醫經驗(滿意度)問卷設計

	美國	英國
調查範圍與對象	需住院至少一天且年齡在 17 歲以下之患者	16 歲以下的兒童和青少年
調查時間	2014 年：每個月一次 2015 年：同上 2016 年：同上 2017、2018 年：同上	2014 年：7 至 8 月 2016 年：11 至 12 月 2018 年：11 至 12 月
調查方法與工具	信件、電話及混合模式(郵件和電話、電子郵件和郵件或電話和電子郵件)	信件調查
有效樣本	3000-4000 份(每個月)	33000-56000 份
抽樣設計	隨機抽樣	隨機抽樣

表 16 急診就醫經驗(滿意度)問卷設計

	英國	美國	昆士蘭州 (Queensland)
調查範圍與對象	1.16 歲以上的患者 2.具有英國居住地址 3.因避孕手術、流產或需結束妊娠者排除	18 歲以上的患者	16 歲以上的患者，若未滿 16 歲須由家人回答
調查時間	2003、2004 年：6-8 月 2008 年：1-3 月 2014、2016、2018 年：9 月	2013、2014、2015、2016、2017 及 2018 年：每個月一次	2011、2013 年：5-7 月 2015 年 8-12 月(8-9 月有而外增加當面訪問)
調查方法與工具	電話訪問	信件、電話及混合模式(郵件和電話、電子郵件和郵件或電話和電子郵件)	電話訪問 當面訪問
最終分析樣本	40000-53000 份(有效樣本)	每個月 4000-5000 份(有效樣本)	1400-1500 份
抽樣設計	多階段分層抽樣	隨機抽樣	隨機抽樣

表 17 為各國住院就醫經驗(滿意度)問卷研究設計，在英國的調查對象為 16 歲以上，且住院須超過一天以上的患者，以電話訪問的方式進行。從 2004 年開始施測問卷，在 2004 年的調查期間為 9 至 11 月，2005 至 2006 年也是 9 至 11 月，但 2007 年改為當年 8 月至後一年 1 月，2008 年後開始就依 2007 的期間為主。採隨機抽樣的方式，有效的樣本為 73000 至 83000 份之間。

在美國的調查對象以 16 歲以上，且住院須超過一天以上的患者，若被斷定為精神診斷者需要排除。從 2008 年開始進行調查，每個月會進行一次抽樣，抽樣方式為隨機抽樣。調查方式為信件、電話及混合模式(郵件和電話、電子郵件和郵件或電話和電子郵件)等三種，有效的樣本每個月 9000 至 10000 份不等。

加拿大的調查對象為 18 歲及以上且住院急診照護、產婦及手術治療的患者，但若在出院後死亡需要排除。從 2014 年開始進行調查且每個月抽樣一次，調查方式以電子信件、信件及電話，採隨機抽樣後，最終分析的樣本介於 1100 至 1200 份。

接下來為澳大利亞的五個地區做整理，在維多利亞以 18 歲以上患者為調查對象，若有出院後死亡、轉診、藥物和酒精成癮或有心理健康問題，須要排除此類患者。從 2002 年開始進行問卷施測，每六個月會隨機抽樣一次，採電子信件及信件訪問，有效的樣本落在 16000 至 28000 份。

昆士蘭州的調查對象是澳大利亞居民，且在調查期的前一個月尚未參加過調查，若年齡小於 16 歲的患者，須由成人代替進行訪問。從 2011 年開始進行且調查期間為 10 至 12 月，以電話訪問的方式調查問卷，抽樣方式未說明，最終分析之樣本數為 9300 至 9500 份。

西澳大利亞的調查對象需具有澳大利亞居住地址及電話，住院天數須超過一天以上，年齡落在 16 至 74 歲，若有 0 至 15 歲孩童需家長回答。在 2005 年開始實施問卷調查，調查期間為 2 至 7 月且採電話訪問，抽樣方式利用隨機抽樣，最終分析的樣本數落在 6000 至 8000 份。

南澳大利亞的調查對象條件有 4 項，分別為：1.年齡在 16 歲以上，2.住院須超過一天，3.居住住址或電話號碼在澳大利亞超過 1 個月以上，4.無精神相關疾病者。調查從 2005 年開始且期間為 7 至 8 月，採用電話訪問的方式進行問卷調查，抽樣採分層隨機抽樣的方法。最終分析的樣本介於 2200 至 2400 份。

最後在塔斯馬尼亞的調查對象為 18 歲以上的住院和急診住院患者，問卷開始實施從 2007 年，採用信件方式進行問卷訪問，而抽樣方法及抽樣設計尚未有公告資料可以提供。

表 17 住院就醫經驗(滿意度)問卷設計

	英國	美國	加拿大	維多利亞 (Victoria)	昆士蘭州 (Queensland)	西澳大利亞 (Western Australia)	南澳大利亞 (South Australia)	塔斯馬尼亞 (Tasmania)
調查範圍 與對象	16 歲以上，且住院 須超過一天以上的 患者	1.16 歲以上，且 住院須超過一天 以上的患者 2.未被斷定為精神 診斷者	18 歲及以上 且住院急診 照護、產婦 及手術治療 2.出院後未死 亡的患者	1.18 歲以上患 者 2.死亡或轉診 須排除 3. 藥物和酒 精成癮或有心 理健康問題須 排除	1.澳大利亞居民 2.在調查期的前 一個月尚未參加 過調查 3.對於年齡小於 16 歲的患者，陪 同成人進行訪問	1.年齡為 16 至 74 歲 2.若 0-15 歲孩童需 家長回答 3.住院須超過一天 4.具有澳大利亞居 住地址及電話	1.年齡在 16 歲以上 2.住院須超 過一天 3.居住住址 或電話號碼 在澳大利亞 超過 1 個月 以上 4.無精神相 關疾病	18 歲以上的 住院和急診住 院患者
調查時間	2004 年：9-11 月 2005 至 2006 年：同 上 2007 年： 當年 8 月 至後一年 1 月 2008 至 2018 年：同 上	2008 年：每個月一 次 2009 至 2018 年： 同上	2014 年：每個 月一次 2015 至 2018 年：同上	2002 年：每六 個月一次 2003 至 2018 年：同上	2011 年：10-12 月 2012 至 2018 年： 同上	2005 年：2 至 7 月 2006 至 2018 年： 同上	2005 年：7 至 8 月 2006 至 2018 年：同上	2007 年開始
調查方法 與工具	電話訪問	信件、電話及混 合模式(郵件和電 話、電子郵件和 郵件或電話和電 子郵件)	電子信件、信 件及電話	電子信件及信 件訪問	電話訪問	信件及電話訪問	電話訪問	信件調查
最終分析 樣本	73000-83000 份(有效 樣本)	每個月 9000-10000 份(有效樣本)	1100-1200 份 (每個月)	16000 至 28000 份(每六個月)	9300-9500 份	6000-8000 份	2200-2400 份	政府未提供
抽樣設計	隨機抽樣	隨機抽樣	隨機抽樣	隨機抽樣	無說明	隨機抽樣	分層隨機抽 樣	無說明

第二節 我國與國外問卷題組彙整

一、我國就醫滿意度問卷

我國各總額部門整體性之就醫滿意度調查問卷題組，在整體性的部分有：基本資料、醫療服務利用、健康狀態評估、滿意度、可近性及健保重要議題，而只有 104 及 105 年增加全民健保社會網絡的題組。

在西醫基層、牙醫、中醫、醫院總額及門診透析之題組為：基本資料、醫療服務利用、健康狀態評估、滿意度、可近性、健保重要議題及轉診與用藥情形等，且 103 至 106 年中醫總額增加用藥情形，107 年後就更改為轉診與用藥情形，檢驗檢查用藥情形之題組在 103 至 107 年增設，納入在醫院總額之問卷題組中，詳見表 18。

表 18 歷年各項總額部門及整體性滿意度調查

題組	整體性	西醫基層	牙醫	中醫	醫院總額	門診透析
基本資料	v	v	v	v	v	v
醫療服務利用	v	v	v	v	v	v
健康狀態評估	v	v	v	v	v	v
滿意度	v	v	v	v	v	v
可近性	v	v	v	v	v	v
健保重要議題	v	v	v	v	v	v
全民健保社會網絡(104、105 年)	v	v	v	v	v	v
用藥情形(103-106 年)				v		
轉診與用藥情形		v	v	v	v	v
透析模式選擇與用藥情形						v
檢驗檢查用藥情形(103-107 年)					v	

二、國外就醫滿意度問卷

(一) 美國

美國健康研究暨品質機構(Agency for Healthcare Research and Quality, AHRQ)、醫療保險與醫療補助中心(Centers for Medicare&Medicaid Services, CMS)及資金建立消費者對醫療保健提供者和系統(Consumer Assessment of Healthcare Providers and Systems, CAHPS)為主要進行民眾滿意度的執行單位(Goldstein et al., 2005; CAHPS Databases, 2020)。

而住院、急診、門診及兒童的就醫經驗(滿意度)調查，是屬於 CAHPS 來進行。在住院調查最初於 2005 年 5 月進行，且問卷對象為 18 歲以上的成人，共有七項題組分別為：護理人員的照護、醫師的照護、您對醫院的就醫經驗、入院期間、出院期間、對醫院的整體分數及關於自己的健康狀況。

急診科患者護理經驗(Emergency Department Patient Experiences with Care, EDPEC)調查，調查對象為急診科患者年齡在 18 歲以上為主，調查的範圍從出院後到急診就醫及從急診就醫後至入院之患者。題組一共有 7 大題有：關於自己的健康狀況、到急診室期間、在急診室就醫的期間、誰負責照顧您、離開急診室時、整體的就醫經驗及您的健康照顧。

門診及門診手術就醫經驗調查是收集患者在醫院門診部門(hospital outpatient departments, HOPDs)和手術門診中心(ambulatory surgery centers, ASC)的就醫經驗，調查對象為符合 18 歲以上且具有醫學和非醫學必需的治療或手術之患者。問卷題組有 6 大項有：關於自己的健康狀況、在手術之前、關於醫院設備與人員、討論關於您的手術及您的康復情況。

在兒童的就醫經驗調查的主要目的，是為了評估和改善兒科住院病人及其父母的就醫經驗。調查對象為兒童或青少年患者，以年齡小於 17 歲以下，且分為家長及孩童兩個部分。家長部分之題組有：醫院的環境、對醫院的整體分數、關於自己的健康狀況、當您的孩童住進醫院時、入院後您的孩童照護情況、您對醫師的就醫經驗及您對提供醫療服務者的就醫經驗。孩童部分之題組為：對醫護人員的就醫經驗、對醫師的就醫經驗、對於醫院的照顧情況及關於健康狀況，詳見表 19。

表 19 美國患者就醫經驗(滿意度)問卷題組

題組	住院	急診	門診及門 診手術	兒童
Your Care From Nurses 護理人員的照護	v			
Your Care From Doctors 醫師的照護	v			
The Hospital Environment 醫院的環境	v			v
Your Experiences In This Hospital 您對醫院的就醫經驗	v			
Admissions 入院期間	v			
Discharge 出院期間	v			
Overall Rating Of Hospital 對醫院的整體分數	v			v
About You 關於自己的健康狀況	v	v	v	v
Going To The Emergency Room 到急診室期間		v		
During This Emergency Room Visit 在急診室就醫的期間		v		
People Who Took Care Of You 誰負責照顧您		v		
Leaving The Emergency Room 離開急診室時		v		
Overall Experience 整體的就醫經驗		v	v	
Your Health Care 您的健康照顧		v		
Before Your Procedure 在手術之前			v	
About the Facility and Staff 關於醫院設備與人員			v	
Communications About your Procedure 討論關於您的手術			v	
Your Recovery 您的康復情況			v	
When Your Child Was Admitted to this Hospital 當您的孩童住 進醫院時				v
Your Child's Care After Admission to this Hospital 入院後您的孩童照護情況				v
Your Experience with Doctors 您對醫師的就醫經驗				v
Your Experience with Providers 您對提供醫療服務者的就醫 經驗				v
Your Child's Experience with Nurses 對醫護人員的就醫經驗 (孩童)				v
Your Child's Experience with Doctor 對於醫師的就醫經驗(孩 童)				v
Your Child's Care in this Hospital 對於醫院的照顧情況(孩童)				v
When Your Child Left this Hospital 出院期間(孩童)				v
Your Teen's Care in this Hospital 對於醫院的照顧情況(孩童)				v
About Your Child 關於健康狀況(孩童)				v

資料來源： CAHPS Databases. Content last reviewed February 2020. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/cahps/cahps-database/index.html>

(二) 英國

在 2002 年就進行就醫經驗問卷調查，問卷分 5 大類型為：住院、心理健康、產科、青少年及孩童最後為緊急照護。

住院就醫經驗(滿意度)問卷之調查對象為：16 歲或以上且要有住院一天的患者，排除與產婦有關的治療的患者，或計劃終止妊娠的入院患者，日間照護患者及未參與全民醫療制度服務/公醫制度(National Health Service, NHS)的患者。共有 11 項題組，分別為至醫院住院、急症室期間、等待或準備入院、入院的方式、醫院的病房、醫師、護理人員、您的照護及治療、離開醫院期間、整體及關於您的情況。

心理健康的就醫(滿意度)問卷中，調查對象為：年齡須在 18 歲以上且接受過心理健康照護或治療的人，排除僅接受一次評估的人，當前的住院病人以及主要在特定領域接受治療的人，例如藥物和酒精濫用，學習障礙服務和特別辯論服務。問卷題組共有 11 大題，為您的照護及治療、關於您的情況、您的健康及社會照顧者、組織您的健康、檢視您的健康、規劃您的健康、危險期的照護、藥物、公醫制度的治療、支持與福祉及整體。

婦科就醫經驗(滿意度)問卷的調查對象以 16 歲以上分娩的女性或婦女(包括家庭分娩)，且出生之嬰兒需活著並有參與 NHS 中之患者，嬰兒在分娩期間或之後死亡者須排除。題組共有 7 大題為：嬰兒出生時間、在醫院的產前照護、您的分娩及嬰兒的出生、在醫院的產後照護、餵食您的嬰兒、出生後在家照護及您與您的家人。

急診的就醫經驗(滿意度)問卷主要是收集使用 1 類和 3 類緊急和緊急照護服務的患者就醫經驗，第 1 類服務包括急症室，也稱為傷亡或急診部門，第三類服務包括緊急照護中心，緊急治療中心和輕傷病房。調查對象為：16 歲以上使用服務的患者，且排除條件有：1.計劃在急症(Accident and emergency)的門診診所(例如骨折診所)就診的患者，2.通過醫療或外科收治住院的患者，因此沒有去過急症室或急救中心，3.主要是為了避孕(如服務藥丸後)的患者；流產或其他形式的流產患者在醫院期間的妊娠以及隱性懷孕的患者。而相關問卷題組，詳見表 20。

表 20 英國病患經驗或滿意度問卷題組

題組	住院	心理 健康	產科	青少年 及兒童	急診
Admission To Hospital 至醫院住院	v				
The Accident&Emergency Department 急症室期間	v				
Waiting List Or Planned Admission 等待或準備入院	v				
All Types Of Admission 入院的方式	v				
The Hospital&Ward 醫院的病房	v				
Doctors 醫師	v				v
Nurses 護理人員	v				v
Your Care&Treatment 您的照護及治療	v	v			v
Leaving Hospital 離開醫院期間	v			v	
Overall 整體	v	v		v	v
About You 關於您的情況	v	v			v
Your health and social care workers 您的健康及社會照顧者		v			
Organising your care 組織您的健康		v			
Planning your care 規劃您的健康		v			
Reviewing your care 檢視您的健康		v			
Crisis care 危險期的照護		v			
Medicines 藥物		v			
NHS therapies 公醫制度的治療		v			
Support and well-being 支持與福祉		v			
Dates and your baby 嬰兒出生時間			v		
Care while you were pregnant (antenatal care) 在醫院的產前照護			v		

表 20 英國病患經驗或滿意度問卷題組-續

題組	住院	心理 健康	產科	青少年 及兒童	急診
Your labour and the birth of your baby 您的分娩及嬰兒的出生			v		
Care in hospital after the birth (postnatal care) 在醫院的產後照護			v		
Feeding your baby 餵食您的嬰兒			v		
Care at home after the birth 出生後在家照護			v		
You and your household 您與您的家人			v		
Going To Hospital 前往醫院				v	
The Hospital Ward 醫院的病房					
Hospital Staff 醫院的人員				v	
Hospital Food 醫院的食物				v	
Facilities 設備				v	
Pain(家人/青少年及孩童) 疼痛				v	v
Operations And Procedures 治療及手術 (家人/青少年及孩童)	v			v	
Looking After You In Hospital 醫院的照顧 (青少年及孩童)				v	
And Finally (家人/青少年及孩童)				v	
Arrival At The Emergency Department 到達急診室					v
Waiting 等候					v
Tests 測驗					v
Environment And Facilities 環境跟設備					v
Leaving The Emergency Department 離開急診室					v

資料來源：Care Quality Commission 2020. Surveys. <https://www.cqc.org.uk/publications/surveys/surveys>

(三) 加拿大

加拿大的患者就醫(滿意度)經驗調查，從急性住院治療進行問卷調查(Canadian Institute for Health, 2020)。住院經驗(滿意度)問卷共有 8 項，分別為護理人員對您的照護、醫師對您的照護、醫院的環境、整體對醫院的分數、當您到達醫院、當您離開醫院、您對於整體的分數及關於您的狀況，詳見表 21。

表 21 加拿大住院經驗(滿意度)問卷題組

題組
Your Care From Nurses 護理人員對您的照護
Your Care From Doctors 醫師對您的照護
The Hospital Environment 醫院的環境
Overall Rating Of Hospital 整體對醫院的分數
Your Arrival at The Hospital 當您到達醫院
Leaving The Hospital 當您離開醫院
Your Overall Ratings 您對於整體的分數
About You 關於您的狀況

資料來源：Canadian Institute for Health.2020. Patient Experience. <https://www.cihi.ca/en/patient-experience>

(四) 澳大利亞

將患者住院之就醫經驗(滿意度)問卷分為維多利亞、昆士蘭州、西澳大利亞、南澳大利亞及塔斯馬尼亞等州來進行問卷介紹，詳見表 22。

在維多利亞的問卷調查對象為接受急性住院治療且 18 歲以上之患者，而排除條件為：新生兒死亡、年齡小於 18 歲、只有 4 個小時的急診入院者、至門診就診、出院或轉診精神照護中心者及沒有實際入院占用病床治療者。在問卷題組共有 4 大題為您如何入院的、在您入院之前及您對於整體醫院的印象。

昆士蘭州在問卷的題組有 4 大題分別為：您對於整體醫院的就醫經驗、您確實入院時、關於您的狀況及您住院的情況。

西澳大利亞的問卷調查對象針對有住院一天的患者、急診住院患者及急性住院患者及產婦，排除已死亡的患者。而就醫經驗(滿意度)問卷題組共有 4 大題，有您住院的情況、住院過程、滿足您的個人及臨床需求及在醫院住院方面。

南澳大利亞於 2001 年開始進行患者滿意度調查，調查對象為 16 歲以上住院患者，且要住院天數要超過一天以上，並於上個月要有出院過才符合，排除住院在婦科或兒科的患者、住院超過 35 天以上、有精神健康狀況問題、正在進行腎臟透析或放療和化療、已死亡及出院的患者。在問卷題組中共有 8 項為：您住院的情況、住院過程、個人需求、病人經驗、住院的理由、照護及治療的管理、其他方面及人口學和社會方面。

塔斯馬尼亞在 2007 年進行全州的患者滿意度調查，調查對象為所有出院的住院患者和急診的患者需要住到八週的時間，且問卷題組共有 5 題為：患者的個人資料、您在入院時、您的住院期間、您在出院時及整體。

而在 2011 年，昆士蘭州衛生部門為了想讓急診部門、產科部門能像住院部門可以患者經驗調查，所以參考歐洲研究院和英國國家衛生局的患者的經驗調查，提出一套合適的急診或產科的就醫經驗(滿意度)問卷(Matete et al., 2012)。在急診問卷題組共有 14 個為：整體的照護分數、到達急診室、等待期間、醫師及護理

人員、照護與治療、測試、疼痛、環境與設備、離開急診室(延誤、藥物、資訊、後續服務的協調、目的)等 5 大項及投訴。在產科問卷的題組共有 16 個，分別為整體的照護分數、照護與治療、測試、投訴、去醫院期間、等待門診期間、環境與設備、自其他醫院轉診、照護模式、醫師、助產人員、健康的生活方式評估和支持、資訊、電話關心及原住民及海島系民族文化的需求，詳見表 23。

表 22 澳大利亞住院患者經驗(滿意度)問卷題組

題組	維多利亞 (Victoria)	昆士蘭州 (Queensland)	西澳大利亞 (Western Australia)	南澳大利亞 (South Australia)	塔斯馬尼亞 (Tasmania)
How You Were Admitted 您如何入院的	v				
Before You Were Admitted 在您入院之前	v				
When You Left 當您出院時	v				
Your Overall Hospital Experience 您對於整體醫院的就醫經驗	v	v			
You Actual Admission 您確實入院時		v			
You Were Discharged 當您出院時		v			
About You 關於您的狀況		v			
The Outcome of Your Hospital Stay 您住院的情況			v	v	
Hospital Process 住院過程			v	v	
How Your Care and Treatment Were Managed 您的照護及治療如何管理					
Meeting Personal Needs as Well as Clinical Needs 滿足您的個人及臨床需求			v	v (個人需求)	
Residential Aspects of the Hospital 在醫院住院方面			v		
Patient Experiences 病人經驗				v	
Reason For Hospital Stay 住院的理由				v	
Care And Treatment management 照護及治療的管理				v	
Other Indicators 其他方面				v	
Demographic And Social Indicators 人口學及社會方面				v	
Patient's Opinion 患者的個人資料					v
Your Admission To Hospital 您在入院時					v
Your Hospital Stay 您的住院期間					v
Your Discharge From Hospital 您在出院時					v
Overall 整體					v

資料來源：Pearse, J. (2005). Review of patient satisfaction and experience surveys conducted for public hospitals in Australia : a research paper for the steering committee for the review of government service provision. St Leonards, Australia : Health Policy Analysis Pty Ltd.

表 23 昆士蘭州患者經驗(滿意度)問卷題組

題組	急診	產科
Overall Rating Of Care 整體的照護分數	v	v
Arrival At The Emergency Department 到達急診室	v	
Waiting 等待期間	v	
Doctors And Nurses 醫師及護理人員	v	
Care And Treatment 照護與治療	v	v
Test 測試	v	v
Pain 疼痛	v	
Environment And Facilities 環境與設備	v	v
Leaving The Emergency Department-delays 離開急診室(延誤)	v	
Leaving The Emergency Department-medications 離開急診室(藥物)	v	
Leaving The Emergency Department-information 離開急診室(資訊)	v	
Leaving The Emergency Department-coordination of following-up services 離開急診室(後續服務的協調)	v	
Leaving The Emergency Department-destination 離開急診室(目的)	v	
Complaints 投訴	v	v
Before the appointment 預約之前		
Getting To Hospital 去醫院期間		v
Waiting At The Clinic 等待門診期間		v
Referral From Another Hospital 自其他醫院轉診		v
Model Of Care 照護模式		v
Doctors 醫師		v
Midwives 助產人員		v
Healthy Lifestyle Assessment And Support 健康的生活方式評估和支持		v
Information 資訊		v
Telephone support 電訪關心		v
Aboriginal And Torres Strait Islander Mother's Cultural Needs 原住民及海島系民族文化的需求		v

資料來源：Queensland Government. (2020). Patient experience surveys. [https :
//www.publications.qld.gov.au/dataset/patient-experience-surveys](https://www.publications.qld.gov.au/dataset/patient-experience-surveys).

第三節 我國各部門總額之「維護保險對象就醫權益」評核指標

以下為 108 年各部門總額評核構面「維護保險對象就醫權益」之評核指標整理。評核項目分為四大面向，第一為醫療服務品質調查結果及檢討與改善措施，評核內涵包含：醫療服務品質調查結果及檢討與改善措施，調查問卷/指標共有 9 項，有(1)對整體醫療結果滿意度、(2)對醫師看病及治療過程滿意度、(3)醫護人員有無進行衛教指導、(4)醫護人員有無以簡單易懂的方式解說病情與照護方法、(5)會跟醫師討論照護或治療方式的比例、(6)對醫師看病及治療花費時間滿意度、(7)對診療環境滿意度、(8)對醫護人員服務態度滿意度及(9)對治療效果滿意度。

第二為民眾諮詢及抱怨處理，評核內涵包含：民眾申訴案件分析及處理情形，評核問卷/指標包含：(1)申訴及反映成案件數統計分析、(2)申訴及反映成案件數原因分析及(3)申訴案件處理與改善。

第三為民眾自費情形及改善措施，評核內涵包含：自費情形及自費之檢討及改善措施，評核問卷/指標包含：(1)除掛號費與部分負擔，最近一次看診自付多少錢？、(2)除掛號費與部分負擔，有無自付其他費用、(3)自付其他費用(自費)前 3 名項目、(4)自付其他費用(自費)前 3 項原因、(5)對院所自費金額的感受、(6)因就醫費用過高而不就診的比率及(7)因就醫費用過高而不作檢查、治療或追蹤的比率。

第四為就醫可近性與及時性之改善措施，評核內涵包含：就醫可近性與及時性情形/就醫可近性及轉診情形。依據四大評核項目及評核內涵，有相關對應之評核指標，詳見表 24。

表 24 108 年各部門總額之評核項目、評核內涵及指標彙整

評核項目	評核內涵	調查問卷/指標	西醫 基層	牙醫	中醫	醫院	門診 透析	評核重點
(一)醫療服務品質 調查結果及檢討 與改善措施	1.醫療服務品質調查結果 (請健保署重點說明調查方 法、樣本數等背景資料)	(1)對整體醫療結果滿意度(105 年改題目， 前為「對整體醫療品質滿意度」)	v	v	v	v	v	1.年度各項醫療服務 品質調查結果之變動 情形 2.滿意度較低、退步及 各分區落差較大之項 目的檢討改善
		(2)對醫師看病及治療過程滿意度	v		v		v	
		(3)醫護人員有無進行衛教指導	v	v	v	v	v	
		(4)醫護人員有無以簡單易懂的方式解說病 情與照護方法	v	v	v	v	v	
		(5)會跟醫師討論照護或治療方式的比例	v	v	v	v	v	
		(6)對醫師看病及治療花費時間滿意度				v	v	
		(7)對診療環境滿意度					v	
		(8)對醫護人員服務態度滿意度					v	
		(9)對治療效果滿意度					v	
	2.醫療服務品質調查結果 之檢討及改善措施		v	v	v	v	v	
(二)民眾諮詢及抱 怨處理	1.民眾申訴案件分析及處 理情形	(1)申訴及反映成案件數統計分析(包含：件 數、成長率、平均每位醫師申訴案件數)	v	v	v	v	v	申訴件數增減及處理 與改善情形
		(2)申訴及反映成案件數原因分析(含前 3 名 之件數、占率)	v	v	v	v	v	
		(3)申訴案件處理與改善	v	v	v	v	v	
(三)民眾自費情形 及改善措施	1.自費情形	(2)除掛號費與部分負擔，最近一次看診自 付多少錢？____元(中位數/平均值/標準 差)(108 年新增)	v	v	v	v	v	1.有否建立民眾自費 監控機制 2.民眾自費額度與增 減趨勢及改善情形
		(2)除掛號費與部分負擔，有無自付其他費 用	v	v	v	v	v	
		(3)自付其他費用(自費)前 3 名項目	v	v	v	v	v	
		(4)自付其他費用(自費)前 3 項原因	v	v	v	v	v	
		(5)對院所自費金額的感受(便宜)	v	v	v	v	v	
		(6)因就醫費用過高而不就診的比率	v	v	v	v		
		(7)因就醫費用過高而不作檢查、治療或追 蹤的比率	v	v	v	v		
	2.自費之檢討及改善措施		v	v	v	v	v	

表 24 108 年各部門總額之評核項目、評核內涵及指標彙整-續

評核項目	評核內涵	調查問卷/指標	西醫 基層	牙醫	中醫	醫院	門診 透析	評核重點
(四)就醫可近性與 及時性之改善措 施	1.就醫可近性與及時性情 形/就醫可近性	(1)對預約(或看到)醫師/牙醫師/中醫師的容 易度	v	v	v			1.民眾約診、就醫交 通情形
		(2)對院所/醫院的交通便利性的滿意度	v	v	v	v	v	2.改善假日民眾就醫 不便情形
		(3)因就醫交通時間過長而不就診的比率	v	v	v	v		3.不同地區醫療資源 分布之均衡情形
		(4)曾經在假日有緊急需求需要求診(西醫基 層/牙醫/中醫)的比率	v	v	v			● 門診透析：
		(4.1)無法在當地找到其他就醫診所的比率	v	v	v			1.民眾就醫交通與候 診情形
		(4.2)無法在當地找到其他就醫診所而感到 不便的比率	v	v	v			2.透析治療模式告知 機制之推動情形
		(5)不容易看到牙醫師/中醫師的前3項原因		v	v			
		(6)對門診掛號的感受(順利)				v		
		(7)對住院排床的感受(容易)				v		
		(8)等待病床天數： 天(1~3天；%)				v		
		(9)就醫單程交通時間： 分(中位數/平均 值/標準差)					v	
		(10)等候醫師看診時間： 分(中位數/平均 值/標準差)					v	
		(11)醫師有無向病人說明較適合洗腎方式					v	
	2.轉診情形	(1)到診所治療時，有無被轉診的經驗	v					
		(2)接受轉診院所是否主動聯繫及安排就醫 (106年新增)	v					
		(3)對轉診服務的滿意度(106年新增)	v					

表 24 108 年各部門總額之評核項目、評核內涵及指標彙整-續

評核項目	評核內涵	調查問卷/指標	西醫 基層	牙醫	中醫	醫院	門診 透析	評核重點
	3.不同都市化地區醫療資源分布情形(健保署提供，請註明指標定義)	(1)以鄉鎮市區發展程度，最高與最低兩組醫師之人力比(監理指標)	v	v	v	v		
		(2)一般地區/醫療資源不足地區/山地離島地區之就醫率(監理指標)	v	v	v	v		
	4.健保六分區醫療資源之分布情形(含院所數及醫師數、戶籍人口數、每萬人口特約院所數及醫師數)(健保署提供，請註明指標定義)		v	v	v	v		
	5.105~108 年各層級醫院週六、週日開診情形(週六、週日之家數、人數、人次、開診率)(健保署提供，請註明指標定義)		v	v	v	v	v	
	6.其他改善措施		v	v	v	v	v	
(五)其他確保民眾就醫權益之措施	其他確保民眾就醫權益之措施		v	v	v	v	v	其他確保民眾就醫權益之措施

第四節 我國與國外問卷調查綜合比較分析

一、國內與國外問卷設計比較

在各國問卷題之組比較中，可以看到各國的題組相較於我國分類的較為多項，且因調查對象不同在問卷題組會有無法比較的地方。但各國及我國都會有的題組調查服務利用與可近性、健康狀況及基本資料等。

經交叉比對我國與各國問卷設計之差異，歸納以下幾點發現：

- (1) 根據各國的問卷設計發現，我國是以各總額部門進行問卷調查，而在國外是以就醫科別進行。
- (2) 在調查對象中，我國是以 18 歲以上有使用各項總額且年齡落在 18 歲以上的患者，但在各國是針對各就醫科別訂定條件，若有符合的患者才會被納入。
- (3) 調查方法與工具在各國多利用電話訪問或信件為主，電話的部分都是使用市話進行問卷訪談，而有使用信件、電話及混合模式的國家，都會先透過信件訪問，若聯絡不到患者才會使用電話及電子郵件進行訪問，但我國主要以電話為主，將電話分為市話及行動電話等兩部分進行調查，國外則相較於我國多了信件及電子郵件等調查方式，不過在電話部分則我國多了行動電話進行訪問，較不會侷限於市話的部分，且也可以納入較多的研究對象。

二、國內與國外問卷題組比較

因我國在就醫經驗(滿意度)問卷是依據各總額部門分類，但在國外的分類方式會依據門診、急診及住院，甚至會再進一步發展出產科、心理健康和青少年及孩童等。但在各國與我國之比較會有些差異，所以本研究將各國依據問卷相似之題組做整理，並可以了解我國及各國問卷題組之差異比較。

表 25 為各國就醫經驗(滿意度)問卷題組彙整，服務利用與可近性、健康狀況、基本資料及滿意度與治療效果評估的部分，各國都有提出相關問卷題組。而健康狀況中，我國、美國、英國及加拿大都有提出，只有澳大利亞沒有此題組，轉診及用藥情形的題組中，美國只有提出用藥的題組而未有轉診，且在加拿大是沒有此題組的。

討論關於您的手術及您的康復情況為美國在門診及門診手術提出的題組，急症室期間及您的健康及社會照顧者兩項，為英國急診照護問卷所提出之題組。危險期的照護、公醫制度的治療及支持與福祉等三項，是英國心理健康問卷所提之題組。

嬰兒出生時間、在醫院的產前照護、您的分娩及嬰兒的出生、在醫院的產後照護及餵食您的嬰兒及出生後在家照護等，為英國產科問卷所提出之題組。且部分題組也與澳大利亞提出之題組相符，在疼痛此題組在英國急診照護問卷及澳大利亞有提出。而醫院住院方面、投訴及電話關心等三項題組，為澳大利亞的住院問卷提出，且英國的住院問卷中雖然有醫院住院方面的題組，但只有詢問醫院病房的部分。

表 25 各國就醫經驗(滿意度)問卷題組彙整

	我國	美國	英國	加拿大	澳大利亞
服務利用與可近性	v	v	v	v	v
健康狀況	v	v	v	v	
基本資料	v	v	v	v	v
全民健保社會網路	v				
轉診與用藥情形	v	v(用藥)	v		v
滿意度與治療效果評估	v	v	v	v	v
透析模式選擇與用藥情形	v				
Communications About your Procedure 討論關於您的手術		v			
Your Recovery 您的康復情況		v			
The Accident&Emergency Department 急症室期間			v		
Your health and social care workers 您的健康及社會照顧者			v		
Crisis care 危險期的照護			v		
NHS therapies 公醫制度的治療			v		
Support and well-being 支持與福祉			v		
Dates and your baby 嬰兒出生時間			v		
Care while you were pregnant (antenatal care) 在醫院的產前照護			v		
Your labour and the birth of your baby 您的分娩及嬰兒的出生			v		v (midwives 助產人員)
Care in hospital after the birth (postnatal care) 在醫院的產後照護			v		
Feeding your baby 餵食您的嬰兒			v		
Care at home after the birth 出生後在家照護			v		
Pain 疼痛			v		v
Residential Aspects of the Hospital 在醫院住院方面			v(醫院病房)		v
Complaints 投訴					v
Telephone support 電訪關心					v

三、我國未納入之國外問卷題組

從各國問卷題組整理後發現，我國問卷分類依照各總額部門進行，但在國外是依據科別做問卷調查，所以將我國與國外問卷題組比較後，將未出現在我國之國外問卷題組彙整。

表 26 為美國門診及門診手術之就醫經驗(滿意度)問卷，而評核內涵是為了衡量患者從獲得醫院門診接受門診手術服務的滿意情況及是否得到改善，以透過問卷調查方式進行。評核項目為：1.討論關於您的手術，針對關於手術的資訊、有關準備手術的說明、醫生/護士解釋過程、解釋麻醉及副作用等問題，2.您的康復情況：出院後的照護指示、恢復期間的預期結果、若有疼痛、噁心、嘔吐、出血及感染的處理方式，詳見附件 4(第三及第四大題組)。

在西澳大利亞提出住院就醫經驗(滿意度)調查問卷，是希望能評估患者在住院治療過程中能滿足其需求，確定患者有權利對於病情及治療在醫院都能獲得資訊及參與決策。評核項目以在醫院住院方面為主，針對廁所浴室及房間的清潔度、周圍的環境溫度、在病房的舒適度及噪音干擾和對於餐點品質等問卷題目，詳見表 27 及附件 13(第 E 大題)。

澳大利亞的昆士蘭州因提出產婦保健改革計畫，但為了確定婦女是否得到滿足的需求和孕產保健情況，所以利用問卷調查方式進行，了解健康狀況下的患者經驗和患者滿意度的結果。在問卷的設計是根據照護質量委員會《2013 年婦女孕產保健經驗》之題目加以修改及增加。評核項目有：1.助產人員，問卷的題目為醫護人員或與助產士和醫生在生產期間的照料情況是否感到滿意，2.電訪關心，在出院後是否有找到適合的人進行交談、交談時候是否有得到建議及建議是否有幫助等題目，3.投訴，討論產婦或嬰兒的病情及治療以患者理解的方式進行解釋、醫療環境是否有感覺到舒適及是否有給足夠的出院後照顧資訊等題目，詳見表 27 及附件 17(題目：Q37 至 Q38、Q51 至 Q53、Q56、Q58、Q59、Q82 至

Q85 及 Q89)。

而昆士蘭州的急診就醫經驗(滿意度)問卷調查，目的是希望透過調查的結果將用於監視和評估所提供的衛生服務的質量，並有助於在醫療機構和全州範圍內的醫療品質可以獲得改進及提升。在評核項目有：1.疼痛，了解對於疼痛是否有得到緩解，2.投訴，在進行檢查或治療期間是否有足夠的隱私、病情和治療以患者理解的方式進行解釋及與醫師或醫療人員討論時是否有獲得尊重等題目，詳見表 27 及附件 16(Q47、Q50 及 Q79)。

英國為了提高醫療服務的品質，所以問卷調查的方式詢問病患在使用當地的衛生服務後的就醫經驗，進一步透過反饋意見以促進醫療保健的持續改善。在急診調查問卷中，評核項目為疼痛，詢問在疼痛時是否有得到控制及獲得改善。住院調查問卷的評核項目有：1.在醫院住院方面，以病房問題為主，了解是否有更換病房及原因、住院期間是否有住過 ICU 病房、晚上有因為有被其他患者或醫療人員的噪音而困擾、認為病房環境是否乾淨、對於醫院食物的評價及是否有補充足夠的水分等題目，2.急症室期間，了解是否人們到達急症室之前是否尋求其他服務的幫助，以及為什麼需要至急症室接受治療，詳見表 28、附件 5(第六大題)及附件 6(第二及第五大題)。

在產科調查就醫經驗(滿意度)問卷，目的為衡量婦女對產前及產後服務的看法及監測醫療提供者的照顧品質，而利用問卷調查方式來評估。評核項目有：1.嬰兒出生時間，2.在醫院的產前照護，3.您的分娩及嬰兒的出生，4.在醫院的產後照護，5.餵食您的嬰兒，6.在家調理及照護，7.疼痛等，詳見表 28 及附件 7(第 A 至 F 大題)。

照護品質委員會(Care Quality Commission, CQC)希望能改善對兒童和年輕人的照顧並減少可避免的死亡，以問卷調查以兒童和年輕人及父母和照顧者為對象，了解兒童和年輕人在醫院接受治療和照護經驗，藉以改善不足的地方。評核項目為疼痛，詢問在疼痛時是否有得到控制及獲得改善，詳見表 28 及附件 8(第 C 大題)。

除了初級保健所提供的服務之外，在英國也有提供心理治療的醫療服務，而大多數心理健康服務都位於社區內的醫療單位，所以希望透過問卷調查，了解精神患者心理健康的治療是否有得到幫助。評核項目有：1.您的健康及社會照護者，是否有獲得醫療人員或社會照顧人員的尊重及聆聽，且對於病情是否有足夠的時間討論及提供治療方法等題目，2.危險期的照護，在個人在危險期之前或緊急和緊急情況下獲得及時照護支持、當處於危機中時的可以得到照護和治療、能恢復並保持健康等題目，3.公醫制度的治療，能提供支持心理健康並促進康復最常見的治療精神健康狀況的方式等題目，4.支持與福祉，題目為：尋找住宿和就業、社區支援設施(日照中心、日照醫院)及對身體健康需求等，詳見表 28 及附件 9(第二、六、八及九大題)。

表 26 美國評核項目、評核內涵及問卷題目彙整

評核項目	問卷題目	評核內涵
Communications About your Procedure 討論關於您的手術	針對關於手術的資訊、有關準備手術的說明、醫生/醫護人員解釋過程、解釋麻醉及副作用等問題	在衡量患者從獲得醫院門診接受門診手術服務的滿意情況及是否獲得改善
Your Recovery 您的康復情況	出院後的照護指示、恢復期間的預期結果、若有疼痛/噁心/嘔吐/出血及感染的處理方式	

表 27 澳大利亞評核項目、評核內涵及問卷題目彙整

評核項目	問卷題目	評核內涵
Midwives 助產人員(昆士蘭州-產科)	醫護人員或與助產士和醫生在生產期間的照料情況是否感到滿意	<ul style="list-style-type: none"> ●澳大利亞提出產婦保健改革計畫，但為了確定婦女是否得到滿足的需求和孕產保健情況，所以利用問卷調查方式進行，了解健康狀況下的患者經驗和患者滿意度的結果 ●問卷是根據照護質量委員會《2013 年婦女孕產保健經驗》之題目加以修改或添加問題
Telephone support 電訪關心(昆士蘭州-產科)	出院後是否有找到適合的人進行交談、交談時候是否有得到建議及建議是否有幫助等	
Complaints 投訴(昆士蘭州-產科)	討論產婦或嬰兒的病情及治療以患者理解的方式進行解釋、醫療環境是否有感覺到舒適及是否有給足夠的出院後照顧資訊等	
Pain 疼痛(昆士蘭州-急診)	對於疼痛是否有得到緩解	希望透過調查的結果將用於監視和評估所提供的衛生服務的質量，並有助於在醫療機構和全州範圍內的醫療品質可以獲得改進及提升
Complaints 投訴(昆士蘭州-急診)	在進行檢查或治療期間是否有足夠的隱私、病情和治療以患者理解的方式進行解釋及與醫師或醫療人員討論時是否有獲得尊重等	
Residential Aspects of the Hospital 在醫院住院方面 (西澳大利亞-住院)	針對廁所浴室及房間的清潔度、周圍的環境溫度、在病房的舒適度及噪音干擾和對於餐點品質等	評估患者在住院治療過程中能滿足其需求，確定患者有權利對於病情及治療在醫院都能獲得資訊及參與決策

表 28 英國評核項目、評核內涵及問卷題目彙整

評核項目	問卷題目	評核內涵
Pain 疼痛(急診)	在疼痛時是否有得到控制及獲得改善	為了提高醫療服務品質，以問卷調查的方式詢問病患在使用當地的衛生服務後的就醫經驗，進一步透過反饋意見以促進醫療保健的持續改善
Residential Aspects of the Hospital 在醫院住院方面-病房(住院)	是否有更換病房及原因、住院期間是否有住過 ICU 病房、晚上有因為有被其他患者或醫療人員的噪音而困擾、認為病房環境是否乾淨、對於醫院食物的評價及是否有補充足夠的水分等	為了提高醫療服務品質，以問卷調查的方式詢問病患在使用當地的衛生服務後的就醫經驗，進一步透過反饋意見以促進醫療保健的持續改善
The Accident&Emergency Department 急症室期間(住院)	了解是否人們到達急症室之前是否尋求其他服務的幫助，以及為什麼需要至急症室接受治療	
Dates and your baby 嬰兒出生時間(產科)	針對懷孕時是否生下單胞胎、雙胞胎或是多胞胎、出生的時間及寶寶出生大約為幾週等	因婦女的生育經歷會在短期和長期內對她的情緒和健康產生積極或消極的情況，也會間接影響嬰兒和家庭系統，為了衡量婦女對產前及產後服務的看法及監測醫療提供者的照顧品質，而利用問卷調查方式來評估。
Care while you were pregnant (antenatal care)在醫院的產前照護(產科)	對於產前是否有選擇地點做預約的產檢、醫師是否有提供生產的選擇且進行討論、是否有詢問產前的疾病史及在嬰兒出生前會選擇在家或醫院分娩等	
Your labour and the birth of your baby 您的分娩及嬰兒的出生(產科)	分娩為在家還是醫院、在開始分娩時是否有與醫院連繫且獲得適當的建議及是否有使用止痛藥及使用類型等	
Care in hospital after the birth (postnatal care)在醫院的產後照護(產科)	嬰兒出生後住院多少時間、是否有任何原因延誤出院、分娩後住院期間是否有需要醫護人員協助及是否有提供嬰兒照顧的資訊等	
Feeding your baby 餵食您的嬰兒(產科)	嬰兒出生後是如何餵食及是否有助產人員提供協助或建議等	
Care at home after the birth 出生後在家照護(產科)	醫院是否有提供出院後的聯絡方式、是否有選擇產後照護的地方、助產人員是否有至家中探訪過及助產人員是否有告知須進行產後健康檢查等	
Pain 疼痛(青少年及兒童)	在疼痛時是否有得到控制及獲得改善	照護質量委員會(CQC)希望能改善對兒童和年輕人的照顧並減少可避免的死亡，以問卷調查以兒童和年輕人及父母和照顧者為對象，了解兒童和年輕人在醫院接受治療和照護經驗，藉以改善不足的地方。
Your health and social care workers 您的健康及社會照護者(心理健康)	是否有獲得醫療人員或社會照顧人員的尊重及聆聽，且對於病情是否有足夠的時間討論及提供治療方法等	英國除了初級保健所提供的服務之外，大多數心理健康服務都位於社區內的醫療單位，所以透過問卷調查，了解精神患者心理健康的治療是否有得到幫助。
Crisis care 危險期的照護(心理健康)	在個人在危險期之前或緊急和緊急情況下獲得即時照護支持、當處於危機中時的可以得到照護和治療、能恢復並保持健康	
NHS therapies 公醫制度的治療(心理健康)	能提供支持心理健康並促進康復最常見的治療精神健康狀況的方式	
Support and well-being 支持與福祉(心理健康)	尋找住宿和就業、社區支援設施(日照中心、日照醫院)及對身體健康需求等	

第四章 各部門總額民眾滿意度及評核內容之改善建議

本計畫綜合檢視前述「國內與國外問卷調查綜合分析」及「評核內含及指標彙整」之分析結果發現，我國與國外核心題項部分多數皆已涵蓋，而尚未涵蓋到的題組項目，考量國情及醫療制度不同，問卷內容的適當性上較為薄弱，故不建議直接就國外之題項進行新增。惟檢視我國問卷後發現，以現有問卷建構尚未觸及急診端之民眾就醫權益調查，故建議納入未來調查方向。以下第一節為針對歷年滿意度問卷題項之調整建議，第二節為問卷調查的抽樣方式提出建議，第三節為考量轉診及疫情影響下建議納入之問卷題項。有關問卷內容修改建議，說明如下。

第一節 歷年滿意度問卷內容之調整建議

針對各年度之總額部門及整體性問卷內容不盡相同之問題，本研究提出兩部分之建議方向，提供政府參考。

第一，針對歷年皆有詢問之「相同問題，但有文字差異或問法不同」者，建議往後調查以 108 年為基礎進行修正。考量該問卷內容經多次調整，其妥適性應是在歷年逐次修改後漸趨成熟，因此，針對每年皆有詢問但問卷題目前後不一致者，建議以最近年度(108 年度)之問卷內容為基礎，進行後續年度一致性之調整。表 29 至表 34 為 103 至 108 年中醫、醫院、西醫基層、牙醫及整體性的問卷題項一致性之比較整理。

第二，建議以急診病患為對象，進行相關問卷調查。由於我國在急診未有相關滿意度問卷之調查，而民眾至急診就醫的滿意度經常與社會大眾對急診醫療體系的感受環環相扣，甚至也會進一步關係著就診醫院醫療照護品質的評價，所以建議除了各總額部門及整體性之外，可以多增加急診，納入民眾也是依據各總額之條件，使用三個月急

診者為問卷對象。在國外之題組大致與原有題組相似，且希望可以與各總額部門進行比較，所以採用原有之問卷題目做修改。也新增未被我國納入之國外題組(疼痛及隱私題組)與符合我國急診特性之題目(如:等待時間及選擇急診之原因等)，相關建議問卷題項如表 35 及表 36，且可以納入至評核指標之題項整理如表 37。

第三，針對不同總額部門問卷內容落差項目，建議調整為一致。本研究比較各總額部門之問卷題項，發現西醫基層、醫院、中醫及門診透析皆有詢問的問題有：請問您(他)對醫師的看病及治療所花費的時間長短滿不滿意?以及請問您(他)【就診者】對醫師的看病及治療過程滿不滿意? 等兩題。而醫院總額部門未納入之問題有：請問您(他)對醫師的看病及治療所花費的時間長短滿不滿意? 故本研究建議可以將前述問題，納入評核項目(一)「醫療服務品質調查結果及檢討與改善措施」中。相關題項已整理至表 37。

第四，在補充題組中，像是轉診題組及無障礙設施題組，在各總額部門未都納入，建議可以新增至評核項目(四)「就醫可近性與即時性之改善措施」。而無障礙設施題組，進一步建議能將題目做修正，因診所無明確規定須建置無障礙措施，所以認為相關題目應修正為：請問您就醫診所是否具備無障礙設施?及請問您是否滿意診所的無障礙設施?，無需特別提出通道及廁所，以免讓民眾對於題目有誤解。在透析模式題組是針對有使用透析患者為主，所以本研究認為較不適合納入在其他總額部門，相關補充題項如表 37。

第五，對於各總額部門的調查題目中，像是：1. 請問您(他)【就診者】是否曾經因為就醫費用過高而不就診?及請問您(他)【就診者】是否曾經因為就醫費用過高而不作檢查、治療或預後措施?，2.過去一年內，那家院所醫護人員，是否常用您(他)簡單易懂的方式來向您(他)解說

病情與照護方法？及過去一年內，那家院所醫護人員，是否常用您(他)【就診者】簡單易懂的方式來向您(他)解說病情與照護方法？等題目，發現題目有重疊及類似之情況，而部分題目有提到已過去一年內之文句用詞。建議能進一步將題目做進行整合，且能降低題目數及問題之長度。並將題目中有過去一年內之用詞刪除，以減少民眾於受訪時，對於相似題目或文字用詞而造成困惑及混淆。

第二節 問卷調查的抽樣方式之建議

目前滿意度之問卷以市內電話進行，而問卷之抽樣方法採用「抽取率與單位大小成比例方式(PPS)」。不過在全民健康保險(整體性)是分為市內電話及行動電話等兩大部分，且採用雙底冊調查設計。

在市內電話調查分為三階段，第一階段由各縣市住宅電話簿中以「系統抽樣法」抽取出樣本局碼，以取得電話號碼；第二階段由於電話號碼簿並沒有包含未登錄電話，因此進行「隨機撥號法」，將電話號碼最後 2 碼，以隨機亂數方式取代成為電話號碼樣本。第三階段為戶中選樣，使不同性別、年齡層的受訪者，在訪問過程中的受訪機率能趨近於相等。

行動電話則是由國家通訊傳播委員會公布之「行動通信網路業務用戶號碼核配現況」，將以核配之編碼自首(前 5 碼)，隨機抽樣原則抽出局碼。再以後 5 碼以亂數方式產生，兩者合併為手機樣本號碼來進行問卷調查。

在整體性滿意度調查之抽樣設計、抽樣方式及樣本數，提出兩點建議未來能進行相關研究。

第一，目前使用雙底冊的抽樣設計問題，在行動電話的部分，會受限於抽樣母體無法清楚定義縣市別，可能導致手機樣本代表性與市話電訪無法一致的問題。建議調整抽樣設計並取得手機的縣市代表性或指使用紙本郵寄進行。而目前是網路發達的世代，所以能考慮以多元的方式，例如:QR code 掃描進行線上填答及電子郵件等。

第二，在市內電話之問卷題目數問題，因目前市內電話之電訪題目約落在 35 至 40 題，建議可降低題目數及問題之長度，以降低因受訪者不耐煩造成答題偏誤的問題。

第三節 分級醫療及疫情相關議題之新增問卷題項

我國推動分級醫療制度中，針對轉診部分負擔方面，自 106 年 4 月 15 日起實施新的規定。規定指出患者轉診至醫學中心或區域醫院會調降 40 元，而未經轉診至醫學中心看病者，門診部分負擔調高 60 元，至醫學中心急診會依檢傷分類為 3、4、5 級者之部分負擔也調高 100 元。

另一方面，今年度因新冠肺炎疫情的影響，政府呼籲民眾盡量不要出門至人多的地方，造成去醫療院所就診的人次呈現下降，間接衝擊民眾就醫意願之狀況。針對前述兩大政策方向，本研究建議可增加相關政策議題之題項，增加至評核項目(四)「就醫可近性與及時性之改善措施」中，如表 37 所示。

表 29 西醫歷年一致性之題目比較

問卷題目	103 年	104 年	105 年	106 年	107 年	108 年	文字差異	問法不同
1.請問您(陪病者)民國幾年生？		v					v	
1.請問您(陪病者)民國幾年生?民國____年				v	v	v		
2.請問就診者與您是什麼關係？		v		v			v	
2.請問就診者與您是什麼關係?(看病者是您的誰?)			v		v	v		
醫療服務利用與可近性								
3.當您(他)平常需要看醫師時，容不容易看到(或預約到)醫師？	v	v	v	v	v	v	v	
3.【就診者】平常需要看醫師時，容不容易看到(或預約到)醫師？								
4 請問您(他)對醫師的看病及治療所花費的時間長短滿不滿意？	v	v	v	v	v	v	v	
4 請問您(他)【就診者】對醫師的看病及治療所花費的時間長短滿不滿意？								
5.請問您(他)對醫師的看病及治療的過程滿不滿意？	v	v	v	v	v	v	v	
5.請問您(他)【就診者】對醫師的看病及治療的過程滿不滿意？								
6.請問您(他)【就診者】是否曾經因為就醫費用過高而不作檢查、治療或預後措施？		v	v				v	
6.請問您(他)【就診者】是否會因為就醫費用過高而 不作檢查、治療或追蹤？				v	v	v		
7.除了掛號費和部分負擔外，請問那家西醫診所有沒有要您(他)自費其他費用？	v						v	
7.除了掛號費和部分負擔外，請問那家西醫診所有沒有要您(他)【就診者】自付其他費用？		v	v	v	v	v		

表 29 西醫歷年一致性之題目比較-續

問卷題目	103 年	104 年	105 年	106 年	107 年	108 年	文字差異	問法不同
8.請問您(他)當次自付多少費用呢？	v						v	
8.請問您(他)【就診者】當次自付多少元呢？		v	v					
8.請問您(他)【就診者】最近一次到診所看病，除掛號費和部分負擔外自付多少錢？						v		
9.請問您(他)知道要自費(自掏腰包)所花的錢是用在哪些項目？	v						v	
9.請問您(他)【就診者】知道要自費(自掏腰包)所花的錢是用在哪些項目？(可複選，最多選 5 項)		v	v	v	v	v		
10.請問您(他)知道要自付其他費用，是什麼理由嗎？	v						v	
10.請問您(他)【就診者】知道要自付其他費用，是什麼理由嗎？(可複選)		v	v	v	v	v		
11.請問您(他)曾經有需要在假日看西醫診所嗎？【說明：星期例假日(星期六、日)、國定假日(元旦、二二八紀念日、國慶日)、民俗節日(春節、清明節、端午節)】	v						v	v
11.請問您(他)【就診者】曾經有需要在假日看西醫診所嗎？		v	v					
11.醫療人員亦需適度休息，請問您(他)【就診者】曾經有緊急需求要在假日看西醫診所嗎？				v	v	v		
12.您(他)是否會因西醫診所在假日休診，而造成您(他)的困擾或不便性？	v						v	
12.請問您(他)【就診者】是否因而感到不方便？		v	v	v	v	v		
13.請問您(他)是否能在當地找到其他就醫的醫療院所？	v						v	
13.您(他)【就診者】是否能在當地找到其他就醫的診所？		v	v	v	v	v		
轉診與用藥情形								
14.請問您(他)到西醫診所接受治療時，有沒有被轉診的經驗？	v	v	v	v	v	v	v	
14.請問您(他)【就診者】到西醫診所接受治療時，有沒有被轉診的經驗？								

表 29 西醫歷年一致性之題目比較-續

問卷題目	103 年	104 年	105 年	106 年	107 年	108 年	文字差異	問法不同
滿意度與治療效果評估								
15.整體而言，請問您(他)對那家西醫診所的醫療品質滿不滿意？	v	v					v	
15.整體而言,請問您(他)【就診者】對那家醫院的醫療結果滿不滿意？			v	v	v	v		
16.請問過去一年內，那家西醫診所的醫護人員有沒有為您(他)進行衛生教育指導？(例如：解說病情、營養及飲食諮詢或預防保健方法等)	v						v	
16.請問過去一年內，那家西醫診所的醫護人員有沒有為您(他)【受訪者】進行衛生教育指導？(例如：解說病情、營養及飲食諮詢或預防保健方法等)		v	v	v	v	v		
17.過去一年內，那家西醫診所醫護人員，是否常用您(他)簡單易懂的方式來向您(他)解說病情與照護方法？	v						v	
17.過去一年內，那家西醫診所醫護人員，是否常用您(他)【受訪者】簡單易懂的方式來向您(他)解說病情與照護方法？		v	v	v	v	v		
就診者基本資料								
18.請問您(他)今年幾歲？	v						v	v
18.請問您(他)【就診者】民國幾年生？		v	v					
18.請問您(他)【就診者】民國幾年生？民國_____年		v	v	v	v	v		
19.請問您(他)的最高學歷是？	v	v	v	v	v	v	v	
19.請問您(他)【就診者】的最高學歷是？								
20.請問您(他)目前的婚姻狀況是？	v						v	
20.請問您(他)【就診者】目前的婚姻狀況是？		v	v	v	v	v		
21.請問您(他)全家目前每個月的收入是？	v						v	
21.請問您(他)【就診者】全家目前每個月的收入是？		v	v	v	v	v		

表 30 醫院歷年一致性之題目比較

問卷題目	103 年	104 年	105 年	106 年	107 年	108 年	文字差異	問法不同
1 請問您(陪病者)民國幾年生？		v	v				v	
1.請問您(陪病者)民國幾年生？民國____年				v	v	v		
醫療服務利用與可近性								
2.排到的病床種類與您(他)希望的是否相符？	v	v					v	
2.排到的病床種類與您(他)【就診者】希望的是否相符？				v	v	v		
3.請問您(他)對醫師的看病及治療所花費的時間長短滿不滿意？	v						v	
3.請問您(他)【就診者】對醫師的看病及治療所花費的時間長短滿不滿意？		v	v		v	v		
4 除了掛號費和部分負擔外，請問那家醫院有沒有要您(他)自費其他費用？	v						v	
4.除了掛號費和部分負擔外，請問那家醫院有沒有要您(他)【就診者】自付其他費用？		v	v	v	v	v		
5.請問，您(他)當次自費多少其他費用？	v						v	v
5.請問您(他)【就診者】當次自付多少其他費用？		v	v					
5.請問您(他)【就診者】最近一次到醫院看病，除掛號費和部分負擔外自付多少錢？						v		
6.請問您(他)知道要自費(自掏腰包)所花的錢是用在哪些項目？	v						v	
6.請問您(他)【就診者】知道要自費(自掏腰包)所花的錢是用在哪些項目？(可複選，最多選5項)				v	v	v		
滿意度與治療效果評估								
7.整體而言，請問您(他)對那家醫院的醫療品質滿不滿意？	v						v	
7.整體而言，請問您(他)【就診者】對那家醫院的醫療品質滿不滿意？		v						
7.整體而言，請問您(他)【就診者】對那家醫院的醫療結果滿不滿意？			v	v	v	v		

表 30 醫院歷年一致性之題目比較-續

問卷題目	103 年	104 年	105 年	106 年	107 年	108 年	文字差異	問法不同
8.請問過去一年來，那家醫院的醫護人員有沒有為您(他)進行衛生教育指導？例如：解說病情、營養及飲食諮詢、預防保健方法等)	v						v	
8.過去一年內，請問那家醫院的醫護人員，是否常用您(他)簡單易懂的方式來向您(他)解說病情與照護方法？	v							
就診者基本資料								
9.請問您(他)的性別是：	v	v	v	v	v	v	v	
9.請問您(他)【就診者】的性別是：								
10.請問您(他)今年幾歲？	v						v	v
10.請問您(他)【就診者】民國幾年生？		v	v					
10.請問您(他)【就診者】民國幾年生？民國____年				v	v	v		
11.請問您(他)的最高學歷是？	v						v	
11.請問您(他)【就診者】的最高學歷是？		v	v	v	v	v		
12.請問您(他)目前的婚姻狀況是？	v						v	
12.請問您(他)【就診者】目前的婚姻狀況是？		v	v	v	v	v		
13.請問您(他)的主要職業是？	v						v	
13.請問您(他)【就診者】的主要職業是？		v	v	v	v	v		
14.請問您(他)目前居住在哪一個縣市？	v						v	
14.請問您(他)【就診者】目前居住在哪一個縣市？		v	v	v	v	v		
15.請問您(他)最近一次看病的醫院是在那個縣市	v						v	
15.請問您(他)【就診者】最近一次看病的醫院是在哪一個縣市？		v	v	v	v	v		

表 31 中醫歷年一致性之題目比較

問卷題目	103 年	104 年	105 年	106 年	107 年	108 年	文字差異	問法不同
1.請問您(陪病者)民國幾年生？		v	v				v	
1.請問您(陪病者)民國幾年生？民國_____年				v	v	v		
2.請問就診者與您是什麼關係？		v	v				v	
2.陪病者與就診者之關係(看病者是您的誰?)				v	v	v		
醫療服務利用與可近性								
3.當您(他)需要看中醫師時，容不容易就看到(或預約到)中醫師的門診？	v	v	v				v	
3.【就診者】需要看中醫師時，容不容易就看到中醫師的門診				v	v	v		
4.不容易看到中醫師門診的原因是？	v	v	v				v	
4.不容易看到中醫師門診的原因				v	v	v		
5.請問您(他)【就診者】是否曾經因為就醫所需交通時間過長而不就診？		v	v				v	
5.【就診者】是否曾經因為就醫所需交通時間過長而不就診				v	v	v		
6.請問您(他)對中醫師的看病及治療的過程滿不滿意？	v	v	v				v	
6.【就診者】對中醫師的看病及治療的过程滿不滿意				v	v	v		
7.請問您(他)最近一次到中醫院所看病，付了多少錢？	v	v	v			v	v	
7.【就診者】最近一次到中醫院所看病的【就診費用總額】				v	v			
8.除了掛號費和部分負擔外，請問那家中醫院所有沒有要您(他)自費其他費用？	v						v	v
8.除了掛號費和部分負擔外，請問那家中醫院所有沒有要您(他)【就診者】自付其他費用？		v	v			v		
9.您(他)單次自費多少費用呢？	v						v	v
9.請問您(他)【就診者】當次自付費用多少元呢？		v	v					
9.【就診者】最近一次到中醫院所看病的【自付費用】				v	v	v		
10.請問您(他)知道要自費(自掏腰包)所花的錢是用在哪些項目？【可複選】	v	v	v					v
10.【就診者】自付費用所用項目				v	v	v		

表 31 中醫歷年一致性之題目比較-續

問卷題目	103 年	104 年	105 年	106 年	107 年	108 年	文字差異	問法不同
11【就診者】自付其他費用的理由				v	v	v	v	
11.請問您(他)知道要自付其他費用，是什麼理由嗎？【可複選】	v	v	v					
12 請問您(他)【就診者】是否曾經因為就醫費用過高而不就診？		v	v				v	
12.【就診者】是否曾經因為就醫費用過高而不就診				v	v	v		
13.請問您(他)是否曾經在假日有看中醫的需求？【說明：星期例假日(星期六、日)、國定假日(元旦、二二八紀念日、國慶日)、民俗節日(春節、清明節、端午節)】	v							v
13.請問您(他)【就診者】是否曾經在假日有看中醫的需要？		v	v					
13.【就診者】是否曾經在假日有看中醫的需要				v	v	v		
14.您(他)【就診者】是否能在當地找到其他就醫的診所？		v	v				v	
14【就診者】是否能在當地找到其他就醫的診所				v	v	v		
15.您(他)會覺得中醫院所在假日休診造成您(他)的不便嗎？	v						v	
15.請問您(他)【就診者】是否因而感到不方便？		v	v	v	v	v		
轉診與用藥情形								
16.回家以後，您(他)有按時吃藥，並把藥吃完嗎？	v	v	v				v	
16.【就診者】有沒有按時吃藥，並把藥吃完				v	v	v		
滿意度與治療效果評估								
17.整體而言，請問您(他)對那家中醫院所的醫療品質滿不滿意？	v	v					v	
17.整體而言，請問您(他)【就診者】對那家中醫院所的醫療結果滿不滿意？			v	v	v	v		
18.就診時是否會跟中醫師討論照護或治療方式？		v	v				v	
18.【就診者】是否會跟中醫師討論照護或治療方式				v	v	v		
19.請問平時那家中醫院所的醫護人員有沒有為您(他)進行衛生教育指導？(例如：解說病情、營養及飲食諮詢或預防保健方法等)	v						v	
19.請問過去一年來，那家中醫院所的醫護人員有沒有為您(他)【就診者】進行衛生教育指導(例如：解說病情、營養及飲食諮詢、預防保健方法等)？		v	v					
19.那家中醫院醫護人員有沒有為【就診者】進行衛生教育指導				v	v	v		

表 31 中醫歷年一致性之題目比較-續

問卷題目	103 年	104 年	105 年	106 年	107 年	108 年	文字差異	問法不同
20.過去一年內，那家中醫院所醫護人員，是否常用您(他)簡單易懂的方式來向您(他)解說病情與照護方法？	v	v	v				v	
20.那家中醫院醫護人員是否用【就診者】簡單易懂方式來解說病情及照護方法				v	v	v		
21.就診時中醫師是否有提供您問問題或表達顧慮的機會？			v				v	
21.就診時中醫師是否有提供詢問或表達顧慮的機會				v	v	v		
就診者基本資料								
22.請問您(他)的性別是：	v	v	v				v	
22.請問您(他)【就診者】的性別				v	v	v		
23.請問您(他)今年幾歲？	v							v
23.請問您(他)【就診者】民國幾年生？		v	v	v	v	v		
24.請問您(他)的最高學歷是？	v	v	v				v	
24.請問您(他)【就診者】的最高學歷				v	v	v		
25.請問您(他)目前的婚姻狀況是？	v	v	v				v	
25.【請問您(他)就診者】的婚姻狀況				v	v	v		
26.請問您(他)全家目前每個月的收入是？	v	v	v				v	
26.請問您(他)【就診者】全家目前每個月的收入				v	v	v		
27 請問您(他)的主要職業是？	v	v	v				v	
27.請問您(他)【就診者】的主要職業				v	v	v		
28.請問您(他)目前居住在哪一個縣市？	v	v	v				v	
28.請問您(他)【就診者】目前居住的縣市				v	v	v		
28.請問您(他)最近一次看病的中醫院所是在那個縣市	v							

表 32 牙醫歷年一致性之題目比較

問卷題目	103 年	104 年	105 年	106 年	107 年	108 年	文字差異	問法不同
22.請問您(陪病者)民國幾年生？		v	v				v	
22.請問您(陪病者)民國幾年生？民國____年				v	v	v		
23.請問就診者與您是什麼關係？		v	v				v	
23.請問就診者與您是什麼關係？(看病者是您的誰？)				v	v	v		
一、醫療服務利用與可近性								
24.請問您(他)【就診者】是否曾經因為就醫費用過高而不作檢查、治療或預後措施？		v	v				v	
24.請問您(他)【就診者】是否會因為就醫費用過高而不作檢查、治療或追蹤？				v	v	v		
25.除了掛號費和部分負擔外，請問那家牙醫院所有沒有要您(他)自付其他費用？	v						v	
25.除了掛號費和部分負擔外，請問那家牙醫院所有沒有要您(他)【就診者】自付其他費用？		v	v	v	v	v		
26.請問您(他)當次自費多少其他費用？	v						v	v
26.請問您(他)【就診者】當次自費多少其他費用？		v	v					
26.請問您(他)【就診者】最近一次到牙醫門診看病，除掛號費和部分負擔外自付多少錢？						v		
27.請問您(他)知道要自費(自掏腰包)所花的錢是用在哪些項目？【可複選】	v	v	v				v	
27.請問您(他)【就診者】知道要自費(自掏腰包)所花的錢是用在哪些項目？(可複選，最多選 5 項)				v	v	v		
28.請問您(他)知道要自付其他費用，是什麼理由嗎？【可複選】	v						v	
28.請問您(他)【就診者】知道要自付其他費用，是什麼理由嗎？【可複選】		v	v	v	v	v		

表 32 牙醫歷年一致性之題目比較-續

問卷題目	103 年	104 年	105 年	106 年	107 年	108 年	文字差異	問法不同
29.您(他)是否曾經在假日要看牙科的需求？【說明：星期例假日(星期六、日)、國定假日(元旦、二二八紀念日、國慶日)、民俗節日(春節、清明節、端午節)】	v						v	v
29.您(他)【就診者】是否曾經在假日要看牙科的需求？【說明：星期例假日(星期六、日)、國定假日(元旦、二二八紀念日、國慶日)、民俗節日(春節、清明節、端午節)】		v	v					
29.醫療人員亦需適度休息，您(他)【就診者】曾經有緊急需求要在假日求診嗎？				v	v	v		
30.是否會因牙醫院所在假日休診而造成您(他)的困擾及不方便？	v						v	
30.請問您(他)【就診者】是否因而感到不方便？		v	v	v	v	v		
轉診與用藥情形								
31.請問您(他)到牙醫院所接受治療時，有沒有被轉診的經驗？	v	v	v				v	
31.請問您(他)【就診者】到牙醫院所接受治療時，有沒有被轉診的經驗？				v	v	v		
滿意度與治療效果評估								
32.整體而言，請問您(他)對那家牙醫門診有關牙醫的醫療品質滿不滿意？	v						v	
32.整體而言，請問您(他)【就診者】對那家牙醫門診的醫療品質滿不滿意？		v						
32.整體而言，請問您(他)【就診者】對那家牙醫門診的醫療結果滿不滿意？			v	v	v	v		
33.請問那家牙醫院所的醫護人員有沒有為您(他)進行衛生教育指導？(例如：解說病情、教導您(他)如何正確刷牙或如何預防蛀牙、牙周病等預防保健方法)	v						v	
33.請問那家牙醫院所的醫護人員有沒有為您(他)【就診者】進行衛生教育指導？(例如：解說病情、教導您(他)如何正確刷牙或如何預防蛀牙、牙周病等預防保健方法)		v	v	v	v	v		

表 32 牙醫歷年一致性之題目比較-續

問卷題目	103 年	104 年	105 年	106 年	107 年	108 年	文字差異	問法不同
34.過去一年內，那家牙醫院所醫護人員，是否常用您(他)簡單易懂的方式來向您(他)解說病情與照護方法？	v						v	
34.過去一年內，那家牙醫院所醫護人員，是否常用您(他)【就診者】簡單易懂的方式來向您(他)解說病情與照護方法？		v	v	v	v	v		
就診者基本資料								
35.請問您(他)的性別是：	v						v	
35.請問您(他)【就診者】的性別是：		v	v	v	v	v		
36.請問您(他)今年幾歲？	v						v	v
36.請問您(他)【就診者】民國幾年生？		v	v					
36.請問您(他)【就診者】民國幾年生？民國____年				v	v	v		
37.請問您(他)的最高學歷是？	v						v	
37.請問您(他)【就診者】的最高學歷是：		v	v	v	v	v		
38.請問您(他)目前的婚姻狀況是？		v	v	v	v	v	v	
38.請問您(他)【就診者】目前的婚姻狀況是？	v							
39.請問您(他)全家目前每個月的收入是？		v	v	v	v	v	v	
39.請問您(他)【就診者】全家目前每個月的收入是？	v							
40.請問您(他)的主要職業是？		v	v	v	v	v	v	
40.請問您(他)【就診者】的主要職業是？	v							
41.請問您(他)目前居住在哪一個縣市？		v	v	v	v	v	v	
41.請問您(他)【就診者】目前居住在哪一個縣市？	v							
42.請問您(他)最近一次看病的牙醫診所是在那個縣市	v						v	
42.請問您(他)【就診者】最近一次看病的牙醫診所是在哪一個縣市？		v	v	v	v	v		

表 33 門診透析歷年一致性之題目比較

問卷題目	103 年	104 年	105 年	106 年	107 年	108 年	文字差異	問法不同
醫療服務利用與可近性								
1.請問您(他)最近一次到透析院所就醫(包括透析、檢查、更換耗材等)，共付了多少錢？	v		v	v	v	v	v	
1.請問您(他)【接受透析者】最近一次到透析院所就醫(包括透析、檢查、更換耗材等)，共付了多少錢？(提醒您可查閱收據，若無收據請盡量依記憶作答)		v						
2.請問您(或家人)【接受透析者】最近一次到透析院所就醫(包括透析、檢查、更換耗材等)，除了掛號費和部分負擔外，請問透析院所有沒有要您(他)【接受透析者】自付其他費用？						v	v	
2.除了掛號費以外，請問透析院所有沒有要您(他)自付其他費用？	v	v	v	v	v			
3.請問您(他)當次自付其他費用多少？	v	v	v	v	v		v	v
3.請問您 (或家人或家人)【接受透析者】最近一次到院所就醫 【，除了掛號費和部分負擔外共付多少錢 ?(提醒您可查閱收據，若無請盡量依記憶作答)						v		
4.請問您(他)知道要自費(自掏腰包)所花的錢是用在哪些項目？(可複選)	v						v	
4.請問您(他)【接受透析者】知道要自費(自掏腰包)所花的錢是用在哪些項目？(可複選，最多選 5 項)		v	v	v	v	v		
滿意度與治療效果評估								
5.整體而言，請問您(他)對那家透析院所的醫療品質滿不滿意？	v	v					v	
5.整體而言，請問您(或家人)【接受透析者】對那家醫院的醫療結果滿不滿意？			v	v	v	v		
健康行為								
6.請問您(他)是否曾經吃過檳榔？	v						v	v
6.請問您(他)【接受透析者】是否曾經吃過檳榔？【若有】請問是只吃過一兩次，還是更多次？【若更多次】請問最近 6 個月內有沒有吃？		v	v	v	v	v		

表 34 整體性歷年共通性之題目比較

問卷題目	103 年	104 年	105 年	106 年	107 年	108 年	文字差異	問法不同
就診者基本資料								
1 請問您的最高學歷？		v	v				v	
1.請問您的最高學歷是：				v	v	v		
3.請問您全家目前每個月的收入？		v	v				v	
3.請問您全家目前每個月的收入是：				v	v	v		
4.請問您目前的婚姻狀況？		v	v				v	
4.請問您目前的婚姻狀況是？				v	v	v		

表 35 建議急診之問卷題目

問卷題目	
醫療服務利用與可近性	
1.您是否滿意這家醫院的交通便利性？	4.請問您(他)【就診者】對醫師看病及治療過程滿不滿意？
2.請問您(他)【就診者】是否曾經因為就醫所需交通時間過長而不就診？	5.請問從您到達的時間開始，您等待醫生或護士檢查多長時間？
3.請問您(他)【就診者】對醫師看病及治療花費的時間滿不滿意？	6.請問您去急診的主要原因是什麼？
滿意度與治療效果評估	
7.請問您(他)【就診者】對那家醫院醫療結果滿不滿意？	9.請問那家醫院的醫護人員有沒有為您(他)【就診者】進行衛生教育指導(例如：解說病情、營養及飲食諮詢、預防保健方法等)？
8.就診時醫師是否與您共同討論照護或治療方式？	10.請問那家醫院的醫護人員，是否常用您(他)【就診者】簡單易懂的方式來向您解說病情與照護方法？

表 36 建議急診之問卷題目-續

問卷題目	
11.就診時醫師是否提供您問問題或表達顧慮的機會？	
疼痛及隱私	
12.您在急診室期間是否感到疼痛？	14.當您在急診室時，向您提供了多少有關您的病情或治療的資訊？
13.您認為醫院工作人員會盡一切可能幫助您控制疼痛嗎？	15.在急診室接受檢查或治療時，您是否有足夠的隱私權？
基本資料	
16.請問您(他)【就診者】的最高學歷是：	19.請問，您(他)【就診者】的主要職業是？
17.請問您(他)【就診者】目前的婚姻狀況是？	20.請問您(他)【就診者】目前居住在哪一個縣市？
18.請問您(他)【就診者】全家目前每個月的收入是	

表 37 各總額部門建議納入之評核題目

評核項目	評核內涵	增加原因	建議補補題目(皆以 108 年題目為主)	西醫基層	醫院	中醫	牙醫	門診透析	整體性	急診
(一)醫療服務品質調查結果及檢討與改善措施	1.醫療服務品質調查結果	1.各總額部門調查項目差異之增補題目 2.急診議題之新增題目	1.請問您(他)對醫師的看病及治療所花費的時間長短滿不滿意?		V		V			V
			2.請問您(他)【就診者】對醫師的看病及治療所花費的時間長短滿不滿意?				V			V
		急診議題之新增題目	3.請問您(他)【就診者】對那家醫院醫療結果滿不滿意?							V
			4.醫護人員有無進行衛教指導							V
			5.醫護人員有無以簡單易懂的方式解說病情與照護方法							V
			6.就診時醫師是否與您共同討論照護或治療方式?							V
(四)就醫可近性與及時性之改善措施	1.就醫可近性與及時性情形	疫情議題之新增題目	7.當您在疫情發生時，是否有造成延誤就診的情況?	V	V	V	V	V	V	
			8.請問您是否因疫情的發生感到就醫不方便?	V	V	V	V	V	V	
			9.您是否會因疫情的發生，而使您的「病情變嚴重」?	V	V	V	V	V	V	
		急診議題之新增題目	10.您是否滿意這家醫院的交通便利性?							V
			11.請問您(他)【就診者】是否曾經因為就醫所需交通時間過長而不就診?							V

表 37 總額部門建議納入之評核題目-續

評核項目	評核內涵	增加原因	調查問卷題目	西醫基層	醫院	中醫	牙醫	門診透析	整體性	急診
(四)就醫可近性與及時性之改善措施	2.設備與就醫環境	1.專家建議應納入之題目 2.急診議題之新增題目	12.請問您就醫診所是否具備無障礙設施?	v	v	v	v	v	v	v
			13.請問您是否滿意診所的無障礙設施?	v	v	v	v	v	v	v
	3.轉診情形	專家建議應納入之題目	14.到診所治療時，有無被轉診的經驗?	v	v	v	v	v		
			15.接受轉診院所是否主動聯繫及安排就醫	v	v	v	v	v		
			16.對轉診服務滿不滿意?	v	v	v	v	v		
	4.分級醫療之轉診情形	1.分級醫療議題之新增題目 2.急診議題之新增題目	17.分級醫療制度調升未經轉診病患之部分負擔額度，請問您覺得目前政府所訂定的部分負擔金額是否適當?	v	v	v	v	v	v	v
			18.請問您是否會因為前述部分負擔額度增加，而降低去醫學中心就診的頻率?	v	v	v	v	v	v	v
			19.請問您是否會因為前述部分負擔額度增加，而使用分級醫療?	v	v	v	v	v	v	v
			20.請問您是否會因為前述部分負擔額度增加，而降低檢查、治療或追蹤的醫療使用頻率?	v	v	v	v	v	v	v

第五章 就醫經驗(滿意度)之歷年調查結果

第一節 資料來源說明與操作型定義

本計畫之資料來源，包含(1)全民健康保險民意調查問卷；(2)各部門總額支付制度實施後醫療品質與可近性民意調查問卷(包含醫院、西醫基層、牙醫、中醫、門診透析)之問卷調查資料等，共 6 份問卷內容，期間涵蓋 103-108 年。將 6 年之問卷調查使用趨勢分析方法，進行民眾就醫就醫權益(滿意度)調查綜整分析及重點解讀。

第二節 民眾就醫權益(滿意度)調查問卷之趨勢分析

以下會依據各總額部門(西醫基層、醫院、中醫、牙醫及門診透析)及整體性之歷年就醫滿意度問卷作趨勢分析，呈現內容會以 108 年各總額部門評核構面「維護保險對象就醫權益」之對應的問卷題目作呈現。

一、西醫基層總額

(一)醫療服務品質調查結果及檢討與改善措施

1. 對整體醫療結果滿意度

從圖 5 可以得知對於西醫院所的醫療結果中，非常滿意從 103 年的 24.2% 下降至 104 年 14.1%，106 年為最高 33.9%，而 107 年下降至 23.3%，108 年則上升至 26.4%，選擇普通維持在 1.4% 至 8.4%，不滿意及非常不滿意皆在 1% 以下，不知道或拒答最高在 105 年為 1.5%。

2. 對醫師看病及治療過程滿意度

圖 6 對醫師的看病及治療的過程滿不滿意，選擇非常滿意落在 12.0% 至 34.5%，選擇滿意皆高達 60% 以上，只有在 106 年下降為 59.7%。選擇普通在 103 年為 12.6% 為最高，不滿意的部分穩定落在 1.2% 至 4.1%。

整體而言，請問您對那家西醫診所的醫療結果滿不滿意？

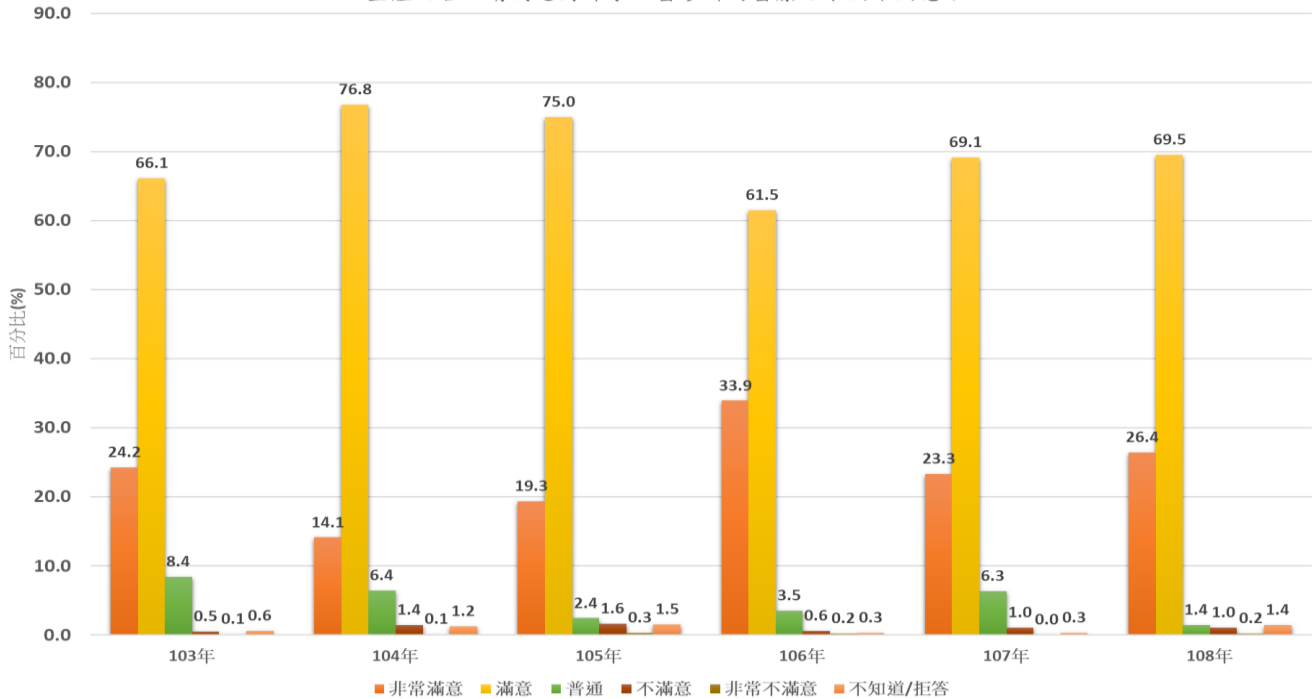


圖 5 對整體醫療結果滿意度(西醫基層)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

請問您對醫師的看病及治療的過程滿不滿意？

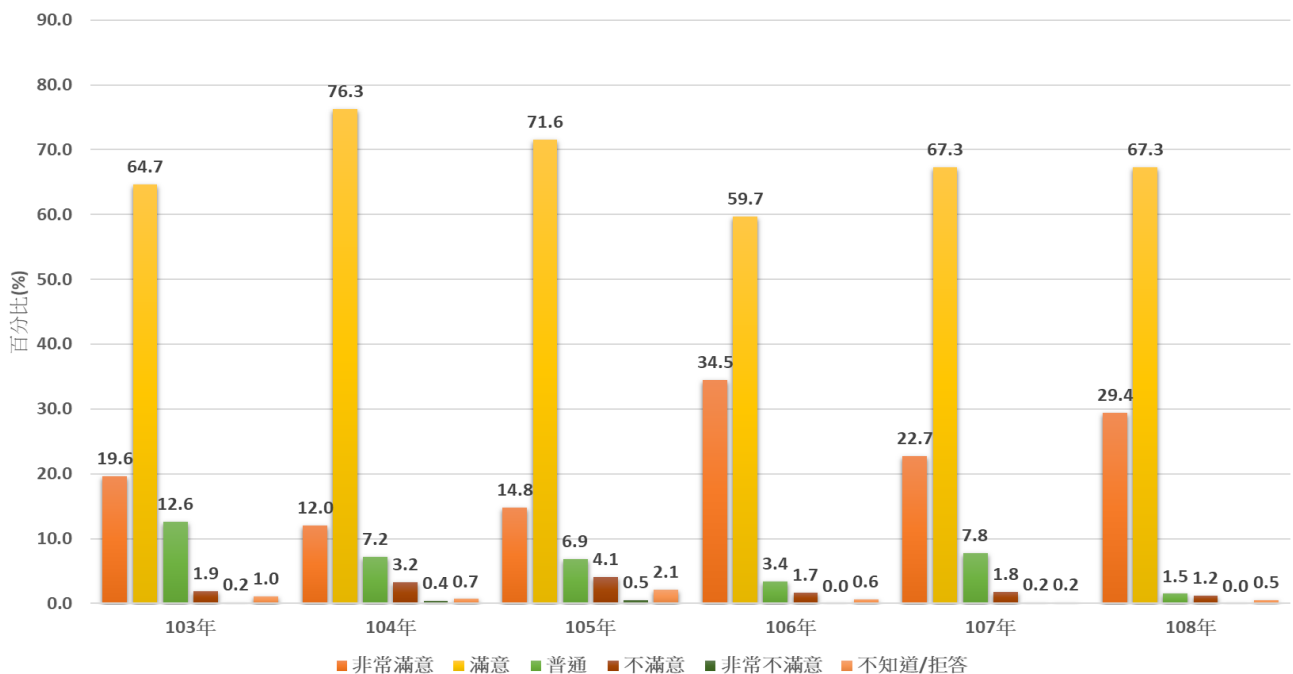


圖 6 對醫師看病及治療過程滿意度(西醫基層)

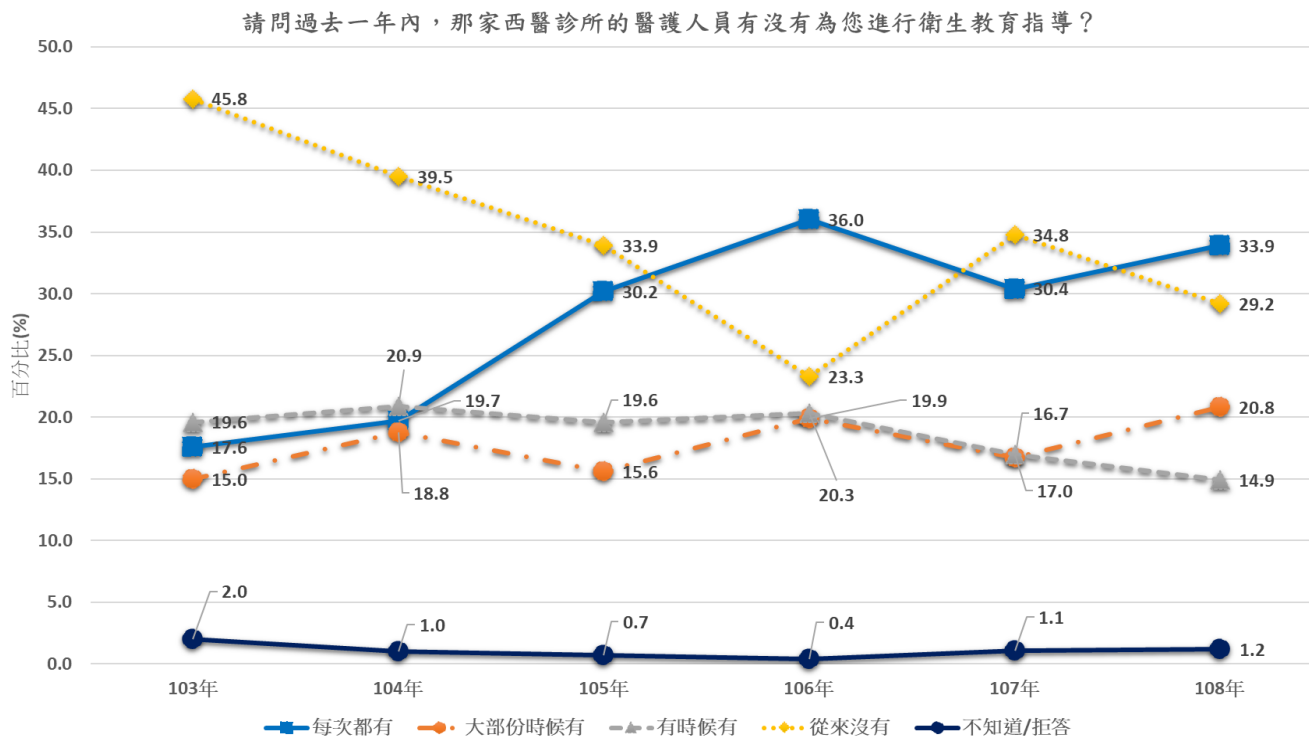
資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

3.醫護人員有無進行衛教指導

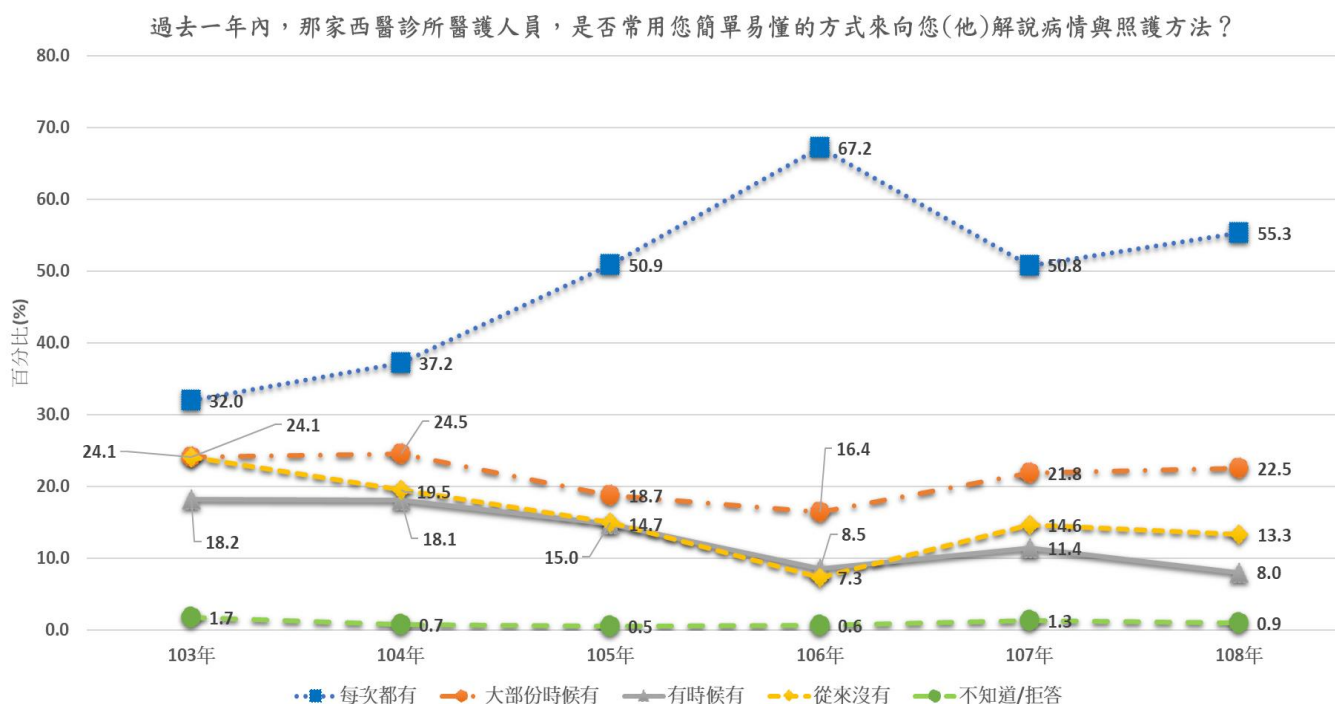
從圖 7 看出醫護人員有無進行衛教指導中，選擇每次都有從 103 年 17.6% 上升至 106 年 36.0%，107 年則略為下降至 30.4%。選擇大部分時候都有每年穩定從 103 年 15.0% 至 108 年增加至 20.8%。選擇有時候有呈現穩定持平，落在 14.9% 至 20.9%。在從來沒有選項中，每年呈現下降趨勢，但在 107 年上升至 34.8%，不過 108 年則下降至 29.2%，選擇不知道或拒答則落在 0.4% 至 2.0% 之間。

4.醫護人員有無以簡單易懂的方式解說病情與照護方法

在醫護人員有無以簡單的方式解說病情與照護方法，圖 8 可以看到每次都有從 103 年 32.0% 增加至 106 年 67.2%，但 107 年略為下降至 50.8%，而 108 年則上升至 55.3%。選擇大部分的時候有呈現穩定持平，落在 16.4% 至 24.5% 之間，選擇有時候有跟從來沒有的選項，呈現歷年穩定略為下降，而最後不知道或拒答則呈現穩定持平趨勢，詳見圖 8。



資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。



資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

5.會跟醫師討論照護或治療方式的比例

圖 9 為會跟醫師討論照護或治療方式的比例，發現每次都有呈現歷年穩定成長的趨勢，從 104 年 35.6% 增加至 108 年 55.1%，選擇大部分時候有則為穩定持平，落在 23.0% 至 26.6% 之間，選擇有時候有從 104 年 23.9% 下降至 108 年 8.2%，選擇從來沒有則從 105 年 15.7% 之後，每年下降趨勢至 108 年的 9.7%，在不知道或拒答中，則每年呈現穩定趨勢，落在 0.4% 至 0.8% 之間。

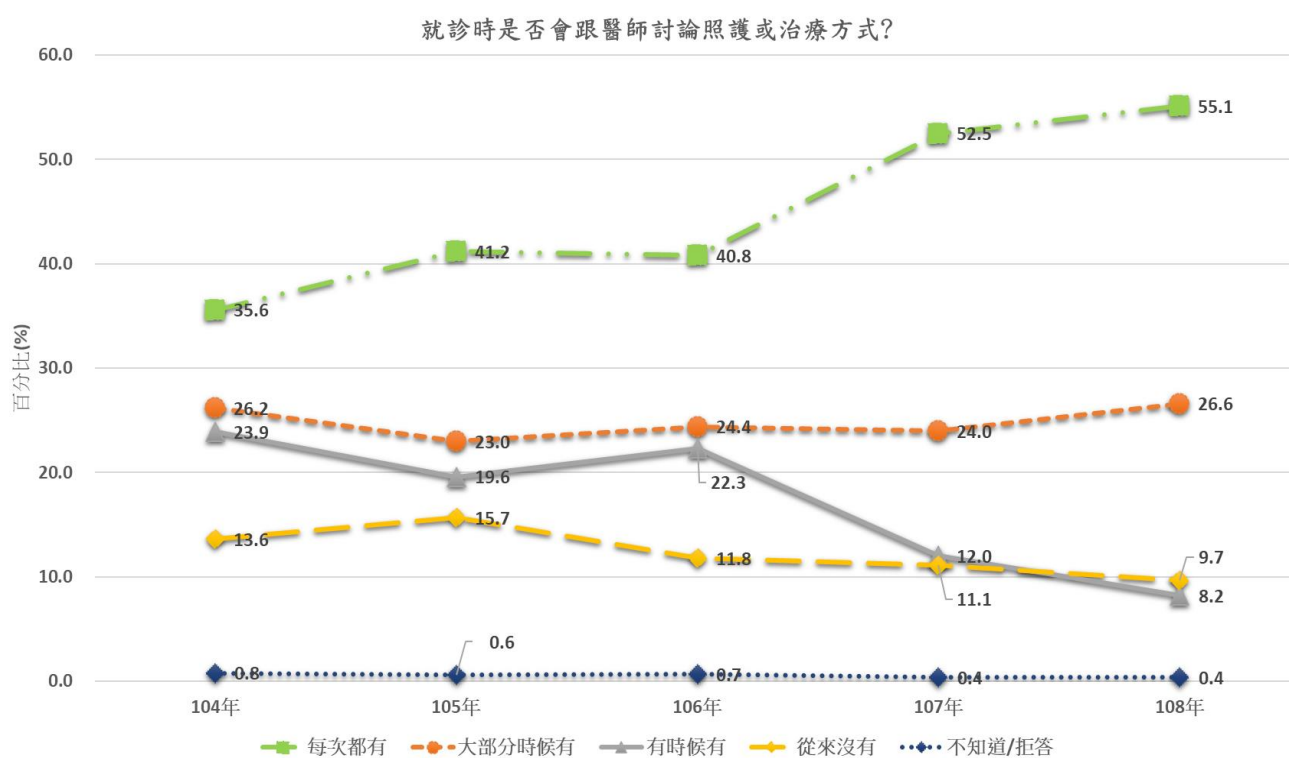


圖 9 會跟醫師討論照護或治療方式的比例(西醫基層)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3 之 3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(二)民眾自費情形及改善措施

1.自費情形

(1)除掛號費與部分負擔，有無自付其他費用

從圖 10 可以發現除掛號費與部分負擔，有無自付其他費用中，選擇沒有自付費用從 103 年開始呈現穩定持平趨勢，但在 107 年則下降至 86.1%而 108 年又再下降至 83.7%，選擇有自付費用從 103 年 6.5%，且 106 年上升 9.4%，107 年為 13.1%且 108 年略為增加至 15.1%，不知道或拒答則穩定持平趨勢，而 104 年為最高有 1.7%。

(2)除掛號費和部分負擔，最近一次看診自付多少錢？

在除掛號費和部分負擔，最近一次看診自付多少錢中，選擇 100 元以下從 103 年的 48.9%上升至 105 年的 65.6%，但在 108 年則下降至 47.0%。選擇 101 至 200 元呈現下降趨勢，從 103 年 16.4%下降至 105 年 5.6%，而 108 年為 17.5%。選擇 201 元以上從 103 年 25.4%逐年下降至 105 年 17.5%，但 108 年則增加至 34.6%，選擇不知道則從 103 年 9.3%下降至 104 年 6.0%，105 年上升至 11.4%，但 108 年又下降至 0.9%，而在 106 及 107 年無問此題，詳見圖 11。

除了掛號費和部分負擔外，請問那家西醫院所有沒有要您(他)自費其他費用？

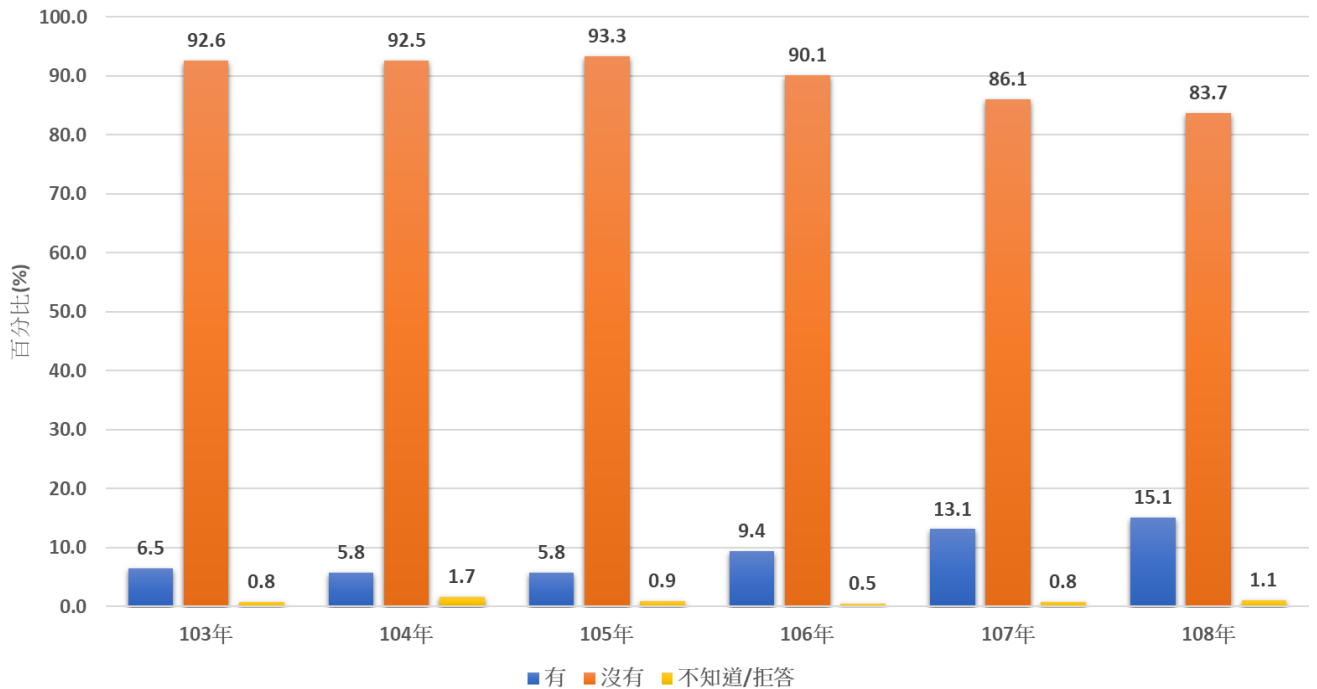


圖 10 有無自付其他費用(西醫基層)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

請問您(他)當次自付多少費用呢？

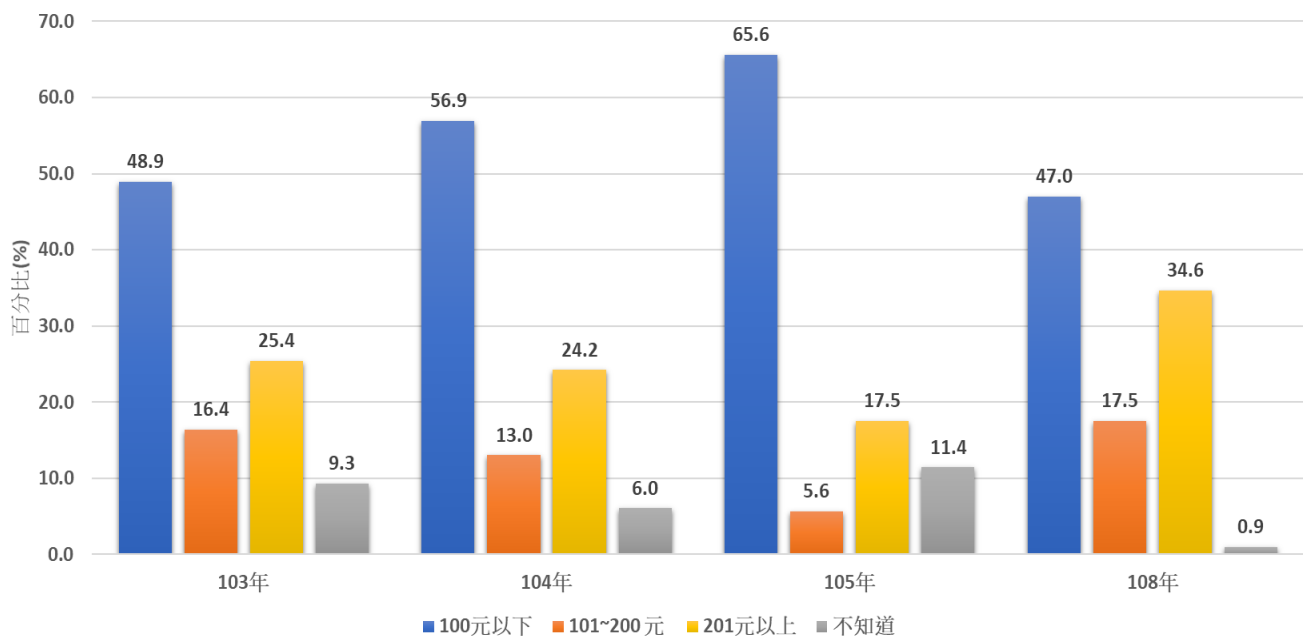


圖 11 最近一次看診自付多少錢(西醫基層)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(3)自付其他費用(自費)前 3 名項目

表 38 為自付其他費用的項目，在 103 年前三名的項目為藥品(62.2%)、打針及打點滴(20.7%)及未使用健保卡看診(6.5%)，104 年的前三名為藥品(64.1%)、打針及打點滴(16.3%)及醫療用之材料或耗材費用(7.8%)。而 105 年為藥品最高(62.8%)，第二為打針及打點滴(21.2%)。106 年最高為藥品(60.8%)，第二為打針及打點滴(11.0%)，第三名是檢查或檢驗為(8.5%)。107 年前三名為藥品(76.6%)、打針及打點滴(19.3%)及不知道(5.1%)，最後 108 年為藥品(64.5%)、治療處置(22.3%)及檢查或檢驗(11.2%)。

表 38 自付其他費用項目(西醫基層)

項目/年份	103 年	104 年	105 年	106 年	107 年	108 年
藥品	62.2%	64.1%	62.8%	60.8%	76.6%	64.5%
醫療用之材料或耗材費用	1.7%	7.8%	2.0%	11.0%	2.5%	5.8%
打針及打點滴	20.7%	16.3%	21.2%	16.2%	19.3%	22.3%
治療處置	0.8%	0.8%	0.4%	0.5%	--	0.5%
檢查或檢驗	3.6%	2.8%	0.8%	8.5%	1.3%	11.2%
假日就醫加收費用	--	--	--	2.4%	--	--
未使用健保卡看診	6.5%	3.8%	--	--	--	--
優先看診費	--	1.1%	--	--	--	--
營養品	--	0.8%	--	--	--	--
非醫療之材料費用	--	--	1.7%	--	--	0.2%
診斷證明書費	--	--	1.3%	--	0.5%	0.2%
手術	--	--	--	--	0.3%	0.2%
不知道	6.2%	5.6%	13.9%	5.5%	5.1%	3.6%

註：「-」符號代表當年度無此答項。

資料來源：林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3 之 3)－運用資料治理於民眾就醫權益之創新模式研究(西醫基層總額民意調查)，衛生福利部中央健康保險署，數據來源自表 4-9。

(4)自付其他費用(自費)前3項原因

在自付其他費用的原因中，可以發現 103 年前三名為健保不給付(45.8%)、不知道(30.4%)及補健保給付差額(19.5%)，104 年為健保不給付 29.6%、不知道(37.3%)及補健保給付差額(26.2%)。而 105 年為不知道(36.6%)、健保不給付(32.8%)及補健保給付差額(24.7%)，106 年為健保不給付(34.4%)、補健保給付差額(24.7%)及不知道(22.7%)，107 年前三名為健保不給付(46.1%)、不知道(23.8%)及同意使用較好的藥或特材而補付差額或自付全額(20.6%)，最後 108 年為診所建議(72.2%)、自己要求(21.8%)及同意使用較好的藥或特材而補付差額或自付全額(10.6%)，詳見表 39。

表 39 自付其他費用原因(西醫基層)

項目/年份	103 年	104 年	105 年	106 年	107 年	108 年
健保不給付	45.8%	29.6%	32.8%	34.4 %	46.1%	6.5%
補健保給付差額	19.5%	26.2%	17.4%	24.7%	4.0%	9.6%
同意使用較好的藥或特材而補付差額或自付全額	--	--	12.5%	18.7%	20.6%	10.6%
認為健保的藥較差	--	--	2.2%	1.4%	4.4%	0.2%
診所建議	--	--	2.6%	6.0%	5.9%	72.2%
自己要求	--	--	--	--	--	21.8%
例假日看診須多付費	--	--	1.6%	2.4%		
醫院藥品較好	--	6.4%	--	--	--	--
沒帶卡(又沒有去補刷卡)	--	2.7%	--	--	--	--
該診所沒有加入健保	--	2.0%	--	--	--	--
醫院另收優先看診費	--	1.1%	--	--	--	--
醫院推銷	--	0.5%	--	--	--	--
未使用健保卡看診	2.8%	--	--	--	--	--
當時沒有健保身份	2.3%	0.8%	--	--	--	--
不知道	30.4%	37.3%	36.6%	22.9%	23.8%	2.9%

註：「-」符號代表當年度無此答項。

資料來源：林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3 之 3)－運用資料治理於民眾就醫權益之創新模式研究(西醫基層總額民意調查)，衛生福利部中央健康保險署，數據來源自表 4-11。

(5)對院所自費金額的感受

圖 12 為對院所自費金額的感受，發現選擇非常貴的選項在 106 年 6.2%，但 107 年下降為 4.0%，而 108 年增加為 6.8%。選擇貴的選項在 106 年為 17.1%，而 107 年下降至 12.8%且 108 年上升為 13.2%。選擇普通從 106 年 56.6%增加為 107 年 72.6%，但 108 年下降為 31.5%。選擇便宜在 106 年為 17.2%而 107 年下降至 9.9%，不過 108 年上升為 43.9%，選擇非常便宜的 106 年為 2.9%，107 年下降為 0.7%最後 108 年上升為 4.6%。

(6)因就醫費用過高而不就診的比率

圖 13 為就醫費用過高而不就診的比率，選擇是的選項從 104 年 5.4%上升至 108 年 12.7%，選擇否的從 104 年 94.2%下降至 107 年 84.3%，而 108 年略為增加至 86.3%。選擇沒考慮過的從 104 年 0.3%增加至 107 年 2.6%，但 108 年下降為 0.9%，最後選擇拒答的從 104 年 0.1%增加至 107 年 1.6%，而 108 年下降為 0.1%。

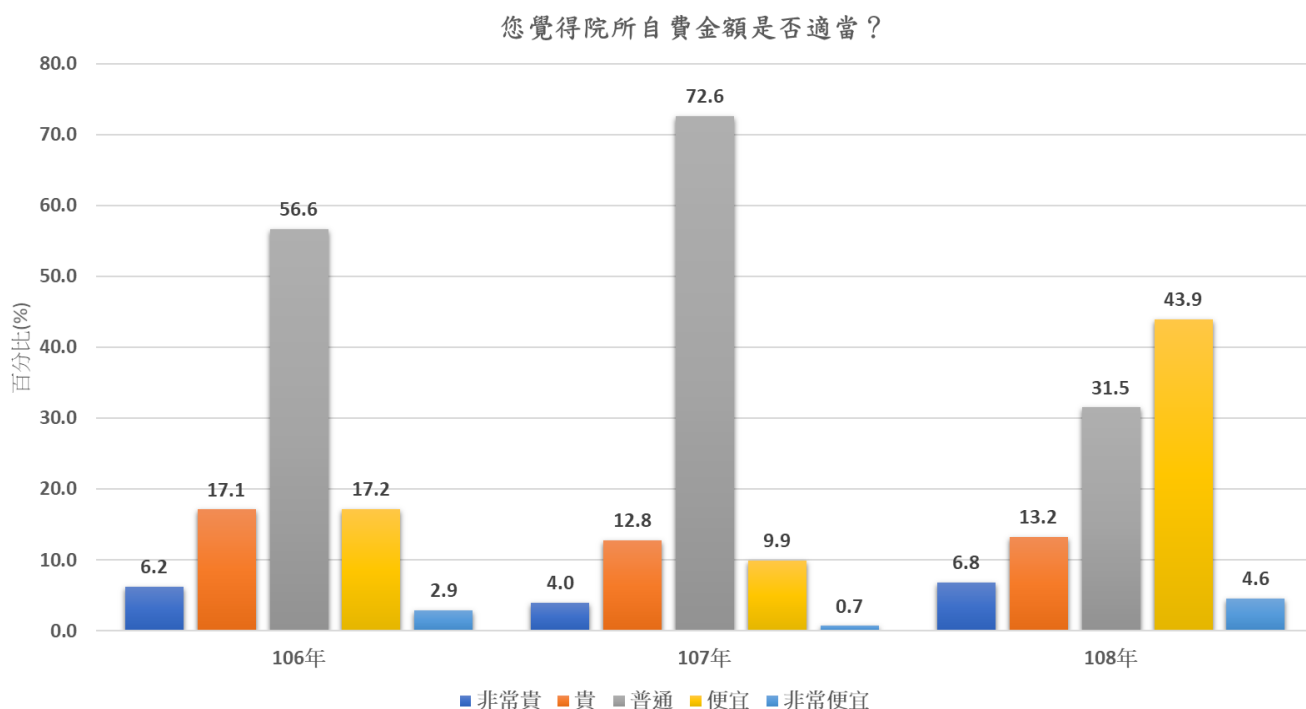


圖 12 對院所自費金額的感受(西醫基層)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

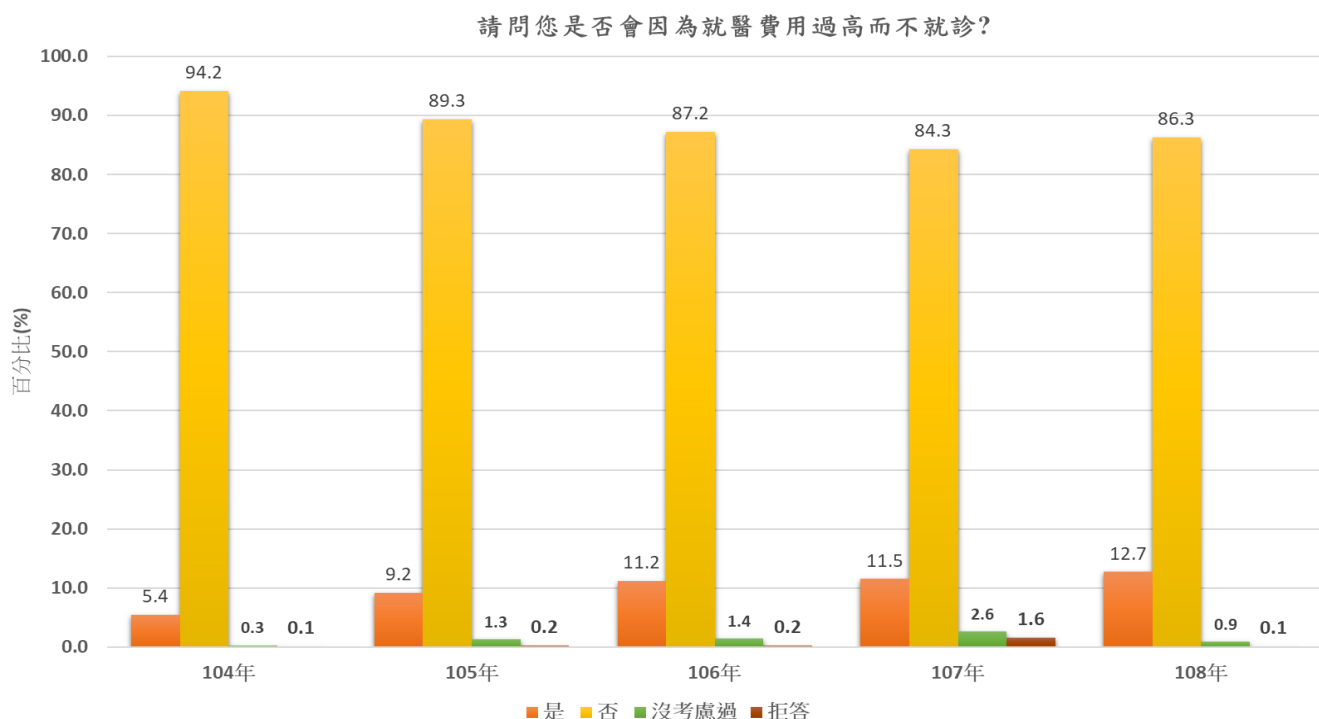


圖 13 因就醫費用過高而不就診的比率(西醫基層)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(7)因就醫費用過高而不作檢查、治療或追蹤的比率

從圖 14 因就醫費用過高而不作檢查、治療或追蹤的比率，可以得知選擇是的從 104 年 8.3%逐年增加至 106 年 12.1%，107 年為 11.7%，而 108 年略為下降為 11.4%。選擇否的在 104 年 91.2%逐年下降至 107 年 84.1%，但 108 年增加為 86.5%。選擇沒考慮過的在 104 年為 0.3%逐年增加至 107 年 3.9%，而 108 年下降為 1.7%，最後選擇拒答的在 104 年為 0.1%逐年增加至 108 年為 0.4%。

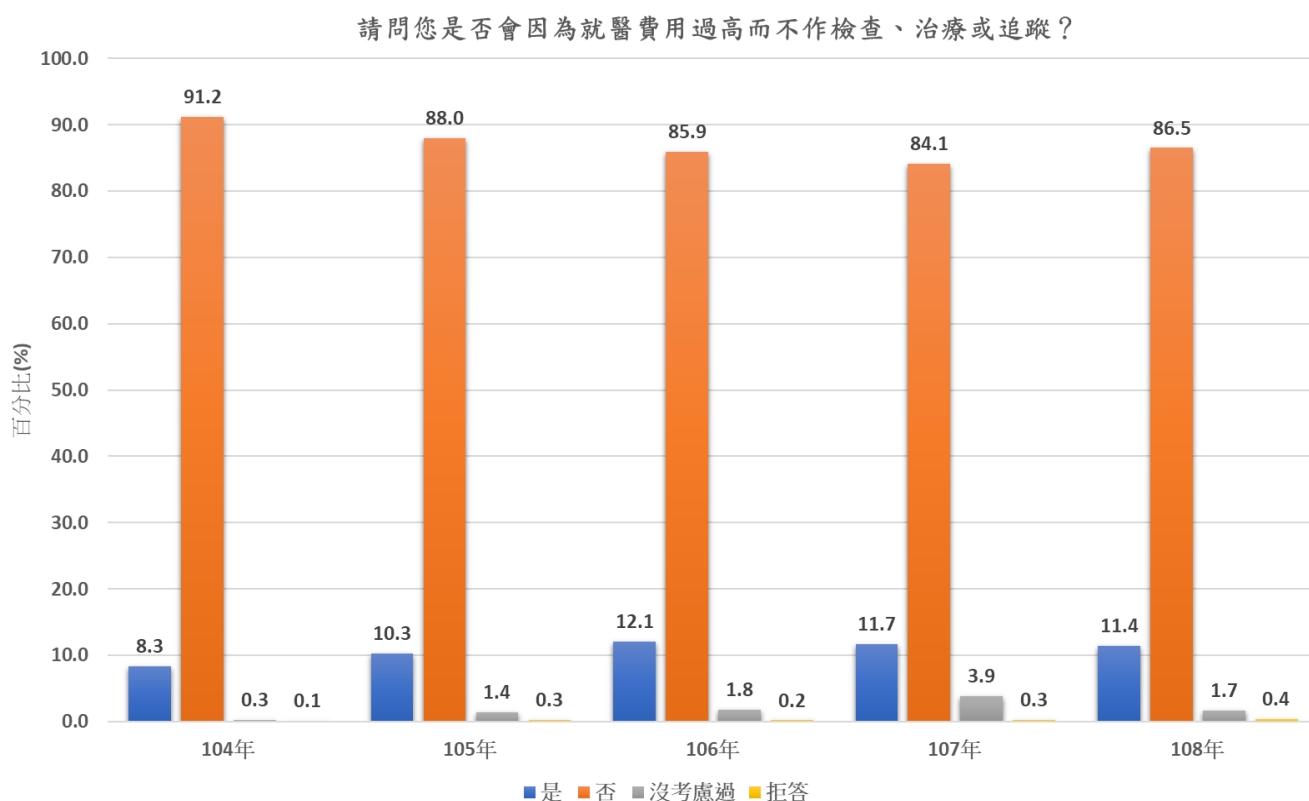


圖 14 因就醫費用過高而不作檢查、治療或追蹤的比率(西醫基層)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3 之 3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(三)就醫可近性與及時性之改善措施

1.就醫可近性與及時性情形

(1)對看到(或預約)醫師的容易度

圖 15 為對看到(或預約)醫師的容易度，可以發現非常容易在 103 年為 43.2% 而 104 年下降為 28.1% 後則呈現穩定趨勢，106 年增加為最高為 44.9%，108 年略為下降至 40.4%。選擇容易則在 104 年為最高 66.8%，105 年後呈現逐年下降趨勢，選擇普通落在 1.7% 至 5.4%。選擇不容易在 103 年 2.5% 逐年增加至 108 年 3.6%，選擇非常不容易及不知道或拒答則呈現逐年下降趨勢，選擇非常不容易從 103 年 0.7% 減少至 108 年 0.2%，最後選擇不知道或拒答從 103 年 1.7% 下降至 108 年 0.5%。

(2)對院所的交通便利性的滿意度

在圖 16 為對院所的交通便利性的滿意度，從圖中發現非常滿意在 106 年為 40.1% 下降至 107 年為 32.9%，而 108 年略為增加為 34.8%。選擇滿意從 106 年 53.6% 逐年增加至 108 年 60.2%。選擇普通則在 106 年為 3.3% 而 107 年上升為 5.7%，但 108 年下降為 0.8%。選擇不滿意及非常不滿意則呈現逐年上升，不滿意從 106 年 1.7% 增加至 108 年 3.3%。非常不滿意從 106 年 0.3% 上升至 108 年 0.6%，拒答或不知道從 103 年 0.9% 呈現逐年下降至 108 年 0.3%。

當您(他)平常需要看醫師時，容不容易看到(或預約到)醫師？

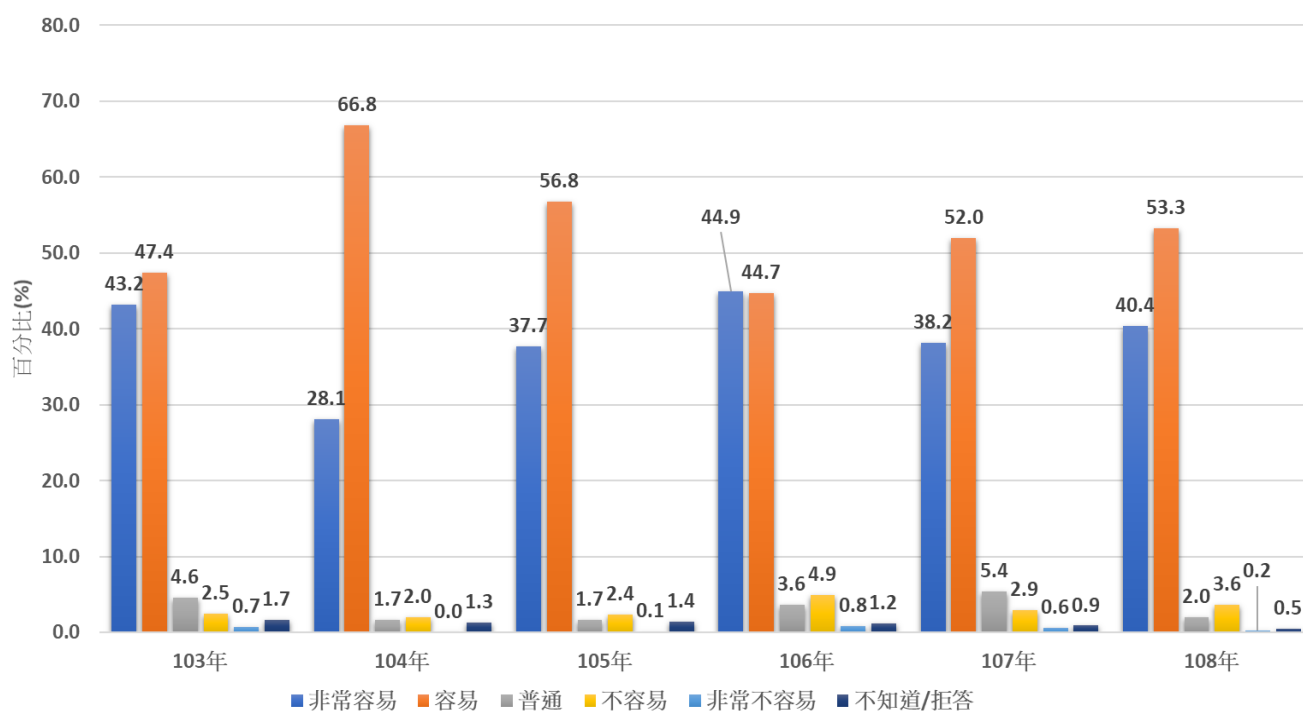


圖 15 對看到醫師的容易度(西醫基層)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

您是否滿意所的交通便利性？

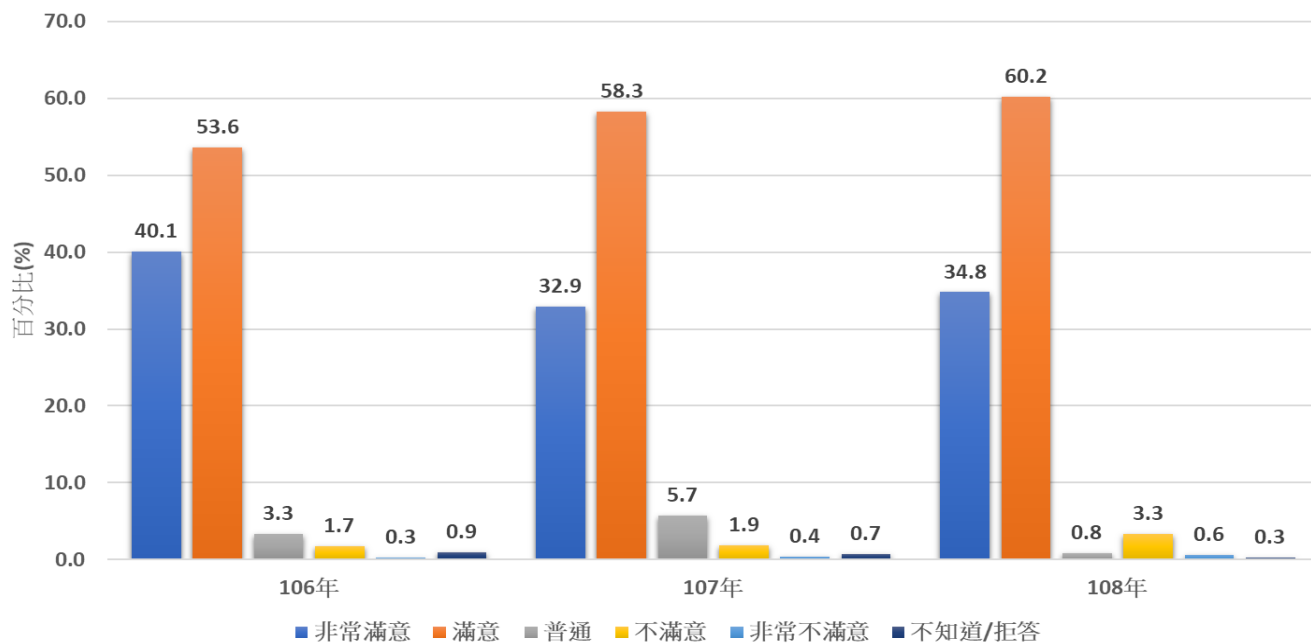


圖 16 對院所的交通便利性的滿意度(西醫基層)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(3)因就醫交通時間過長而不就診的比率

圖 17 為因就醫交通時間過長而不就診的比率，可以得知選擇是從 104 年 13.6%逐年增加至 108 年 20.9%。選擇否從 104 年 85.9%逐年下降至 108 年 75.5%，選擇沒考慮過從 104 年 0.4 %上升至 108 年 0.9%，最後拒答從 103 年 0.1%下降至 108 年 0.0%。

(4)曾經在假日有緊急需求求診的比率

圖 18 為曾經在假日有緊急需求求診的比率，發現選擇有從 103 年 54.8%逐年穩定下降至 108 年 42.5%，選擇否則從 103 年 44.6%增加至 108 年為 57.2%。最後選擇不知道或拒答落在 0.2%至 1.1%，且 104 及 105 年為最高 1.1%。

請問您是否曾經因為就醫所需交通時間過長而不就診？

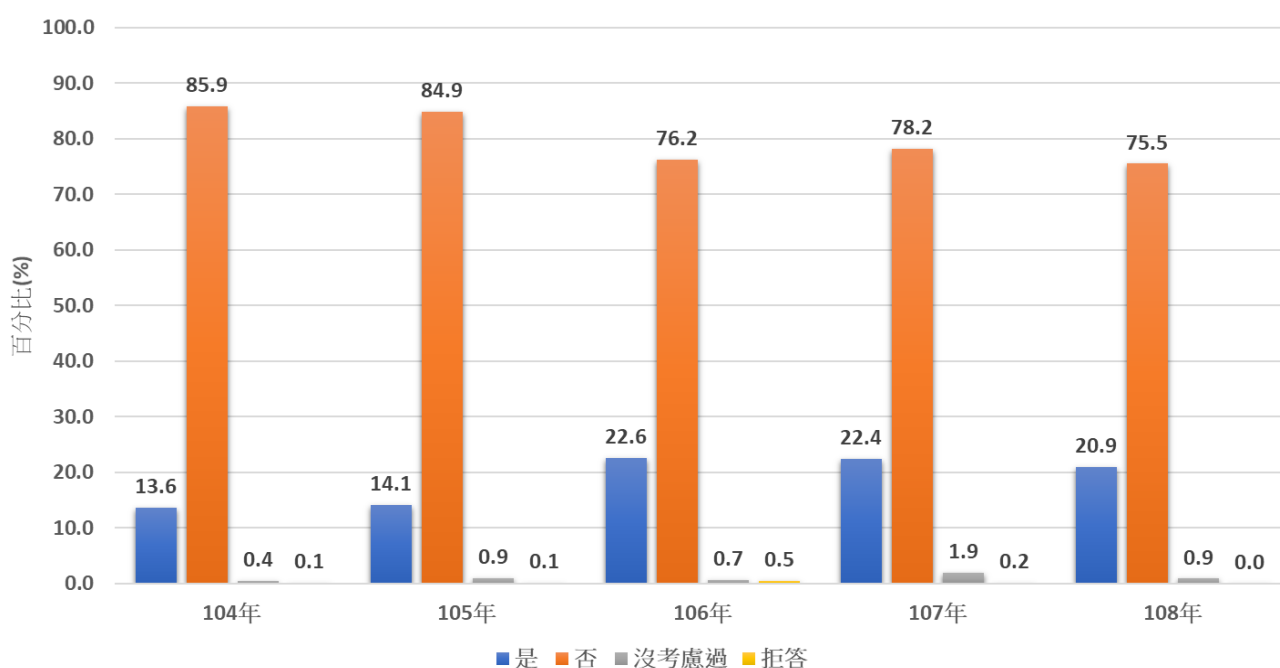


圖 17 因就醫交通時間過長而不就診的比率(西醫基層)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就權益之創新模式研究，衛生福利部中央健康保險署。

請問您曾經有需要在假日看西醫診所嗎？

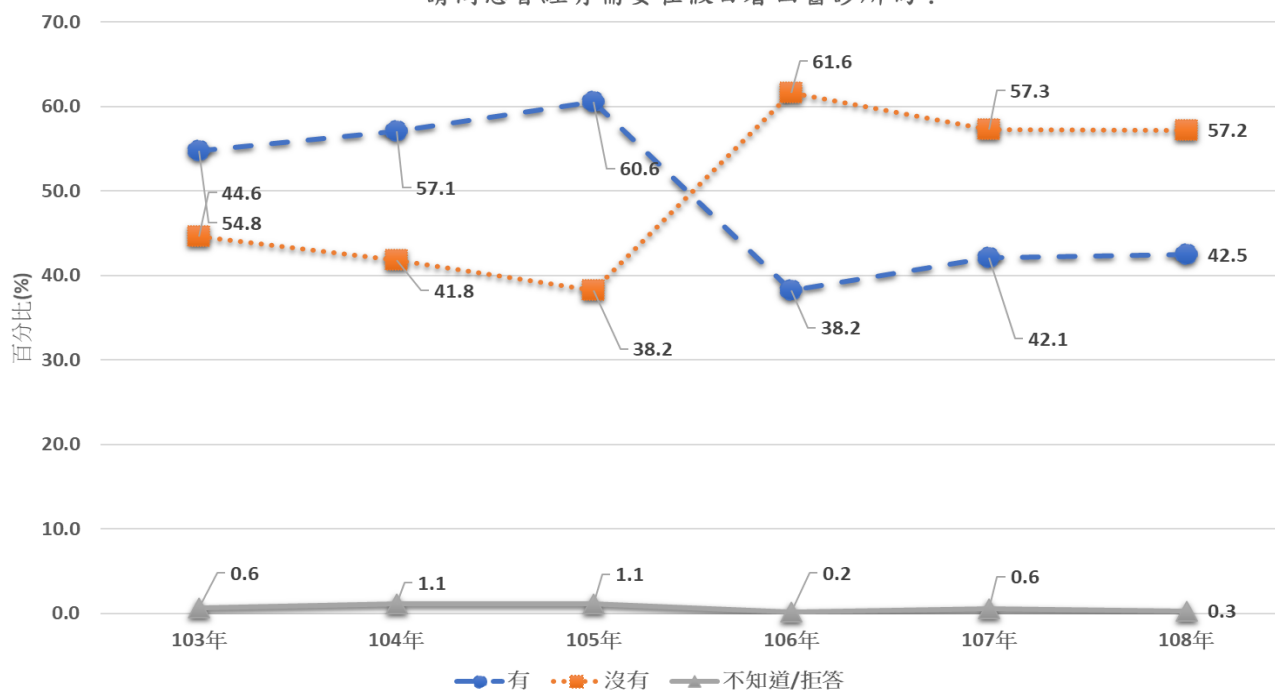


圖 18 曾經在假日有緊急需求求診的比率(西醫基層)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就權益之創新模式研究，衛生福利部中央健康保險署。

(4.1) 是否在當地找到其他就醫診所的比率

在是否在當地找到其他就醫診所的比率中，可以看到選擇是從 103 年 90.0% 呈現逐年下降趨勢，在 106 年為最低是 65.3%。選擇否從 103 年 10.0% 呈現逐年增加，在 106 年為最高 34.7%，但在 108 年略為下降至 28.5%，詳見圖 19。

(4.2) 無法在當地找到其他就醫診所而感到不便的比率

從圖 20 為是否在當地找到其他就醫診所而感到不便的比率，發現選擇很不方便的，從 104 年 36.5% 下降至 104 年 33.1%，105 年上升為 46.8% 而 106 年下降至 40.4%，且 108 年更減少為 26.8%。選擇有點不方便從 104 年 38.3% 下降至 105 年 35.3%，107 年下降至最低為 15.6%，但在 108 年上升至 42.7%。選擇沒有關係從 104 年 24.9% 增加至 105 年 31.2%，而 106 年下降為 22.5%，但 107 年上升為 44.1%，不過 108 年則下降為 30.6%。最後選擇拒答只有在 104 及 105 年，坐在 0.4% 至 0.5%。

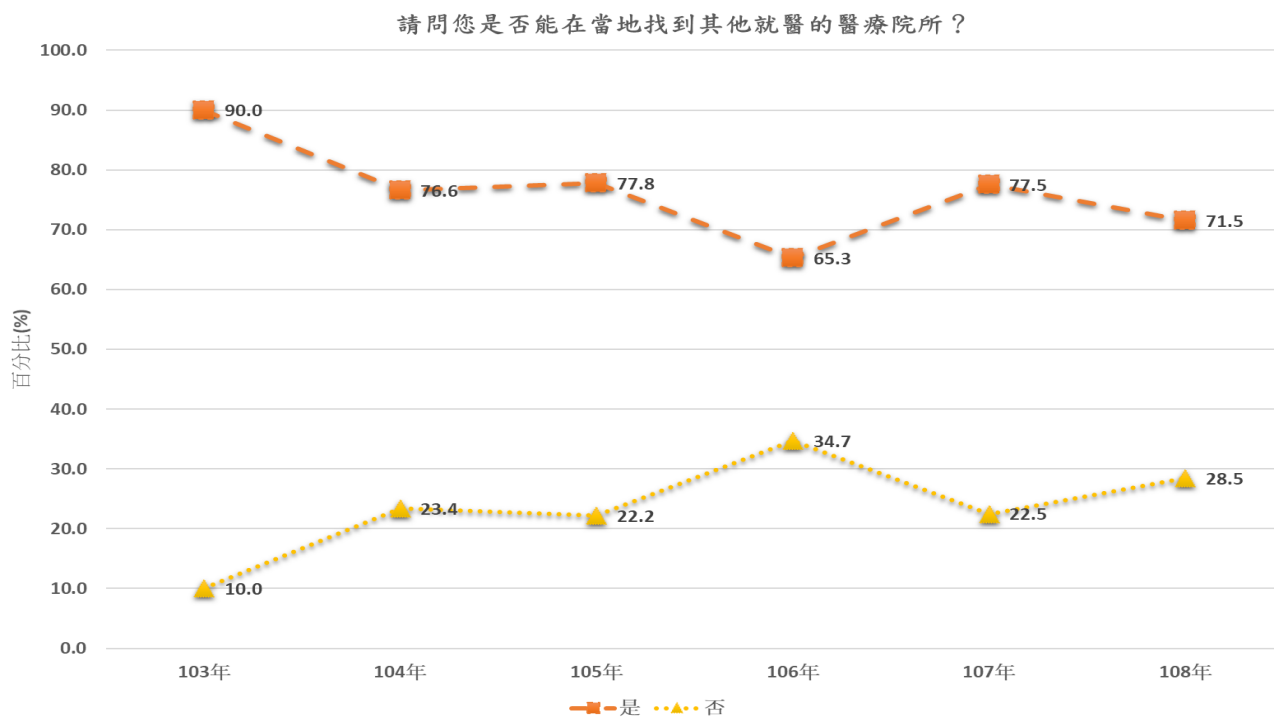


圖 19 是否在當地找到其他就醫診所的比率(西醫基層)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就權益之創新模式研究，衛生福利部中央健康保險署。

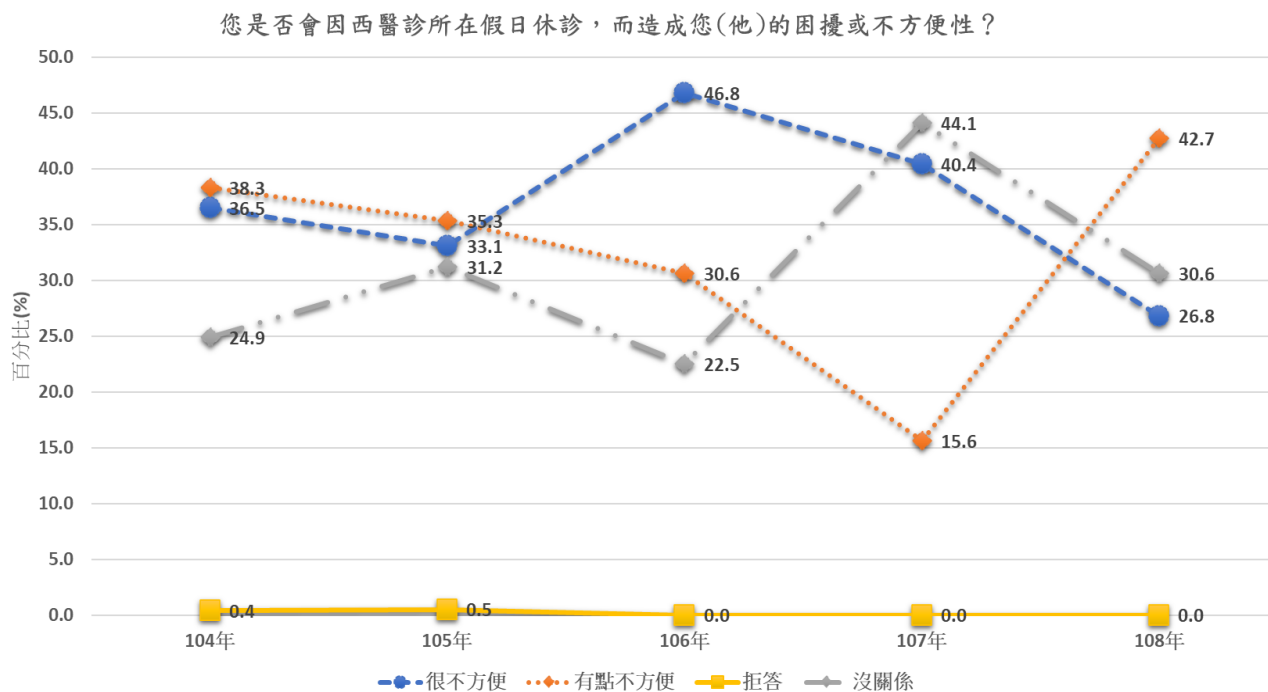


圖 20 是否在當地找到其他就醫診所而感到不便的比率(西醫基層)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就權益之創新模式研究，衛生福利部中央健康保險署。

2. 轉診情形

(1)到診所治療時，有無被轉診的經驗

圖 21 為有無被轉診的經驗，可以看到選擇是從 103 年 88.1%逐年呈現穩定趨勢，在 108 年略下降為 81.6%。選擇沒有則呈現逐年穩定成長趨勢，從 103 年 11.3%上升至 108 年 18.3%，選擇不知道從 103 年呈現穩定持平，落在 0.0%至 0.6%之間。

(2)接受轉診院所是否主動聯繫及安排就醫

在接受轉診院所是否主動聯繫及安排就醫中，選擇是從 106 年 57.7%逐年下降趨勢，107 年下降為 53.2%而 108 年為 49.4%。選擇否從 106 年 42.1%呈現穩定成長趨勢，107 年為 46.6%而 108 年為 46.7%。最後選擇不知道在 106 年及 107 年為 0.2%，而 108 年增加為 4.0%，詳見圖 22。

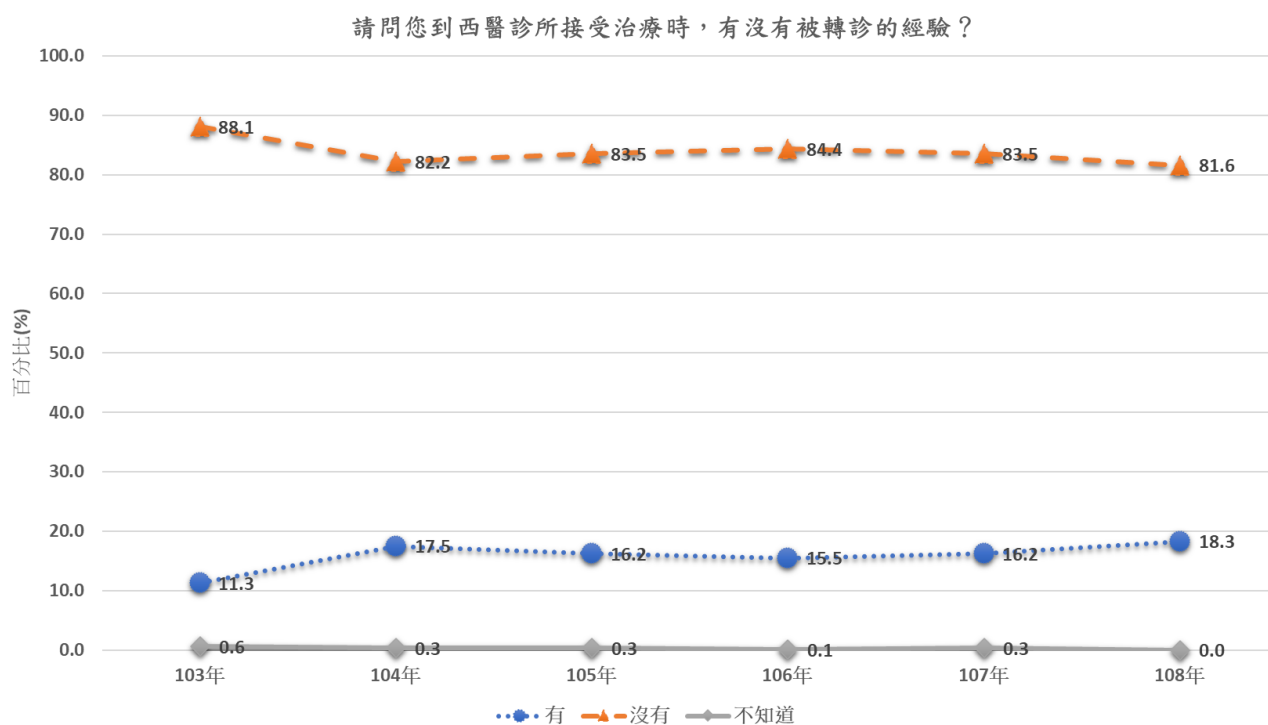


圖 21 有無被轉診的經驗(西醫基層)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

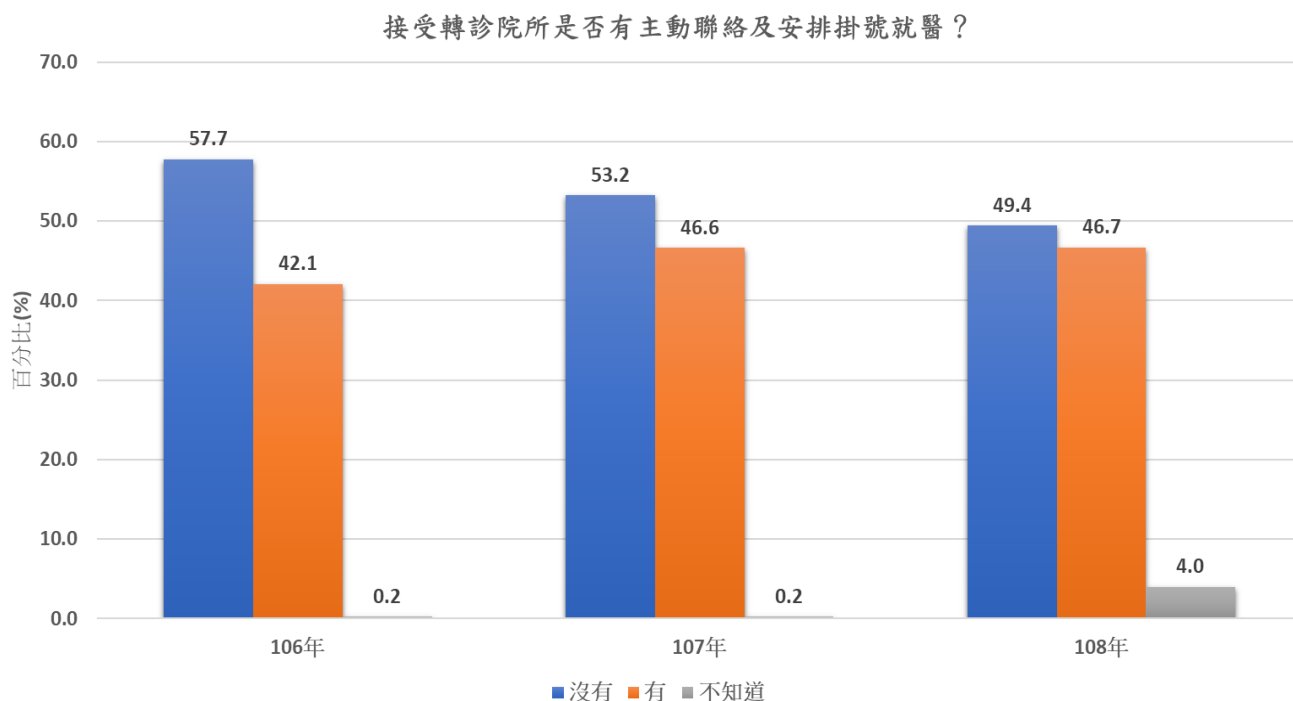


圖 22 是否主動聯繫及安排就醫(西醫基層)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(3)對轉診服務的滿意度

圖 23 為對轉診服務的滿意度，可以發現非常滿意從 106 年 22.1%下降至 107 年 12.2%，但 108 年則上升為 30.9%。滿意從 106 年 57.9%逐年穩定趨勢，在 107 年略為增加至 62.1%，但 108 年則下降為 54.0%。普通從 106 年 10.4%上升至 107 年 17.3%，不過 108 年則下降為 2.6%。不滿意從 106 年 4.4%上升至 107 年 3.6%，不過 108 年大幅下降至 2.0%。選擇非常不滿意從 106 年 2.0%下降至 107 年 3.3%，而 108 年則上升至 5.3%。選擇非常不滿意從 106 年 2.0%增加至 107 年 3.3%，而 108 年略為下降至 2.0%，最後不知道或拒答從 106 年 3.1%下降至 107 年 1.5%，但 108 年則上升為 5.2%。

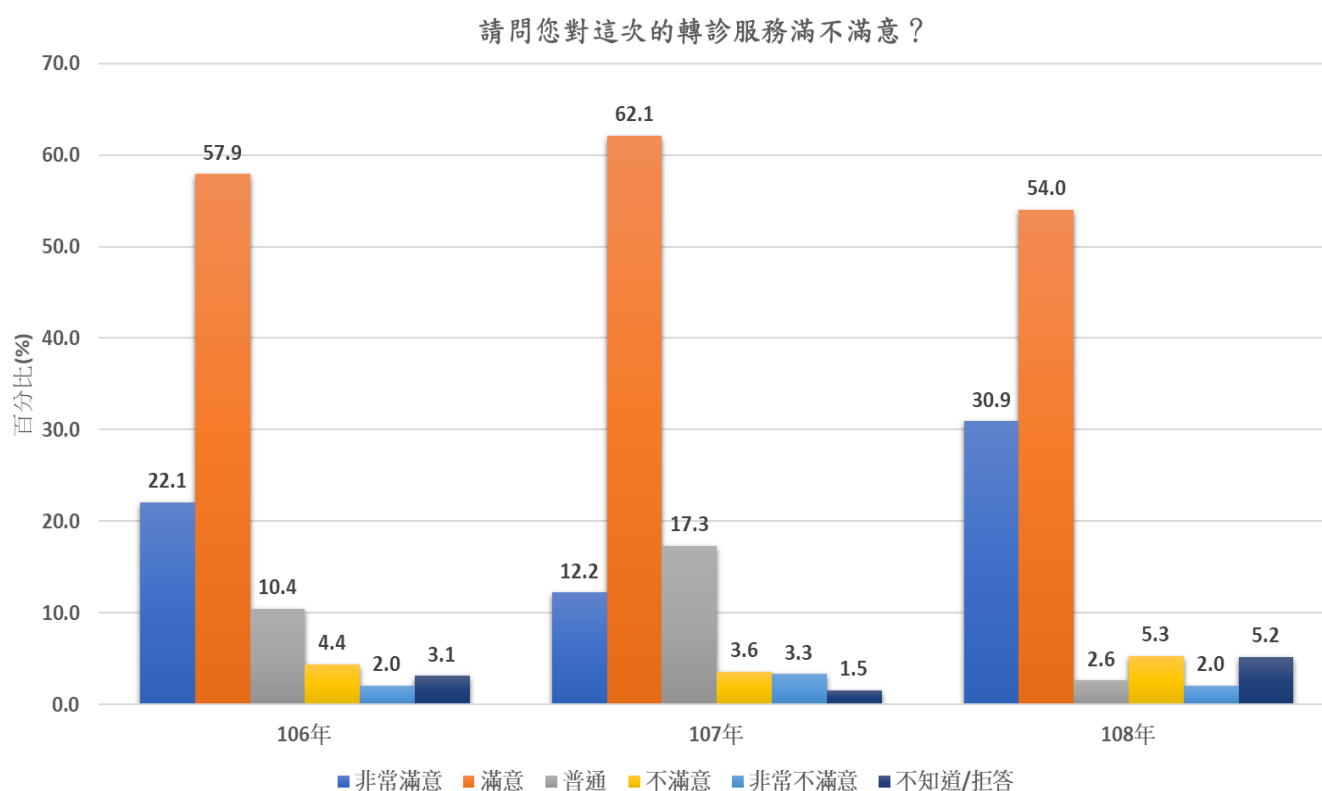


圖 23 對轉診服務的滿意度(西醫基層)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3 之 3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

二、醫院總額

(一)醫療服務品質調查結果及檢討與改善措施

1.醫療服務品質調查結果

(1)對整體醫療結果滿意度

圖 24 為對整體醫療結果滿意度，在非常滿意中從 103 年 26.3%下降至 104 年 11.3%，105 年上升至 20.1%且 106 年增加到 30.5%，107 年下降到 24.5%，不過 108 年增加到 26.7%。選擇滿意從 103 年 59.8%上升到 104 年 77.6%，但 105 年下降為 67.0%，106 年更下降到 62.9%，且 108 年上升到 70.1%。選擇普通則從 103 年 10.1%至 104 年減少為 6.6%，而 107 年上升至 8.2%，不過 108 年下降到 1.6%。選擇不滿意從 103 年 1.3%上升至 104 年 1.8%，105 年增加到 3.3%，106 年下降到 2.3%且 108 年又下降為 0.8%。選擇非常不滿意從 103 年 0.4%，呈現逐年穩定趨勢。選擇不知道或拒答從 103 年 2.1%上升到 104 年 2.5%，105 年又上升到 4.2%，而 106 至 108 年落在 0.5%-0.7%之間。

(2)醫護人員有無進行衛教指導

在醫護人員有無進行衛教指導中，每次都有從 103 年 22.9%下降到 104 年 20.5%，105 年略增加為 24.7%且 107 年為最高 38.8%，108 年略下降為 29.5%。選擇大部分時候有從 103 年 15.7%增加到 104 年 17.5%，107 年略下降到 14.4%且 108 年為最高 29.9%。選擇有時候有從 103 年 20.0%增加至 104 年 25.7%，105 年略下降到 21.3%，而 107 年下降到 15.1%，在 108 年上升到 16.9%。選擇從來沒有呈現穩定下降趨勢，108 年為最低 22.8%。最後選擇不知道或拒答從 103 年 2.6%呈現下降，且在 108 年為最低為 0.8%，詳見圖 25。

整體而言，請問您對那家醫院的醫療結果滿不滿意？

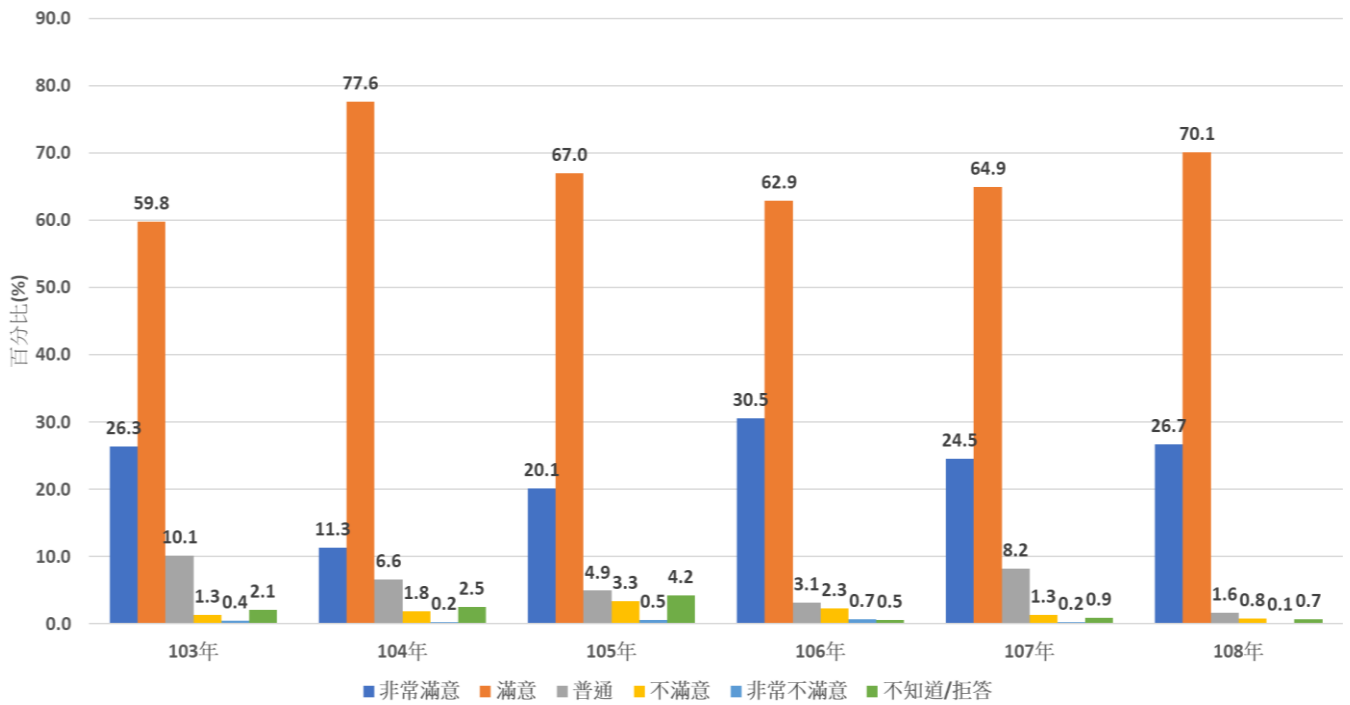


圖 24 對整體醫療結果滿意度(醫院)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

請問過去一年來，那家醫院的醫護人員有沒有為您進行衛生教育指導？

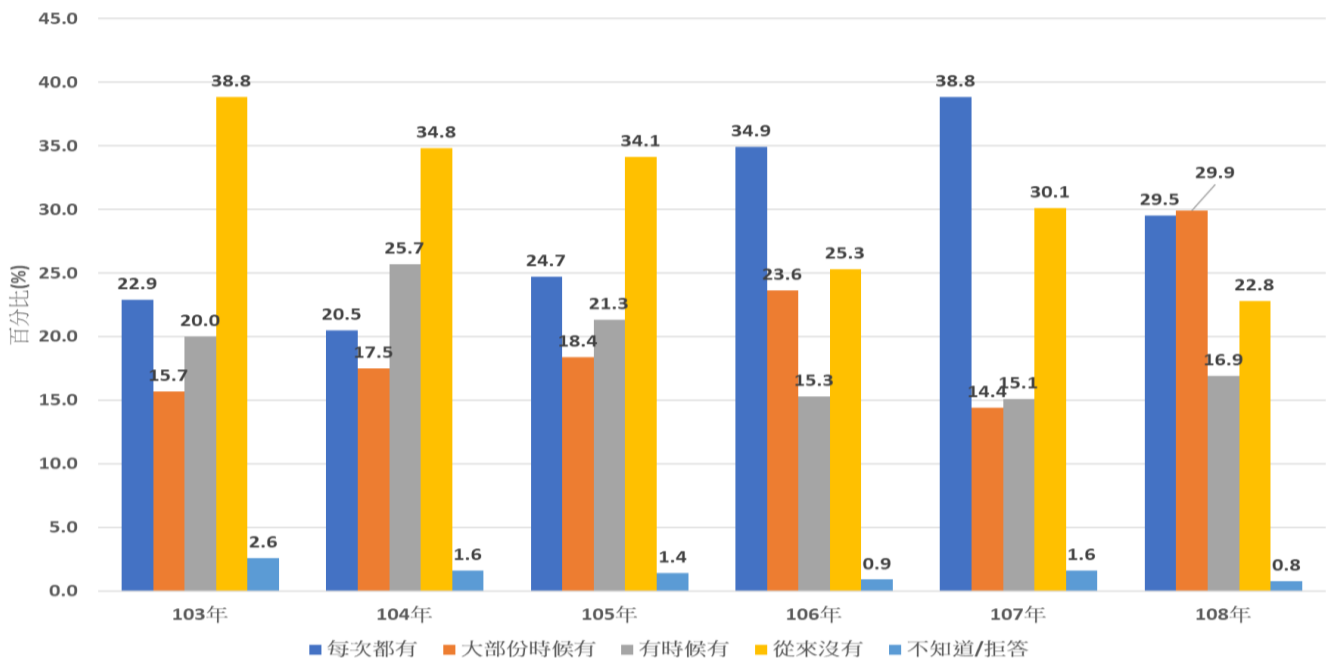


圖 25 醫護人員有無進行衛教指導(醫院)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(3)醫護人員有無以簡單易懂的方式解說病情與照護方法

從圖 26 醫護人員有無以簡單易懂的方式解說病情與照護方法，發現每次都有自 103 年 36.1% 逐年穩定增加趨勢，104 年為 36.0% 且 105 年為 46.5%，而 107 年略為下降至 59.5%，在 108 年為 53.3%。大部分時候有從 103 年 20.6%，104 年下降為 19.3%，但 108 年則增加到 27.6%。選擇有時候呈現逐年下降趨勢，最低為 106 年 6.8%，不過 108 年上升到 8.1%。選擇從來沒有在 106 年為最低 8.3%，但 107 年則上升到 12.9%，108 年略下降到 10.5%。不知道或拒答從 103 年 3.2% 呈現下降，在 108 年為最低 0.5%。

(4)會跟醫師討論照護或治療方式的比例

在會跟醫師討論照護或治療方式的比例中，選擇每次都有為穩定增加趨勢，在 107 及 108 年為最高 57.8%。選擇大部分時候有從 104 年 24.4%，而 105 年略為下降到 23.9%，106 年增加為 28.3% 但 107 年下降為 21.2%，在 108 年增加為 26.1%，有時候有從 103 年 20.2% 呈現下降趨勢，在 108 年為最低 8.5%。從來沒有在 104 年 14.2%，而 106 年下降至 9.6%，最低為 108 年 6.9%。最後選擇不知道或拒答從 104 年 0.5% 穩定成長至 105 年 1.2%，106 年下降為 0.6%，但 107 年增加為 1.4%，而 108 年下降為 0.6%，詳見圖 27。

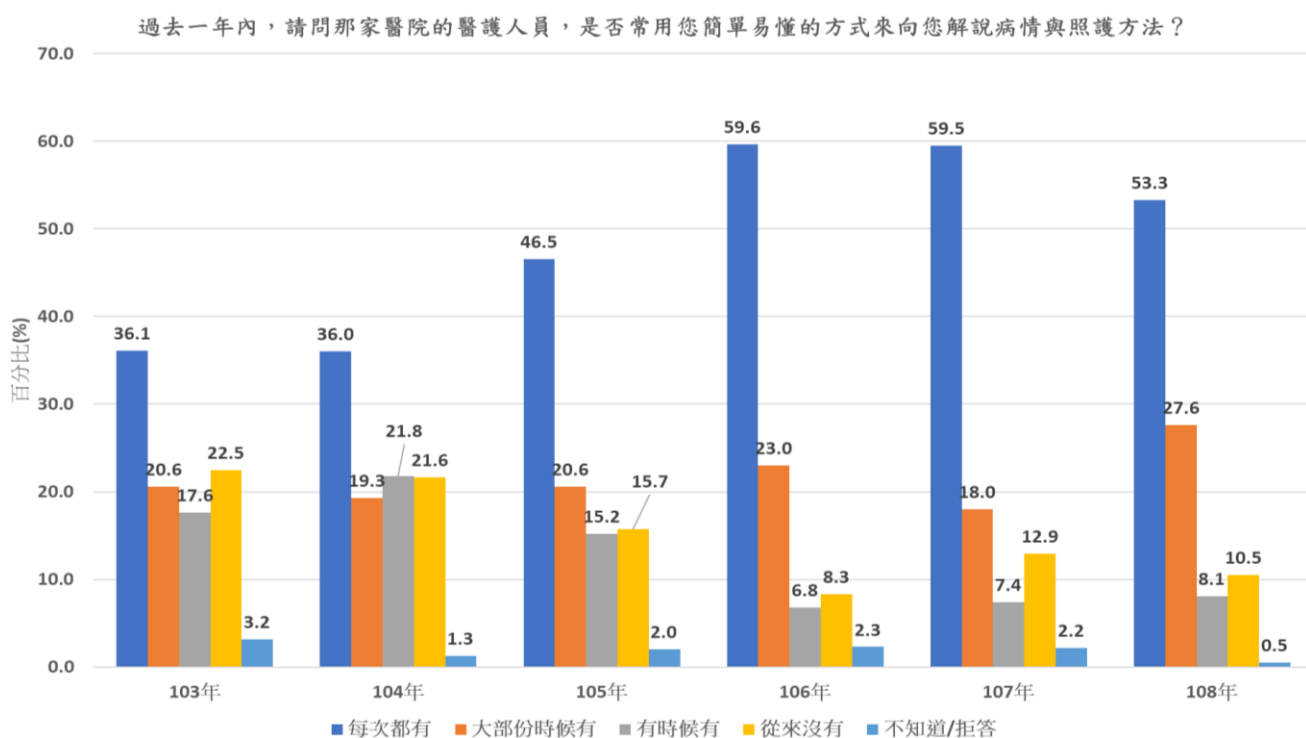


圖 26 醫護人員有無以簡單易懂的方式解說病情與照護方法(醫院)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就權益之創新模式研究，衛生福利部中央健康保險署。

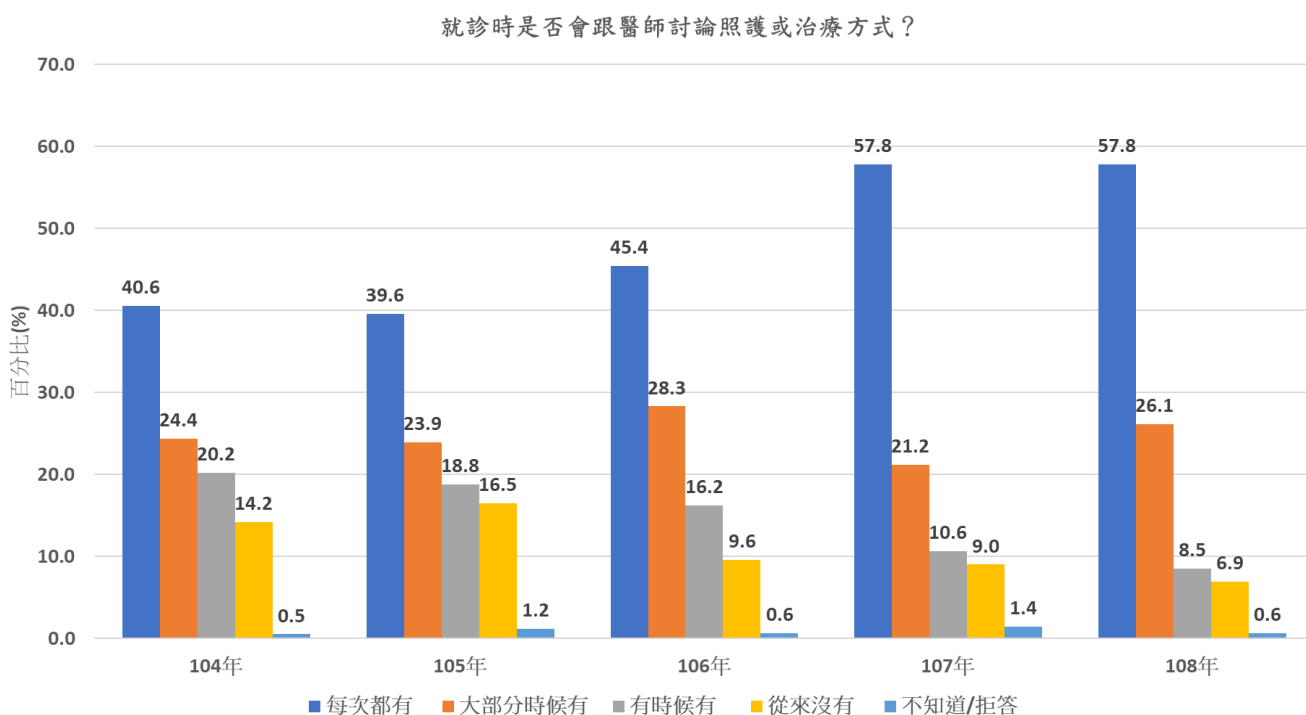


圖 27 會跟醫師討論照護或治療方式的比例(醫院)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就權益之創新模式研究，衛生福利部中央健康保險署。

(5)對醫師看病及治療花費時間的滿意度

圖 28 為對醫師看病及治療花費時間的滿意度，選擇非常滿意從 103 年 17.1% 下降到 104 年 10.3%，105 年增加為 16.0%，最高為 108 年 21.1%。選擇滿意從 103 年 50.5% 呈現穩定成長，104 年為 68.8%，但 105 年略下降到 64.9%，107 年為 57.9% 且 108 年增加至 64.1%。選擇普通為逐年下降趨勢，最低為 108 年 3.9%。選擇不滿意在 103 年 5.2%，而 104 年為 13.1% 且 105 年為 9.2%，107 年增加至 14.4% 但 108 年下降到 3.9%。選擇非常不滿意在 103 年為 1.3%，且最高為 108 年 2.4%。最後選擇不知道或拒答在 103 年 2.9%，但 104 年略為增加到 3.1%，105 年下降到 2.2%，而在 108 年為 0.7%。

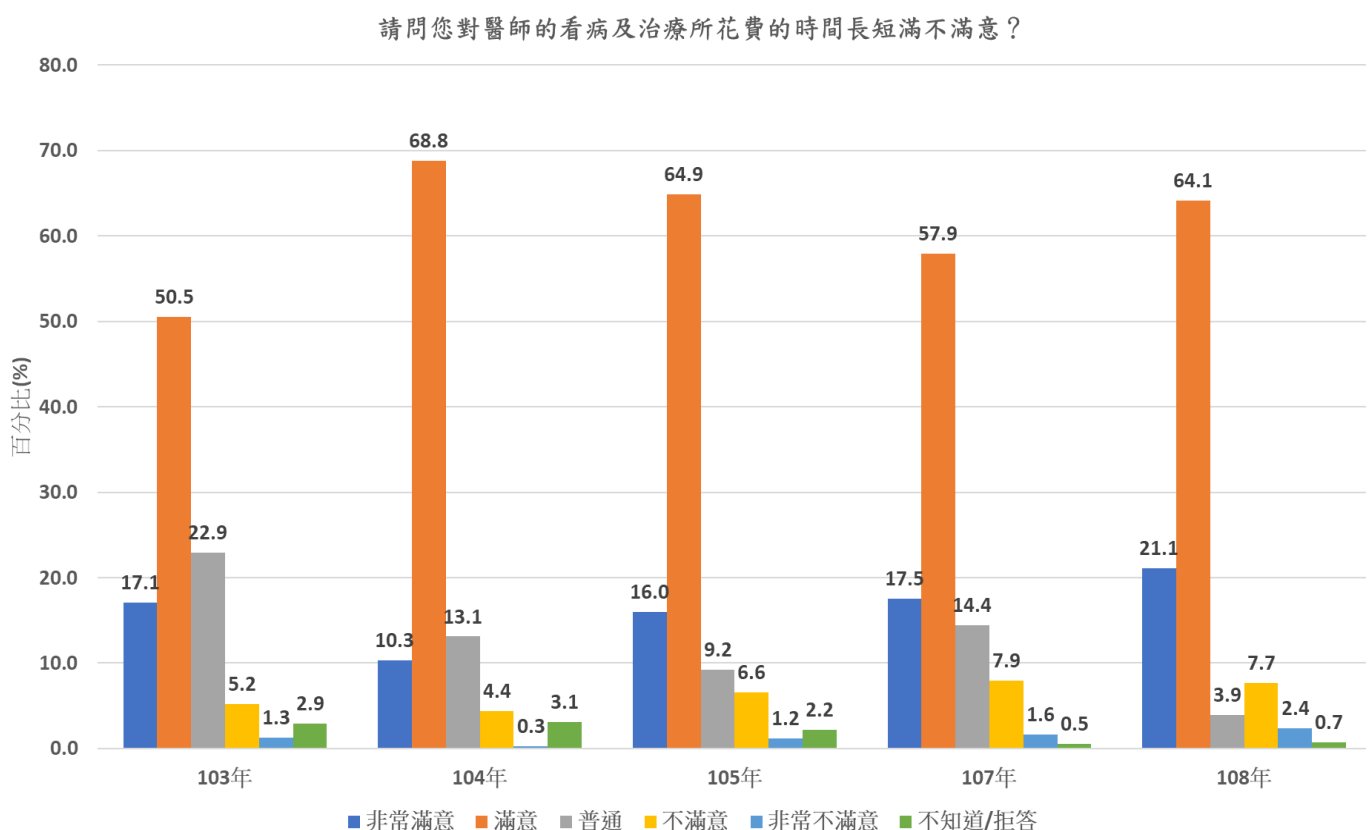


圖 28 對醫師看病及治療花費時間的滿意度(醫院)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3 之 3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

1.自費情形

(1)除掛號費與部分負擔，有無自付其他費用

從圖 29 除掛號費與部分負擔後有無自付其他費用，發現選擇沒有的從 103 年 81.6%呈現穩定趨勢，落在 75.3%至 84.3%之間。選擇有的從 103 年 11.6%逐年呈現上升趨勢，最高為 108 年 23.0%。最後選擇不知道或拒答從 103 年 6.8%逐年下降，104 年下降為 6.4%且 105 年為 3.3%，最低在 108 年為 1.7%。

(2)除掛號費與部分負擔，最近一次看診自付多少錢?

圖 30 為除掛號費與部分負擔，最近一次看診自付多少錢，可以得知選擇 100 元以下，落在 11.0%至 23.7%。選擇 101 至 200 元在 103 年為 21.8%，104 年減少為 13.8%，而 108 年增加為 13.2%。選擇 201 至 300 元從 103 年 3.2%，在 105 年為最高 10.1%，選擇 301 元以上呈現逐年成長，而 108 年為最高 58.9%。最後選擇不知道或拒答呈現逐年下降趨勢，在 108 年為最低 4.9%。

除了掛號費和部分負擔外，請問那家醫院有沒有要您自費其他費用？

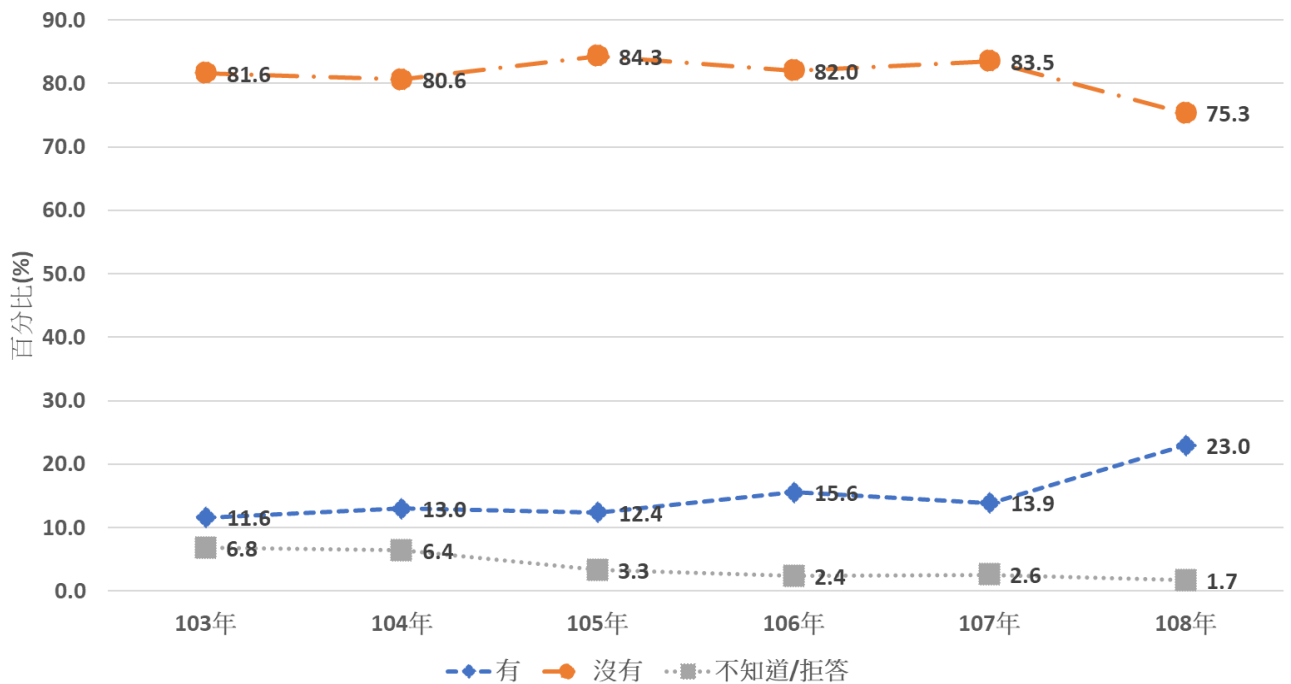


圖 29 有無自付其他費用(醫院)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

請問您最近一次到醫院看病，除掛號費和部分負擔外自付多少錢？

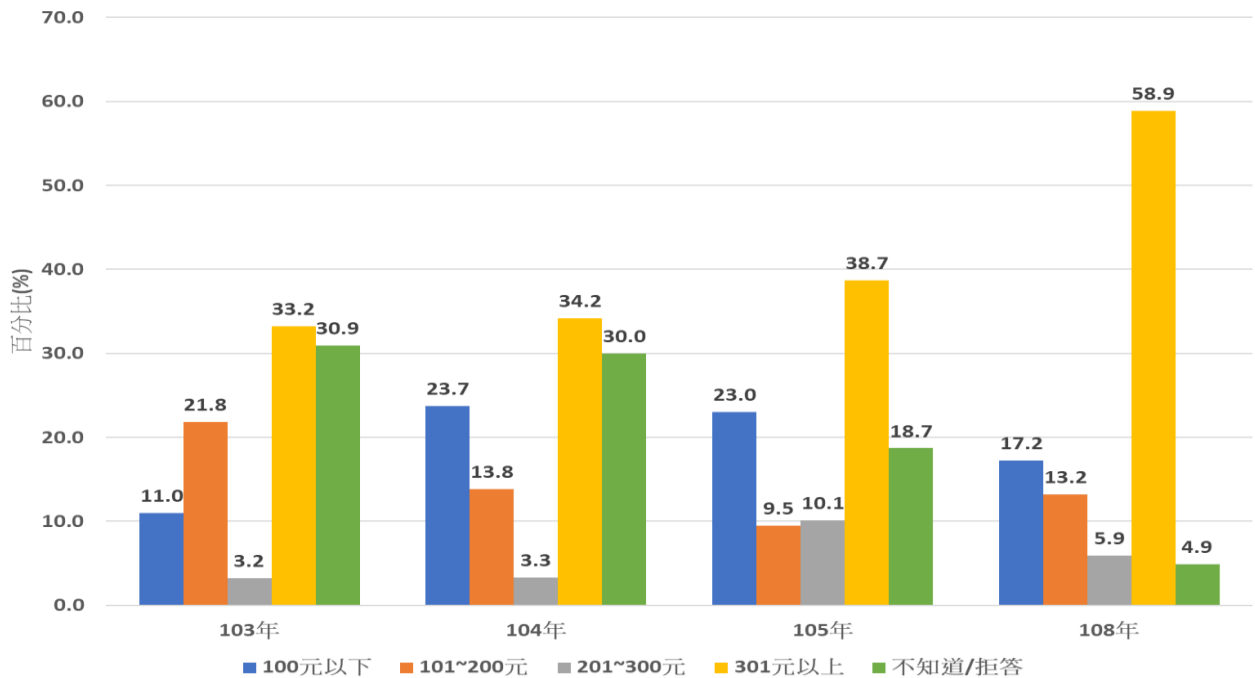


圖 30 最近一次看診自付多少錢(醫院)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(3)自付其他費用(自費)前 3 名項目

表 40 為自付其他費用的項目，自 103 年前三名自付費用項目為藥品(42.5%)、檢查或檢驗(18.0%)及不知道(14.8%)，104 年為藥品(63.6%)、醫療用之材料或耗材費用(14.2%)及檢查或檢驗(11.3%)。而 105 年為藥品(56.1%)、打針及打點滴(11.6%)及檢查或檢驗(9.5%)。106 年為藥品(42.2%)、醫療用之材料或耗材費用(18.8%)及手術(12.5%)。107 年為藥品(69.5%)、醫療用之材料或耗材費用(14.1%)及打針打點滴(11.0%)，最後 108 年為藥品(48.0%)、檢查或檢驗(15.1%)及打針及打點滴(13.9%)。

表 40 自付其他費用項目(醫院)

項目/年份	103 年	104 年	105 年	106 年	107 年	108 年
藥品	42.5%	63.6%	56.1%	42.2%	69.5%	48.0%
檢查或檢驗	18.0%	11.3%	9.5%	11.2%	5.7%	15.1%
醫療用之材料或耗材費用	12.4%	14.2%	5.2%	18.8%	14.1%	12.6%
打針及打點滴	8.5%	14.4%	11.6%	6.7%	11.0%	13.9%
病房費	6.6%	7.4%	8.6%	11.8%	5.2%	4.8%
手術	5.9%	8.2%	4.5%	12.5%	6.2%	11.4%
伙食費	5.9%	1.0%	0.8%	7.5%	2.8%	0.8%
診斷證明書費	3.5%	4.8%	5.7%	4.3%	4.4%	0.5%
治療處置(如換藥)	1.6%	3.2%	2.7%	6.3%	1.7%	1.3%
救護車	1.5%	0.2%		0.2%	0.2%	--
未使用健保卡看診	1.2%	--	--	--	--	--
非醫療之材料費用(如紙褲、看護墊)	0.7%	0.4%	0.4%	--	0.6%	0.5%
血液血漿費	0.7%	0.3%	0.2%	0.2%	0.2%	0.1%
不知道	14.8%	10.9%	6.0%	6.8%	1.8%	10.5%

註：「-」符號代表當年度無此答項。

資料來源：林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3 之 3)－運用資料治理於民眾就醫權益之創新模式研究(醫院總額民意調查)，衛生福利部中央健康保險署，數據來自表 4-20。

(4)自付其他費用(自費)前 3 項原因

表 41 為自付其他費用的原因，從 103 至 106 年可以發現前三名原因為：健保不給付、不知道或拒答及補健保給付差額。107 年為健保不給付、補健保給付差額及醫院建議。而 108 年略為有些差異，分別為醫院建議(71.4%)、健保不給付(24.7%)及自己要求(18.4%)。

表 41 自付其他費用原因(醫院)

項目/年份	103 年	104 年	105 年	106 年	107 年	108 年
健保不給付	54.1%	47.7%	42.0%	39.5%	52.1%	24.7%
補健保給付差額	16.6%	15.3%	22.4%	10.8%	29.8%	12.7%
自費可用較好的藥	4.7%	10.3%	7.6%	10.6%	9.0%	9.1%
其他	0.6%	--	3.7%	--	1.6%	0.2%
醫院建議	--	--	--	--	11.0%	71.4%
自己要求	--	--	--	5.7%	--	18.4%
多拿藥	--	--	--	2.2%	--	--
不知道/拒答	27.0%	29.8%	31.1%	35.3%	7.1%	5.7%

註：「-」符號代表當年度無此答項。

資料來源：林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3 之 3)－運用資料治理於民眾就醫權益之創新模式研究(醫院總額民意調查)，衛生福利部中央健康保險署，數據來源自表 4-22。

(5)對院所自費金額的感受

圖 31 為對院所自費金額的感受，從圖中看出選擇非常貴自 106 年 16.4% 下降，在 107 年為 4.6%，但 108 年略增加為 8.3%。選擇貴從 106 年 24.2% 下降至 107 年 20.6%，但 108 年增加為 30.5%。選擇普通從 106 年 41.4% 上升至 107 年 61.0%，而 108 年下降為 26.1%。選擇便宜自 106 年 17.7% 下降至 108 年 31.4%，選擇非常便宜在 106 年 0.2%，而 108 年為 3.3%。最後選擇不知道自 106 及 107 年為 0.0%，只有 108 年為 0.4%。

(6)因就醫費用過高而不就診的比率

從圖 32 因就醫費用過高而不就診的比率，發現選擇是自 104 年 6.9%，逐年穩定上升趨勢，且 107 年為最高 12.5%，而 108 年略下降為 10.2%。選擇否從 104 年 92.4% 呈現下降，且 107 年為最低 84.7%。選擇沒考慮過自 104 年 1.0%，在 107 年上升為 2.5%，但 108 年下降為 1.2%。選擇拒答自 104 年呈現穩定持平趨勢，落在 0.0% 至 0.5% 之間。

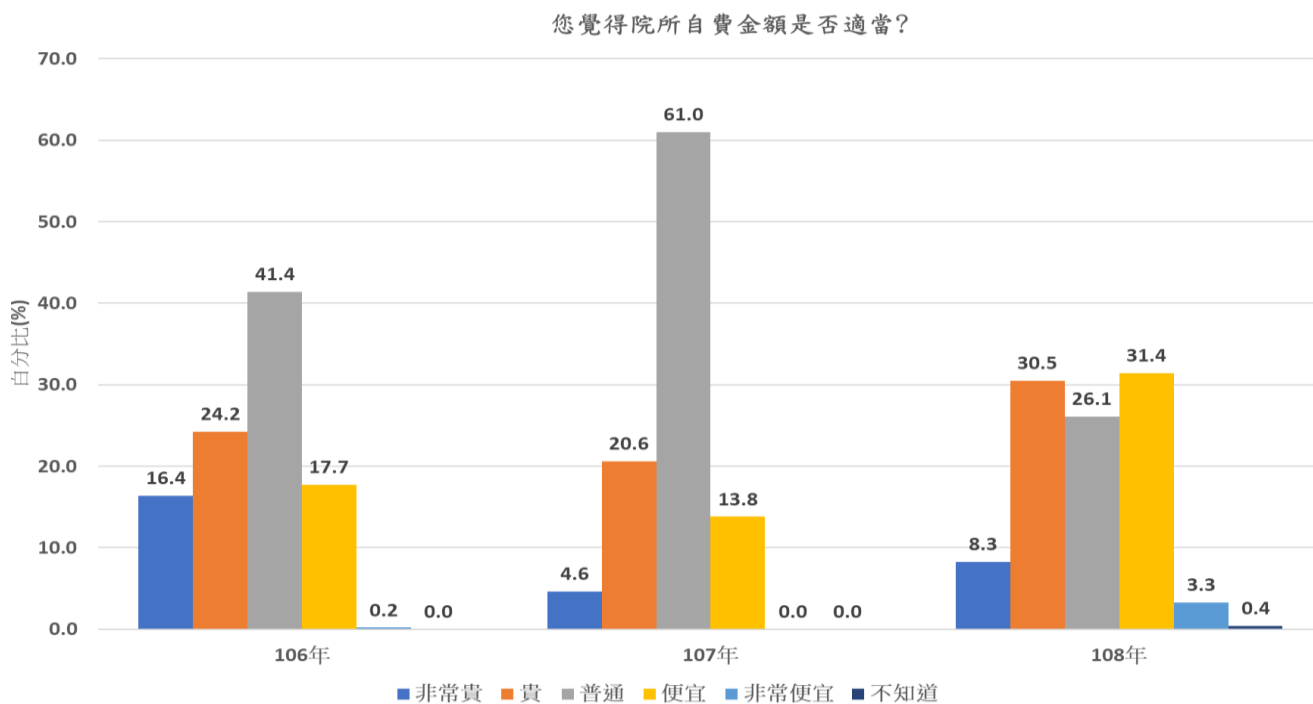


圖 31 對院所自費金額的感受(醫院)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

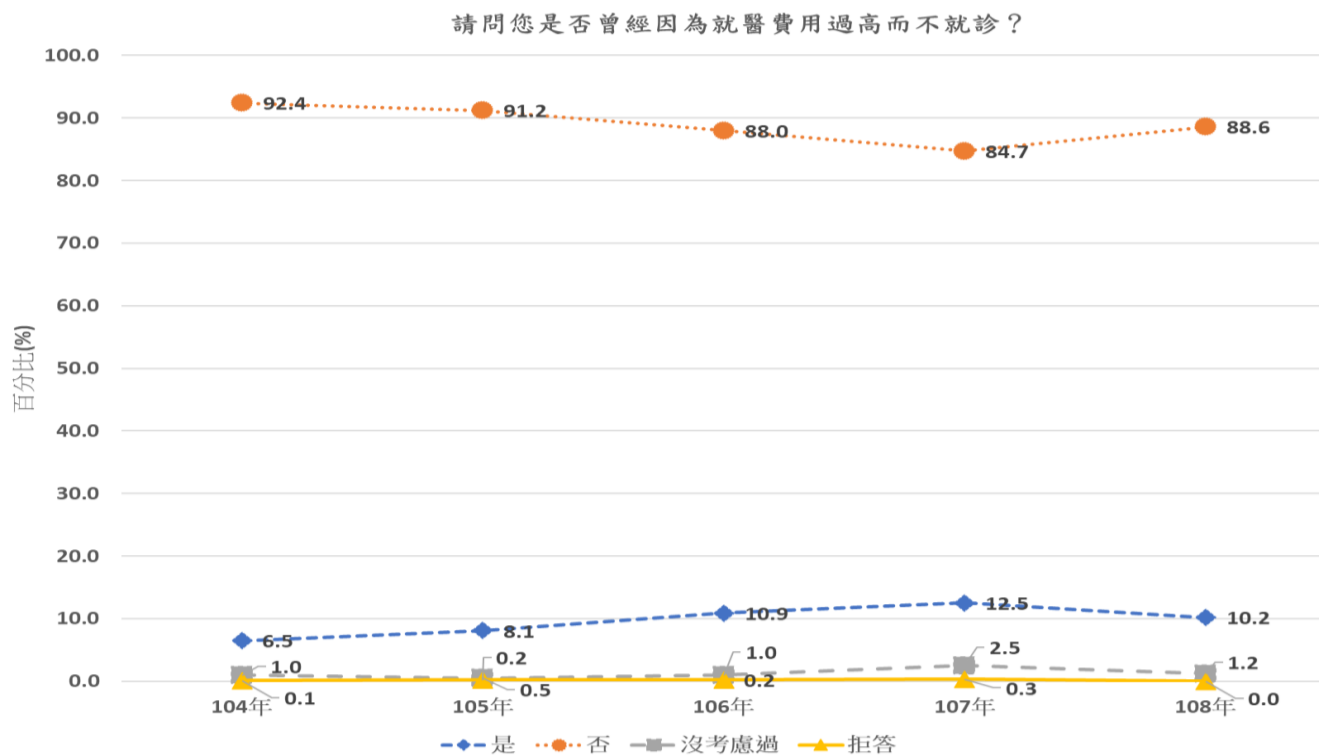


圖 32 因就醫費用過高而不就診的比率(醫院)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(7)因就醫費用過高而不作檢查、治療或預後措施的比率

圖 33 為因就醫費用過高而不作檢查、治療或預後措施的比率，圖中可以看出選擇是落在 7.9% 至 13.6%。選擇否自 104 年 91.1% 穩定且下降，在 106 年最低為 84.7%。選擇沒考慮過從 104 年 0.2% 逐年上升，在 107 年及 108 年為最高 2.1%，最後選擇拒答自 104 年 0.8%，且 107 及 108 年為最低 0.3%。

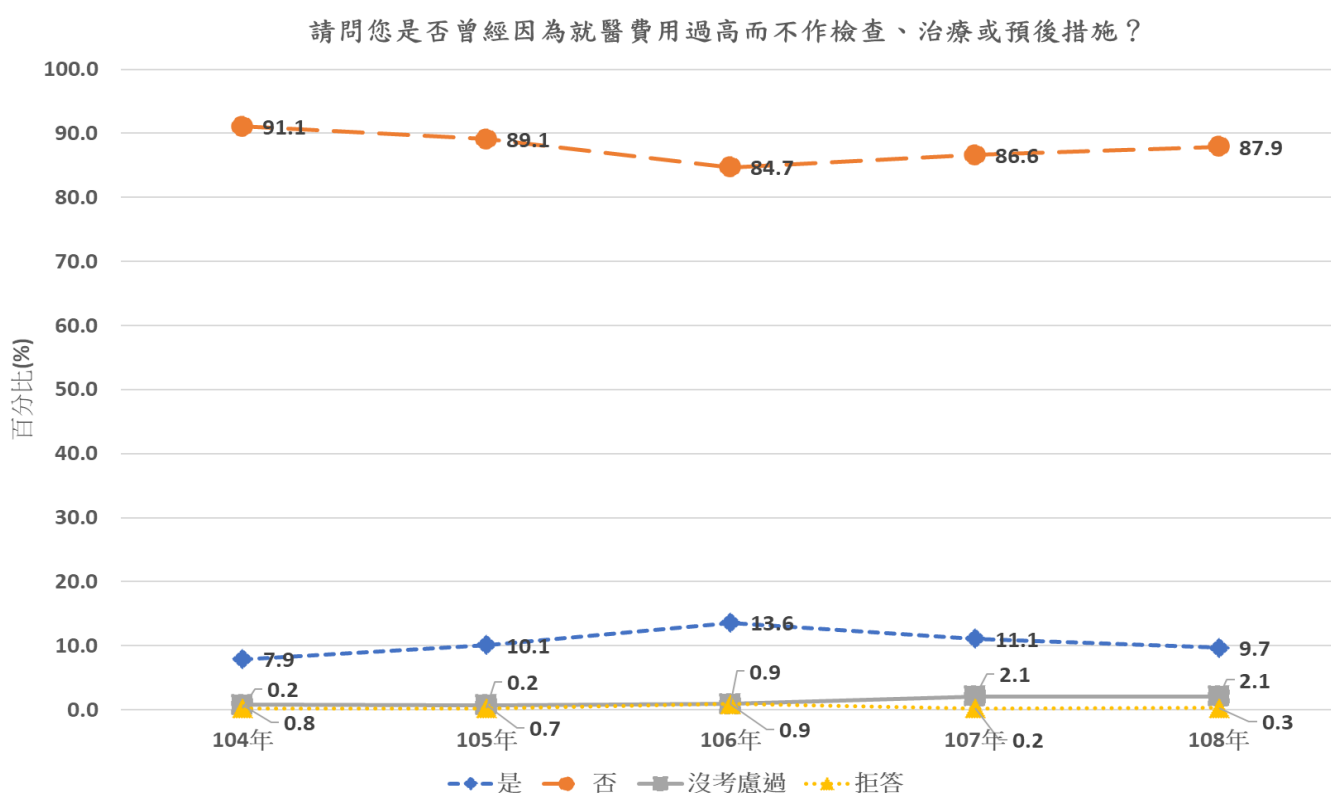


圖 33 因就醫費用過高而不作檢查、治療或預後措施的比率(醫院)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(三)就醫可近性與及時性之改善措施

1.就醫可近性

(1)對門診掛號的感受

從對門診掛號的感受中，發現選擇完全沒有問題在 103 年 73.4%，且 105 年略為增加至 80.6%，而最低為 106 年 68.7%。選擇可以接受從 103 年 22.9%，且在 106 年為最高 28.9%。選擇普通在 103 年 2.2%逐年下降趨勢，且 108 年為最低 0.3%。選擇不順利在 103 年為 0.5%，但 107 年略下降為 0.4%，不過 108 年上升為 1.5%。選擇非常不順利在 103 年 0.5%，但 108 年略增加為 1.4%。選擇不知道或拒答在 103 年 0.6%，不過在 108 年略下降為 0.3%，詳見圖 34。

(2)對住院病床的感受

圖 35 為對住院病床的感受，從圖可以看到選擇容易自 103 年 59.3%，104 年為 71.2%，而 105 年下降為 69.4%，且在 108 年為最高 80.1%。選擇不容易在 103 年 37.6%，且 108 年為最低 18.3%。選擇不知道或拒答在 103 年 3.0%，而 108 年為最低 1.6%。

請問您最近這一次掛號順利嗎？

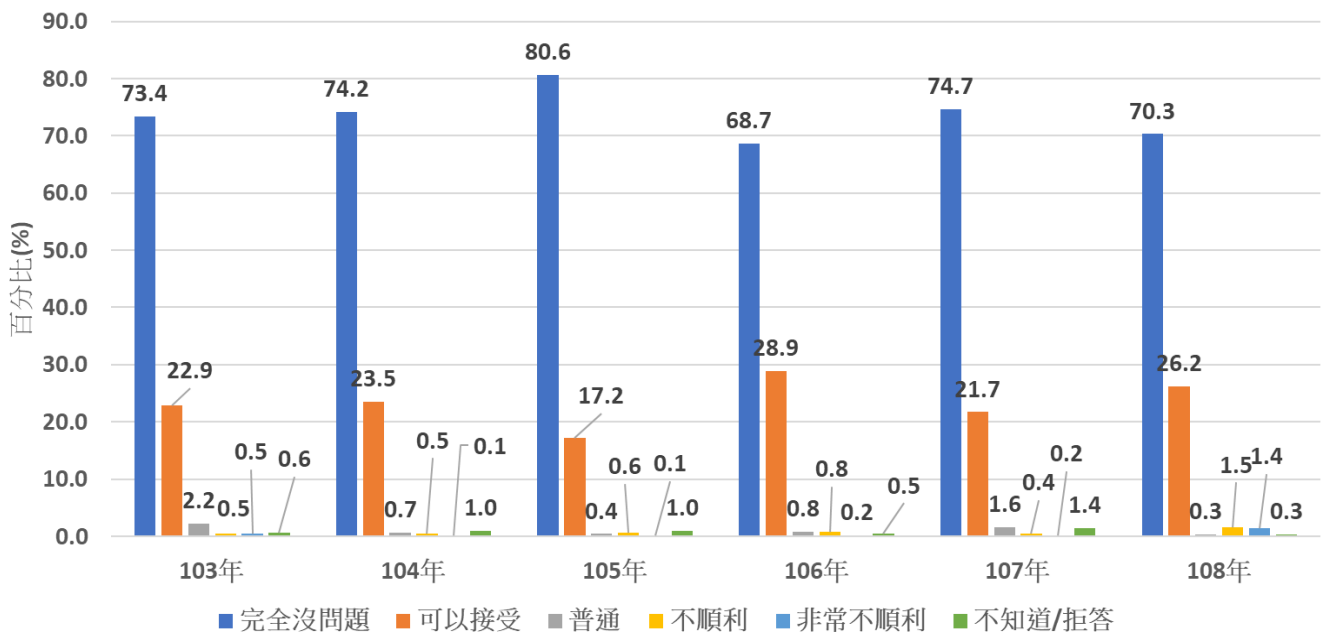


圖 34 對門診掛號的感受(醫院)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

住院容易排到病床嗎？

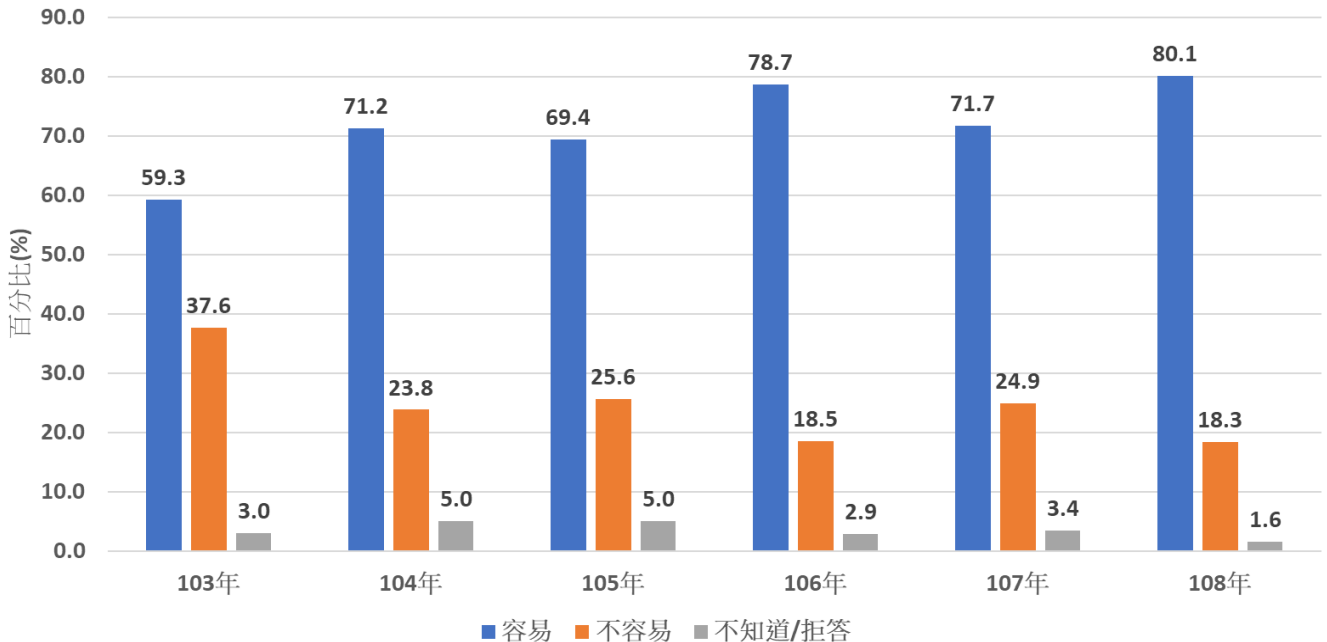


圖 35 對住院排床的感受(醫院)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(3)等待病床天數

圖 36 為等待病床天數，可以看出選擇當天自 103 年 37.4%上升至 104 年 61.7%，且 105 年增加為 72.1%，不過 106 年略下降到 64.4%，在 107 年為 69.4% 及 108 年為 51.3%。選擇 1 至 3 天在 103 年 37.4%，且 105 年為最低 16.1%。選擇 4 至 6 天下降趨勢，105 年為最低 1.3%。選擇 7 至 14 天在 103 年 9.8%，最低為 105 年 3.7%。選擇 15 天以上自 103 年為 3.5%且 104 年下降為 1.1%，在 105 年為最高 7.0%，且 106 年下降為 6.1%，而 108 年為 0.0%。

(4)對醫院交通便利性的滿意度

從對醫院交通便利性的滿意度中，發現選擇非常滿意自 106 年及 107 年為 26.6%，而 108 年增加為 28.6%。選擇滿意在 103 年 61.0%，而在 108 年增加為 64.1%，選擇不滿意從 106 年 4.5%，在 107 年為 3.2%，而 108 年上升至 4.5%。選擇非常不滿意呈現下降趨勢，選擇不知道或拒答為逐年下降，而在 108 年為最低 0.4%，詳見圖 37。

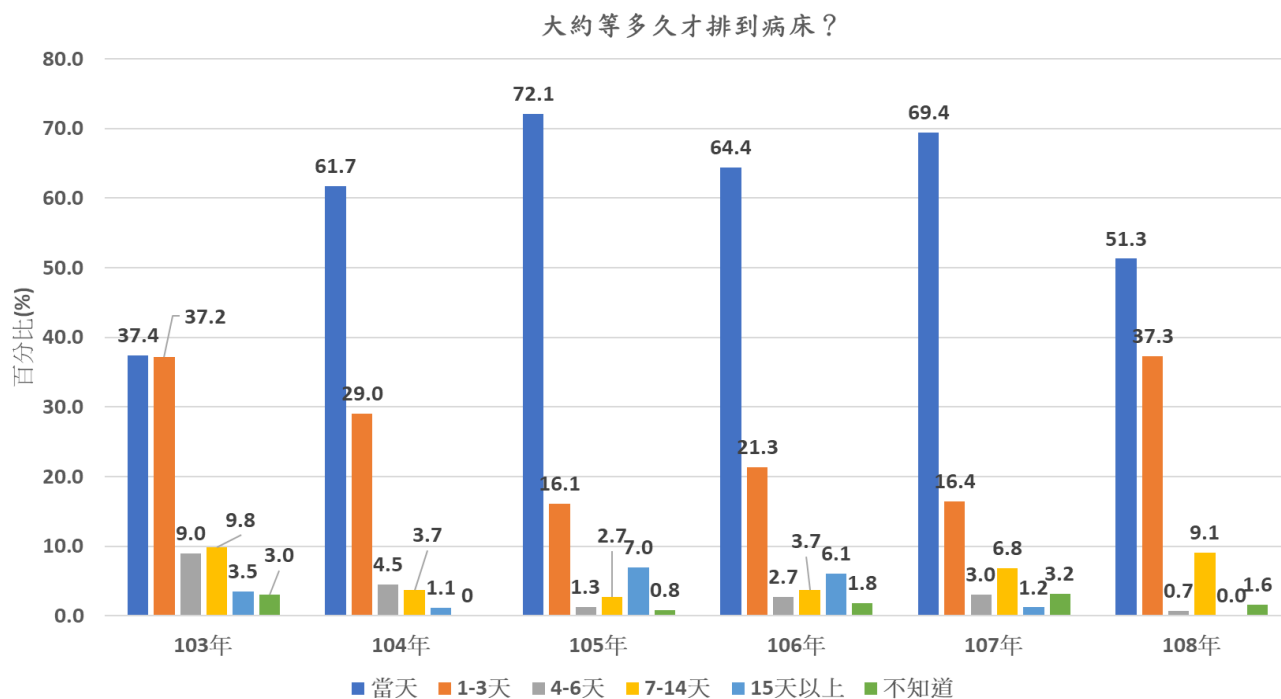


圖 36 等待病床天數(醫院)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

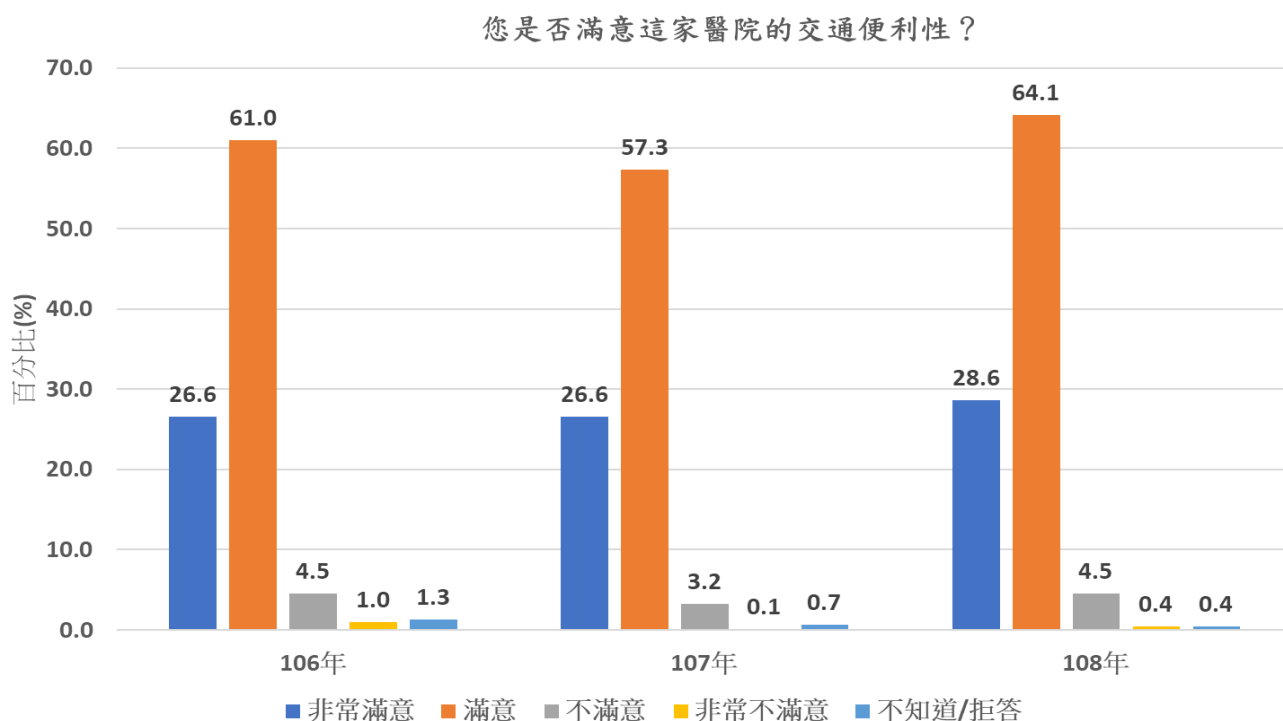


圖 37 對醫院交通便利性的滿意度(醫院)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(5)因就醫交通時間過長而不就診的比率

圖 38 為因就醫交通時間過長而不就診的比率，選擇是從 104 年 10.8%逐年成長趨勢，且在 108 年為最高 23.8%。選擇否自 104 年 88.6%逐年下降，而在 108 年為最低 75.3%。選擇沒有考慮過在 104 年為 0.5%，105 年為 0.2%及 106 年為 0.8%，而 107 及 108 年為 0%。選擇拒答在 104 年為 0.1%，105 年為 0.6%及 106 年為 2.0%，而 107 及 108 年維持在 0.9%。

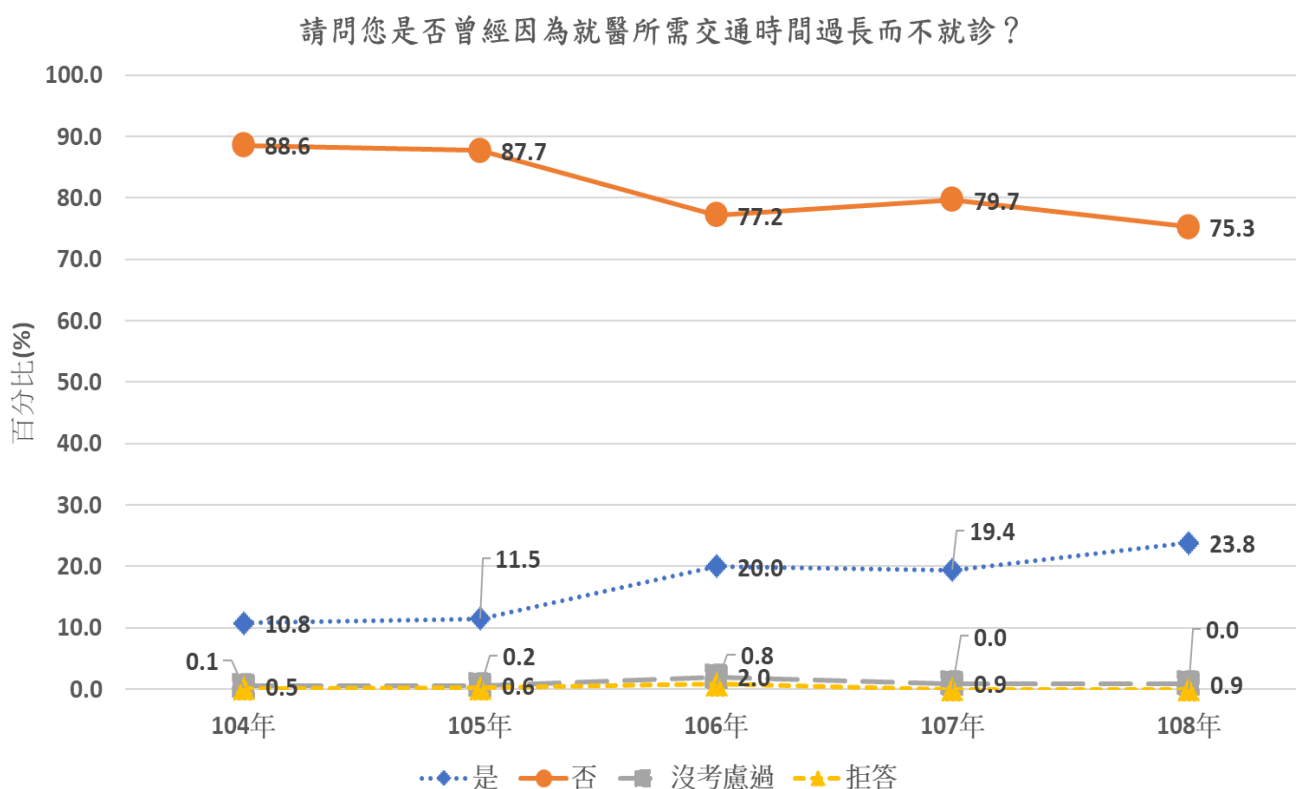


圖 38 因就醫交通時間過長而不就診的比率(醫院)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

三、中醫總額

(一)醫療服務品質調查結果及檢討與改善措施

1.醫療服務品質調查結果

(1)對整體醫療結果滿意度

從圖 39 對整體醫療結果滿意度中，可以看到選擇非常滿意，在 103 年 28.4% 而 104 及 105 年略為下降分別為 12.9% 及 18.2%。選擇滿意從 103 年 59.2% 上升至 104 年 77.5%，而 105 年下降為 70.7%，在 106 至 108 年落在 63.9% 至 64.2% 之間。選擇普通從 103 年 8.9% 下降至 104 年 6.1%，105 年為 5.9% 及 106 年為 2.3%，在 107 年增加為 5.4%，但 108 年下降為 2.4%。選擇不滿意落在 1.7% 至 3.1% 之間。選擇不知道或拒答從 103 年 1.1% 微幅增加到 104 年 1.4%，105 年為最高 2.4%，而 106 年至 108 年落在 0.4% 至 0.7%。

(2)對醫師看病及治療過程滿意度

在對醫師看病及治療過程滿意度，選擇非常滿意在 103 年為 26.8%，且 106 年為最高 30.3%。選擇滿意在 103 年為 57.7%，且最高在 104 年 79.7%，105 至 108 年落在 64.0% 至 70.9% 之間。選擇普通在 103 年為 11.9%，且在 108 年為最低 2.0%。選擇不滿意從 103 年穩定維持在 1.4% 至 2.2% 之間，選擇非常不滿意落在 0.1% 至 0.4% 之間。選擇不知道或拒答落在 0.3% 至 1.0%，且最低在 108 年 0.3%，詳見圖 40。

請問您對那家中醫院的醫療結果的滿意程度？

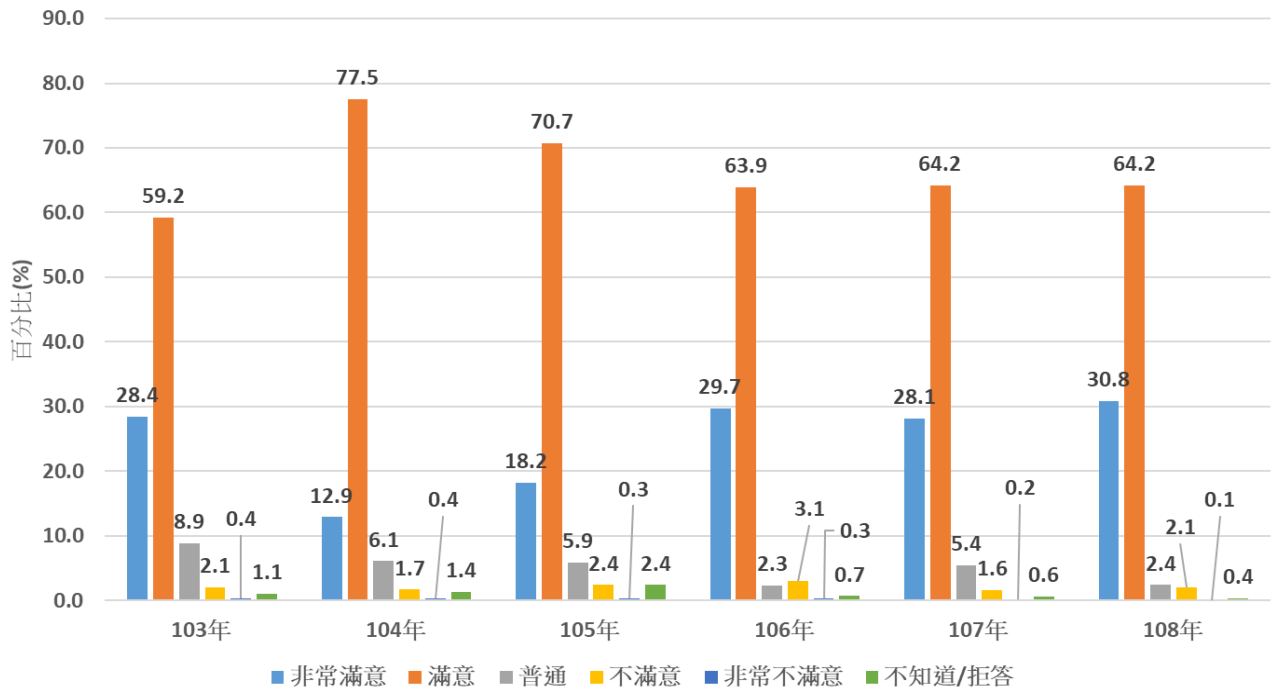


圖 39 對整體醫療結果滿意度(中醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

您對中醫師的看病及治療的過程滿不滿意？

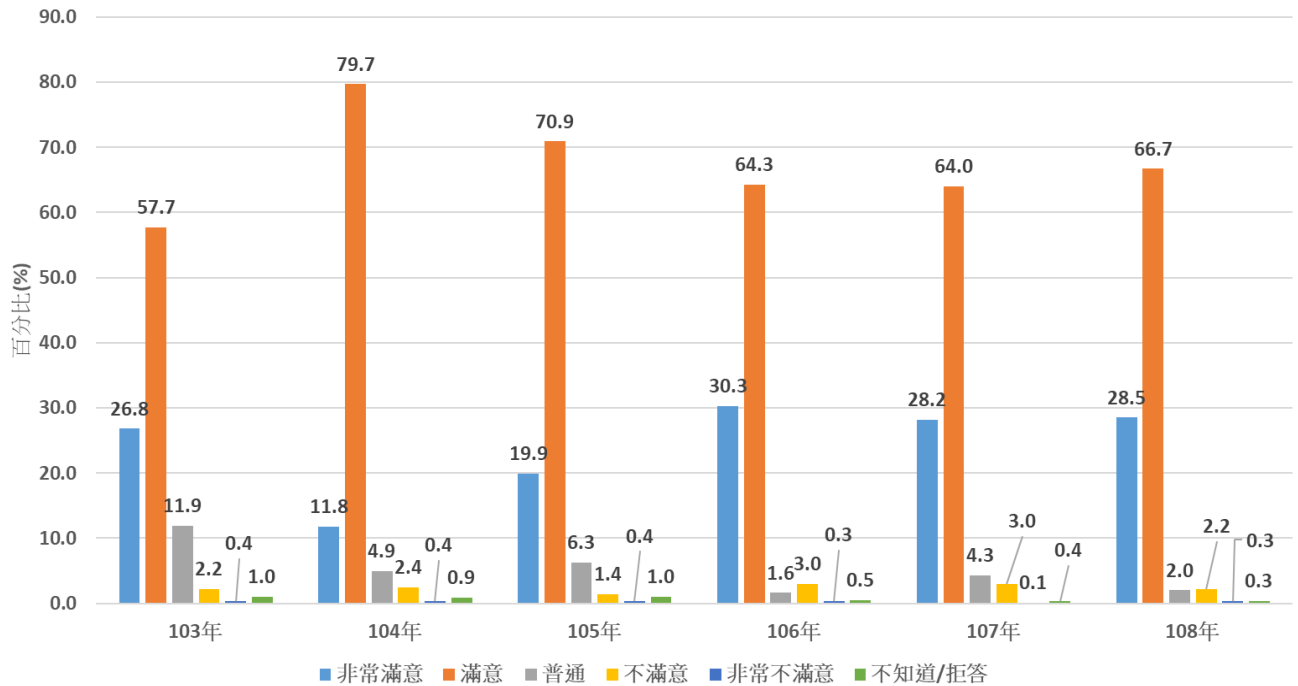


圖 40 對醫師看病及治療過程滿意度(中醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(3)醫護人員有無進行衛教指導

圖 41 為醫護人員有無進行衛教指導，可以從圖中發現選擇每次都有穩定成長，落在 22.7% 至 28.9% 之間。選擇大部分時候在 105 年為最高 24.9%，106 至 108 年落在 16.1% 至 24.9%。選擇有時候有從 103 年 16.1% 上升至 105 年 22.0%，而 106 年略下降為 17.2%，在 108 年為最低 14.5%。選擇從來沒有自 103 年 36.7%，且在 104 年為最高 39.7%。選擇不知道或拒答呈現下降趨勢，最低在 106 年為 0.6%。

(4)醫護人員有無以簡單易懂的方式解說病情與照護方法

圖 42 為醫護人員有無以簡單易懂的方式解說病情與照護方法，從圖看出選擇每次都有，落在 35.7% 至 56.1% 之間。選擇大部分時候有在 103 年 18.7%，最高在 105 年 25.0%。選擇有時候有落在 8.7% 至 16.5% 之間。選擇從來沒有從 103 年 24.6% 下降至 104 年 23.7%，105 年為 12.1%，而 106 年上升為 13.0%，在 107 年為 18.9%，而 108 年下降為 14.7%。最後選擇不知道或拒答在 103 年為 2.2%，且在 108 年為最低 0.2%。

那家中醫院所醫護人員有沒有為您進行衛生教育指導？

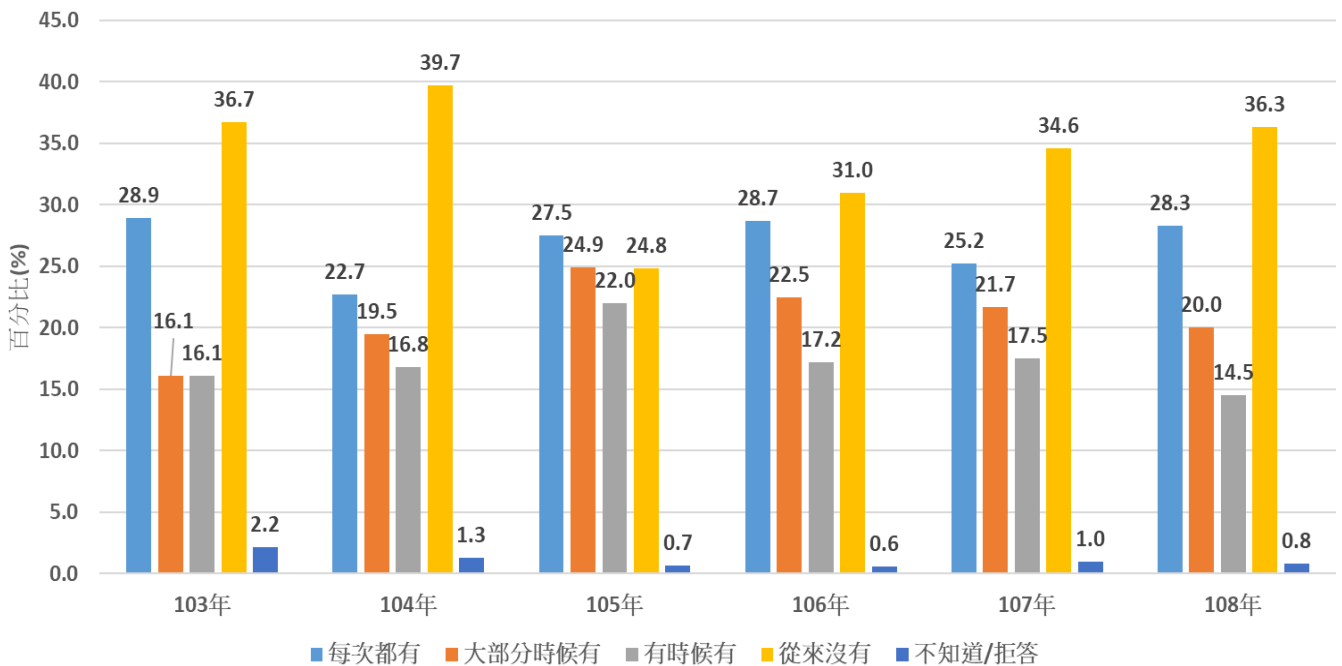


圖 41 醫護人員有無進行衛教指導(中醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

那家中醫院所醫護人員是否用簡單易懂方式來解說病情及照護方法？

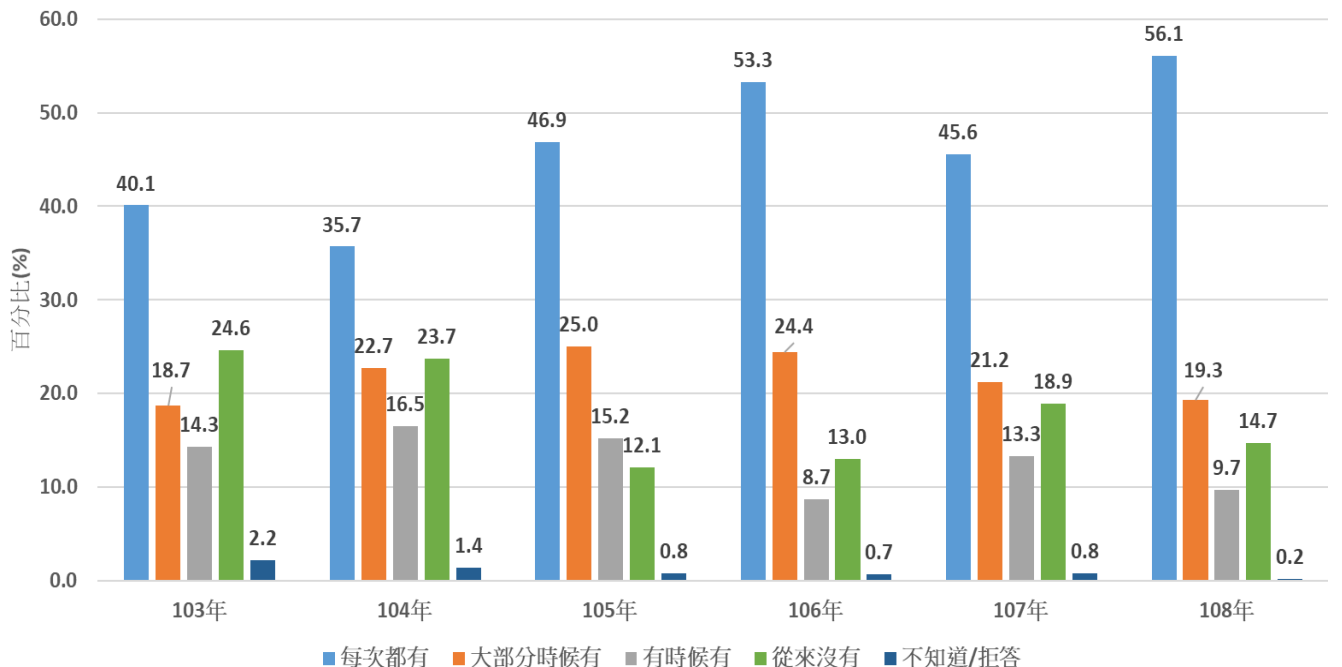


圖 42 醫護人員有無以簡單易懂的方式解說病情與照護方法(中醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(5)會跟醫師討論照護或治療方式的比率

圖 43 為會跟醫師討論照護或治療方式的比率，選擇每次都有從 103 年 40.0%，呈現逐年成長趨勢，在 108 年為最高 59.5%。選擇大部分時候有呈現穩定，但在 108 年略下降為 23.3%。選擇有時候有呈現逐年下降，且在 108 年為最低 8.3%。選擇從來沒有落在 7.7% 至 17.3% 之間，選擇不知道或拒答從 103 年落在 0.2% 至 1.2% 之間，在 108 年為最高 1.2%。

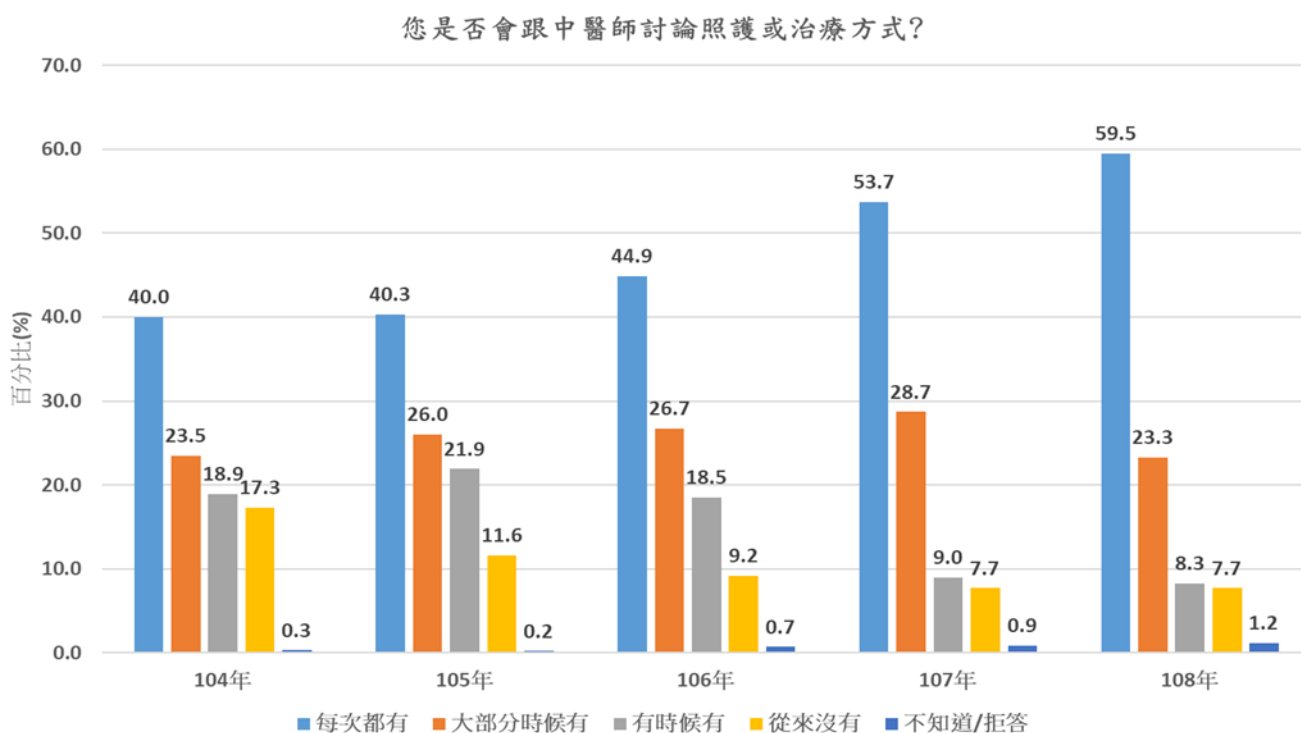


圖 43 會跟醫師討論照護或治療方式的比率(中醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3 之 3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(二)民眾自費情形及改善措施

1.自費情形

(1)除掛號費與部分負擔，有無自付其他費用

圖 44 為除掛號費與部分負擔後有無自付其他費用，圖中選擇有的在 103 年為 27.1%，但在 107 年略為下降到 23.3%。選擇否的在 103 年為 69.7%，且 108 年為最低 62.5%，選擇不知道或拒答在 103 年 3.2%，且在 108 年為最低 0.6%。

(2)除掛號費與部分負擔，最近一次看診自付多少錢？

圖 45 除掛號費與部分負擔，最近一次看診自付多少錢，選擇 100 元以下從 103 年 52.1%上升至 104 年 56.6%，而 105 年為最高 69.3%，在 106 至 108 年則落在 55.8%至 66.7%之間。選擇 101 至 300 元在 103 年為 9.5%，且在 108 年為最高 19.0%。選擇 301 至 500 元落在 2.4%至 10.1%之間，選擇 501 至 1000 元在 103 年為 12.0%，最低為 108 年 9.4%。選擇 1001 元以上落在 2.9%至 15.4%，選擇不知道或拒答在 103 年為 5.3%，而 108 年最低為 0.4%。

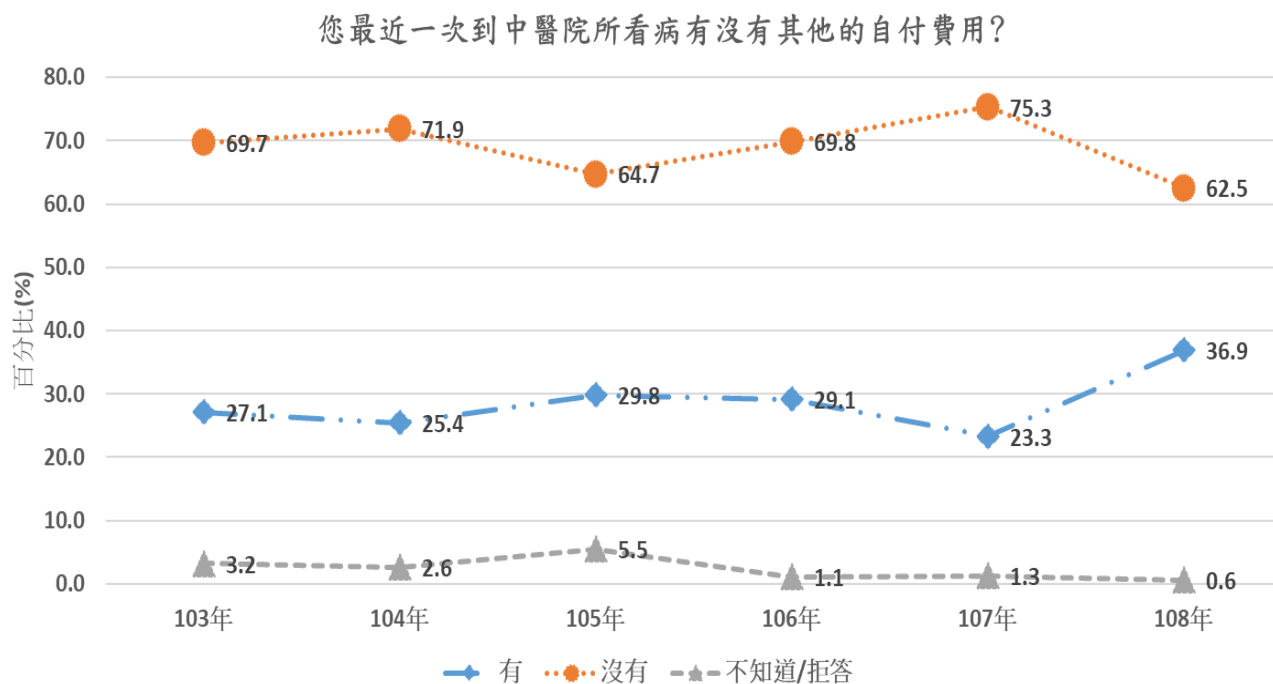


圖 44 有無自付其他費用(中醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

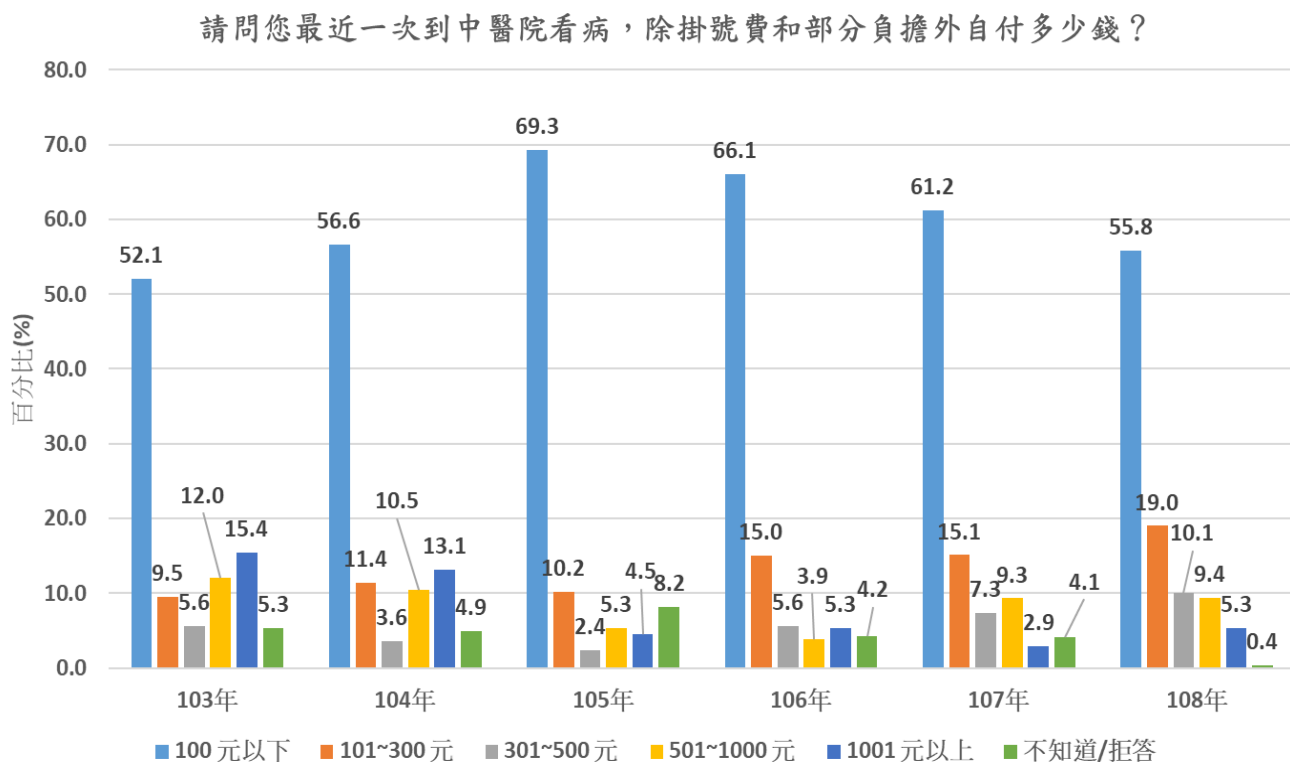


圖 45 最近一次看診自付多少錢(中醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(3)自付其他費用(自付)前3名項目

表 42 為自付其他費用的項目，在 103 年的前三名項目為醫師多配數天的科學中藥(39.4%)、未使用健保卡看診(23.3)%及飲片(8.4%)。104 至 105 年為醫師多配數天的科學中藥、飲片及藥丸。而 106 年至 108 年都是以醫師多配數天的科學中藥(藥粉)、飲片(煎藥、水藥)及由非醫師進行傷科推拿或民俗調理為自付其他費用的前三名項目。

表 42 自付其他費用項目(中醫)

項目/年份	103 年	104 年	105 年	106 年	107 年	108 年
飲片(煎藥、水藥)	8.4%	16.4%	9.6%	10.6%	12.6%	22.2%
藥丸(丸劑)	4.2%	6.5%	4.5%	5.8%	5.0%	6.0%
補品(保養品或高貴藥材)	5.5%	5.2%	3.1%	5.5%	4.4%	2.5%
特效藥	1.5%	0.1%	1.3%	1.1%	3.3%	2.7%
拔罐	0.2%	0.4%	0.9%	0.1%	2.5%	0.4%
刮痧	0.5%	--	--	0.2%	0.9%	1.0%
中藥貼布	3.7%	3.6%	4.4%	7.7%	7.3	5.7
醫師多配數天的科學中藥(藥粉)	39.4%	59.8%	68.9%	61.3%	57.5%	44.4%
因當次已接受其他治療，所以自費拿中藥	2.4%	2.0%	1.3%	1.6%	2.7%	2.8%
由非醫師進行傷科推拿	6.1%	5.3%	7.0%	8.7%	8.7%	8.2%
特殊針灸	3.2%	1.0	0.8%	3.0%	2.7%	4.9%
三伏貼	1.8%	--	--	--	--	0.8%
護具(防護器材)	--	--	0.1%	--	--	0.3%
診斷證明	--	--	--	--	--	0.2%
耳針、埋線等	1.9%	0.1	1.2%	1.1%	1.3%	--
整脊治療	0.2%	0.9	0.8%	--	0.3%	--
健保未給的藥品	--	0.2	--	--	--	--
一般診療	--	1.2	--	--	--	--
未使用健保卡看診	23.3%	--	--	--	--	--
其他	2.0%	--	--	--	--	--
藥薰藥膏	--	--	0.4%	--	--	--
中藥藥膏	--	1.2%	0.2%	--	0.4%	1.6%
不知道/拒答	4.4%	3.7%	3.9%	2.8%	8.3%	6.4%

註：「-」符號代表當年度無此答項。

資料來源：林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3 之 3)－運用資料治理於民眾就醫權益之創新模式研究(中醫總額民意調查)，衛生福利部中央健康保險署，數據來源自表 4-13。

(4)自付其他費用(自付)前 3 項原因

在 103 年自付其他費用中的前三項原因為：健保不給付(28.3%)、不知道/拒答(25.5%)及補健保給付差額(24.4%)，104 至 107 年為健保不給付、補健保給付差額及不知道/拒答。而 108 年自付其他費用的理由以在醫院建議(61.2%)、自己要求(29.9%)及健保不給付(18.1%)等為前三項，詳見表 43。

表 43 自付其他費用原因(中醫)

項目/年份	103 年	104 年	105 年	106 年	107 年	108 年
醫院建議	--	--	2.6%	6.5%	5.2%	61.2%
自己要求	--	--	--	--	--	29.9%
醫院藥品較好	--	3.8%	--	--	--	--
同意使用較好的藥或特材而補付差額或自付全額	--	--	8.7%	12.5%	10.6%	5.2%
認為健保藥較差	--	0.4%	0.4%	1.4%	0.1%	--
以前健保有給付但現在沒有(健保不給付)	--	--	--	--	--	1.2%
補健保給付差額	24.4%	38.1%	35.9%	26.2%	25.6%	16.8%
健保不給付	28.3%	43.5%	24.2%	28.5%	35.6%	18.1%
該醫院或診所未加入健保	17.1%	4.2%	--	--	--	--
未使用健保卡	5.2%	--	--	--	--	--
沒帶卡(又沒有去補刷卡)	0.5%	--	--	--	--	--
當時沒有健保身份	0.5%	0.1%	--	--	--	--
多拿幾天藥/多拿藥#	0.3%	0.5%	16.3%	1.9%	--	--
購買療程	--	--	--	0.3%	--	--
不知道/拒答	25.2%	19.3%	21.4%	33.4%	27.3%	2.5%

註：1「-」符號代表當年度無此答項。

2.「#」符號代表在 105 及 106 年改為多拿藥之項目

資料來源：林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3 之 3)－運用資料治理於民眾就醫權益之創新模式研究(中醫總額民意調查)，衛生福利部中央健康保險署，數據來自表 4-15。

(5)對院所自費金額的感受

在對院所自費金額的感受中，選擇非常貴落在 1.9%至 2.1%之間，選擇貴從 106 年 13.0%下降至 107 年 12.4%，且 108 年增加為 13.2%。選擇普通自 106 年 31.8%上升至 107 年 37.1%，但 108 年下降為 28.4%。選擇便宜從 106 年 44.9%下降至 107 年 42.9%，而 108 年增加為 50.4%。選擇非常便宜自 106 年為 8.3%，且在 108 年為最低 5.3%，詳見圖 46。

(6)因就醫費用過高而不就診

圖 47 為因就醫費用過高而不就診，選擇是落在 10.3%至 25.7%，選擇否從 104 年為 88.7%，而 107 年增加為 77.0%，但 108 年略下降為 76.1%。選擇沒考慮過落在 0.8%至 2.6%，選擇不知道或拒答為穩定持平，落在 0.0%至 0.8%之間。

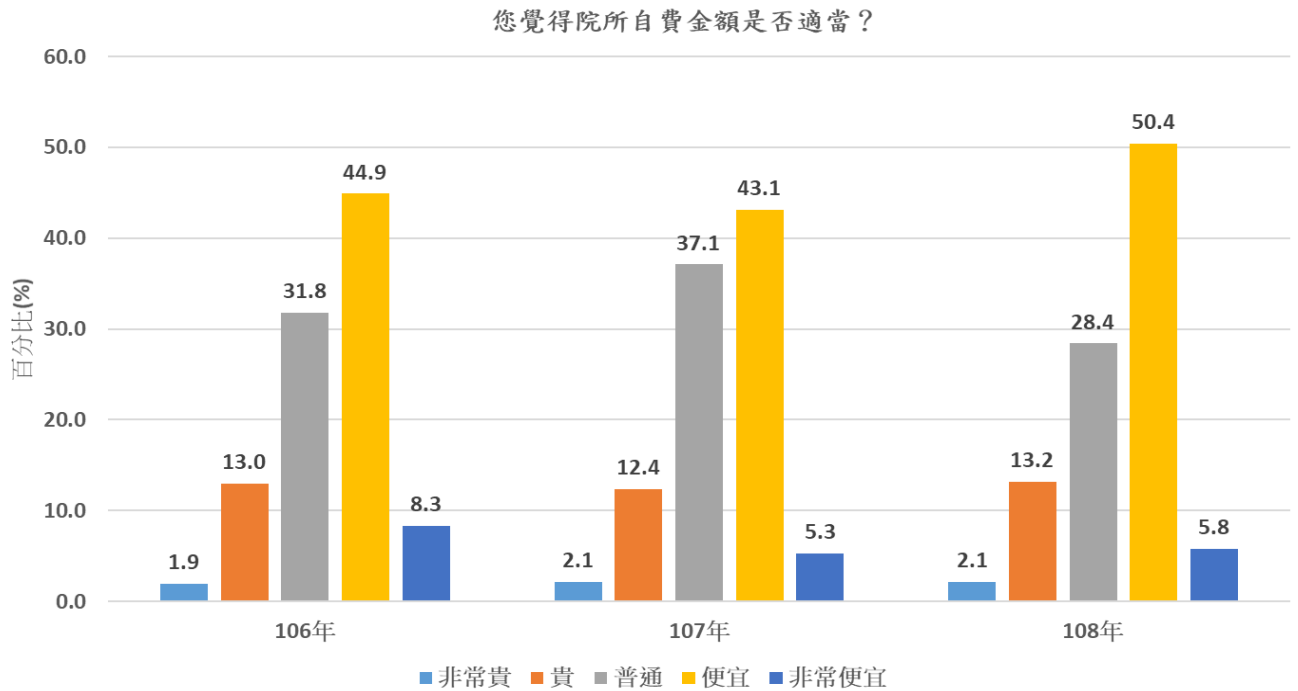


圖 46 對院所自費金額的感受(中醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

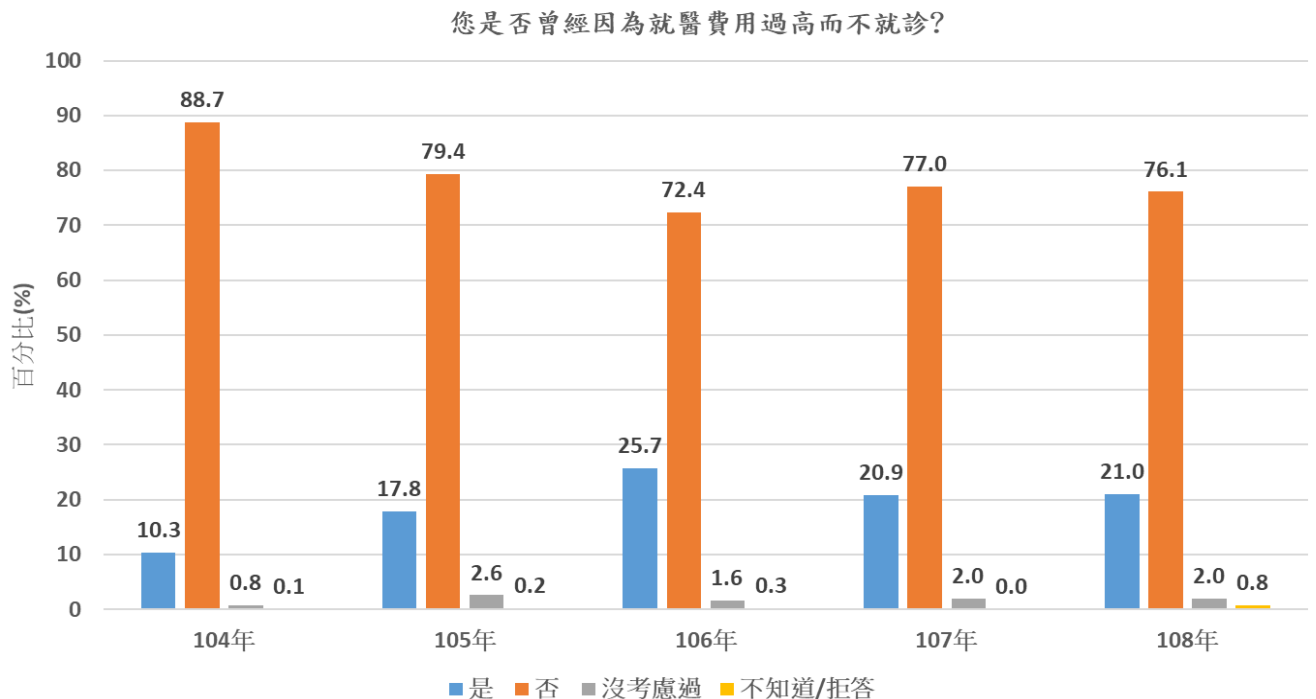


圖 47 因就醫費用過高而不就診(中醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(三)就醫可近性與及時性之改善措施

1.就醫可近性與及時性

(1)對看到(或預約)醫師的容易度

在對看到(或預約)醫師的容易度中，選擇非常容易在 103 年為 37.3%，104 年為 19.9%，且在 107 年為最高 33.4%。選擇容易從 103 年 48.1%增加至 104 年 67.5%，而 105 至 108 年落在 53.8%至 61.0%之間。選擇普通在 103 年 5.3%下降至 108 年 1.4%。選擇不容易落在 6.0%至 8.6%之間，選擇非常不容易從 103 年 2.2%下降至 105 年 1.1%，106 至 108 年則落在 1.1%至 2.2%之間。選擇不知道或拒答落在 0.6%至 1.1%之間，詳見圖 48。

(2)不容易看到醫師的前 3 項原因

表 44 為不容易看到醫師的原因，從 103 年發現前三項原因為：配合不到中醫師看診時段(83.2%)、中醫師看診所需時間較長，每診次能掛號的人數有限(8.6%)及預約掛號額滿(5.8%)。104 年為中醫師病人很多，不易掛號(84.5%)、需指定特定醫師(12.3%)及配合不到中醫師看診時段(9.2%)。而 105 年為中醫師病人很多，不易掛號(89.7%)、預約掛號額滿(11.2%)及中醫師看診所需時間較長，每診次能掛號的人數有限(10.8%)。在 106 年為中醫師病人很多，不易掛號(80.5%)、中醫師看診所需時間較長，每診次能掛號的人數有限(25.0%)及預約掛號額滿(9.8%)。107 年為中醫師病人很多，不易掛號(93.5%)、預約掛號額滿(6.1%)及中醫師看診所需時間較長，每診次能掛號的人數有限(4.1%)。最後 108 年為中醫師病人很多，不易掛號(91.1%)、中醫師看診所需時間較長，每診次能掛號的人數有限(9.8%)及要到比較遠的地方，不方便(8.5%)。

您需要看中醫時，容不容易就看到中醫師的門診？

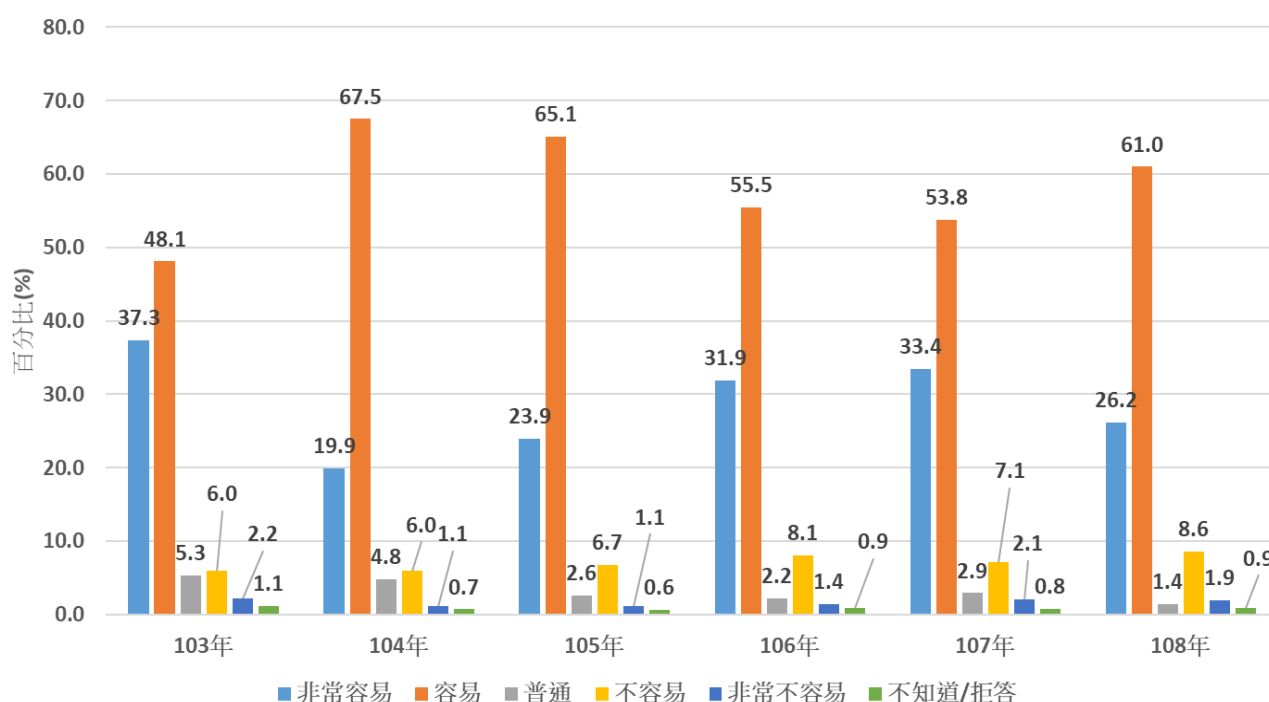


圖 48 對看到(或預約)醫師的容易度(中醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

表 44 不容易看到醫師的原因(中醫)

項目/年份	103 年	104 年	105 年	106 年	107 年	108 年
中醫師病人很多，不易掛號	83.2%	84.5%	89.7%	80.5%	93.5%	91.1%
配合不到中醫師看診時段	5.4%	9.2%	4.6%	5.4%	0.8%	4.2%
中醫師看診所需時間較長，每診次能掛號的人數有限	8.6%	8.2%	10.8%	25.0%	4.1%	9.8%
預約掛號額滿	5.8%	7.1%	11.2%	9.8%	6.1%	3.0%
居住地區中醫院所較少	--	0.8%	0.3%	--	--	0.5%
需指定特定醫師	4.6%	12.3%	2.4%	9.3%	0.5%	2.2%
要到比較遠的地方，不方便	4.7%	0.8%	1.2%	0.4%	--	8.5%
不知道	0.9%	0.8%	1.0%	2.3%	0.7%	--

註：「-」符號代表當年度無此答項。

資料來源：林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究(中醫總額民意調查)，衛生福利部中央健康保險署，數據來自表 4-4。

(3)對院所交通便利性的滿意度

在對院所交通便利性的滿意度中，選擇非常滿意從 106 年 31.2%略下降至 107 年 22.6%，不過 108 年上升為 27.8%。選擇滿意從 106 年 61.2%增加至 107 年 67.8%，而 108 年下降為 65.7%。選擇普通從 106 年 2.5%增加至 107 年 4.8%，而 108 年下降為 1.4%。選擇不滿意從 106 年 3.6%上升至 108 年 4.5%。選擇非常不滿意自 106 年 1.0%下降至 108 年 0.3%。最後選擇不知道或拒答從 103 年 0.5%下降到 108 年 0.2%，詳見圖 49。

(4)因就醫交通時間過長而不就診的比率

圖 50 為因就醫交通時間過長而不就診的比率，從圖發現選擇是從 104 年 22.1%逐年成長趨勢，且在 108 年為最高 34.7%。選擇否的自 104 年 76.9%，而逐年呈現下降，在 107 及 108 年為最低 64.9%。選擇沒有考慮過為穩定趨勢，落在 0.6%至 1.6%，選擇不知道或拒答則落在 0.0%至 0.3%之間。

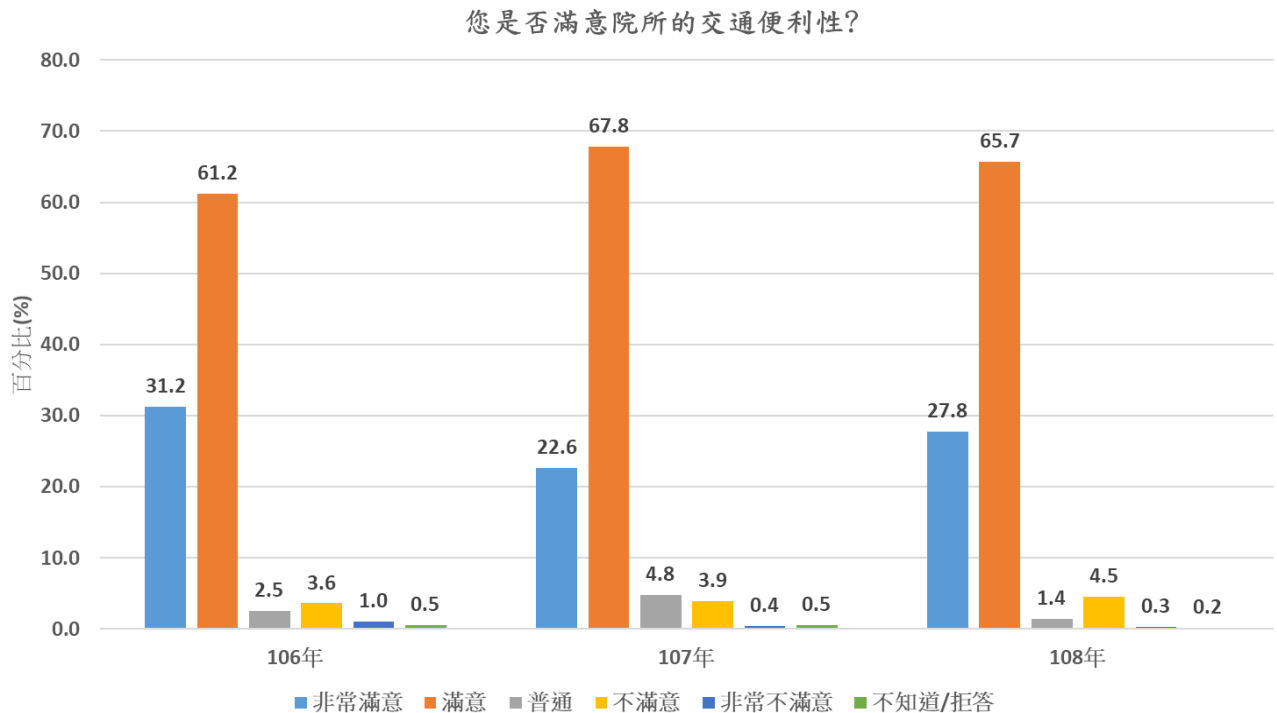


圖 49 對院所交通便利性的滿意度(中醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

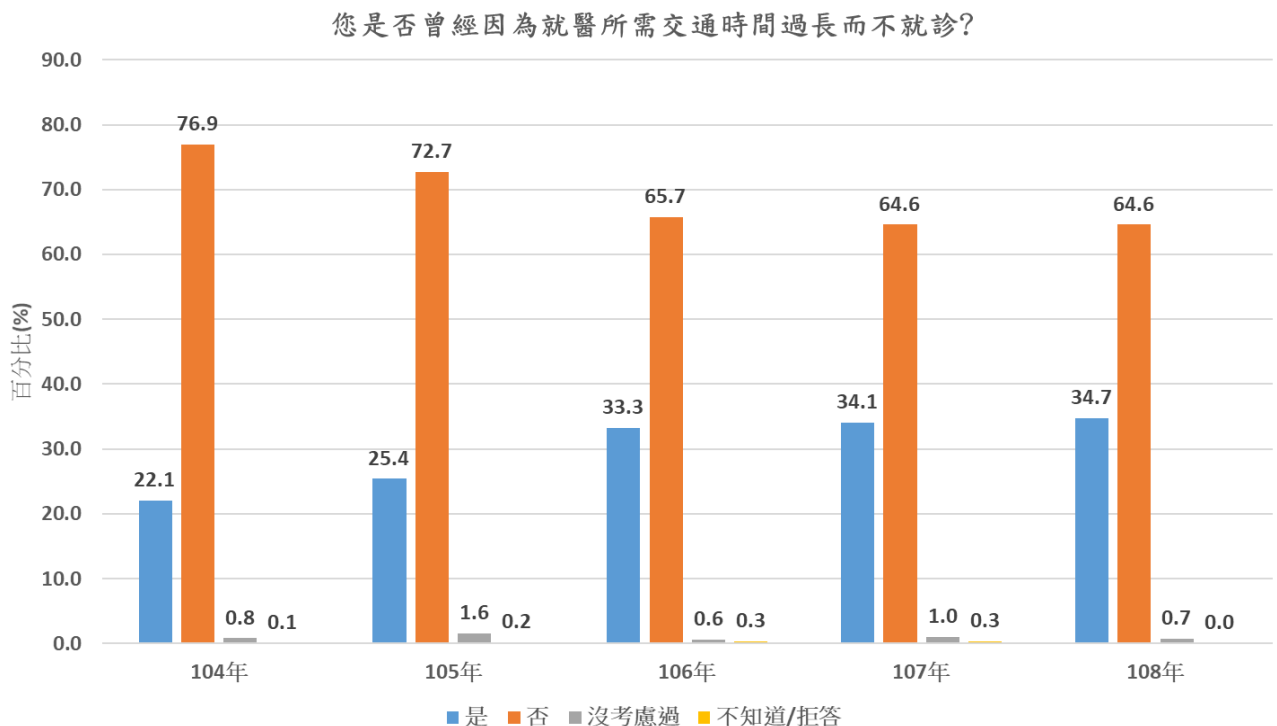


圖 50 因就醫交通時間過長而不就診的比率(中醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(5)曾經在假日有緊急需求求診的比率

選擇有從 103 年為 38.5%，而 104 為 33.9%，在 106 年下降幅度最明顯為 12.4%，107 年下降至 8.7%，而 108 年略上升至 14.0%。選擇否從 103 年 60.8% 上升至 107 年 91.0%，而 108 年略下降至 85.9%。選擇不知道或拒答穩定維持在 0.1% 至 0.6%，詳見圖 51。

(5.1)是否在當地找到其他就醫診所的比率

圖 52 為無法在當地找到其他就醫診所的比率，圖中選擇是從 104 年 75.3% 下降至 105 年 73.5%，在 108 年略下降至 69.2%。選擇否的從 104 年 24.7% 上升至 106 年 39.6%，而 107 年下降為 29.0%，108 年略增加為 30.8%。

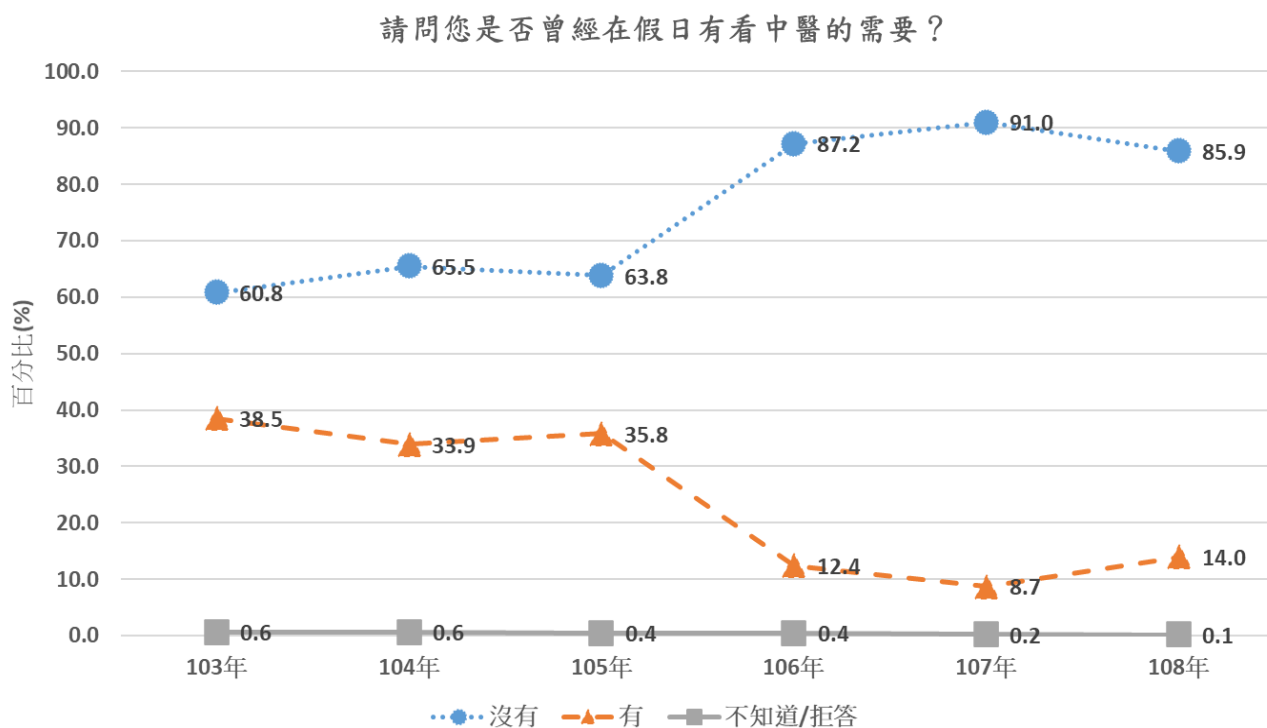


圖 51 曾經在假日有緊急需求求診的比率(中醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

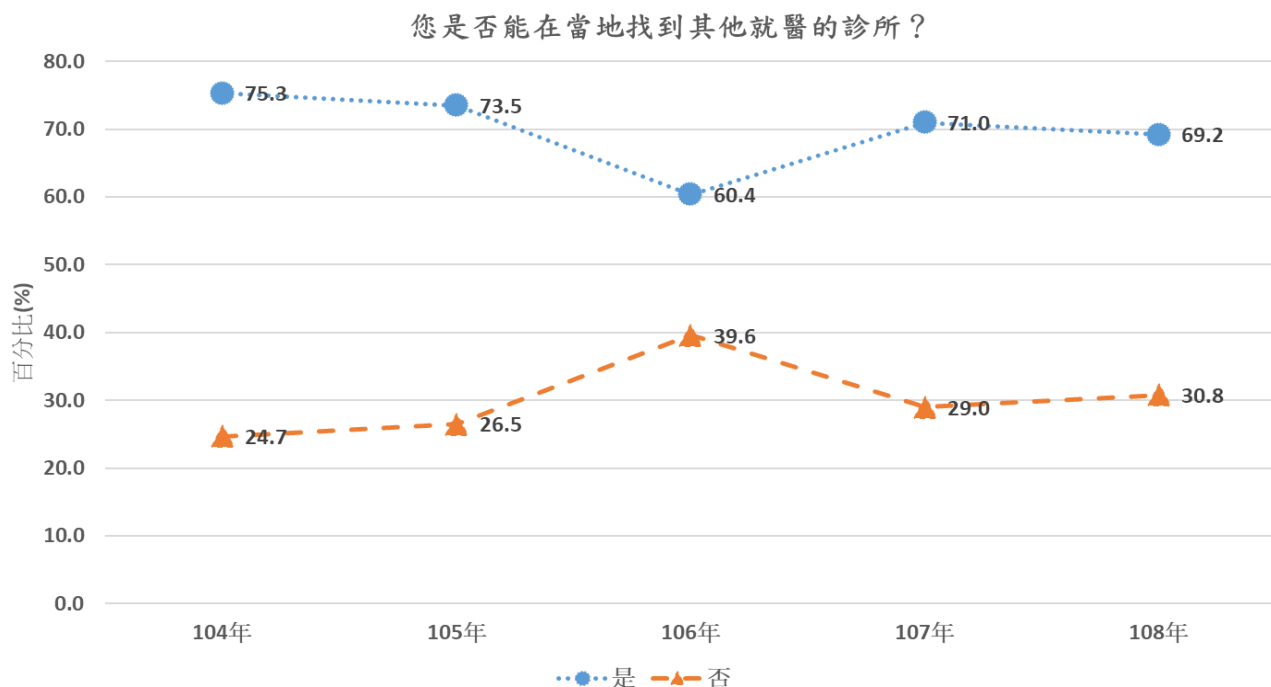


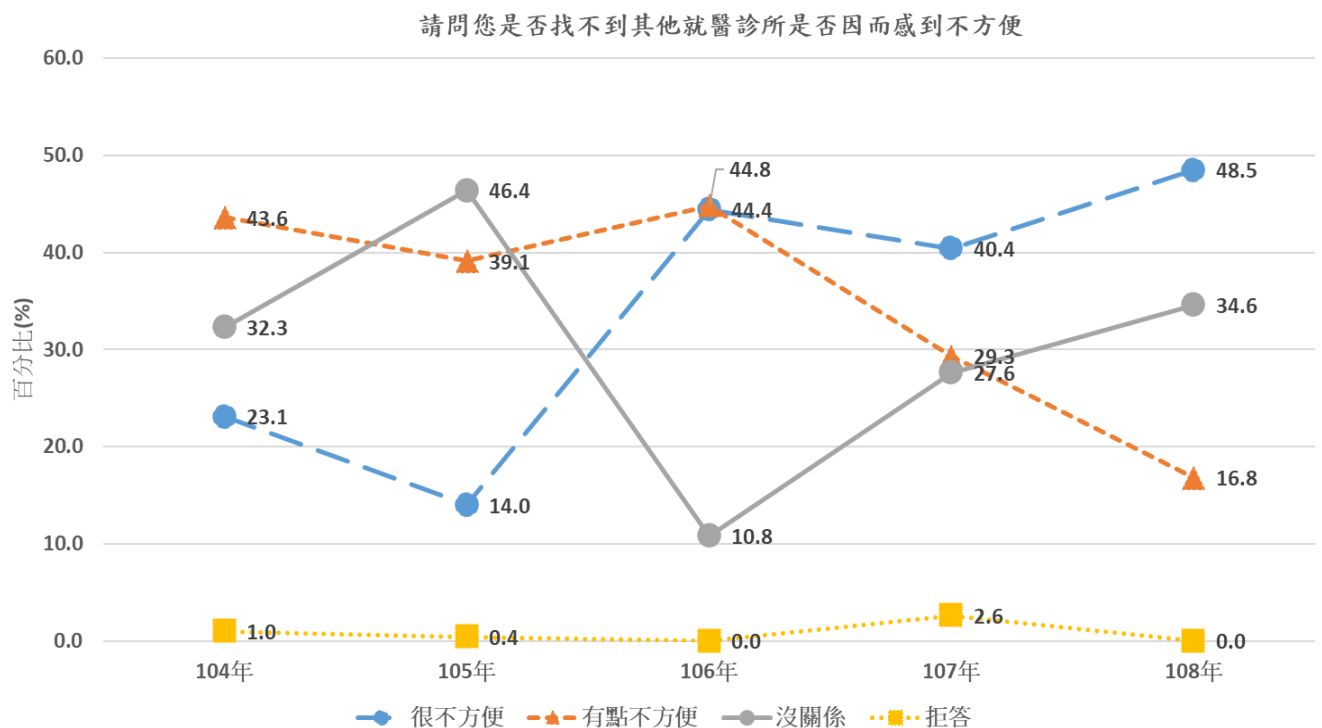
圖 52 是否在當地找到其他就醫診所的比率(中醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(5.2) 是否在當地找到其他就醫診所而感到不便的比率

圖 53 為是否在當地找到其他就醫診所而感到不便的比率，可以發現選擇很不方便，從 104 年 23.1 下降至 105 年 14.0%，而 108 年為 48.5%。選擇有點不方便自 104 年 43.6% 下降至 105 年 39.1%，在 108 年為最低 16.8%。選擇沒關係自 104 年 32.3% 下降至 105 年 46.4%，在 107 年為 27.6% 及 108 年為 34.6%。選擇拒答的從 104 年 1.0% 下降到 105 年 0.4%，106 年為 0.0%，在 107 年增加為 2.6% 且 108 年為 0.0%。

圖 53 是否在當地找到其他就醫診所而感到不便的比率(中醫)



資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就權益之創新模式研究，衛生福利部中央健康保險署。

四、門診透析總額

(一)醫療服務品質調查結果及檢討與改善措施

1.醫療服務品質調查結果

(1)對整體醫療結果滿意度

圖 54 為對於門診透析院所的醫療結果滿不滿意，結果可以發現選擇非常滿意落在 23.3%至 27.5%之間。滿意則相較於非常滿意高出許多，落在 56.3%至 61.4%之間。普通則落在 10.2%至 14.4%之間。不滿意從 103 年 1.4%下降至 107 年 0.9%，但 108 年略上升為 1.2%。非常不滿意落在 0.1%至 0.2%之間。不知道或拒答則從 103 年 6.1%下降至 104 年 1.1%，在 105 至 108 年落在 1.3%至 1.8%。

(2)對診療環境滿意度

圖 55 為對診療環境滿意度，從圖可以看出選擇非常滿意落在 25.6%至 31.2%。選擇滿意從 103 年 57.1%上升至 104 年 60.1%，105 年至 108 年落在 55.0%至 60.1%。選擇普通從 103 年 12.8%下降至 108 年 11.2%。選擇不滿意落在 0.4%至 1.5%之間。選擇非常不滿意從 103 年穩定維持在 0.1%至 0.5%，選擇未回答從 103 年 0.2%增加至 108 年 1.2%。

整體而言，請問您對那家透析院所的醫療結果滿不滿意？

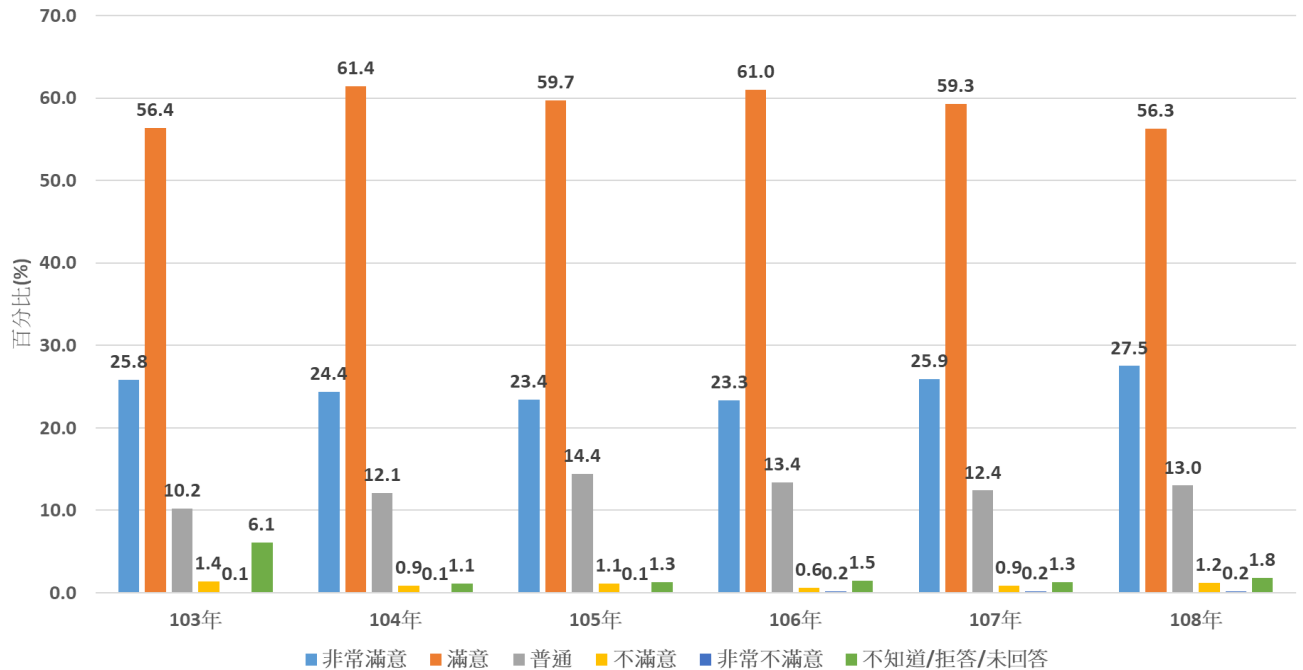


圖 54 對整體醫療結果滿意度(門診透析)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

請問您對目前透析院所的診療環境滿不滿意？

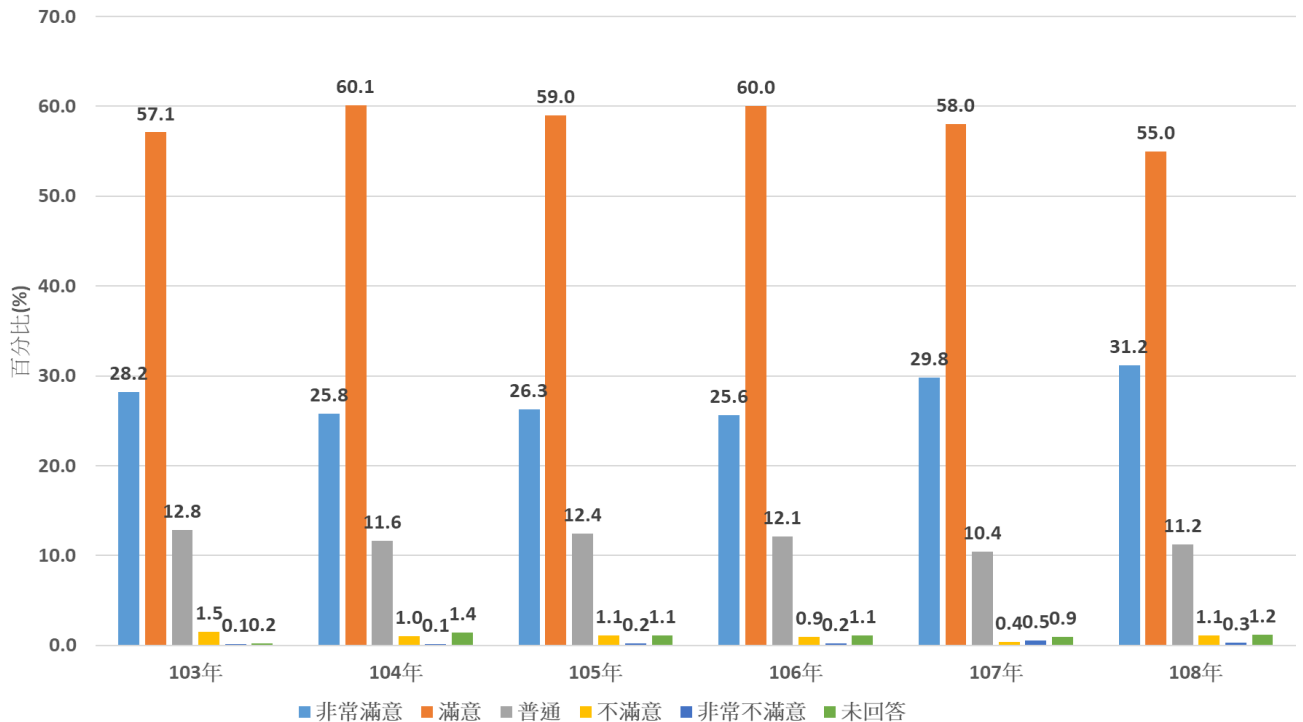


圖 55 對診療環境滿意度(門診透析)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(3)對醫護人員服務態度滿意度

選擇非常滿意落在 28.5%至 34.8%，選擇滿意從 103 年 55.6%上升至 105 年 56.8%，106 年為 57.3%且 107 年下降為 54.6%，而 108 略下降至 52.3%。選擇普通落在 9.0%至 12.0%之間，選擇不滿意落在 0.6%至 1.5%。選擇非常不滿意維持在 0.1%至 0.7%，最後選擇未回答從 103 年 0.4%增加至 104 年 1.2%，且 105 至 108 年落在 1.0%至 1.2%，詳見圖 56。

(4)對治療效果滿意度

圖 57 為對治療效果滿意度，選擇非常滿意落在 21.5%至 25.8%，選擇滿意從 103 年 58.3%至 104 年 60.9%，105 年略下降至 61.1%，106 年為 61.6%，且 107 年為 59.9%，但 108 年下降至 57.1%。選擇普通落在 12.9%至 15.3%之間，選擇不滿意從 103 年 1.3%下降至 105 年 0.7%，而在 108 年為 0.8%。選擇非常不滿意落在 0.2%至 0.4%，選擇不知道或拒答或未回答則落在 1.2%至 1.7%之間。

請問您對透析院所醫護人員的服務態度滿不滿意？

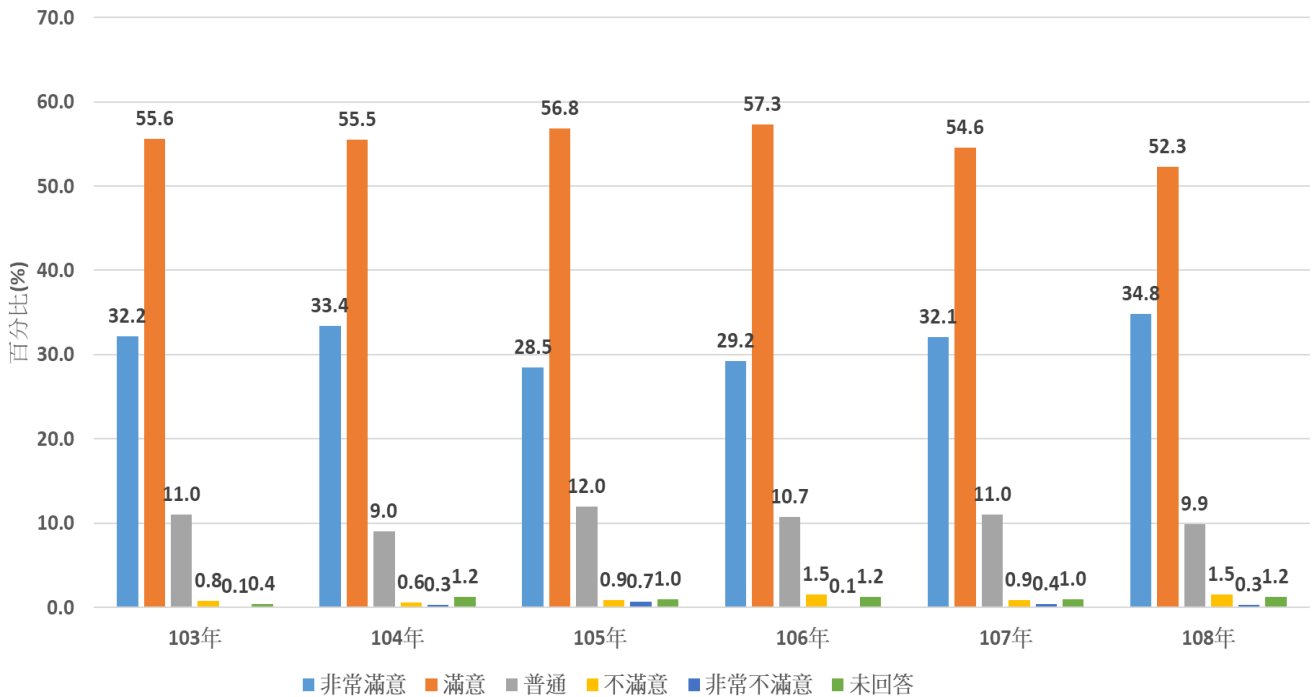


圖 56 對醫護人員服務態度滿意度(門診透析)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

請問您對透析院所治療的效果滿不滿意？

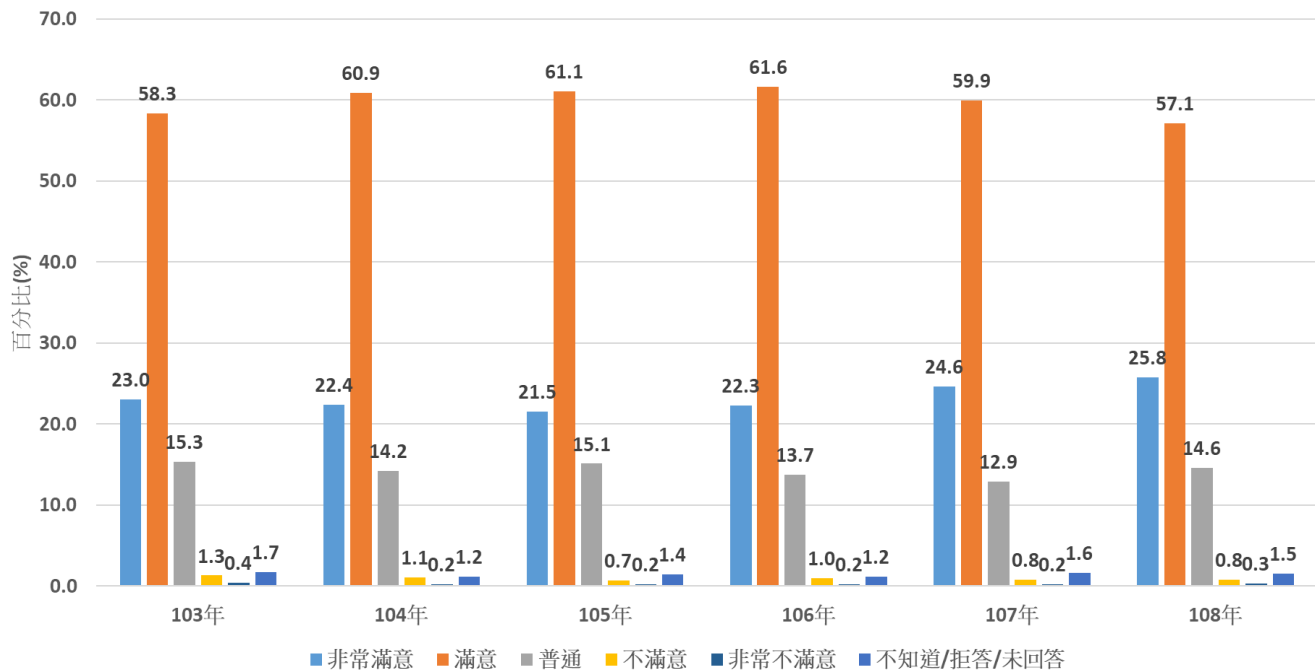


圖 57 對治療效果滿意度(門診透析)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(5)對醫師看病及治療花費時間滿意度

在圖 58 發現選擇非常滿意落在 17.6%至 29.9%，選擇滿意從 103 年 48.4% 上升至 104 年 52.6%，而 105 至 108 年落在 50.0%至 54.0%。選擇普通自 103 年 22.5%上升至 104 年 24.8%，105 年下降至 21.6%且 106 年為 17.3%，107 年為 16.0%及 108 年為 17.3%。選擇不滿意在 103 年為 2.4%，104 年為 2.1%及 105 年為 2.2%，106 年下降為 1.2%，但 107 年卻上升為 1.8%。選擇非常不滿意落在 0.2%至 0.7%。選擇未回答在 103 年為 8.1%，且在 107 年最低為 1.1%，問卷也有進一步分析腹膜透析患者，結果呈現與血液透析相似，詳見圖 59。

(6)對醫師看病及治療過程滿意度

在對醫師看病及治療過程滿意度中，選擇非常滿意落在 19.1%至 31.9%，選擇滿意從 103 年 53.8%至 104 年上升為 59.6%，而在 108 年下降至 51.7%。選擇普通落在 13.1%至 18.5%。選擇非常不滿意在 103 年為 0.0%，104 至 108 年落在 0.2%至 0.5%之間。選擇未回答落在 1.1%至 5.3%，問卷也有進一步分析腹膜透析患者，結果呈現與血液透析相似，詳見圖 60 及圖 61。

請問您最近一次對醫師的看病及治療所花費的時間長短滿不滿意?(血液透析)

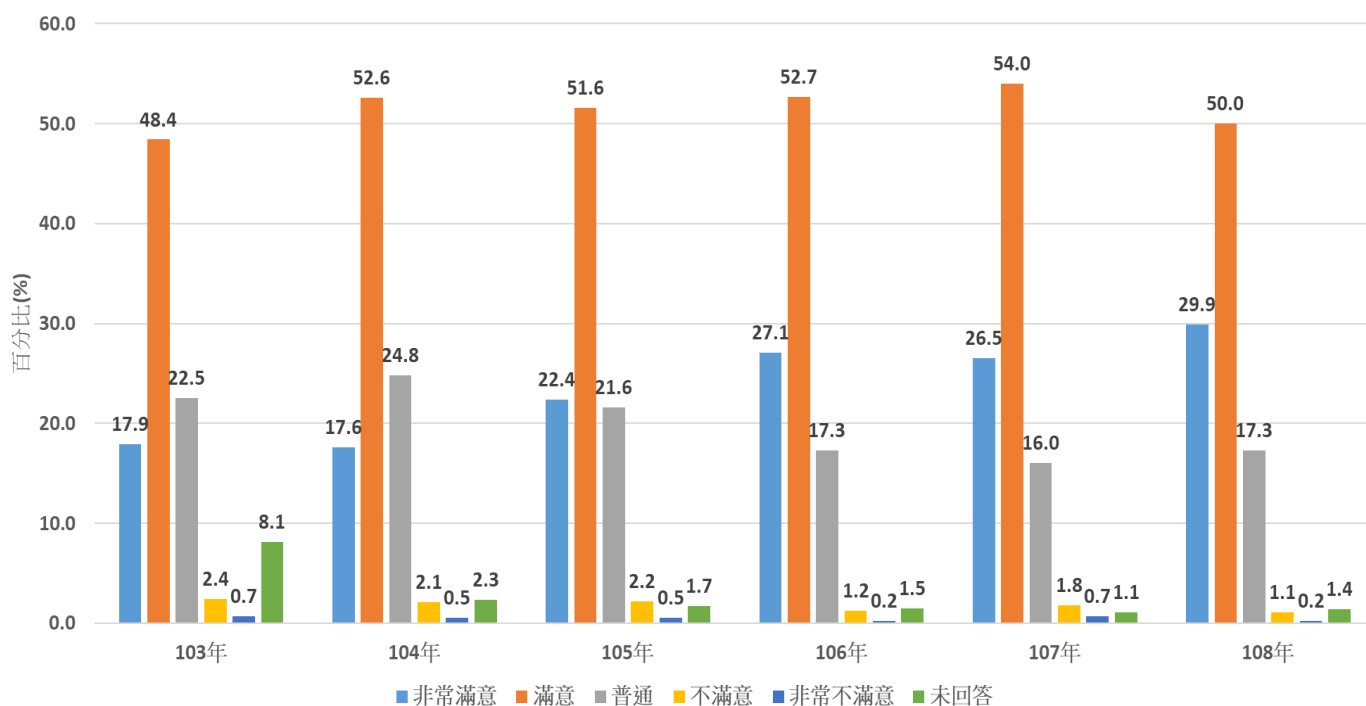


圖 58 對醫師看病及治療花費時間滿意度-血液透析(門診透析)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

請問您最近一次對醫師的看病及治療所花費的時間長短滿不滿意?(腹膜透析)

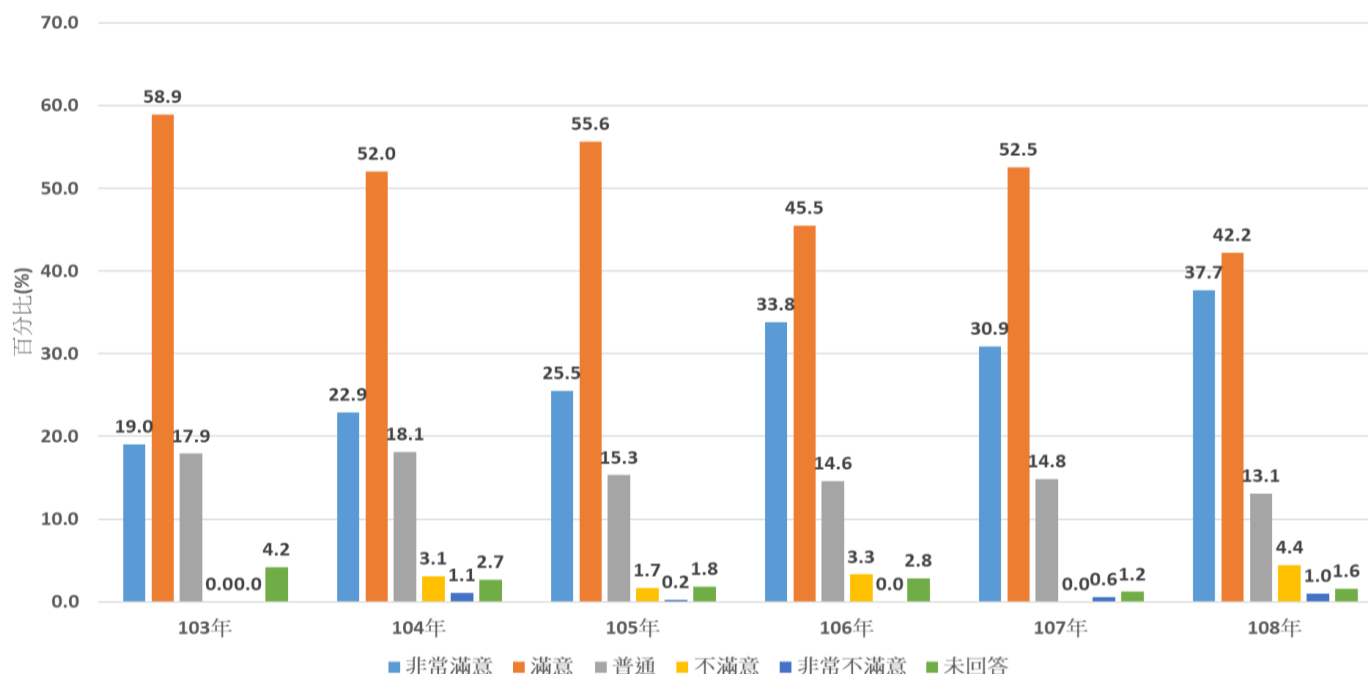


圖 59 對醫師看病及治療花費時間滿意度-腹膜透析(門診透析)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

請問您對醫師的看病及治療的過程滿不滿意？(血液透析)

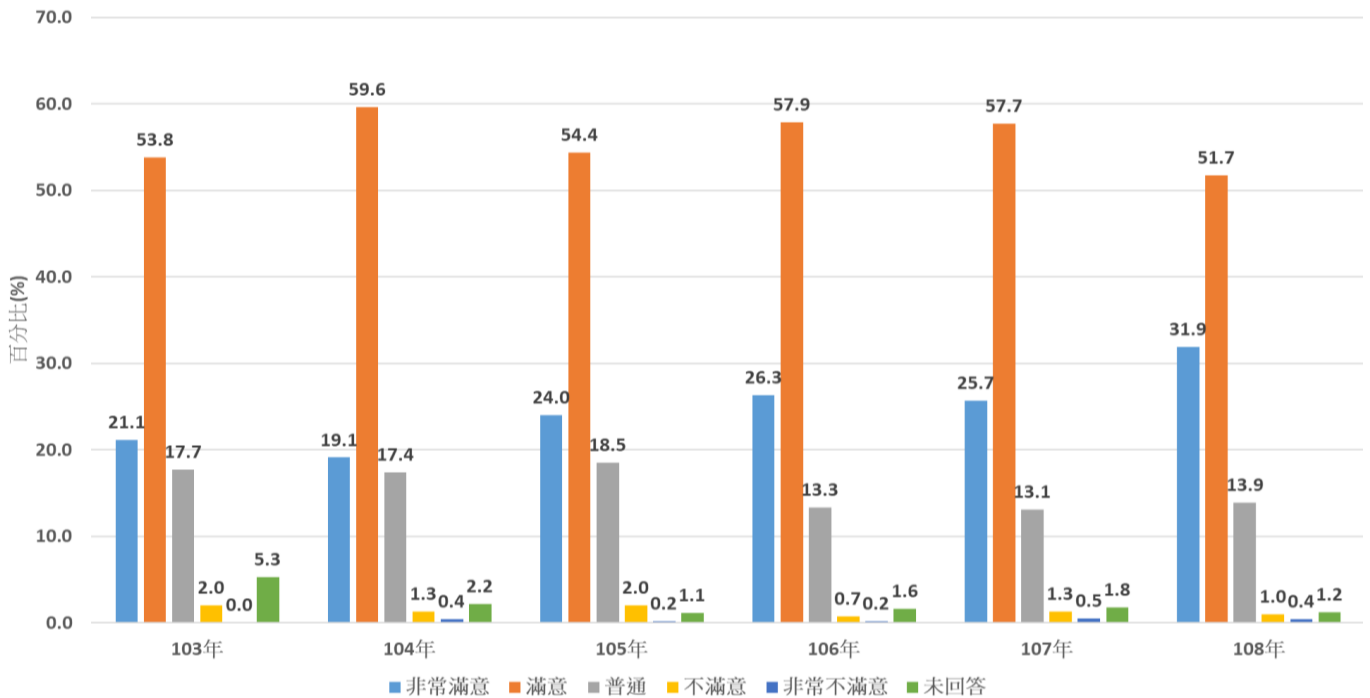


圖 60 對醫師看病及治療過程滿意度-血液透析(門診透析)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

請問您對醫師的看病及治療的過程滿不滿意？(腹膜透析)

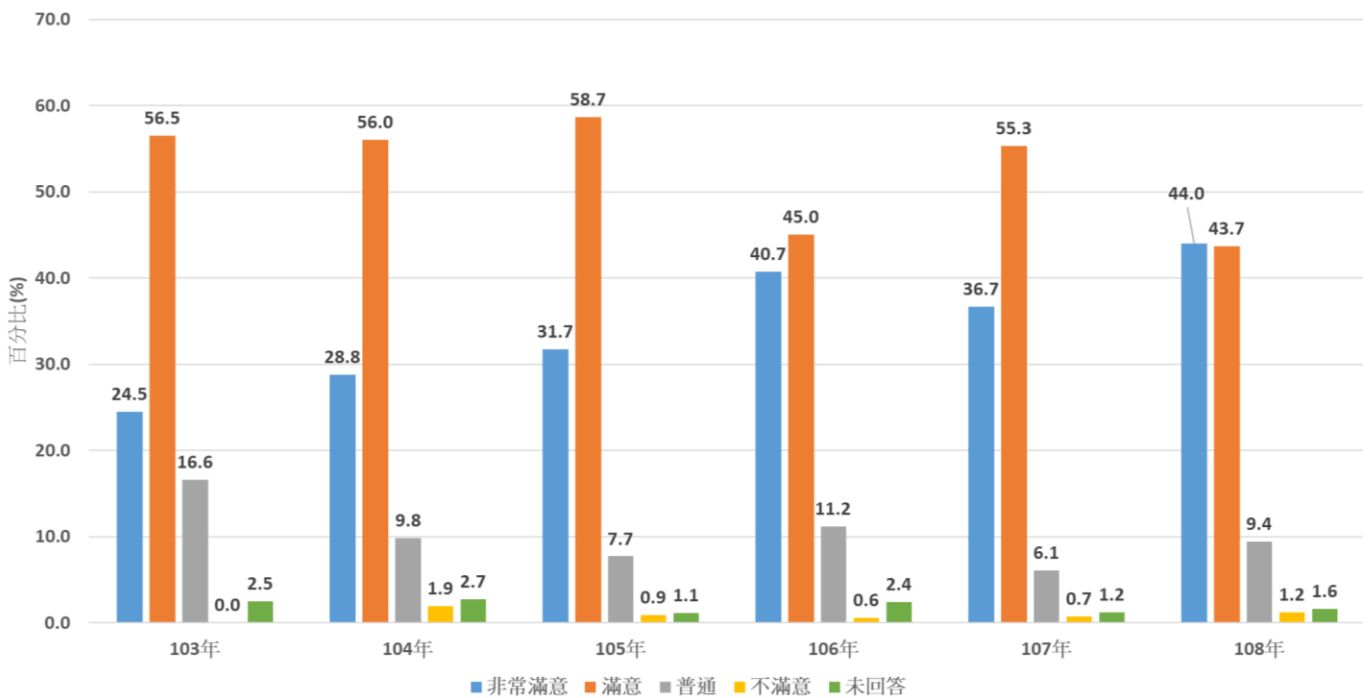


圖 61 對醫師看病及治療過程滿意度-腹膜透析(門診透析)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(7)醫護人員有無進行衛教指導

圖 62 為醫護人員有無進行衛教指導，選擇每次都有落在 31.8%至 36.1%。選擇大部分時候有從 103 年 39.1%上升至 107 年 43.7%，但 108 年略下降為 43.1%。選擇有時候有落在 17.1%至 24.5%之間，選擇從來沒有落在 1.1%至 2.1%之間，選擇不知道、拒答或問未回答落在 1.4%至 2.7%之間。

(8)醫護人員有無以簡單易懂的方式解說病情與照護方法

在選擇每次都有落在 33.7%至 38.0%，選擇大部分時候有從 103 年 41.7%增加至 104 年 42.7%，但在 105 年略下降為 40.1%。選擇有時候有從 103 年 17.3%增加至 105 年 19.4%，而 106 至 108 年落在 14.9%至 17.9%，但 108 年增加為 45.2%。選擇從來沒有落在 1.3%至 3.0%，且在 105 年為最高 3.0%。選擇不知道或未回答落在 1.6%至 2.6%之間，詳見圖 63。

請問平常那家醫院(或診所)的醫護人員有沒有為您進行衛生教育指導？

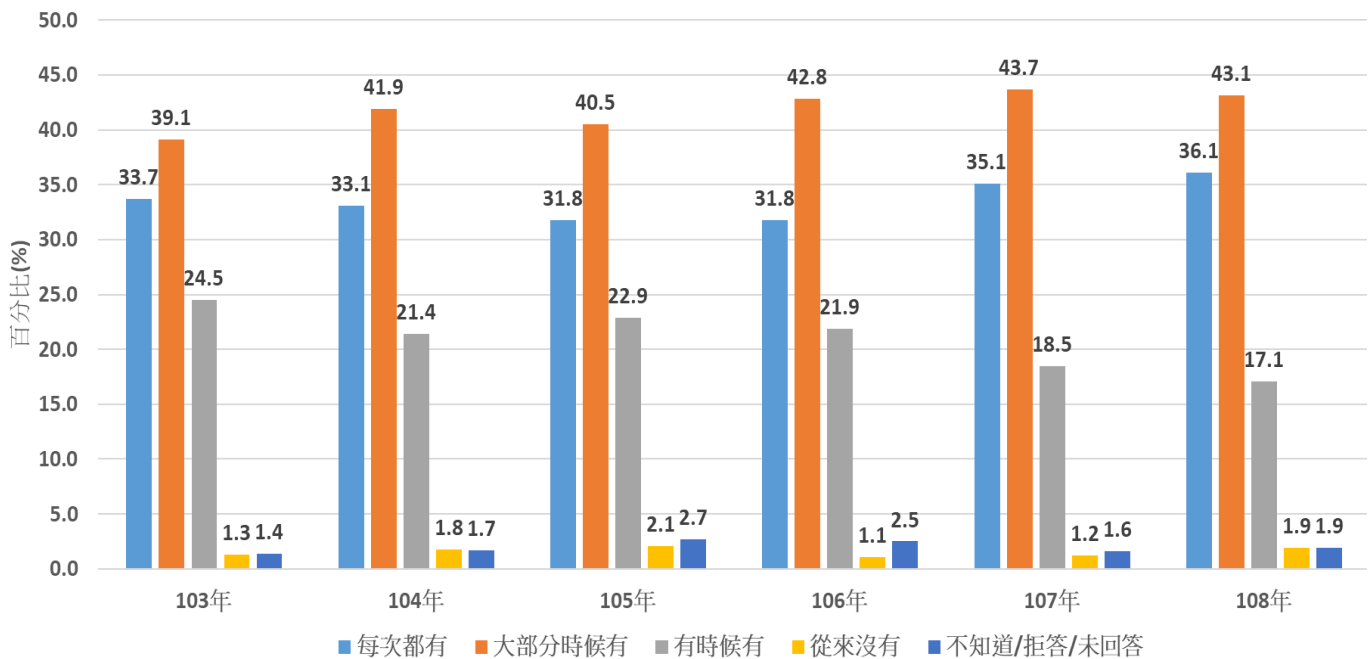


圖 62 醫護人員有無進行衛教指導(門診透析)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

過去一年內，請問那家透析院所的醫護人員，是否常用您簡單易懂的方式解說病情與照護方法？

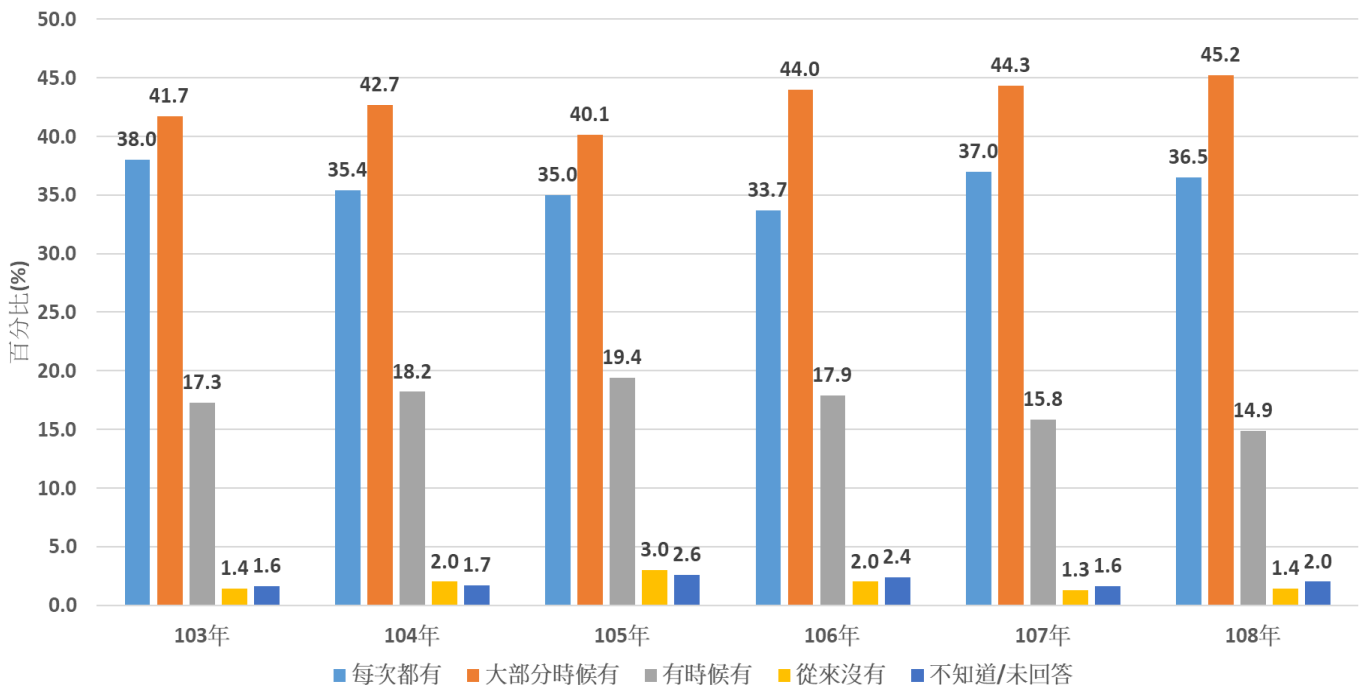


圖 63 醫護人員有無以簡單易懂的方式解說病情與照護方法(門診透析)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(9)會跟醫師討論照護或治療方式的比例

圖 64 為會跟醫師討論照護或治療方式的比例，選擇每次都有在 104 年 26.8%，而 107 年增加為 43.5%，不過 108 年略下降為 42.5%。選擇大部分時候有落在 27.2%至 35.8%，選擇有時候有從 103 年 31.2%上升至 105 年 33.1%，106 年下降為 30.4%，在 107 年為 17.6%及 108 年為 17.0%。選擇從來沒有自 103 年 6.5%下降至 107 年為 1.7%，而在 108 年為 1.8%。選擇從未填答則在 104 年 3.5%增加至 105 年 4.5%，在 106 年下降為 2.8%，且 107 年增加為 3.0%，但 108 年略下降至 2.8%。

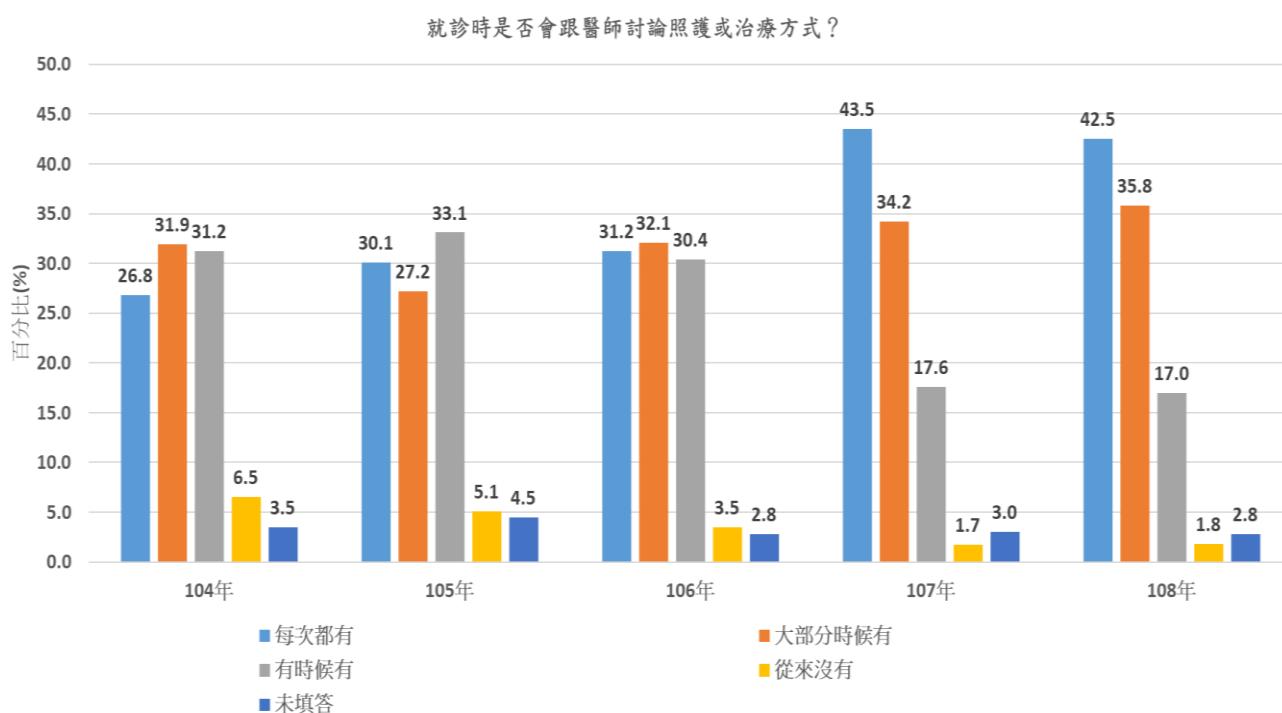


圖 64 會跟醫師討論照護或治療方式的比例(門診透析)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就權益之創新模式研究，衛生福利部中央健康保險署。

(二)民眾自費情形及改善措施

1.自費情形

(1)對就醫費用的感受

在對就醫費用的感受中，選擇很便宜落在 23.1%至 45.1%，選擇便宜從 103 年 9.2%上升至 104 年 16.6%，105 年略為下降至 16.0%，106 年為 15.4%，且 107 年增加至 18.9%。選擇還好可以接受從 103 年 14.5%上升至 104 年 18.8%，105 年下降為 17.9%，且 106 年增加為 18.5%，而 107 年下降為 16.0%。選擇有點貴從 103 年 1.5%至 104 年增加為 1.9%，在 105 年 1.6%，且 107 年增加為 2.6%。選擇很貴落在 0.8%至 1.3%，選擇不知道或拒答或未回答則從 103 年 50.6%下降至 104 年 19.6%，且在 107 年為 16.9%，詳見圖 65。

(2)除掛號費和部分負擔，有無自付其他費用

從除掛號費和部分負擔而有無自付其他費用中，發現選擇沒有的在 103 年 79.9%，且 104 年為最高 88.1%，選擇是的從 103 年 7.0%增加至 104 年 9.0%，且 108 年為最高 12.3%。選擇不知道或拒答從 103 年 13.1%下降至 105 年 5.3%，而 106 年上升至 11.1%，但 107 年下降為 3.3%，在 108 年增加為 7.4%，詳見圖 66。

請問您覺得這就醫費用是便宜還是貴？

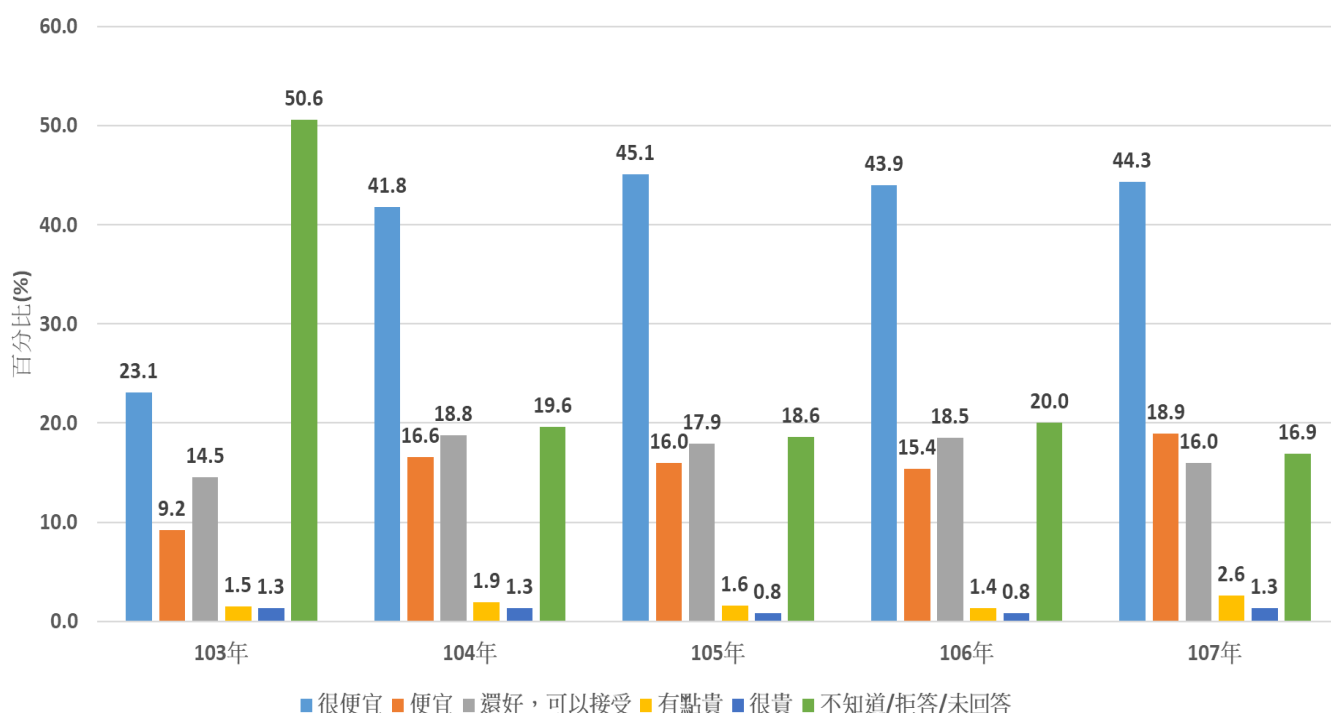


圖 65 對就醫費用的感受(門診透析)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就權益之創新模式研究，衛生福利部中央健康保險署。

除了掛號費以外，請問透析院所有沒有要您自付其他費用？

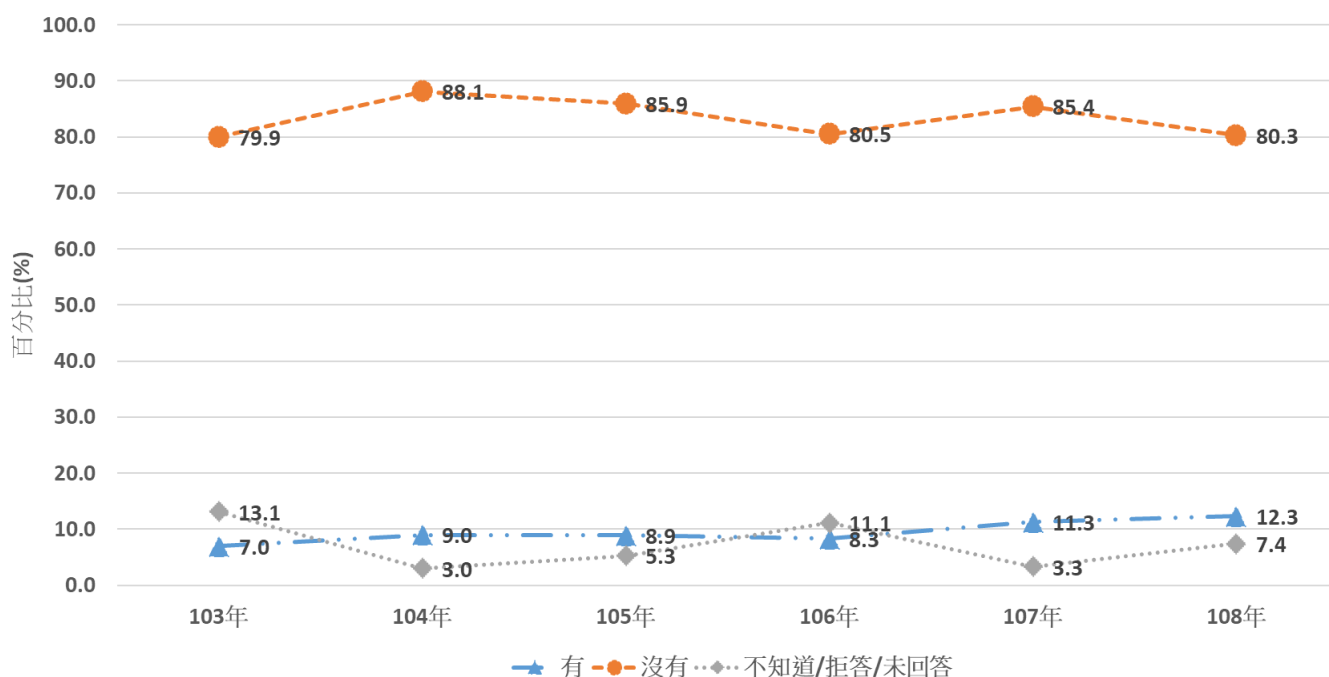


圖 66 有無自付其他費用(門診透析)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就權益之創新模式研究，衛生福利部中央健康保險署。

(3)除掛號費與部分負擔，最近一次自付多少錢？

在除掛號費與部分負擔，最近一次自付多少錢中，選擇 100 元以下從 103 年 26.9% 上升至 106 年為最高 43.1%，107 年下降為 26.9%，且 108 年為 14.4%。選擇 101 至 200 元在 104 年為最高 37.1%。選擇 501 至 1000 元從 103 年 1.6% 上升至 104 年 7.8%，而在 107 年為最高 8.9%。選擇 1001 元以上從 103 年 28.0% 下降至 105 年 10.7%，且在 108 年為最高 33.8%，選擇未回答在 103 年 7.5% 下降到 104 年 1.7%，106 年未回答為 0.0%，且在 108 年為最高 10.5%，詳見圖 67。

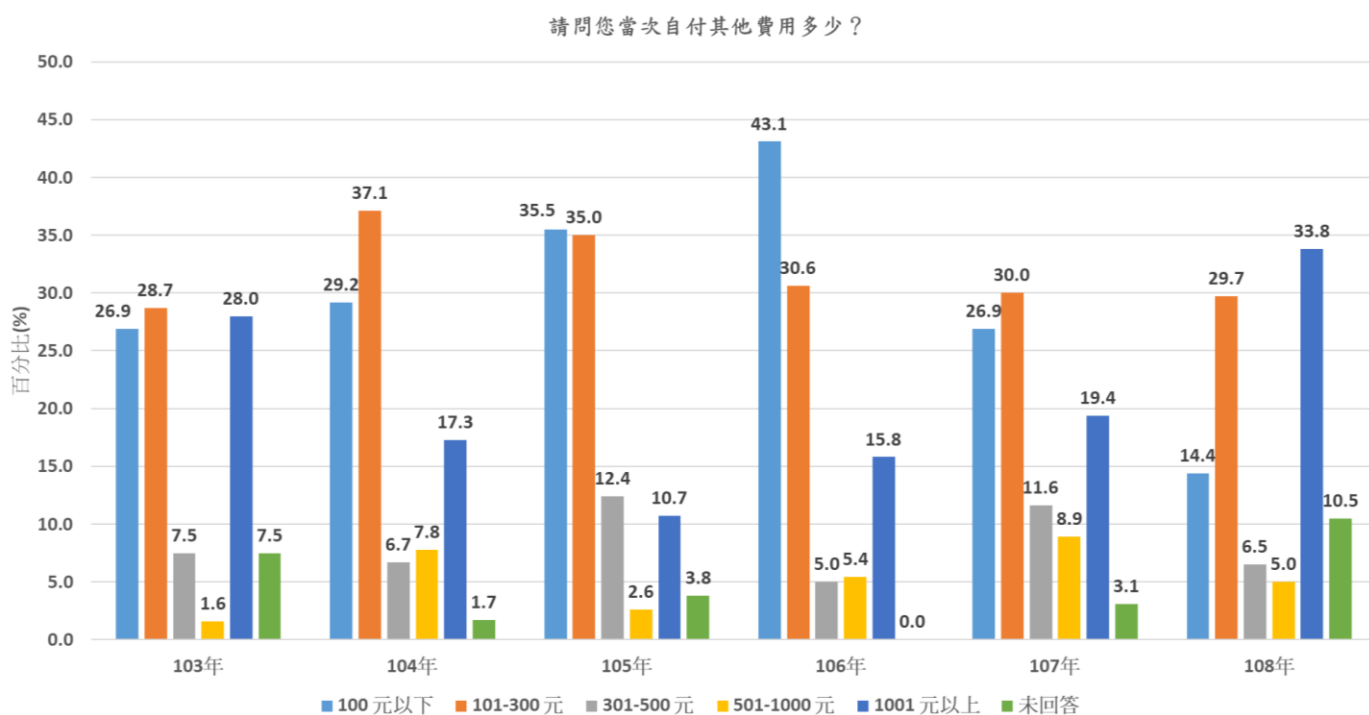


圖 67 最近一次自付多少錢(門診透析)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(4)自付其他費用(自付)前 3 名項目

從自付其他費用項目中，103 年前三名項目為營養品(37.2%)、醫療用之材料或耗材費用(24.3%)及特效藥(14.7%)，在 104 年是醫療用之材料或耗材費用(25.0%)、特效藥(22.7%)及 EPO(紅血球生成素)為 19.9%，而 105 年為營養品(28.2%)、EPO(19.0%)及特效藥(18.5%)，且 106 年為醫療用之材料或耗材費用(32.6%)、營養品(25.8%)及特效藥(22.7%)。107 年為醫療用之材料或耗材費用(35.4%)、營養品(21.5%)及降磷鈣片(18.7%)。在 108 年為特效藥(32.7%)、營養品(25.8%)及醫療用之材料或耗材費用(22.4%)，詳見表 45。

表 45 自付其他費用項目(門診透析)

項目/年份	103 年	104 年	105 年	106 年	107 年	108 年
EPO(紅血球生成素)	9.3%	19.9%	19.0%	13.3%	14.6%	20.9%
特效藥	14.7%	22.7%	18.5%	22.7%	16.4%	32.7%
醫療用之材料或耗材費用	24.3%	25.0%	20.5%	32.6%	35.4%	22.4%
營養品(非鐵劑)	37.2%	19.6%	28.2%	25.8%	21.5%	25.8%
檢查或檢驗	7.8%	11.3%	9.1%	10.8%	11.2%	14.1%
治療處置	10.8%	8.7%	11.0%	7.8%	11.9%	10.8%
診斷證明書費	11.7%	12.7%	14.8%	17.7%	16.7%	21.7%
降磷鈣片	--	13.8%	10.2%	17.5%	18.7%	12.1%
藥品	2.6%	7.9%	6.2%	3.6%	1.7%	1.4%
血液透析過濾術	2.8%	3.4%	3.3%	1.0%	0.9%	0.0%
未回答	11.1%	9.1%	4.0%	4.0%	7.0%	7.2%

註：「-」符號代表當年度無此答項。

資料來源：林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3 之 3)－運用資料治理於民眾就醫權益之創新模式研究(門診透析總額支付制度實施後醫療品質及可近性民意調查問卷)，衛生福利部中央健康保險署，數據來源自表 4-15。

(5)自付其他費用(自付)前 3 名原因

表 46 為自付其他費用原因，從 103 年前三名項目為健保不給付(60.2%)、補健保給付差額(18.4%)及沒帶卡(5.2%)，在 104 年為健保不給付(55.9%)、補健保給付差額(21.8%)及未回答(18.4%)。105 及 106 年為健保不給付、補健保給付差額及醫院建議，而 107 年為健保不給付(66.5%)、補健保給付差額(20.7%)及未回答(10.9%)。最後 108 年為醫院建議(45.3%)、健保不給付(45.2%)及補健保給付差額(38.9%)。

表 46 自付其他費用原因(門診透析)

項目/年份	103 年	104 年	105 年	106 年	107 年	108 年
健保不給付	60.2%	55.9%	58.6%	56.8%	66.5%	45.2%
補健保給付差額	18.4%	21.8%	18.2%	22.3%	20.7%	38.9%
沒帶卡(又沒有去補刷卡)	5.2%	2.3%	1.7%	2.7%	2.8%	--
換卡中(又沒有去補刷卡)	4.5%	0.7%	0.8%	0.0%	0.8%	
沒帶卡或換卡中(又沒有去補刷卡)	--	--	--	--	----	2.7%
當時沒有健保身份	2.5%	1.4%	2.4%	0.9%	2.9%	--
被健保局刪掉	2.3%	2.6%	1.8%	0.0%	0.8%	--
該診所沒有加入健保	2.5%	2.6%	1.6%	1.8%	0.0%	1.7%
醫院建議	--	--	17.7%	17.4%	6.5%	45.3%
未回答	5.0%	18.4%	7.3%	5.9%	10.9%	8.6%

註：「-」符號代表當年度無此答項。

資料來源：林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3 之 3)－運用資料治理於民眾就醫權益之創新模式研究(門診透析總額支付制度實施後醫療品質及可近性民意調查問卷)，衛生福利部中央健康保險署，數據來源自表 4-17。

(三)就醫可近性與及時性之改善措施

1.對院所的交通便利性滿意度

圖 68 為對院所的交通便利性滿意度，選擇非常滿意從 106 年 25.7% 上升至 108 年 29.7%，選擇滿意從 106 年 47.9% 上升自 107 年為 52.3%，但 108 年下降為 48.1%。選擇普通落在 13.1% 至 16.1% 之間，選擇不滿意落在 1.9% 至 3.2%。選擇非常不滿意從 106 年 0.8% 下降至 107 年 0.4%，且 108 年增加為 0.7%。最後選擇未填答從 106 年 6.2% 下降至 107 年 4.6%，而 108 年上升為 5.8%。

2.就醫單程交通時間

圖 69 為就醫單程交通時間，選擇 5 分鐘以下落在 4.3% 至 5.6%，選擇 6 至 10 分鐘則落於 12.5% 至 14.6%。選擇 11 至 20 分鐘，在 103 年為 25.7%，且最高在 105 年為 29.5%。選擇 21 至 30 分鐘從 103 年 20.0% 增加至 104 年 22.8%，105 年為 21.5%，而 107 年為 22.3%，而 108 年下降至 19.7%。選擇 31 至 60 分鐘落在 12.5% 至 17.3%。選擇 61 分鐘以上在 103 年落於 5.9% 至 15.5%，選擇未填答則從 103 年 17.3% 下降至 105 年 5.3%，而 107 年為 4.8%，在 108 年略增加為 5.2%。

您是否滿意院所的交通便利性？

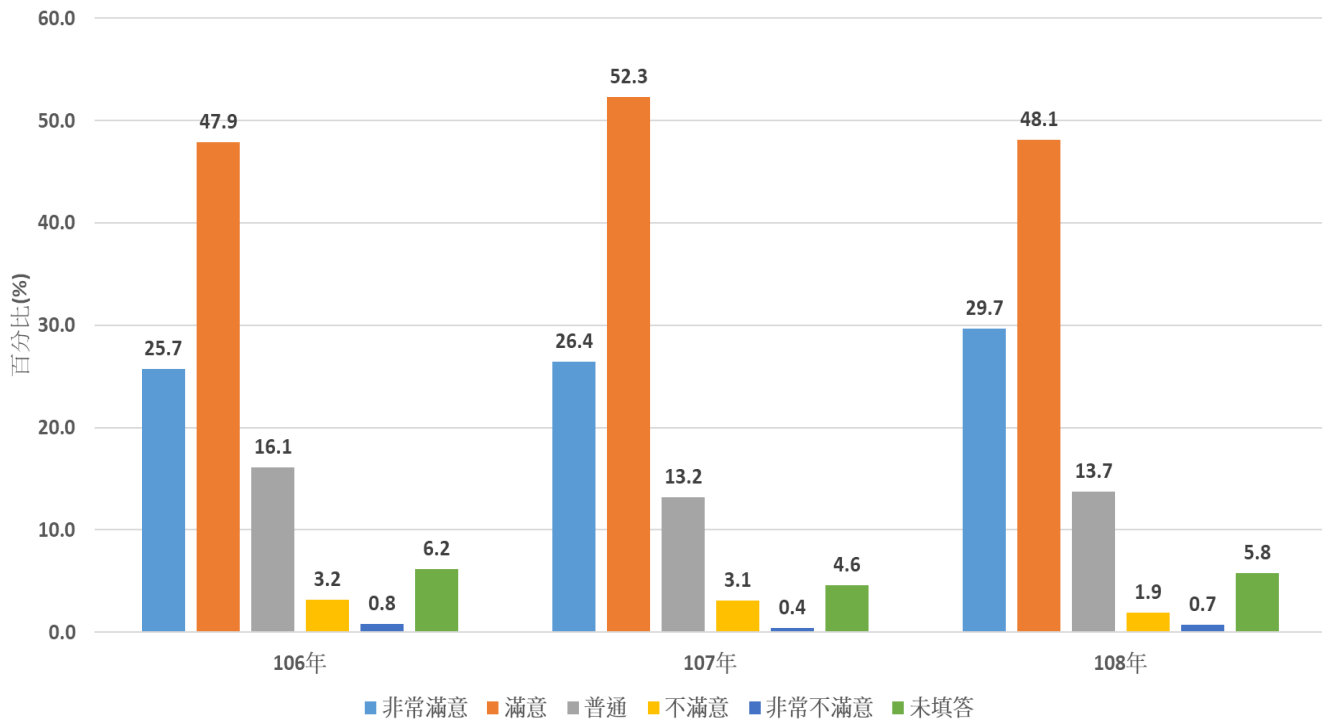


圖 68 對院所的交通便利性滿意度(門診透析)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

請問您最近一次到透析院所就醫，單程交通時間約需幾分鐘？

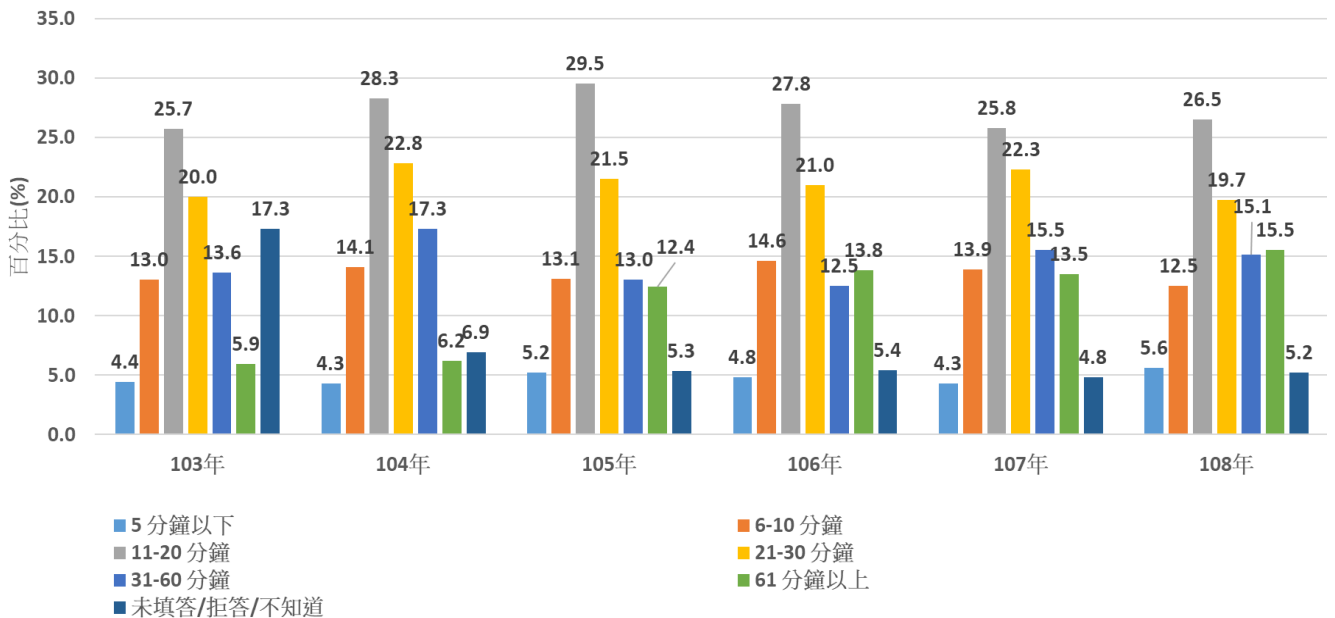


圖 69 就醫單程交通時間(門診透析)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

3.等候醫師看診時間

在等候醫師看診時間中，選擇 5 分鐘以內在 103 年為 14.8%，而 107 年為 8.5%，且 108 年略增加為 8.8%。選擇 6 至 10 分鐘從 103 年 19.5% 上升至 104 年 20.8%，105 年為 17.1%，而 106 年為 17.5%，107 年略下降為 15.9%，且 108 年上升至 16.0%。選擇 21 至 30 分鐘落在 16.9% 至 22.2%，選擇 31 至 60 分鐘從 103 年 7.4% 上升至 107 年 14.9%，而 108 年略下降為 13.0%。選擇 61 分鐘以上從 103 年 2.0% 上升至 104 年 10.9%，且 105 年略下降為 10.1%，在 108 年為 12.5%。選擇拒答或未回答或不知道從 103 年 22.9% 下降至 104 年 5.1%，在 105 年為 5.8%，而 106 年為 7.5%，107 年下降為 5.9%，且 108 年為 6.3%。有進一步分析腹膜透析，在 103 至 107 年的醫師看診時間以 21 至 30 分鐘為主，不過而 108 年變成以 61 分鐘以上為主佔 27.5%，詳見圖 70 及圖 71。

請問您最近一次到透析院所就醫，等候看診大概等多少分鐘？(血液透析)

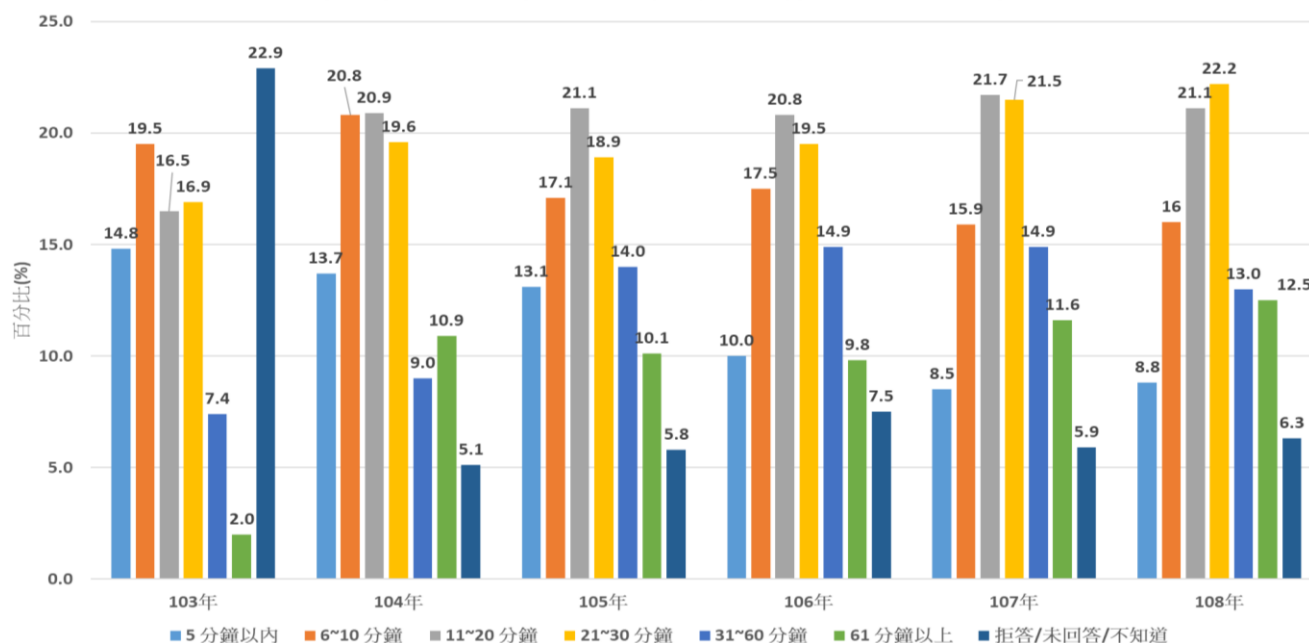


圖 70 等候醫師看診時間-血液透析(門診透析)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

請問您最近一次到透析院所就醫，等候看診大概等多少分鐘？(腹膜透析)

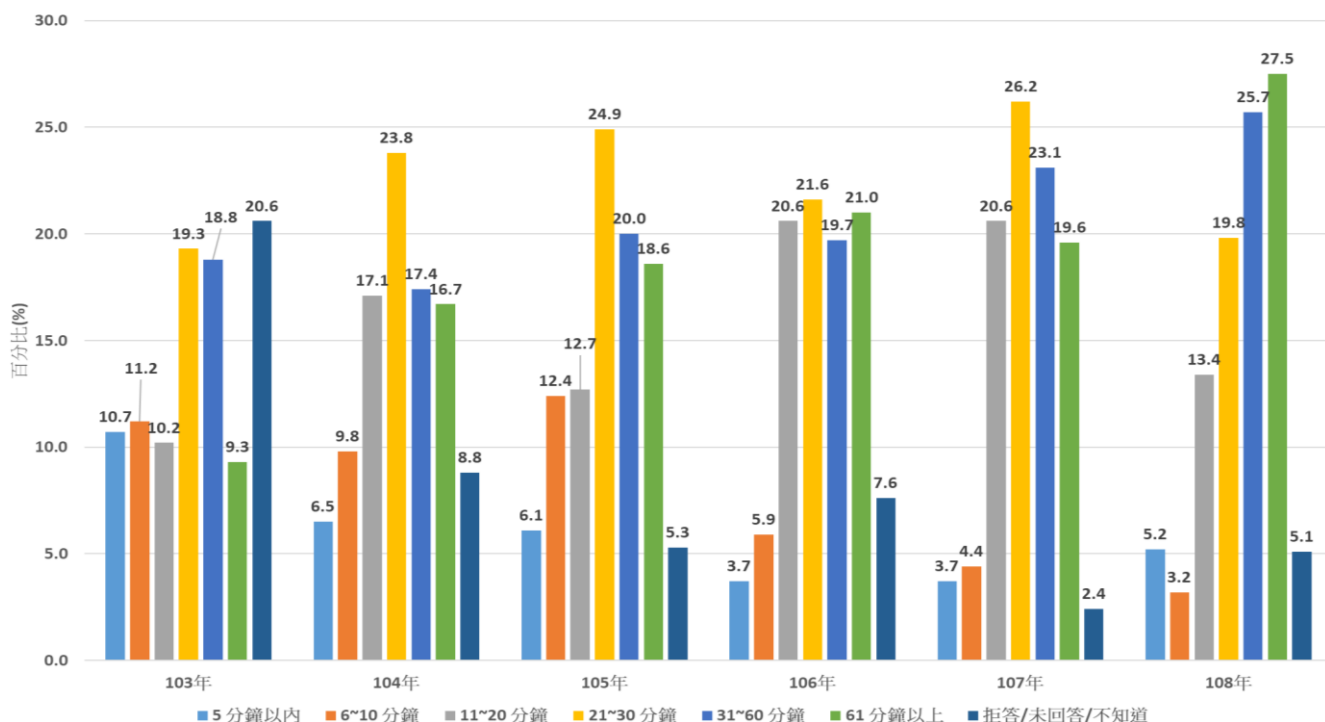


圖 71 等候醫師看診時間-腹膜透析(門診透析)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

4.醫師有無向病人說明較適合洗腎方式

圖 72 為醫師有無向病人說明較適合洗腎方式，選擇有採納醫師意見從 103 年 87.7% 下降至 104 年 80.3%，105 年為 83.6%，且 106 年增加為 86.8%，107 年略為下降為 84.3%，而 108 年增加為 86.1%。選擇有但為採納醫師意見落在 4.2% 至 8.6% 之間。選擇沒有從 103 年 2.4% 增加至 104 年 8.6%，且 107 年為 8.3%，但在 108 年略為下降為 6.1%。選擇未回答從 103 年 5.6% 下降至 105 年 3.3%，106 年略增加為 3.5%，107 年為 1.4%，且 108 年增加為 3.2%。

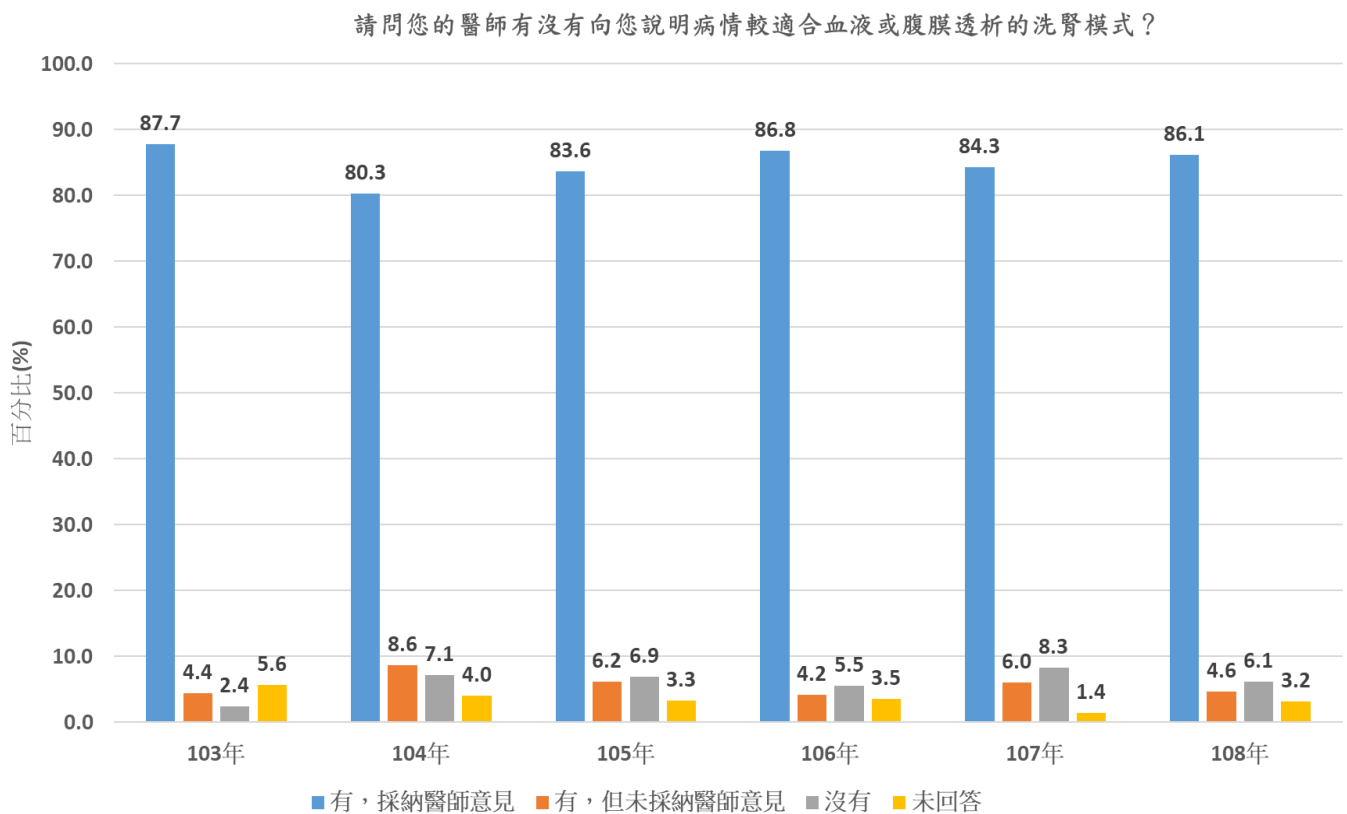


圖 72 醫師有無向病人說明較適合洗腎方式(門診透析)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3 之 3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

五、牙醫總額

(一)醫療服務品質調查結果及檢討與改善措施

1.醫療服務品質調查結果

(1)對整體醫療結果滿意度

圖 73 為對整體醫療結果滿意度，選擇非常滿意從 103 年 34.7%下降至 104 年 15.1%，105 年上升為 25.6%，在 106 年為最高 38.9%，107 年下降為 35.1%且 108 年為 28.9%。選擇滿意從 103 年 56.3%上升至 104 年 78.7%，105 年下降為 67.7%，106 年為 53.7%且 107 年增加為 58.1%，在 108 年為 65.1%。選擇普通落在 1.7%至 5.7%之間。選擇不滿意落在 1.5%至 3.3%之間，選擇非常不滿意在 103 及 104 年為 0.4%，且在 106 年為最高 1.6%，選擇不知道或拒答落在 0.6%至 1.7%之間。

(2)醫護人員有無進行衛教指導

在醫護人員有無進行衛教指導中，發現選擇每次都有落在 25.4%至 34.4%之間，且在 107 年為最高 34.4%。選擇大部分時候有在 103 年為 20.5%，104 年為 22.3%且 105 年略下降為 21.9%，106 年為最低 19.8%，而 107 年 108 年為 22.3%。選擇有時候有從 103 年 29.1%下降至 107 年 14.8%，在 108 年略上升為 17.4%，選擇從來沒有自 103 年 23.7%上升至 104 年 25.5%，105 年略下降為 23.2%，106 年上升為 24.3%，且 108 年為最高 30.6%，詳見圖 74。

整體而言，請問您對那家牙醫門診有關牙醫的醫療結果滿不滿意？

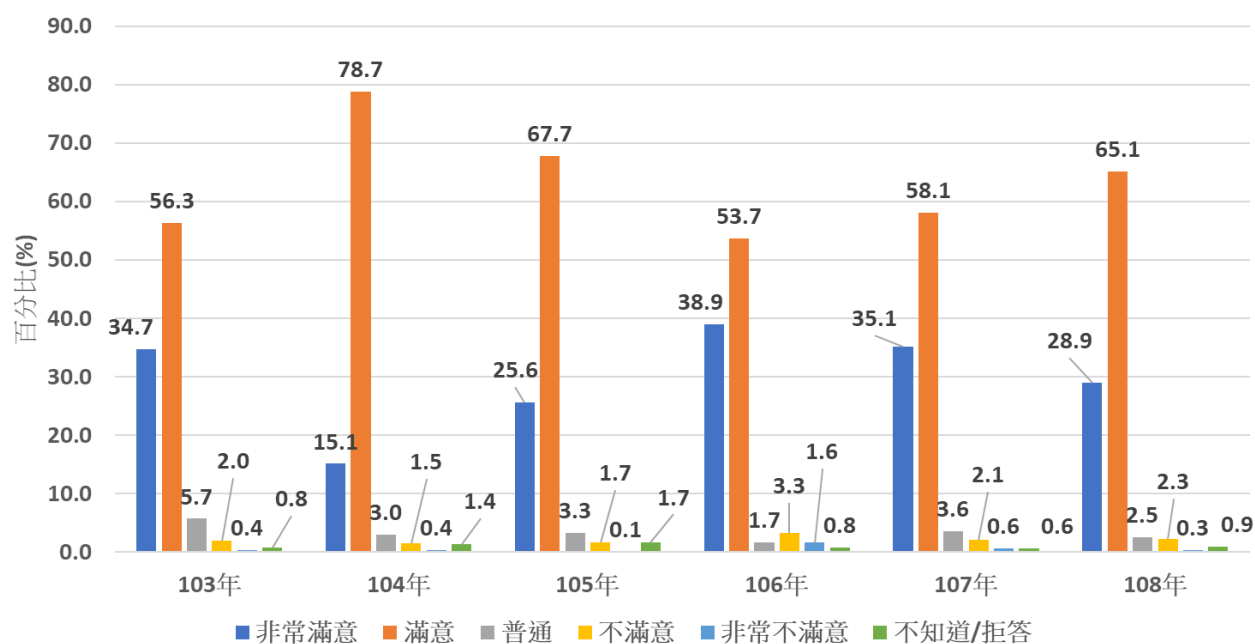


圖 73 對整體醫療結果滿意度(牙醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

請問那家牙醫院所的醫護人員有沒有為您進行衛生教育指導？

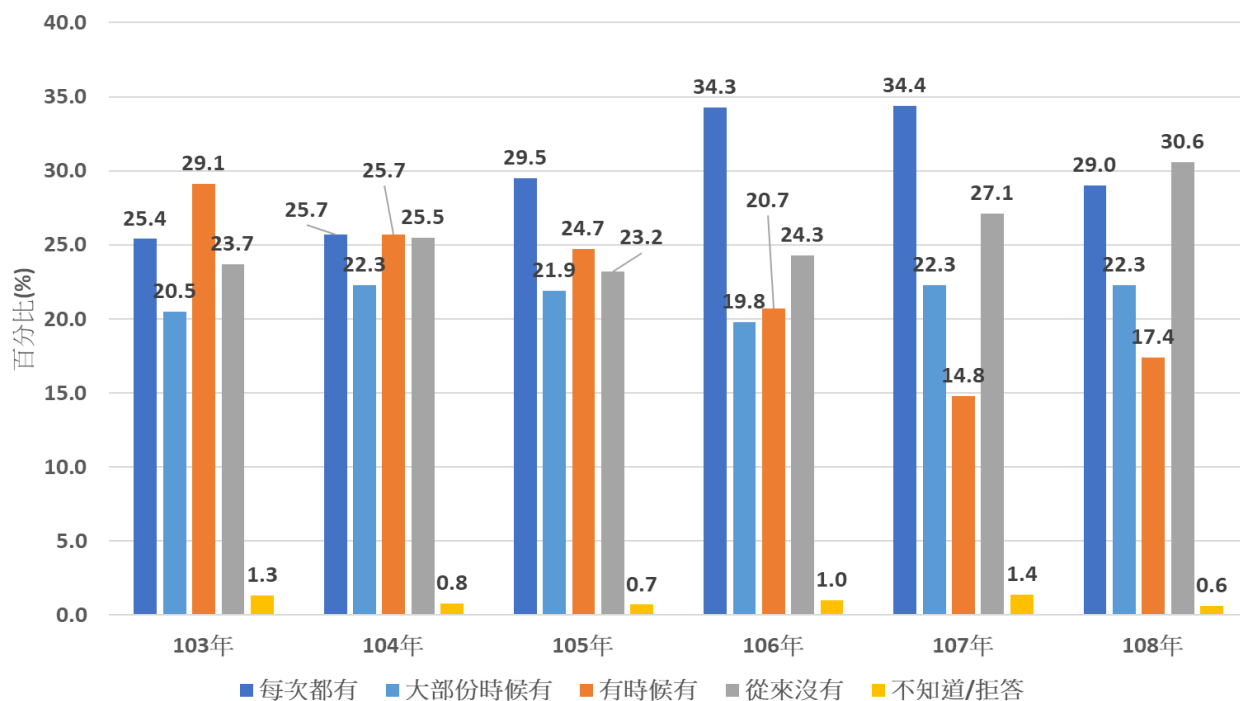


圖 74 醫護人員有無進行衛教指導(牙醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(3)醫護人員有無以簡單易懂的方式解說病情與照護方法

圖 75 為醫護人員有無以簡單易懂的方式解說病情與照護方法，選擇每次都有從 103 年 32.2% 上升至 106 年 61.1%，但 107 年略為下降至 54.0% 且 108 年為 50.8%。選擇大部分時候呈現穩定落在 19.6% 至 24.3%，選擇有時候從 103 年 21.4% 下降至 106 年 9.0%，107 年為 11.1% 且 108 年為 15.3%。選擇從來沒有從 103 年 21.5% 下降至 106 年 9.4%，107 年為 12.7% 及 108 年為 12.3%。選擇不知道或拒答從 103 年 2.4% 下降至 105 年 1.1%，107 年為 1.0% 且 108 年為 0.6%。

(4)會跟醫師討論照護或治療方式的比例

圖 76 為會跟醫師討論照護或治療方式的比例，選擇每次都有呈現逐年成長趨勢，從 103 年 38.7% 上升至 108 年 63.4%，且在 108 年為最高 63.4%。選擇大部分時候有從 103 年 25.5% 下降至 105 年 22.1%，在 107 年略增加為 23.6% 且 108 年下降為 20.3%。選擇從來沒有落在 5.5% 至 17.3% 之間。選擇不知道或拒答從 103 年 0.4% 下降至 105 年 0.2%，106 年為 0.3% 且 107 年增加為 0.9%，在 108 年下降為 0.2%。

過去一年內，那家牙醫院所醫護人員，是否常用您簡單易懂的方式來向您解說病情與照護方法？

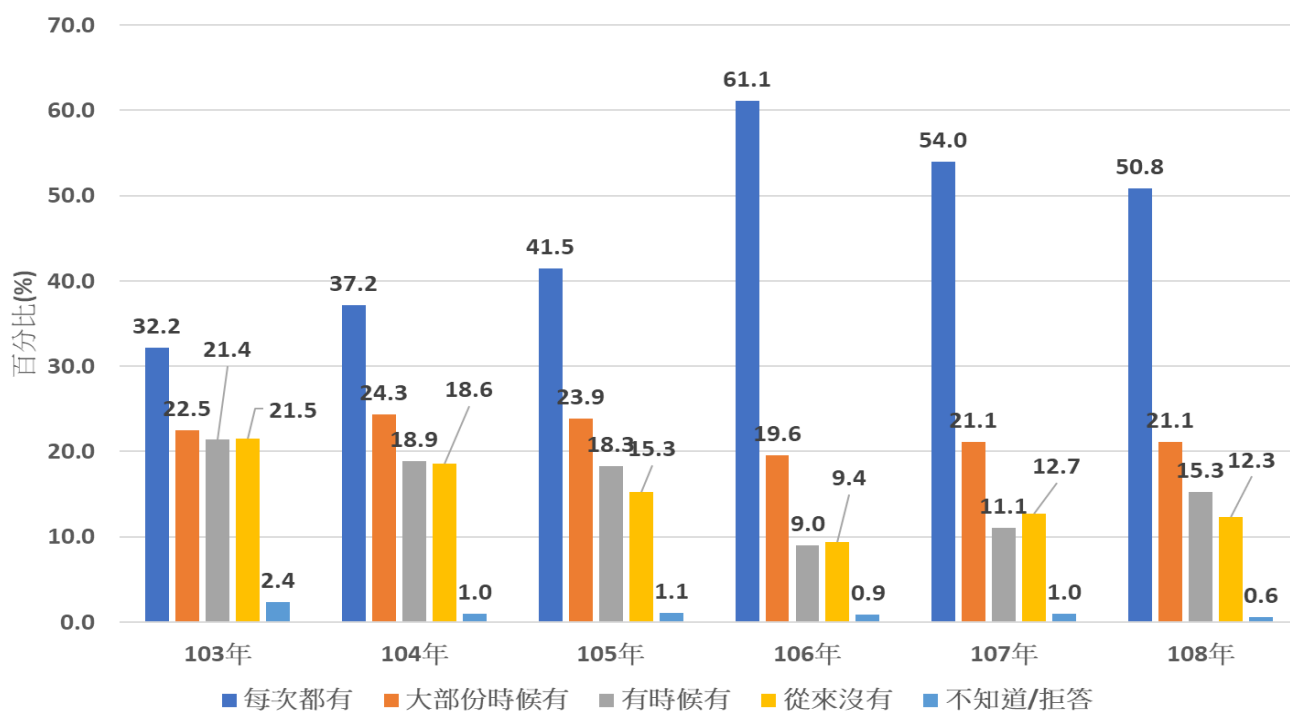


圖 75 醫護人員有無以簡單易懂的方式解說病情與照護方法(牙醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

就診時是否會跟牙醫師討論照護或治療方式？

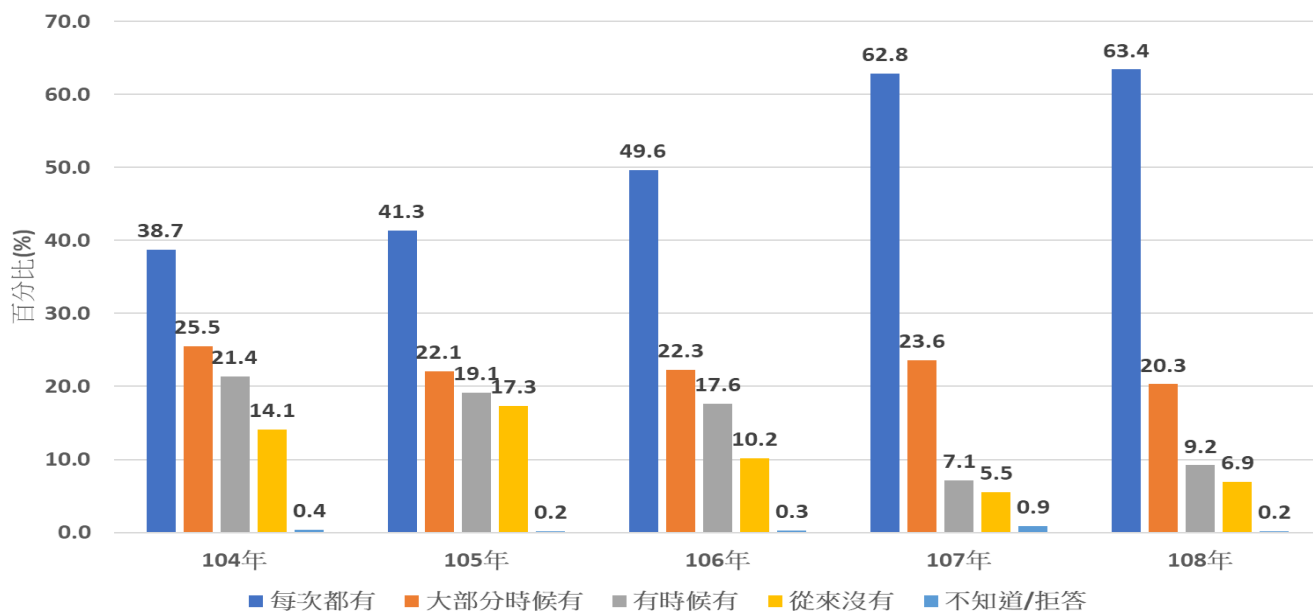


圖 76 會跟醫師討論照護或治療方式的比例(牙醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(二)民眾自費情形及改善措施

1.自費情形

(1)除掛號費與部分負擔，有無自付其他費用

在除掛號費與部分負擔，有無自付其他費用中，選擇沒有自 103 年從 103 年 91.6%下降至 106 年 86.7%，而在 108 年為 80.6%。選擇有從 103 年 7.1%增加至 106 年 13.1%，107 年下降為 11.1%，在 108 年增加為 18.9%。選擇不知道或拒答落在 0.2%至 1.3%之間，詳見圖 77。

(2)除掛號費與部分負擔，最近一次看診自付多少錢？

圖 78 為除掛號費與部分負擔，最近一次看診自付多少錢，選擇 10,000 元以下在 103 年為 56.2%，在 105 年為 65.7%，而 108 年下降為 49.8%。選擇 10,001 元以上從 103 年 36.7%上升至 104 年 38.2%，105 年下降為 25.8%，且 108 年為 48.0%。選擇不知道或拒答從 103 年 7.1%上升至 104 年 12.6%，105 年下降為 8.4%且 108 年為 2.1%。

除了掛號費和部分負擔外，請問那家牙醫院所有沒有要您自付其他費用？

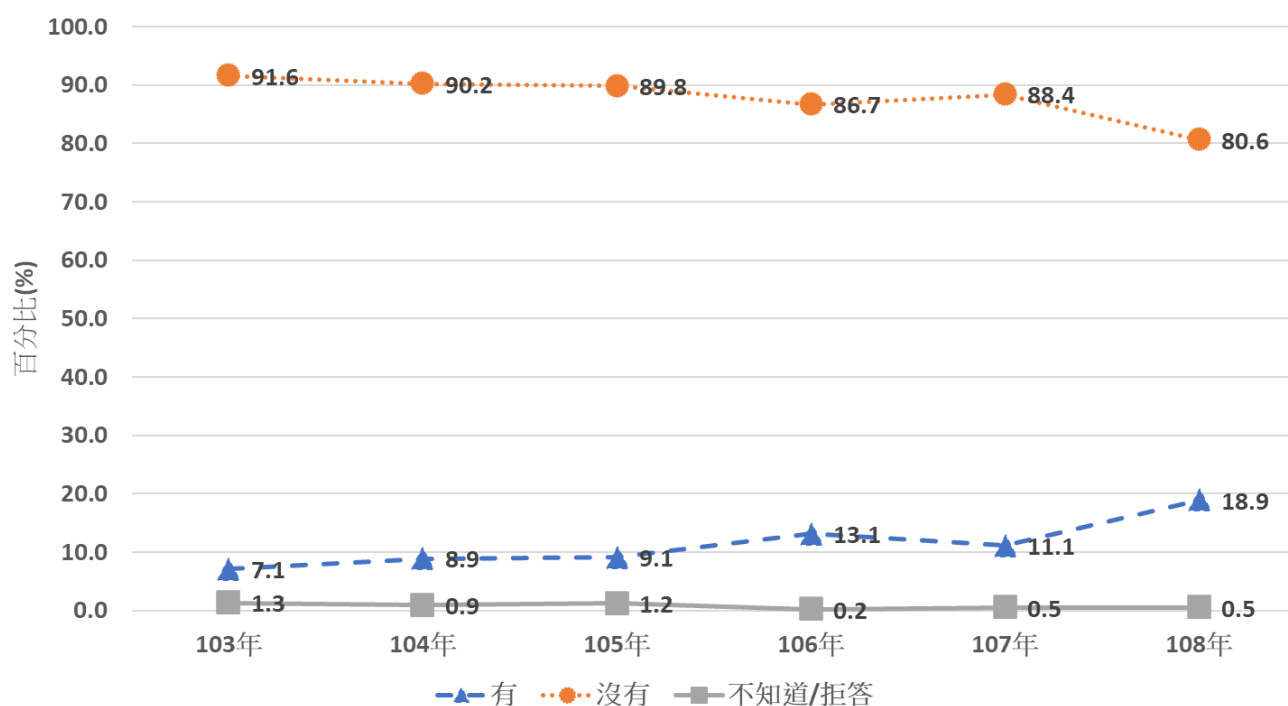


圖 77 有無自付其他費用(牙醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

請問您當次自費多少其他費用？

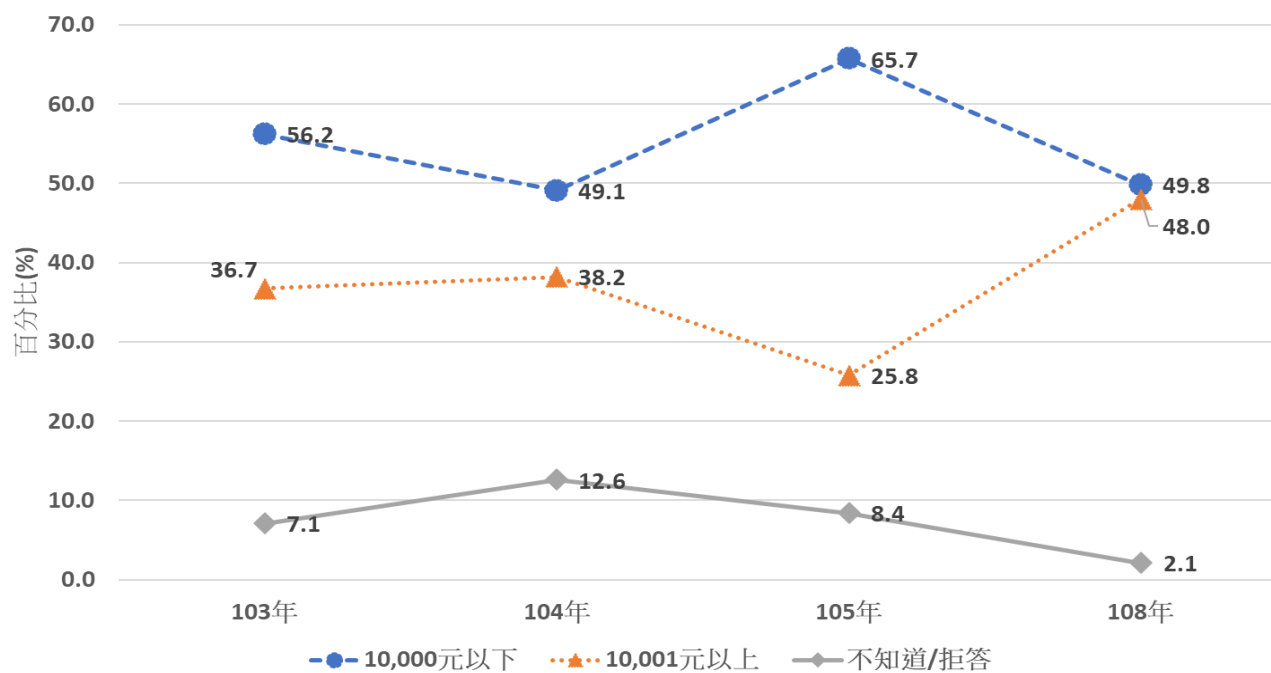


圖 78 最近一次看診自付多少錢(牙醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(3)自付其他費用(自付)前 3 名項目

表 47 為自付其他費用項目，自 103 年前三名自付費項目為裝置假牙(40.3%)、牙齒矯正(26.9%)及植牙(15.8%)，在 104 年為裝置假牙(43.7%)、牙齒矯正(23.6%)及植牙(10.5%)，且 105 至 108 年都是以裝置假牙、牙齒矯正及植牙為前三名項目。

表 47 自付其他費用項目(牙醫)

項目/年份	103 年	104 年	105 年	106 年	107 年	108 年
裝置假牙	40.3%	43.7%	40.7%	37.7%	42.2%	39.0%
牙齒矯正	26.9%	23.6%	24.9%	16.6%	14.0%	20.3%
植牙	15.8%	10.5%	9.3%	13.3%	16.8%	19.2%
打針	--	0.9%	--	2.2%	1.4%	0.5%
牙體復形(補牙)	11.9%	4.4%	8.2%	8.2%	5.7%	5.0%
藥品	4.4%	6.3%	1.5%	1.0%	2.8%	6.9%
檢查或檢驗	--	2.6%	2.4%	3.1%	1.0%	0.6%
醫療用之材料或耗材費用	3.3%	5.6%	4.7%	3.6%	8.7%	1.6%
根管治療	2.8%	6.9%	1.7%	4.8%	11.0%	3.5%
牙周病治療	1.6%	4.5%	2.1%	1.6%	0.7%	1.5%
連續拔牙	1.3%	--	0.9%	0.4%	1.5%	0.8%
口腔外科手術(含拔牙)	1.2%	0.4%	0.4%	2.9%	1.6%	2.1%
塗氟	--	--	5.5%	3.8%	2.7%	3.4%
其他	2.0%	--	0.8%	--	8.3%	1.9%
不知道	--	2.1%	3.4%	1.6%	0.2%	3.6%

註：「-」符號代表當年度無此答項。

資料來源：本表參閱林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3 之 3)－運用資料治理於民眾就醫權益之創新模式研究(牙醫總額民意調查)，衛生福利部中央健康保險署，數據來源自表 4-15。

(4)自付其他費用(自付)前 3 項原因

表 48 為自付其他費用原因，從 103 年前三名自付費用的原因為健保不給付(75.6%)、不知道(17.8%)及該醫院或診所未加入健保(3.1%)，且 104 年為健保不給付(85.0%)、不知道(15.9%)及補健保給付差額(3.6%)，105 年為健保不給付(79.6%)、不知道(16.1%)及醫院建議(3.5%)。而 106 年為健保不給付(81.5%)、不知道(11.3%)及同意使用較好的藥或特材而補付差額或自付全額(10.1%)，在 107 年為健保不給付(76.3%)、醫院建議(9.3%)及不知道(8.8%)，最後 108 年因有新增醫院建議選項則以醫院建議(62.9%)居多、第二為健保不給付(45.1%)及第三是自己要求(32.9%)。

表 48 自付其他費用原因(牙醫)

項目/年份	103 年	104 年	105 年	106 年	107 年	108 年
健保不給付	75.6%	85.0%	79.6%	81.5%	76.3%	45.1%
該醫院或診所未加入健保	3.1%	--	--	--		
補健保給付差額	2.7%	3.6%	2.3%	--	8.6%	1.7%
沒帶卡(又沒有去補刷卡)	0.7%		1.0%	--	--	--
當時沒有健保身份	0.5%	--	--	--	--	--
同意使用較好的藥或特材而補付差額或自付全額	--	--	0.8%	10.1%	7.4%	3.6%
自己要求	--	--	--	--	--	32.9%
醫院建議	--	--	3.5%	5.1%	9.3%	62.9%
不知道	17.8%	15.9%	16.1%	11.3%	8.8%	2.3%

註：「-」符號代表當年度無此答項。

資料來源：林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3 之 3)－運用資料治理於民眾就醫權益之創新模式研究(牙醫總額民意調查)，衛生福利部中央健康保險署，數據來源自表 4-17。

(5)對院所自費金額的感受

圖 79 為對院所自費金額的感受，選擇非常貴呈現逐年下降趨勢，自 106 年 26.4%下降至 108 年 10.9%。選擇貴從 106 年 22.5%上升至 108 年 35.9%，選擇便宜從 106 年 16.1%下降至 107 年 8.8%，且 108 年上升為 15.6%。選擇不知道在 106 及 107 年為 0.0%，在 108 年為 0.3%。

(6)因就醫費用過高而不就診

圖 80 為因就醫費用過高而不就診，選擇是在 104 年 5.1%，105 年為 15.2% 且 106 年增加為 18.2%，在 107 年為 16.9%及 108 年下降為 15.6%。選擇否從 103 年 94.6%下降至 107 年 79.6%，而 108 年略增加為 82.5%，選擇沒考慮過維持在 0.3%至 3.4%，且 107 年為最高 3.4%，選擇拒答則落在 0.0%至 0.9%之間。

您覺得院所自費金額是否適當？

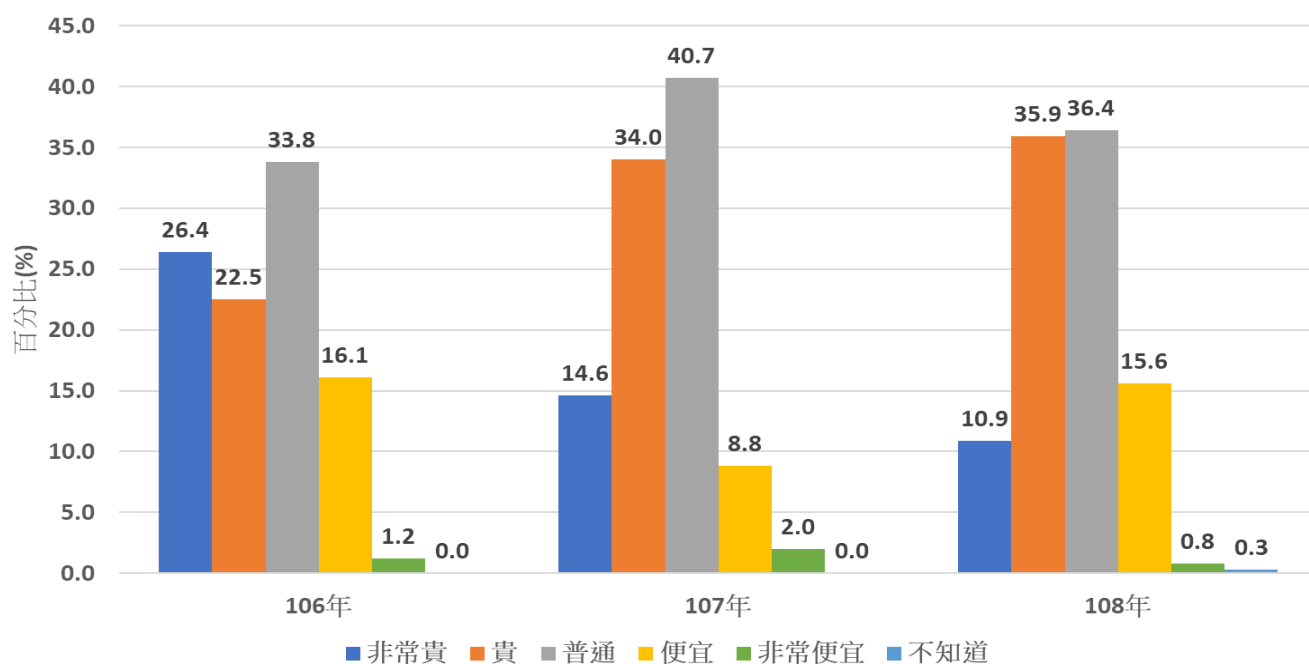


圖 79 對院所自費金額的感受(牙醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

請問您是否會因為就醫費用過高而不就診？

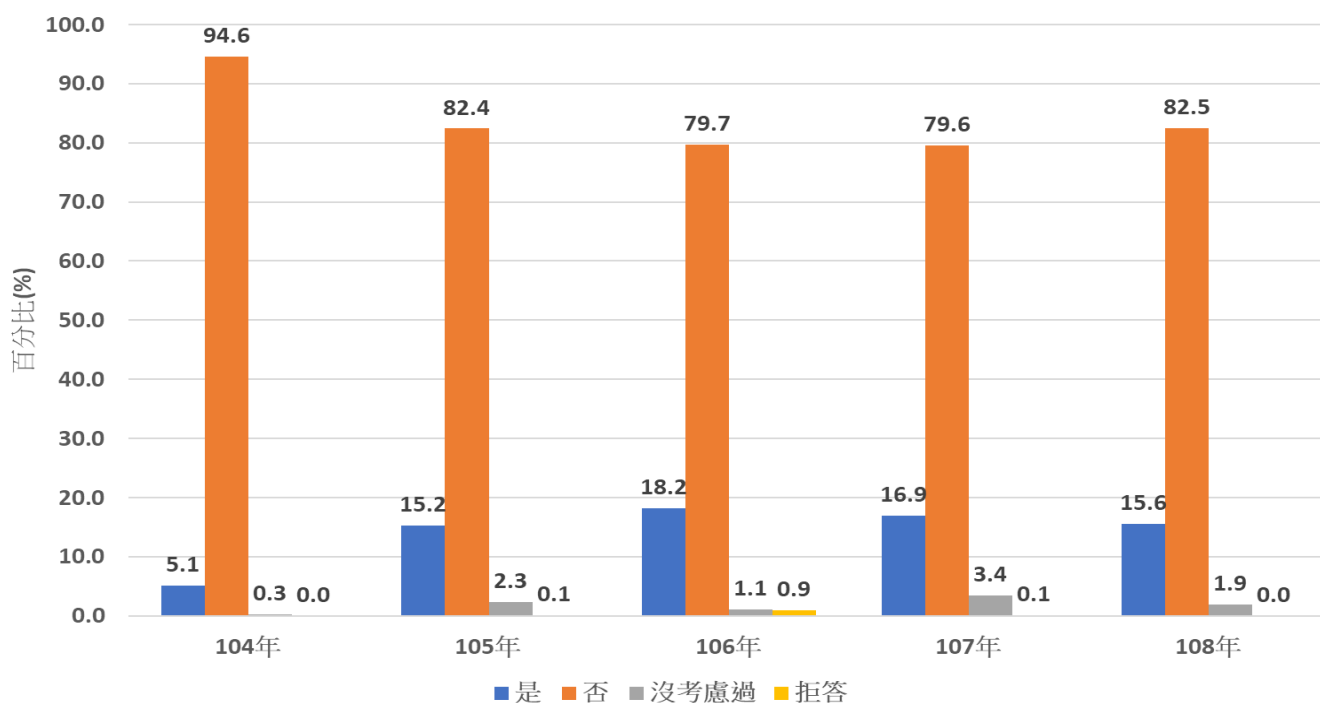


圖 80 因就醫費用過高而不就診(牙醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(7)因就醫費用過高而不作檢查、治療或追蹤

圖 81 為因就醫費用過高而不作檢查、治療或追蹤，選擇是在 104 年 5.5%，105 及 106 年為最高 14.8%。選擇否從 103 年 93.8%下降至 105 年 82.9%，106 年為 83.0%且 107 年為 84.1%，在 108 年略為增加至 84.9%。

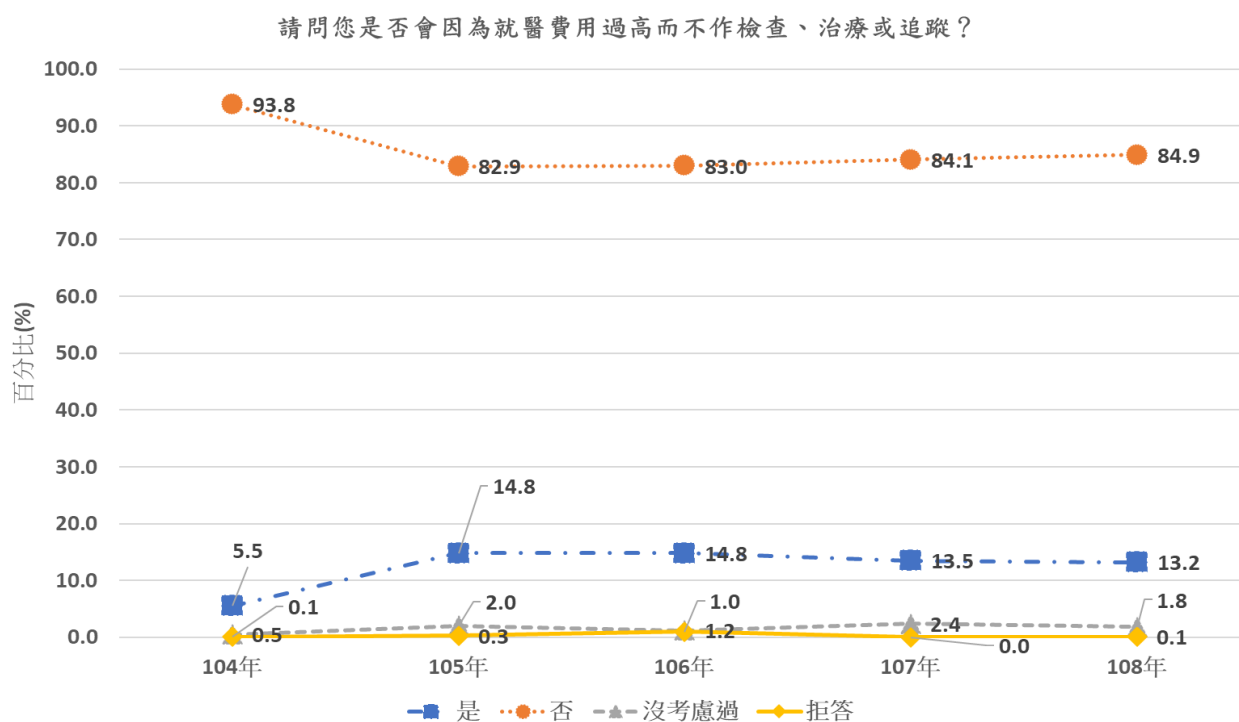


圖 81 因就醫費用過高而不作檢查、治療或追蹤(牙醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(三)就醫可近性與及時性之改善措施

1.就醫可近性與及時性情形

(1)對看到(或預約)醫師的容易度

從圖 82 對看到(或預約)醫師的容易度，可以得知選擇非常容易，從 103 年 21.3%下降至 104 年 10.5%，且 108 年為最低 10.2%。選擇容易從 103 年 44.0%上升至 104 年 64.3%，105 年為 59.8%，且 106 年下降至 46.8%，107 年為 51.5%及 108 年為 56.9%。選擇普通從 103 年 7.4%下降至 105 年 3.6%，而 106 年增加為 4.2%及 107 年 8.2%，而 108 年下降至 2.9%。選擇不容易從 103 年 18.6%下降至 104 年 16.3%，且在 106 年為最高 24.0%。選擇非常不容易從 103 年 7.3%下降至 104 年 3.2%，而 106 年增加為 7.4%及 107 年為 7.0%，在 108 年略下降為 6.1%，選擇不知道或拒答呈現穩定趨勢，落在 0.6%至 2.0%之間。

(2)不容易看到醫師的前 3 項原因

在不容易看到醫師的原因中，自 103 至 108 年的前三名以牙醫師病人很多，不易掛號、預約掛號額滿及配合不到牙醫師看診時段，為前三名不容易看到牙醫師的原因，詳見表 49。

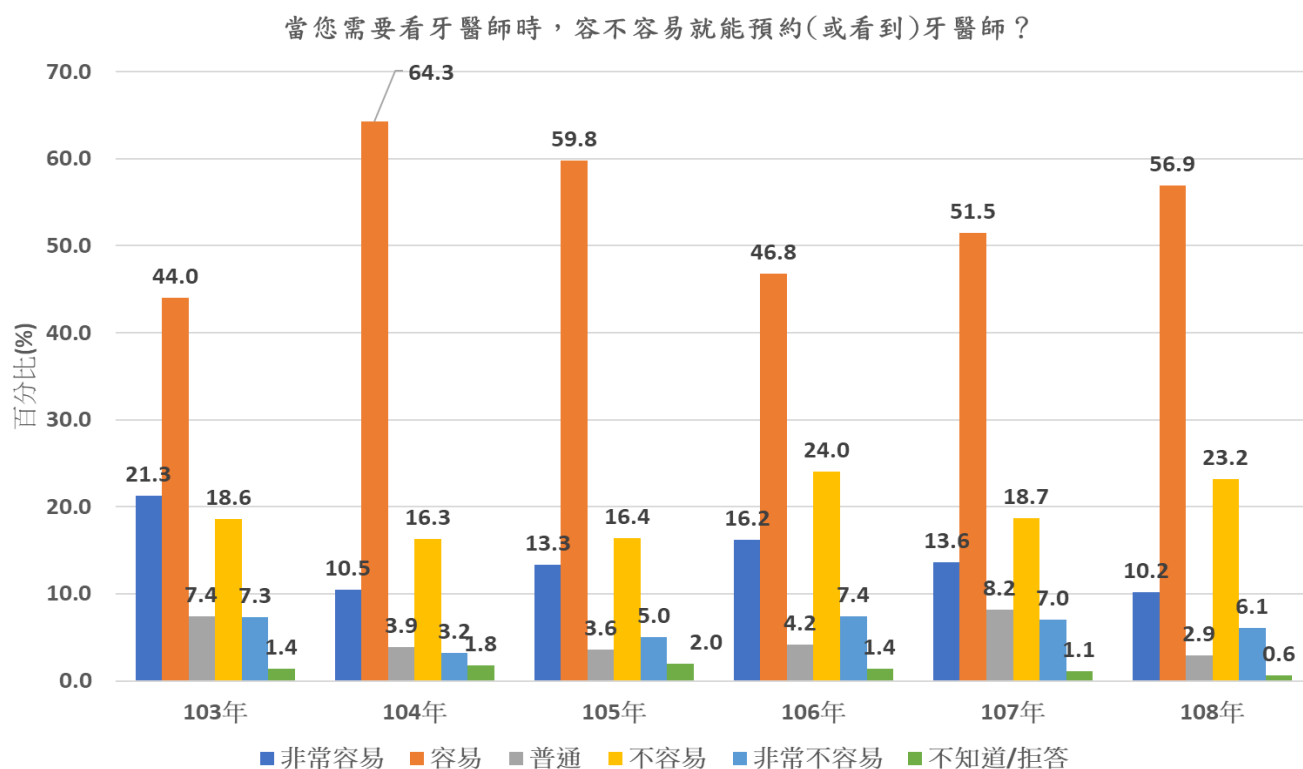


圖 82 對看到(或預約)醫師的容易度(牙醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

表 49 不容易看到醫師原因(牙醫)

項目/年份	103 年	104 年	105 年	106 年	107 年	108 年
牙醫師病人很多，不易掛號	61.9%	77.8%	67.1%	64.0%	68.0%	64.1%
預約掛號額滿	24.1%	25.8%	26.9%	41.4%	25.6%	41.8%
配合不到牙醫師看診時段	12.6%	5.2%	13.6%	14.2%	18.2%	8.4%
牙醫師看診時間較長，每診次能掛號的人數有限	5.1%	5.1%	3.5%	4.7%	3.8%	3.4%
需指定特定醫師(信任醫師或特殊專長)	4.5%	2.5%	3.7%	4.9%	6.1%	3.6%
居住所在區域牙醫診所較少	2.1%	1.9%	0.7%	1.7%	2.5%	0.2%
不知道/拒答	1.6%	0.6%	3.0%	0.7%	1.9%	3.0%

註：「-」符號代表當年度無此答項。

資料來源：林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究(牙醫總額民意調查)，衛生福利部中央健康保險署，數據來源自表 4-5。

(3)對院所的交通便利性的滿意度

圖 83 為對院所的交通便利性的滿意度，選擇非常滿意從 106 年呈現下降趨勢，從 106 年 33.6%下降至 108 年 24.9%，選擇滿意呈現穩定成長，從 106 年 58.5%上升至 108 年 67.6%，選擇普通從 106 年 1.4%增加至 107 年 4.5%，在 108 年略下降為 2.1%。選擇不滿意從 106 年 5.3%下降至 107 年 2.3%，且 108 年增加為 4.5%。選擇非常不滿意穩定維持在 0.4%至 0.5%之間，選擇不知道或拒答維持落在 0.5%至 0.9%。

(4)因就醫交通時間過長而不就診的比率

圖 84 為因就醫交通時間過長而不就診的比率，選擇是落在 11.2%至 28.7%之間，且在 106 年為最高 28.7%。選擇否的從 104 年 88.1%下降至 106 年 69.5%，107 年為 76.1%及 108 年為 77.8%。選擇沒考慮過則落在 0.5%至 1.4%之間，選擇拒答落在 0.0%至 0.3%。

您是否滿意院所的交通便利性？

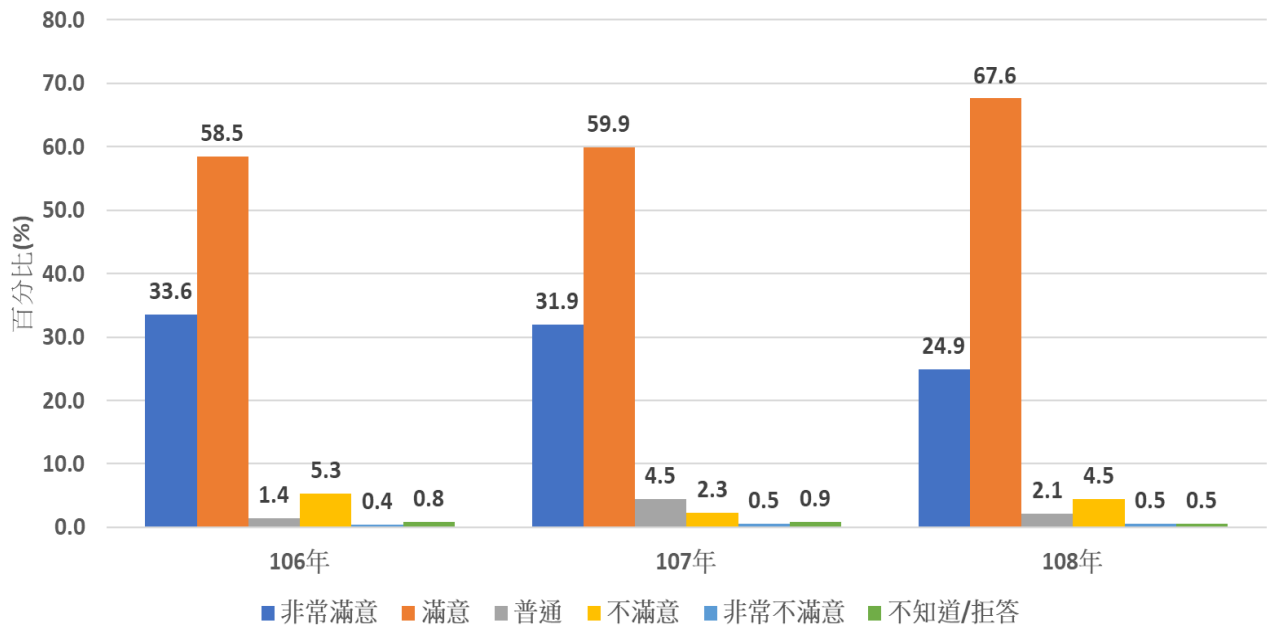


圖 83 對院所的交通便利性的滿意度(牙醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

請問您是否曾經因為就醫所需交通時間過長而不就診？

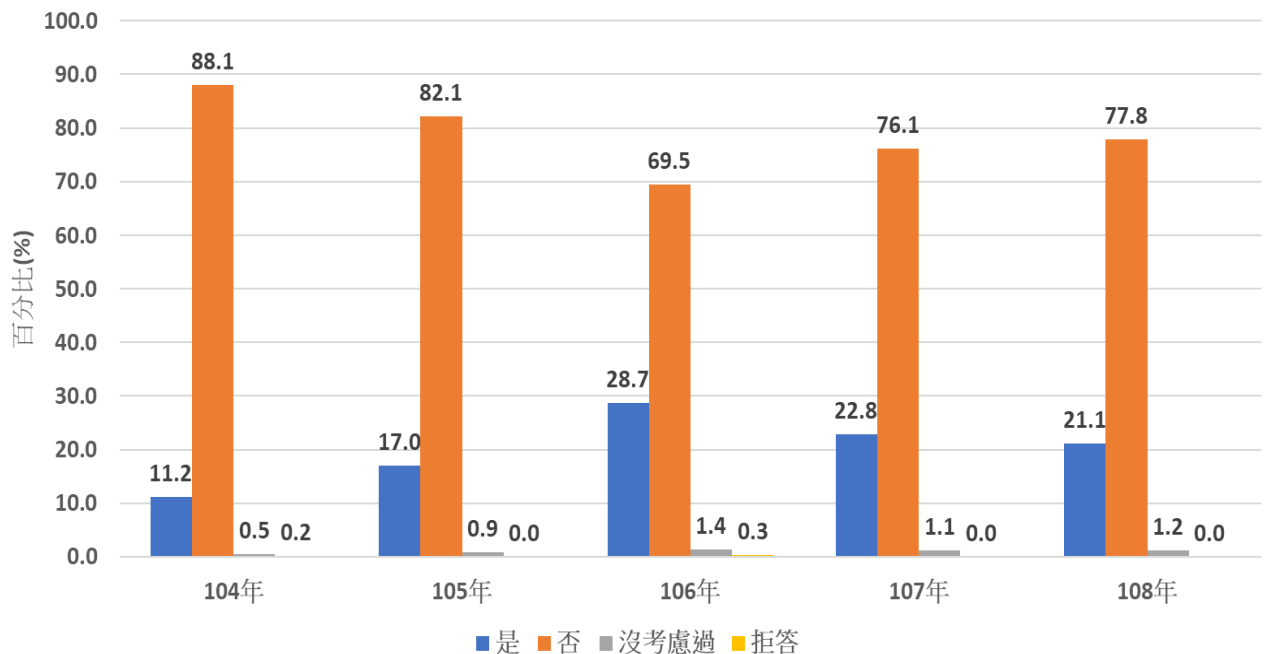


圖 84 因就醫交通時間過長而不就診的比率(牙醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(5)曾經在假日有緊急需求求診的比率

在曾經在假日有緊急需求求診的比率，發現選擇沒有從 103 年 54.9% 上升至 104 年 64.9%，不過在 105 年下降為 60.6%，且 108 年為最高 80.6%。選擇有從 103 年 44.2% 下降至 104 年 34.5%，在 105 年略上升為 39.1%，而 108 年為最低 19.1%。選擇不知道逐年穩定維持在 0.2% 至 1.0%，詳見圖 85。

(5.1)無法在當地找到其他就醫診所的比率

圖 86 為無法在當地找到其他就醫診所的比率，發現選擇是的從 104 年 63.7% 上升至 104 年 73.7%，106 年為 56.0%，而 107 年為 64.0% 及 108 年為 47.8%。選擇否的在 104 年 36.3%，而 105 年為最低 26.3%，107 年為 36.0% 及 108 年為 52.2%。

請問您是否曾經在假日要看牙科的需求？

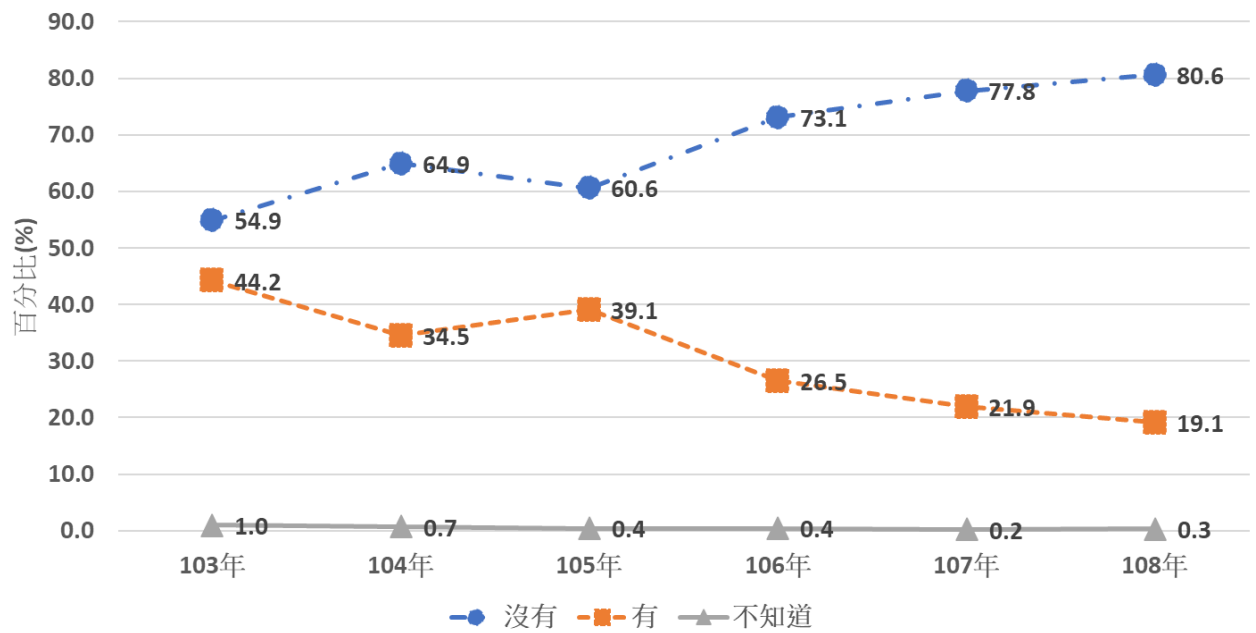


圖 85 曾經在假日有緊急需求求診的比率(牙醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

您是否能在當地找到其他就醫的醫療院所？

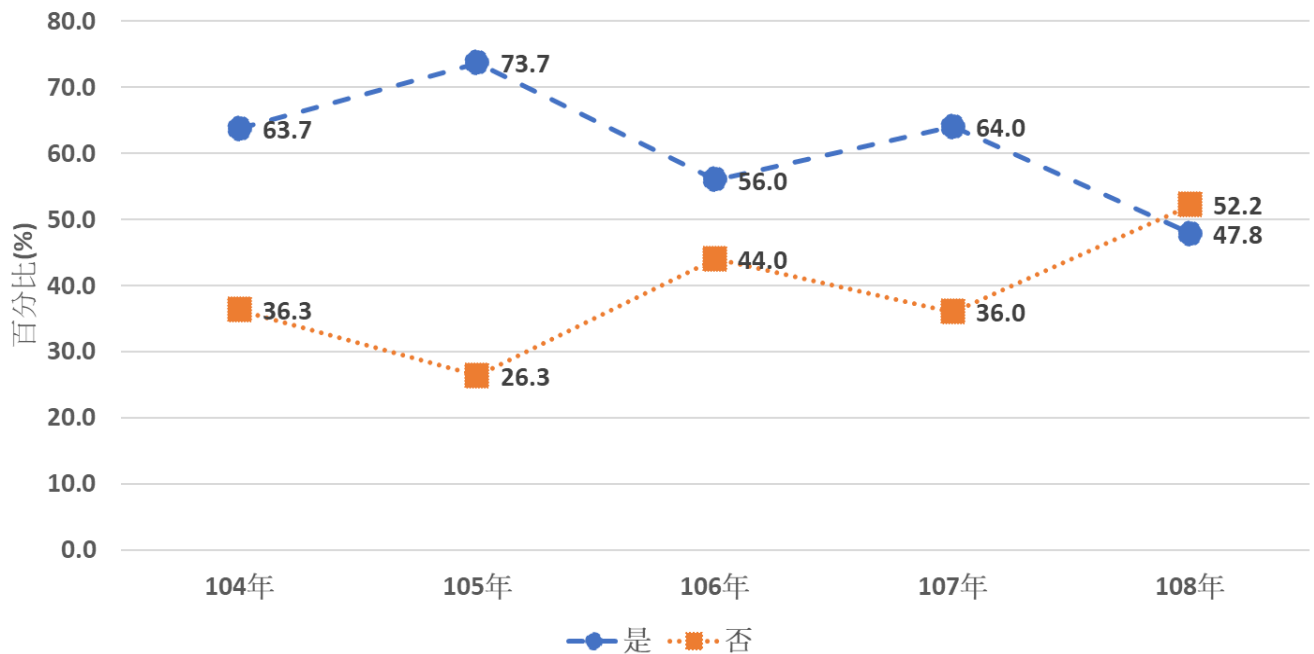


圖 86 是否在當地找到其他就醫診所的比率(牙醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3之3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(5.2) 是否在當地找到其他就醫診所而感到不便的比率

圖 87 為無法在當地找到其他就醫診所而感到不便的比率，選擇是造成就診的不方便落在 35.9% 至 67.9% 之間。選擇有點不方便落在 19.3% 至 46.6% 之間，且在 107 年為最低 19.3%，選擇不會造成就診的不方便及沒關係，從 103 年 31.3% 下降至 104 年 17.4%，而 107 年為 14.2%，在 108 年增加為 18.1%。選擇不知道或拒答落在 0.0% 至 0.9% 之間。

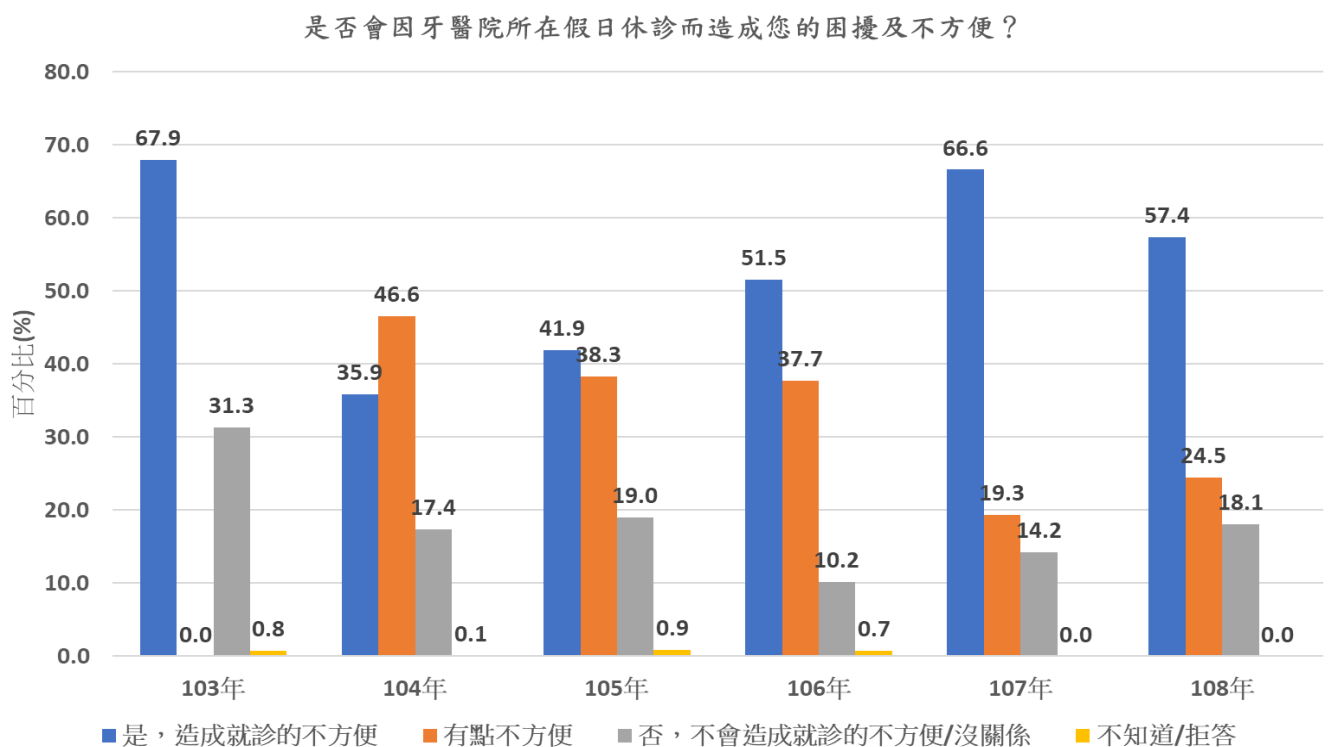


圖 87 是否在當地找到其他就醫診所而感到不便的比率(牙醫)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3 之 3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

六、全民健保民意調查(整體性)

因維護就醫權益只有在各總額部門做評核，所以在全民健保民意調查部分，會依據歷年 103 至 108 年皆有出現之題目，篩選過後共有五項題目，會電話訪問之數據呈現趨勢分析。

(一)對整體醫療結果滿意度

圖 88 為對整體醫療結果滿意度，選擇非常滿意從 103 年落在 9.4% 至 23.1%，且在 108 年為最高 23.1%。選擇滿意從 103 年 39.2% 上升至 105 年 63.3%，而 108 年下降為 61.0%。選擇尚可落在 4.6% 至 29.9% 之間，選擇不滿意呈現逐年下降，從 103 年 11.6% 下降至 108 年 6.5%。選擇非常不滿意從 103 年 5.3% 下降至 108 年 1.5%，選擇不知道或拒答落在 2.3% 至 4.9% 之間。

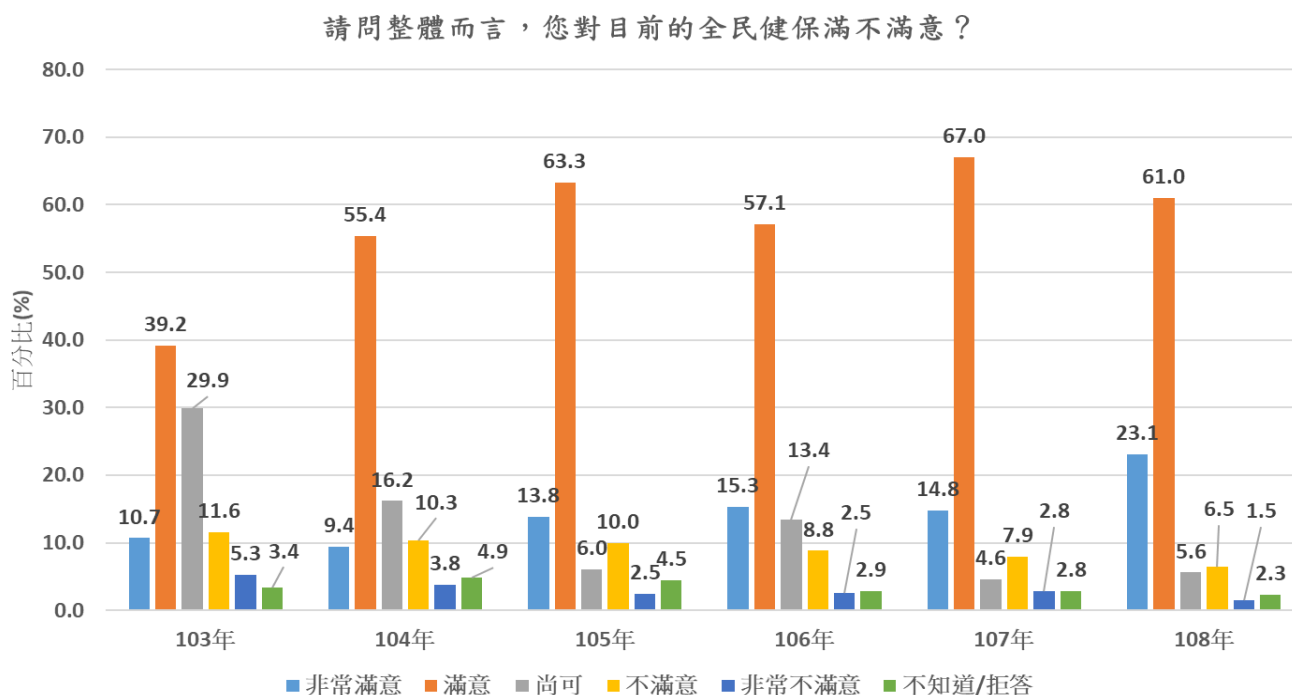


圖 88 對整體醫療結果滿意度(整體性)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3 之 3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(二)對整體醫療結果不滿意的原因

在對整體醫療結果不滿意前三名的原因，在 103 至 108 年皆為健保費太高、部分負擔以外的自付費用太高及浪費醫療資源及藥物，詳見表 50。

表 50 對整體醫療結果不滿意的原因(整體性)

項目/年份	103 年	104 年	105 年	106 年	107 年	108 年
健保費太高	32.7%	38.9%	20.4%	32.5%	27.4%	33.2%
部分負擔以外的自付費用太高	16.8%	13.2%	15.6%	25.2%	26.8%	34.1%
浪費醫療資源及藥物	16.2%	25.9%	25.2%	21.6%	17.2%	25.7%
健保補充保費計算方式不合理	9.3%	5.6%	9.4%	7.4%	4.3%	0.6%
醫療資源分布不均	8.0%	--	--	--	--	--
看病部分負擔費用太高	7.2%	11.7%	9.7%	14.3%	10.9%	20.3%
看病自己要付的費用太高	6.5%	--	--	--	--	--
健保給付限制變多/自費多	6.3%	--	--	--	--	--
醫療服務不好	6.3%	3.9	5.4%	--	--	--
醫師照護不好	--	--	--	2.0%	--	3.9%
整體醫病互動不好	--	--	--	0.5%	--	0.3%
健保一般保費計算方式不合理	6.1%	8.8%	10.9%	14.1%	7.1%	6.3%
健保使用的藥品不好	5.6%	9.1%	14.9%	6.0%	5.7%	5.5%
僑胞、外籍學生的保費規定不合理	--	2.0%	1.0%	1.3%	--	--
健保給付的藥品項目太少	--	1.6%	3.4%	2.8%	--	--
調漲健保保費原因不透明	--	0.6%	0.4%	--	--	--
健保限制某些藥品的給配數量	--	0.5%	--	--	--	--
健保 IC 卡品質不佳	--	0.5%	--	--	--	--
健保給付的醫療項目太少	--	0.4%	--	--	--	--
健保保費一直改變	--	0.3%	--	--	--	--

註：1. 「-」符號代表當年度無此答項。

資料來源：林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3 之 3)－運用資料治理於民眾就醫權益之創新模式研究(全民健康保險民意調查)，衛生福利部中央健康保險署，數據來源自表 4-5。

(三)健保特約醫院診所提供的醫療服務滿意度

圖 89 為健保特約醫院診所提供的醫療服務滿意度，選擇非常滿意落在 7.9% 至 16.0% 之間，選擇滿意呈現落在 53.3% 至 70.8%，且 107 年為最高 70.8%。選擇尚可從落在 4.8% 至 28.0%，選擇不滿意呈落在 4.5% 至 8.7%。選擇非常不滿意落在 0.2% 至 1.0% 之間。選擇不知道或拒答從 103 年 2.5% 上升至 104 年 7.3%，且在 106 年為最高 7.5%，107 年為 5.8% 及 108 年為 4.2%。

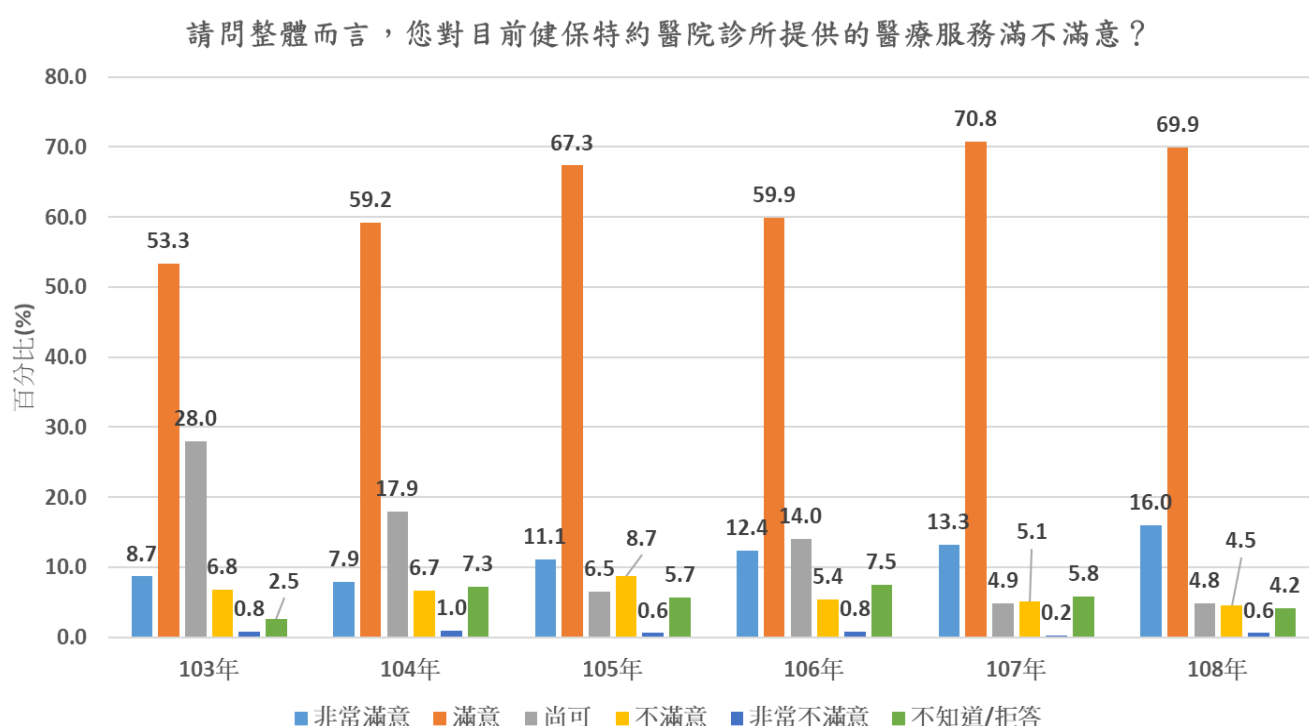


圖 89 健保特約醫院診所提供的醫療服務滿意度(整體性)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3 之 3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

(四)健保特約醫院診所提供的醫療服務不滿意的原因

從表 51 健保特約醫院診所提供的醫療服務不滿意的原因，發現在 103 至 108 年皆是醫療院所自費費用太貴為最高之不滿意原因。

表 51 健保特約醫院診所提供的醫療服務不滿意的原因(整體性)

項目/年份	103 年	104 年	105 年	106 年	107 年	108 年
醫療院所收自費或自費太貴	22.7%	24.4%	16.7%	24.3%	32.7%	30.1%
醫護人員服務態度不好	21.2%	15.4%	16.9%	14.9%	14.5%	17.3%
健保使用的藥品不好	16.2%	21.6%	26.5%	16.7%	11.5%	13.8%
醫療技術不好	15.7%	5.1%	9.5%	10.8%	3.7%	16.9%
看病時間太短	7.8%	6.3%	6.5%	5.5%	5.3%	4.9%
等候時間太長(包括掛號、候診、領藥)	7.1%	11.3%	13.1%	16.7%	32.6%	17.3%
開了太多不必要的檢查及藥物	4.9%	12.4%	6.7%	10.2%	1.6%	15.1%
掛號費不合理/太貴	3.7%	0.8%	2.1%	--	--	--
醫療設備儀器不好	3.4%	2.5%	4.6%	11.2%	3.8%	3.2%
說明不清楚(醫療人員)	3.2%	2.0%	3.4%	10.4%	2.8	4.0%
行政人員服務態度不好	2.8%	0.9%	3.8%	5.3%	5.1%	0.7
離島地區醫療資源不足	1.3%	--	--	--	--	--
不易掛到號	1.1%	4.6%	2.4%	1.1%	6.2%	1.6%
不易排到病床	1.0%	3.4%	5.6%	1.1%	6.8%	2.0%
健保給付藥品項目不夠多	--	4.0%	1.4%	--	--	--
健保給付醫療項目不夠多	--	0.7%	1.4%	0.9%	--	--
開刀要排很久	--	2.2%	--	--	--	--
醫藥分業，取藥不便	--	1.8%	--	--	--	--
醫療院所距離太遠	--	0.8%	0.1%	2.5%	0.6%	3.5%
醫師斷層大，太多年輕無經驗醫師	--	0.4%		1.0%	--	--
不同院所掛號費與藥品費用不一樣	--	0.4%	1.0%	--	--	--
診療環境差	--	--	0.5%	--	--	--
醫師會推銷保健食品	--	--	0.2%	--	--	--

註：「-」符號代表當年度無此答項。

資料來源：林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3 之 3)－運用資料治理於民眾就醫權益之創新模式研究(全民健康保險民意調查)，衛生福利部中央健康保險署，數據來源自表 4-10。

(五)選擇到醫院還是診所就診的比率

圖 90 為選擇到醫院還是診所就診的比率，選擇大醫院的從 103 年落在 11.1% 至 15.4% 之間，選擇小醫院落在 5.2% 至 6.3%，且 108 年為最高 6.3%。選擇診所從 103 年 77.4% 上升至 105 年 81.0%，且在 107 年為最高 82.3%，而 108 年略下降為 79.1%。選擇不知道或拒答落在 1.2% 至 2.6%。

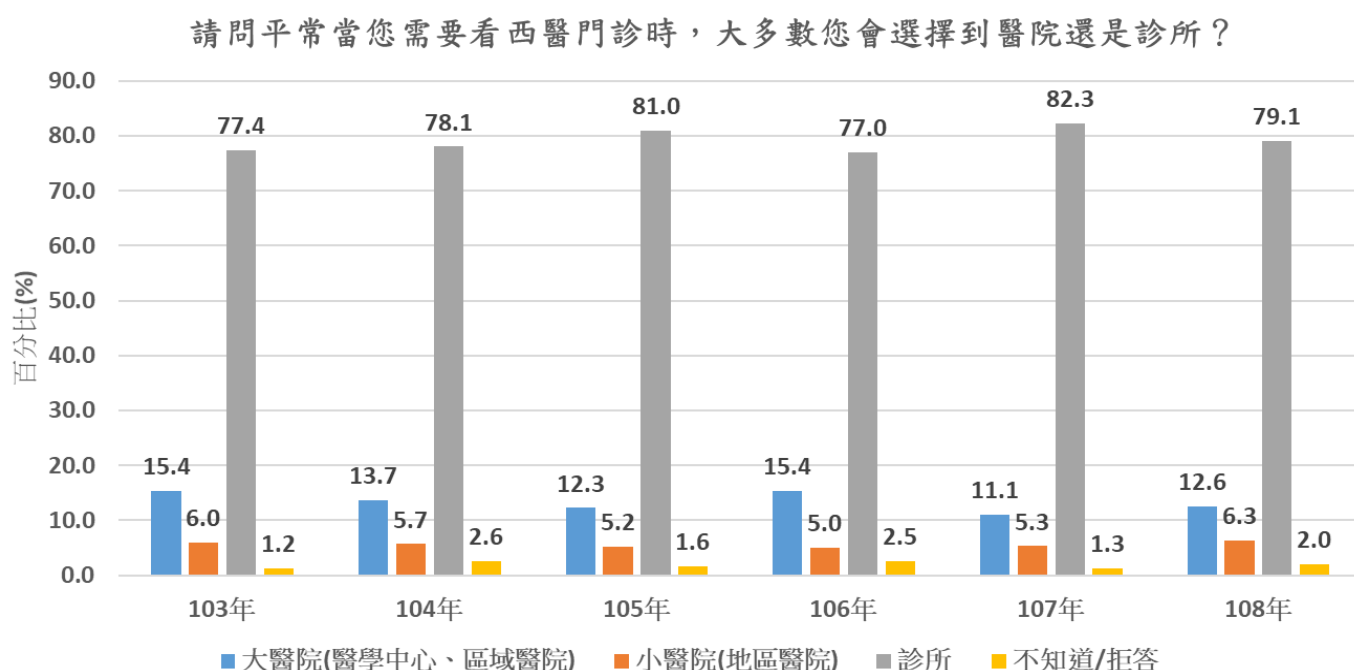


圖 90 選擇到醫院還是診所就診的比率(整體性)

資料來源：邱尚志等，(2016)。全民健保民眾就醫權益長期監測系統之研究(3/3)，衛生福利部中央健康保險署；林寬佳等，(2019)。發展資料治理於健保服務之創新模式研究(3 之 3)－運用資料治理於民眾就醫權益之創新模式研究，衛生福利部中央健康保險署。

第三節 各總額調查問卷之綜合性結論

一、西醫基層就醫滿意度之結果討論

得知西醫基層滿意度問卷中，對於整體滿意度呈現滿意居多，以 108 年度而言，約 15.1% 之患者有自付費用。透過歷年比較表來看，都是以「藥品」為主要自付費用項目或因素，第二為「打針」及「打點滴」。而在自付費用的原因，皆都為「健保不給付」為主要自付其他費用的理由，因 108 年有新增題目「請問是診所建議，或是您自己要求，或是有其他原因嗎？」，所以在「診所建議」為 108 年主要原因，而第二為「自己要求」。

「曾經在假日有緊急需求求診」的比率整體呈現逐年下降趨勢，其中 106 年的折點可能是因題目之問法改變而影響。惟以 106 至 108 年資料來看，假日緊急求診需求出現微幅增加的趨勢。而「是否能在當地找到其他就醫診所」的比率，106 至 108 年數據於 65.3%~77.5% 間震盪。值得注意的是，有關「您是否會因西醫診所在假日休診，而造成您(他)的困擾或不方便性」，研究發現儘管回答「很不方便」者，由 107 年度至 108 年度下降 13.6%(即由 107 年度的 40.4% 下降至 108 年度的 26.8%)，但回答「有點不方便」者，則增加 27.1%(即由 107 年 15.6% 增加至 108 年 42.7%)，有回答「沒關係」者亦下降 13.5%(即由 107 年 44.1% 增加至 108 年 30.6%)。

針對滿意度趨勢變化之異常部分提出原因分析，歸納出以下幾點：

- (1) 有關圖 12 所談及之民眾對於院所自費金額的感受調查結果發現，107 年選擇普通的民眾增加幅度達 16% 之情況。

針對此一問題經檢視後發現可能原因可能在於，受到李克特五等分量表(likert scale)設計所產生之偏誤。由於該問卷問項乃是採用李克特五等分量表(likert scale)作答，填答者可能受到當下情緒、習慣性認同或生活環境等因素影響，容易陷入中立性的回答內容。對此，我們若將「普通」

視為民眾對於自費價格呈現尚可接受的範圍來看的話，把「普通、便宜及非常便宜」等問項結果進行加總，則106至108年之數值依序為76.7%、83.2%與80.0%，則可發現107的漲幅將由16.0%大幅下降至6.5%。

(2) 有關圖19與圖20所談到在107年的就醫可近性有提升的趨勢。

由統計結果發現，以107年數據而言，在當地找到其他就醫診所之比例增加，且在當地無法找到其他就醫診所而感到不便的比例，有下降趨勢。針對此一問題經檢視其原因可能在於，健保署有持續推動醫療院所登錄VPN更新開診服務時段異動情形，鼓勵當地醫療院所在假日能開診。在重大節日或連假前，也提醒醫療院所登錄VPN更新開診服務時段異動情形，以利在假日有就醫需求之民眾可以及知道有開診之醫療院所，避免有找不到當地就診的醫療院所之情況發生，所以在圖19在當地找到其他就醫診所之比例有成長，且圖20的107年、108年回答「很不方便者」才會呈現下降趨勢。

二、醫院總額就醫滿意度之分析結果討論及原因分析

在醫院調查問卷結果顯示整體醫療結果以滿意居多，對於醫護人員有無進行衛教指導回答「從來沒有」呈現逐年下降趨勢，回答「每次都有」為穩定且成長，在「是否會與醫師討論照護或治療方式」，回答「每次都有、大部分時候有、有時候有」的比例，呈現逐年上升。

民眾回答「有」自付費用的呈現逐年增加，且費用使用項目以「藥品」為主，使用原因為「健保不給付」，不過在自付費用的感受回答以「普通」為主。值得注意的是，108 年「您覺得院所自費金是否適當？」問項，民眾回答以「便宜」最多。對於門診掛號認為以「完全沒問題」為主，而在住院排床以回答「容易」居多，且在等到病床以當天就能順利排到。在就醫交通時間因過長而不就診中，回答是的有逐年增加趨勢。

針對滿意度趨勢變化之異常部分提出原因分析，歸納出以下幾點：

- (1) 圖 29 在有無自付費用的部分，顯示受訪者回答「有自付費用」的比例，由 107 年 13.9% 上升至 108 年 23.0% 之情況。

針對此一問題經檢視後發現其原因可能在於，108 年回答者的使用自費項目在多以檢驗或檢查及手術等項目，相較於前年有增加趨勢。推估患者可能選擇較好的治療及檢查方式，而選擇使用自付項目，所以使得在當年度之有使用自付費用的比例呈現上升趨勢。

- (2) 圖 38 顯示在 106 年交通時間過長而不就診增加為 20.0% 之狀況。針對此一問題經檢視後發現其原因可能在於，至醫院就診之路程較遙遠，所以導致民眾會因為交通時間長而不就診之情況。目前健保署有實施遠距醫療，但使用不普及，建議也能多與區域及地區醫院合作，提供有需要就診的民眾能使用，能減少因就醫交通時間而不就醫的情況。亦也可以增設各醫療院所之接駁公車，多設立幾個停靠站於交通便利性較低的區域，以提高民眾就診之意願。

三、中醫就醫滿意度之分析結果討論

從中醫問卷調查結果得知，整體醫療結果以「非常滿意」及「滿意」為主，對醫師看病及治療過程「非常滿意」及「滿意」呈現逐年成長，不過在醫護人員有無進行衛教指導回答「從來沒有」的近三年(106 至 108 年)介於 31.0%至 36.3%，顯示有部分民眾認為沒有進行衛教指導，而與醫師討論照護或治療方式以「每次都有」為主。

在自付費用情形中，民眾有自付費用呈現成長趨勢，且費用落在 100 元以下居多，費用的項目為飲片(煎藥、水藥)、醫師多配數天的科學中藥及藥丸佔比較多，使用自付費用的原因以 106 至 108 年以健保不給付為主，但 108 年因新增「醫院建議」問項後，多數受訪者則回答「醫院建議」為主。

在就醫可近性與即時性中，在對於院所交通便利性歷年呈現「滿意」及「非常滿意」居多。研究發現「是否在當地找到其他就醫診所」的比率，回答是在 60.4%至 75.3%震盪，且「因而感到不方便」者 106-108 年回答「很不方便」有微幅增加趨勢，但回答「有點不方便」呈現持續下滑趨勢，106 至 108 年間由 44.8%下降至 16.8%。

針對滿意度趨勢變化之異常部分提出原因分析，歸納如下：

- (1) 圖 51 呈現民眾假日的緊急醫療需求狀況，調查結果發現 105 年回答「有緊急醫療需求者」，由 105 年 35.8%下降至 106 年 12.4%之情況。

針對此一問題經檢視後發現其原因可能導因於問卷內容之問法改變所致。

經檢視歷年問卷發現，103 年問卷題目為「請問您(他)曾經有需要在假日看中醫診所嗎？【說明：星期例假日(星期六、日)、國定假日(元旦、二二八紀念日、國慶日)、民俗節日(春節、清明節、端午節)】」；在 104 至 105 年之問卷題目為「您(他)【就診者】是否會因中醫診所假日休診，而使您(他)【就診者】的「病情嚴重」？」；而 106 至 108 年則為「醫療人員亦需適度休息，請問您(他)【就診者】曾經有緊急需求要在假日看中醫

診所嗎?」。由前述可知，各年度在問卷之題目及問法不同，且在可能受到 106 年題目之問法強調「緊急需求」，而看診中醫的疾病多非緊急，故認為有需求之比例降低。所以建議將可以調查問卷內容之問法能統一，避免導致調查結果有差異。

- (2) 圖 52 指出「在當地是否能找到其他就醫診所」之比例，105 年回答「是」者為 73.5%，但 106 年回答「是」者下降為 60.4%之情況，顯示無法找到其他就醫診所的比例上升。

針對此一問題經檢視後發現其原因可能在於，惟健保署在 105 年有推動請醫療院所使用 VPN 按月登錄看診時段，鼓勵院所在假日看診，以滿足民眾假日醫療需求。並也利用健保快易通 APP 建置服務時段，讓民眾可以查詢有開診之醫療院所，可能因前一年才實施，而調查結果之成效還未呈現，不過在政策推動後，由 107 年數據可發現，民眾無法找到其他醫療院所的比例已由 39.6%下降至 29.0%。

四、門診透析就醫滿意度之分析結果討論

在門診透析調查問卷中，發現對於整體醫療結果呈現「非常滿意」及「滿意」居多，診療環境回答「非常滿意」者，呈現逐年上升趨勢。在醫護人員服務態度、對醫師看病及治療過程跟對於治療效果都是「非常滿意」及「滿意」的情況。

而「對就醫費用的感受」而言，以「很便宜」為民眾主要的感受，而有自付費用的比例 106 至 108 年間有微幅升高趨勢，從 106 至 108 年為 8.3%、11.3%、12.3%。自付費用「在 100 元以下」者，106 至 108 年間呈現逐年下滑的趨勢；「101 至 300 元」者大致穩定在 39.7%-30.6% 間。值得注意的是，106 至 108 年期間，「1001 元以上」的比例逐年成長，由 15.8% 增加至 33.8%。

在自付費用的項目以 EPO(紅血球生成素)、特效藥、醫療用之材料或耗材費用及營養品等四項居多。

對於就醫交通便利性多數認為「非常滿意」及「滿意」為主，且就醫單程交通落 11 至 20 分鐘才能到達醫院或診所就醫。在等候醫師看診時間以 21 至 30 分鐘為主。第二為 11 至 20 分鐘，不過在 108 年腹膜透析的等候時間明顯高於往年，等候 61 分鐘以上之比率 107 年為 19.6%，108 年增加為 27.5%。而在醫師說明較適合洗腎方式，回答「有」且並採納醫師意見居多。

五、牙醫就醫滿意度之分析結果討論

從牙醫調查結果中，在醫療服務品質部分，對整體醫療結果感到「非常滿意」及「滿意」是逐年穩定的，而在醫師討論照護或治療方式，回答「每次都有」呈現成長趨勢。惟在醫護人員會以簡單易懂的方式進行解說病情與照護方法方面，在 106 至 108 年期間回答「每次都有、大部分時候有、有時候有」者，在 86.2% 至 89.7% 間震盪。而牙醫約診的容易度中發現，回答「普通、容易、非常容易」者的比例落在 67% 至 79% 之間，但相較於其他總額部門較為低，建議能注意此情況，並加強提升民眾約診之容易度。

在自費情形民眾無自付費用落在 80.6% 至 91.6% 之間，而有自付費用佔 7.1% 至 18.9%，而有自付費用的民眾通常認為費用落在普通到貴的情況，且自付費用的項目以裝置假牙、牙齒矯正及植牙為主，使用自付費用的原因多為健保不給付。

對於院所的交通便利性的滿意度中，選擇滿意呈現逐年上升趨勢，但在假日有緊急需求求診的比率有逐年增加的趨勢，且發現在當地無法找到其他就醫診所的比例有逐年上升的情況。

針對滿意度趨勢變化之異常部分提出原因分析，歸納出以下幾點：

- (1) 圖 75 為醫護人員會以簡單易懂的方式進行解說病情與照護方法，調查結果回答發現「每次都有」者，從 106 年 61.1% 下降至 107 年 54.0%；而圖 76 為醫師討論照護或治療方式，調查結果回答「每次都有」者，從 106 年 49.6% 增加至 107 年 62.8% 之情況。

針對此一問題，經檢視後尚無發現相關新政策推動。惟當年度據此調查結果，健保署為了再加強醫護人員對於民眾的衛教指導，有印製口腔潔牙單張「正確的刷牙方法」、「正確的牙線操作法」、「牙醫健保門診就診須知」、及「牙科治療注意事項與指導」等文宣加強宣導。

- (2) 圖 85 為在假日有緊急需求求診的比率，從 105 年 60.6% 增加至 106 年

73.1%之情況。

針對此一問題經檢視後發現其原因可能導因於問卷內容之問法改變所致。

經檢視歷年問卷發現，103 年問卷題目為「請問您(他)曾經有需要在假日看牙醫診所嗎？【說明：星期例假日(星期六、日)、國定假日(元旦、二二八紀念日、國慶日)、民俗節日(春節、清明節、端午節)】」；在 104 至 105 年之問卷題目為「您(他)【就診者】是否會因牙醫診所假日休診，而使您(他)【就診者】的「病情嚴重」？」；而 106 至 108 年則為「醫療人員亦需適度休息，請問您(他)【就診者】曾經有緊急需求要在假日看牙醫診所嗎？」。由前述可知，各年度在問卷題目及問法不同，可能造成調查結果之變化。建議將可以調查問題之問法能統一，避免導致調查結果有差異。

- (3) 圖 86 為在當地能找到其他就醫診所的比率，從 105 年 73.7%下降至 106 年 56.0%之情形。

針對此一問題經檢視後發現其原因可能在於，健保署雖然有推動相關醫療院所提供部分時間予緊急或臨時就醫之患者，並即時更新 VPN 登錄看診時段資訊，且協商院所能假日輪值看診，協調教學醫院設立 24 小時牙醫急症門診服務。不過在 107 年可能經由牙醫師公會全聯會及健保署的協調下提升至 64.0%，但 108 年又大幅降至 47.8%，顯示尚需持續改善。

六、整體性就醫滿意度之分析結果討論

從整體性問卷結果發現，對於整體醫療結果感到非常滿意及滿意是呈現逐年上升，而不滿意的則維持持平，在對於不滿意的原因歷年都以健保費太高為主，第二為浪費醫療資源及藥物，第三是部分負擔以外的自付費用太高。

在健保特約醫院診所提供的醫療服務以非常滿意及滿意呈現逐年增加趨勢，而在對於不滿意的原因前三名為：醫療院所收自費或自費太貴、醫護人員服務態度不好及健保使用的藥品不好。也發現就診之醫療院所以診所為主，落在 77% 至 83% 之間。

七、各總額部門建議調整之問卷題目

與國外之問卷題組進一步比較我國與國外共同納入之題組後，在含蓋之題目已經很完善且都有納入，而未出現在我國之問卷題組，了解後認為問卷題組是以就醫科別為調查，問卷題目相較聚焦在各就醫科別，不適合納入在我國總額部門之問卷調查中。

針對滿意度問卷題目以下幾點建議：

- (1) 在我國各總額部門中發現共通性之問卷題目及問法不一致，可能造成歷年之滿意度結果有些差異，且也發現因為問卷題目採用李克特量表 (likert scale)，以區間尺度等距整數的量化測量方式，在應用上常見及方便使用，不過填答者會因習慣性認同、當下心情、環境等因素影響而造成差異(吳齊殷，1997；顏乾明，2003)。建議可以調整題目之選項，避免過多選項造成填答者有模糊性及不確定性的思維，導致結果歷年趨勢會有所不同。
- (2) 假日求診需求之相關題組有問法上的改變，在 102~103 年先詢問假日有無看診需求，回答「有」者，再詢問是否有不便的情形，但 104 年起先詢問假日有無看診需求，回答有者進一步詢問能否在當地找到其他就醫

診所，回答「否」者再詢問是否有不便的情形，所以造成調查結果之會有所差異。建議將可以調查題目及問法能統一，以利後續比較趨勢分析能較有一致性。

- (3) 問卷題目像是「民眾對於醫師看病及治療過程滿意度」，在西醫基層總額、中醫總額、門診透析及醫院總額都有調查，但牙醫總額則為未納入，建議在各總額部門能統一共通性之題目，可以依據需求情況再進一步增加補充題組。
- (4) 醫院在現行分級醫療政策扮演重要的角色，醫院部門提供轉診(含平轉、下轉、上轉)，更為監測重點項目，而也鼓勵能雙向轉診，所以認為醫院總額部門及西醫基層應該將轉診之問卷題目納入。

上述建議增加之問卷題目，整理至在表 52 各總額部門建議增加之問卷題目。

表 52 各總額部門建議增加之問卷題目

問卷題目/總額部門	西醫基層	醫院	牙醫
醫療服務利用與可近性題組			
1.請問您(他)【就診者】對醫師的看病及治療的過程滿不滿意？			√
2.請問您(他)【就診者】對醫師的看病及治療所花費的時間滿不滿意？			√
轉診題組			
1.請問您(他)【就診者】到醫院接受治療時，有沒有被轉診的經驗？	√	√	
1a.接受轉診院所是否有主動聯絡及安排掛號就醫？	√	√	
1b.請問您(他)【就診者】對這次的轉診服務滿不滿意？	√	√	

第六章 全民健保監理指標監測之趨勢探討

第一節 各指標內容之概述

全民健康保險實施已經數十年，為使監理指標更加完備，全民健康保險會自 103 年開始建置全民健康保險業務監理架構與指標，其監理指標的設立是希望能保障及維護保險人就醫權益，依據效率、醫療品質、效果、公平及財務等五大構面，訂定各構面之監理指標，透過每年度之監測數據，藉以檢視及提出相關建議。

以 108 年來說，第一為效率構面其監理指標有：急診平均住院天數、急診病人滯留急診室超過 24 小時比率、癌末病人生前六個月每人申報醫療費用點數下降比率、區域醫院以上初級門診照護率、西醫基層與醫院門診服務病人數、件數占率、藥品費用占率及健保專案計畫之執行成效等。

第二為醫療品質構面其監理指標有：手術傷口感染率、糖尿病服務品質支付服務之照護率、照護連續性及醫護人力指標等。

第三為效果構面，其包含之監理指標有：民眾對醫療院所醫療結果滿意度(各部門)、糖尿病初級照護(可避免住院指標)—糖尿病病人住院率及出院後 3 日內再急診比率等。

第四是公平構面而在 107 年更名為資源配置，監理指標有：以鄉鎮市區發展程度，觀察最高與最低兩組醫師人力之比值、一般地區/醫療資源不足地區/山地離島地區之就醫率及自付差額特材占率。

第五為財務構面且監理指標有：保險收支餘絀實際數、預估數及兩者之差異率、安全準備總額折合保險給付支出月數、全民健保醫療支出占 GDP 比率、資金運用收益率、保費收繳率及呆帳提列與保費收入數之比率等。而各年度之監理指標會略為有些差異，如表 53 為 103 至 108 年五大構面中的各項監理指標彙整。

表 53 歷年健康保險業務監理架構與指標

構面	監理指標	103 年	104 年	105 年	106 年	107 年	108 年	監理重點
效率	1.急性病床平均住院天數(整體及各層級)		√	√	√	√	√	院所營運效率/國際比較
	2.急診病人留置急診室超過 24 小時比率(整體及各層級)	√	√	√	√	√	√	急診照護效率
	3.癌末病人生前 6 個月每人申報醫療費用點數	√	√	√	√	√	√	資源運用適當性/觀察整體趨勢
	4.區域醫院以上初級門診照護率	√	√	√	√	√	√	觀察急重症資源是否偏重於投入初級照護
	5.西醫基層與醫院門診服務病人數、件數占率	√	√	√	√	√	√	就醫變動性
	6.藥品費用占率	√	√	√	√	√	√	藥品使用情形
	7.健保專案計畫之執行成效					√	√	監理健保各專案執行之效率
	8.急性一般病床平均住院天數	√						院所營運效率/國際比較
	9.高診次保險對象輔導後就醫次數下降比率	√	√	√	√			資源利用之管控結果
	10.各層級醫療院所服務量占率	√	√	√	√			資源分配及層級醫院間之發展
醫療品質	1.手術傷口感染率	√	√	√	√	√	√	住院照護安全性
	2.糖尿病品質支付服務之照護率	√	√	√	√	√	√	評估門診照護之品質
	3 照護連續性	√	√	√	√	√	√	評估整合性連續照護之品質
	4 護理人力指標-急性病房全日平均護病比占率分布	√	√	√	√	√	√	護理人力之供給情形
	5.醫院病床數(整體、六分區及醫院各層級)	√	√	√	√			健保病床之供給情形
	6.急性心肌梗塞死亡率(排除轉院個案)	√	√	√	√			觀察急性照護品質之整體趨勢
效果	1.民眾對醫療院所醫療結果滿意度(各部門)	√	√	√	√	√	√	民眾就醫結果感受
	2.糖尿病初級照護(可避免住院指標)-糖尿病病人住院率					√	√	糖尿病初級照護之情形
	3.出院後 3 日內再急診比率				√	√	√	監測住院治療出院後之照護品質
	4.未滿月新生兒死亡率	√	√	√				醫藥進步情形/國際比較
	5.孕產婦死亡率	√	√	√	√			衛生保健成效/國際比較

表 53 歷年健康保險業務監理架構與指標-續

構面	監理指標	103 年	104 年	105 年	106 年	107 年	108 年	監理重點
公平(資源配置)	1.以鄉鎮市區發展程度，觀察最高與最低兩組醫師人力之比值(各部門)	v	v	v	v	v	v	人力供給之公平性
	2.一般地區/醫療資源不足地區/山地離島地區之就醫率(各部門)	v	v	v	v	v	v	醫療利用之公平性
	3.自付差額特材占率(整體及各類別項目)	v	v	v	v	v	v	民眾自付醫材差額之升降趨勢
	4. 家庭自付醫療費用比率	v	v	v	v			民眾自費負擔趨勢
財務	1.保險收支餘絀實際數、預估數及兩者之差異率	v	v	v	v	v	v	收支餘絀預估之準確性
	2.安全準備總額折合保險給付支出月數	v	v	v	v	v	v	保險之安全準備是否在法定範圍內及較前一年度增減數
	3.全民健保醫療支出占 GDP 比率	v	v	v	v	v	v	健保支出成長趨勢
	4.資金運用收益率	v	v	v	v	v	v	資金管理效率
	5.保費收繳率					v	v	監理保費收繳之情形
	6.呆帳提列數與保費收入數之比率					v	v	監理呆帳提列情形
	7.健保費成長率與 GDP 成長率比值	v	v	v	v			保費成長趨勢
	8.國民醫療保健支出占 GDP 比率	v	v	v	v			醫療保健支出水準/國際比較

第二節 各項指標之意涵及計算方式

因監理指標從 103 年起開始建置，以下會依據效率、醫療品質、效果、公平及財務等五大構面等，以 108 年度為主，將 23 項監理指標之監理重點、計算方式、歷年更動及指標意涵進行彙整，如表 54。

表 54 監理指標之操作型定義

構面	提報時程	計算方式	監理重點	指標意涵
(一)效率				
1.1 急性病床平均住院天數(整體及各層級)	半年	1.計算公式： 分子：急性病床住院日數 分母：急性病床住院申請件數 急性病床：包含一般病床、特殊病床、精神病床(均含收差額病床)，惟不含安寧病床 2.結果呈現：①醫院整體、②醫學中心、區域醫院、地區醫院分列 3.增列之資料：於年度監測結果報告書增列各層級醫院最大值、最小值、標準差等資料(104 年新增)	院所營運效率/國際比較	呈現越低越好，為負向指標
1.2 急診病人留置急診室超過 24 小時比率(整體及各層級)	半年	1.計算公式： 分子：急診病人留置超過 24 小時人次 分母：急診總人次 2.結果呈現：①醫院整體、②醫學中心、區域醫院、地區醫院分列 3.增列之資料：於年度監測結果報告書增列檢傷分類「1」、「2」、「3」級資料(104 年新增)	急診照護效率	呈現越低越好，為負向指標
1.3 癌末病人生前 6 個月每人申報醫療費用點數	半年	1.計算公式： 癌症死亡病人生前 6 個月每人申報醫療費用點數 2.增列之資料：有無接受安寧療護病人之資料；包括「使用安寧照護人數的比率」；依接受安寧照護期間(如 1 個月)，分析「有無接受安寧療護病人於死亡前 6 個月內每人平均醫療費用(含安寧費用)」，及「每人平均前 5 項醫療費用最高之診療類別(排除基本診療)」。(104 年新增)	資源運用適當性/觀察整體趨勢	與未接受安寧護者相比較後需呈現較低，為負向指標

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

表 54 監理指標之操作型定義-續

構面	提報時程	計算方式	監理重點	指標意涵
1.4 區域醫院以上初級門診照護率	半年	1.計算公式： 分子：符合初級照護之門診案件數(不含門診透析) 分母：門診總案件數(不含門診透析) 2.初級照護定義：俟健保署完成修訂初級照護定義及 ICD-10-CM/PCS 編碼後，配合修訂本指標之初級照護定義及提供資料	觀察急重症資源是否偏重於投入初級照護	呈現越低越好，為負向指標
1.5 西醫基層與醫院門診服務病人數、件數占率	季	1.計算公式： (1)病人數占率： 分子：該部門門診就醫人數 分母：西醫門診就醫人數 (2)件數占率 分子：該部門門診申報件數 分母：西醫門診申報件數 2.部門別為：西醫基層、醫院總額	就醫變動性	呈現以觀察趨勢變動
1.6 藥品費用占率	半年	1.計算公式： 分子：藥品申報醫療點數 分母：整體申報醫療點數 2.醫療點數含交付機構 3.結果呈現：①醫院整體、②醫學中心、區域醫院、地區醫院分列(107 年新增) 4.增列之資料： (1)藥品費用超過或未達目標總額之百分率(107 年新增) (2)計算公式：(107 年新增) 分子：(本年藥品費用發生數-目標總額數)×100% 分母：藥品目標總額數，新藥(如 C 肝新藥)獨立管控，得不列入計算	藥品使用情形	呈現以觀察趨勢變動

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

表 54 監理指標之操作型定義-續

構面	提報時程	計算方式	監理重點	指標意涵
1.7 健保專案計畫之執行成效(107 年新增)	年	1.計算公式： (1)本年度進場、退場之專案計畫占率： 分子：本年度導入(進場)、退場之專案計畫數 分母：本年度進行之專案計畫總數 (2)專案計畫之 KPI 達成率： 各部門擇一計畫，計算 KPI(含經費)達成率 2.結果呈現：醫院、西醫基層、牙醫門診、中醫門診分列	監理健保各專案執行之效率	呈現越高越好，為正向指標
(二)醫療品質				
2.1 手術傷口感染率	半年	分子：住院手術傷口感染病人數 (ICD-9-CM 次診斷碼為 996.6，998.1，998.3，998.5 或 ICD-10-CM 次診斷碼全碼為第 52 頁之指標定義) (104 年新增 ICD-10-CM) 分母：所有住院手術病人數	住院照護安全性	呈現越低越好，為負向指標
2.2 糖尿病品質支付服務之照護率(104 年更名)	半年	分子：分母中有申報管理照護費人數 分母：符合糖尿病品質支付服務訂定之收案條件人數	評估門診照護之品質	呈現越高越好，為正向指標
2.3 照護連續性	年	1.計算公式： $COCI = \frac{\sum_{i=1}^M n_i^2 - N}{N(N-1)}$ N = 病患就醫總次數 n_i = 病患在個別院所 i 之就醫次數 M = 就診院所數(採用 Bice 與 Boxerman 於 1977 年所發展之指標定義) 2.資料範圍：西醫門診案件(不含牙醫、中醫) 3.排除極端值(歸戶後就醫次數 ≤ 3 次，及 ≥ 100 次者)，因易使指標產生偏差 4.歸戶後先計算出個人當年度照護連續性，再計算全國平均值	評估整合性連續照護之品質	呈現越高越好，為正向指標

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

表 54 監理指標之操作型定義-續

構面	提報時程	計算方式	監理重點	指標意涵
2.4 護理人力指標－急性病房全日平均護病比占率分布	半年	1.計算公式： 分子：醫院該月每一個病房之(急性一般病床床位數×占床率×3)加總 分母：每月每日平均上班護理人員數之三班小計加總 護理人員數不列計「實習護士」及「專科護理師」，但列計「護理長」(以1人計) 2.結果呈現：醫學中心、區域醫院、地區醫院分列占率分布(108年5月修正不列計護理長)	護理人力之供給情形	呈現越低越好，為負向指標
(三)效果				
3.1 民眾對醫療院所醫療結果滿意度(各部門)(107年更名)	年	1.計算公式： 分子：填答「非常滿意」及「滿意」總人數 分母：所有表示意見人數 2.結果呈現：醫院、西醫基層、牙醫門診、中醫門診分列	民眾就醫結果感受	呈現越高越好，為正向指標
3.2 糖尿病初級照護(可避免住院指標)－糖尿病病人住院率(107年新增)	年	分子：15歲(含)以上主診斷為糖尿病之住院案件 分母：15歲以上人口(每十萬人口)	糖尿病初級照護之情形	呈現越低越好，為負向指標
3.3 出院後3日內再急診比率(107年新增)	年	1.計算公式： 分子：分母出院案件中，距離出院日0日至3日內，再次急診的案件數(跨院) 分母：出院案件數 2.結果呈現：一般出院案件、DRGs(住院診斷關聯群)案件	監測住院治療出院後之照護品質	呈現越低越好，為負向指標

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

表 54 監理指標之操作型定義-續

構面	提報時程	計算方式	監理重點	指標意涵
(四)資源配置				
4.1 以鄉鎮市區發展程度，觀察最高與最低兩組醫師人力之比值(各部門)	年	<p>1.計算公式：依鄉鎮市區發展程度分類後，計算醫師數最高與最低兩組比值</p> <p>分子：每萬人口醫師數之最高組別</p> <p>分母：每萬人口醫師數之最低組別</p> <p>鄉鎮市區發展程度分類建議採謝雨生(2011)定義，依鄉鎮市區之「人力資源結構」、「社會經濟發展」、「教育文化發展」、「交通動能發展」、「生活環境發展」及「資訊基礎建設」等構面加以分類，分為1級至5級區域，共5組</p> <p>2.結果呈現：醫院、西醫基層、牙醫門診、中醫門診分列</p> <p>3.增列之資料：於年度監測結果報告書增列最高、最低兩組「每萬人口醫師數」資料(104年新增)</p>	人力供給之公平性	呈現越低越好，為負向指標
4.2 一般地區/醫療資源不足地區/山地離島地區之就醫率(各部門)	年	<p>1.計算公式：</p> <p>分子：門診就醫人數</p> <p>分母：總人數</p> <p>醫療資源不足地區按該部門最近一年公告之醫療資源不足地區之定義；山地離島地區為執行山地離島地區醫療給付效益提升計畫(IDS)之地區</p> <p>2.結果呈現：醫院、西醫基層、牙醫門診、中醫門診分列</p>	醫療利用之公平性	醫療不足地區及山地離島地區之就診率，呈現須高於一般地區，為正向指標
4.3 自付差額特材占率(整體及各類別項目)	半年	<p>1.整體：</p> <p>分子：自付差額特材申報數量</p> <p>分母：特材申報數量</p> <p>2.各類別項目：</p> <p>分子：相同用途自付差額特材申報數量</p> <p>分母：相同用途之自付差額特材及全額給付特材申報總數量</p>	民眾自付醫材差額之升降趨勢	呈現以下降穩定趨勢為主，為負向指標

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

表 54 監理指標之操作型定義-續

構面	提報時程	計算方式	監理重點	指標意涵
(五)財務				
5.1 保險收支餘絀實際數、預估數及兩者之差異率	季	分子：保險收支餘絀實際數－保險收支餘絀預估數 分母：保險收支餘絀預估數 保險收支餘絀=(年初至本季保險總收入－年初至本季保險總支出)	收支餘絀預估之準確性	呈現越低越好，為負向指標
5.2 安全準備總額折合保險給付支出月數	季	1.計算公式： 分子：安全準備總額 分母：最近 12 個月之保險給付支出月平均數 2.增列之資料：安全準備總額較前一年度增減數(107 年新增)	保險之安全準備是否在法定範圍內及較前一年度增減數	呈現越高越好，為正向指標
5.3 全民健保醫療支出占 GDP 比率	年	1.計算公式： 分子：全民健保醫療支出總額 分母：GDP 2.結果呈現：「含/不含部分負擔」全民健保醫療支出總額(107 年新增)	健保支出成長趨勢	呈現以觀察趨勢變動
5.4 資金運用收益率	季	分子：本季保險資金運用收益 分母：本季保險資金日平均營運量	資金管理效率	呈現越高越好，為正向指標
5.5 保費收繳率(107 年新增)	年	1.計算公式： 分子：最近 5 年投保單位及保險對象一般保費實收數 分母：最近 5 年投保單位及保險對象一般保費應收數 2.結果呈現：分整體，第一、二、三、六類保險對象	監理保費收繳之情形	呈現越高越好，為正向指標
5.6 呆帳提列數與保費收入數之比率(107 年新增)	年	分子：投保單位及保險對象本年度之呆帳提列數 分母：投保單位及保險對象本年度一般保費收入數	監理呆帳提列情形	呈現越低越好，為負向指標

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

第三節 各項指標監測結果分析及趨勢解讀

以下會依據 108 年之監理指標為主，將分為五大構面(效率構面、醫療品質構面、效果構面、公平構面及財務構面)等，進行近三年(106 至 108 年)之各項指標監測結果分析及趨勢解讀。

一、效率構面

指標 1.1 急性病床平均住院天數(整體及各層級)

從急性病床平均天數中，發現醫院總體級各層級的平均值，從 106 年至 108 年呈現下降趨勢，不過在地區醫院的平均值是高於醫院整體平均水準，落在 8.17 天至 8.26 天左右。而區域醫院整體水準，且從 106 年 7.16 天下降至 108 年 7.12 天。結果顯示地區醫院之急性病床平均天數，仍需長期繼續觀察，如圖 91。

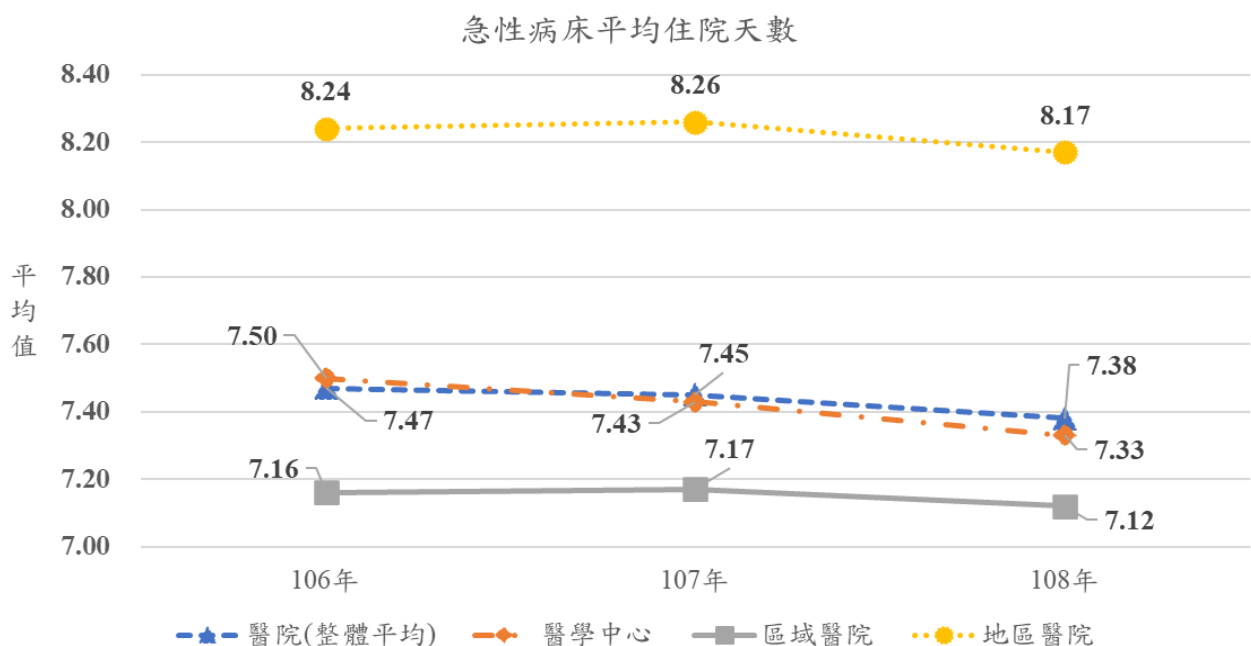


圖 91 急性病床平均住院天數
資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

在與其他國家比較後發現，挪威、法國、瑞典及英國是低於我國平均值，而鄰近的國家中，日本是高於我國的。不過韓國在 103 至 106 年皆高於我國，但 107 年與我國相同皆落在 7.5 天。從結果中得知雖然低於鄰近的日本，韓國只有 107 年與我國相同，其他年度皆高於我國，但不過仍高於歐洲國家之平均值，顯示尚有進步之空間，宜繼續觀察及監測，如圖 92 及表 55。

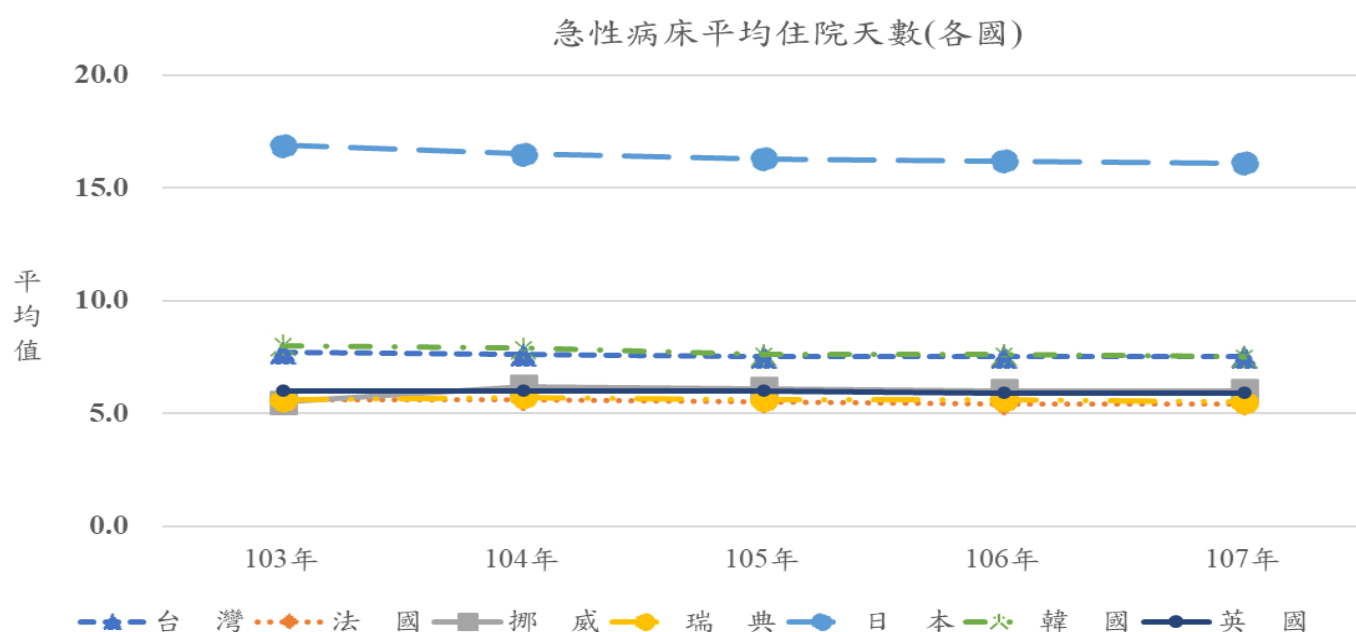


圖 92 各國急性病床平均住院天數

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

表 55 各國急性病床平均住院天數

單位：日/件

國家/民國年	103 年	104 年	105 年	106 年	107 年
法 國	5.6	5.6	5.5	5.4	5.4
挪 威	5.5	6.2	6.1	6.0	6.0
瑞 典	5.6	5.7	5.6	5.6	5.5
日 本	16.9	16.5	16.3	16.2	16.1
韓 國	8.0	7.9	7.6	7.6	7.5
英 國	6.0	6.0	6.0	5.9	5.9
台灣	7.7	7.6	7.5	7.5	7.5

註：目前各國資料更新至 107 年，最新年度以 107 年為主

資料來源：OECD，(2020)。OECD iLibrary <https://www.oecd-ilibrary.org/>；衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

指標 1.2 急診病人留置急診室超過 24 小時比率(整體及各層級)

在急診留置超過 24 小時比率，從 107 年 2.71%增加至 108 年 2.74%，呈現微幅成長趨勢，如圖 93。以各層級來看，醫學中心與區域醫院皆呈現微幅成長，惟地區醫院呈現下降趨勢，如圖 94、圖 95 及圖 96。進一步檢視發現，且醫學中心之急診檢傷分類，以檢傷分類中的第一級比率最高，如圖 94。

顯示目前醫學中心及區域醫院之急診留置超過 24 小時比率，是呈現上升之趨勢，尚未符合指標之監測目的，宜留意並能研擬相關改善方案，以降低其急診留置時間。

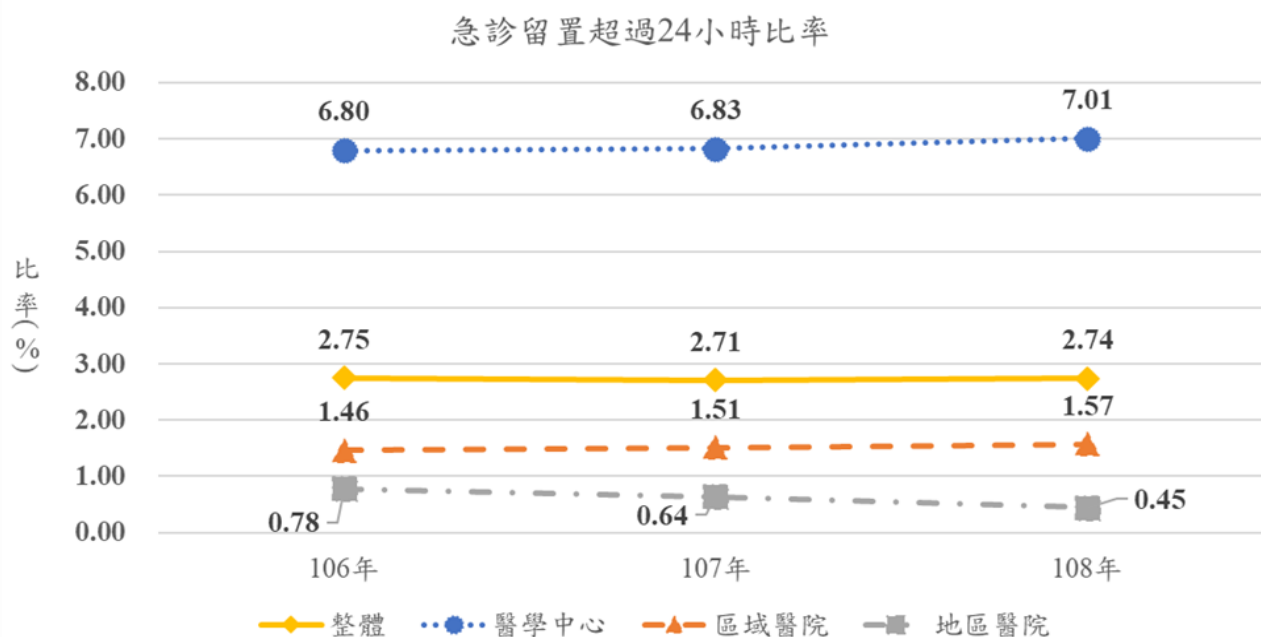


圖 93 急診留置超過 24 小時比率

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

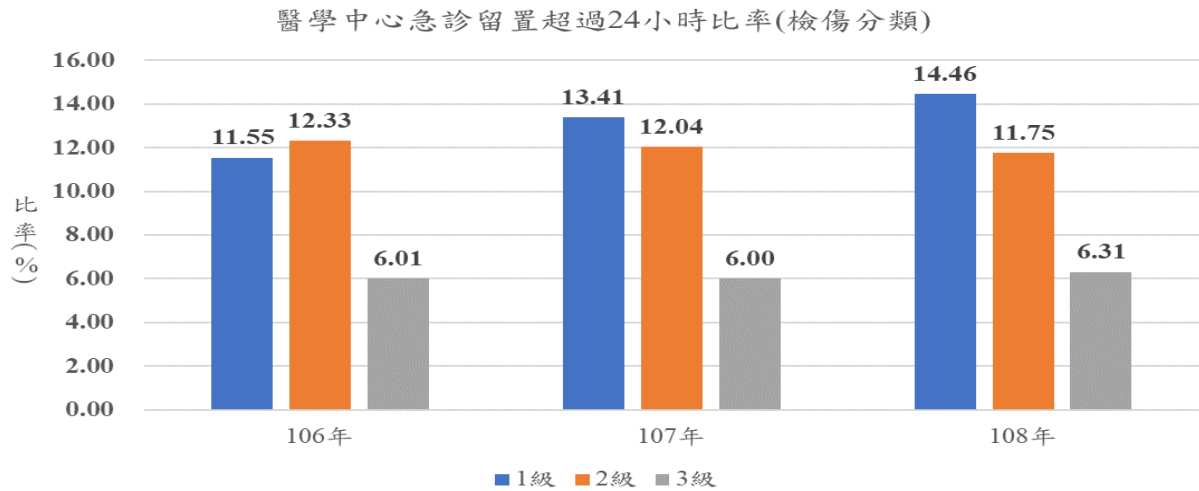


圖 94 醫學中心急診留置超過 24 小時比率(檢傷分類)

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

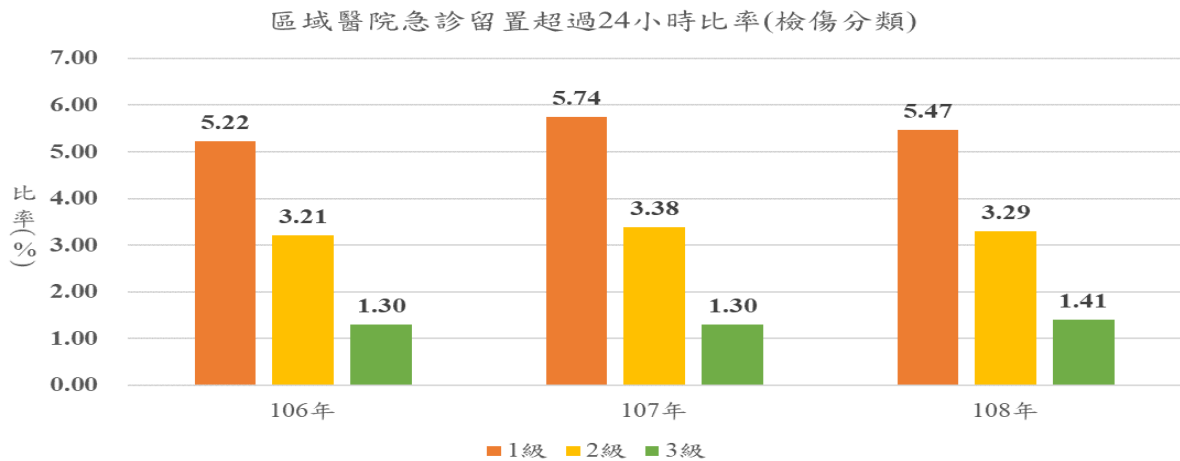


圖 95 區域醫院急診留置超過 24 小時比率(檢傷分類)

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

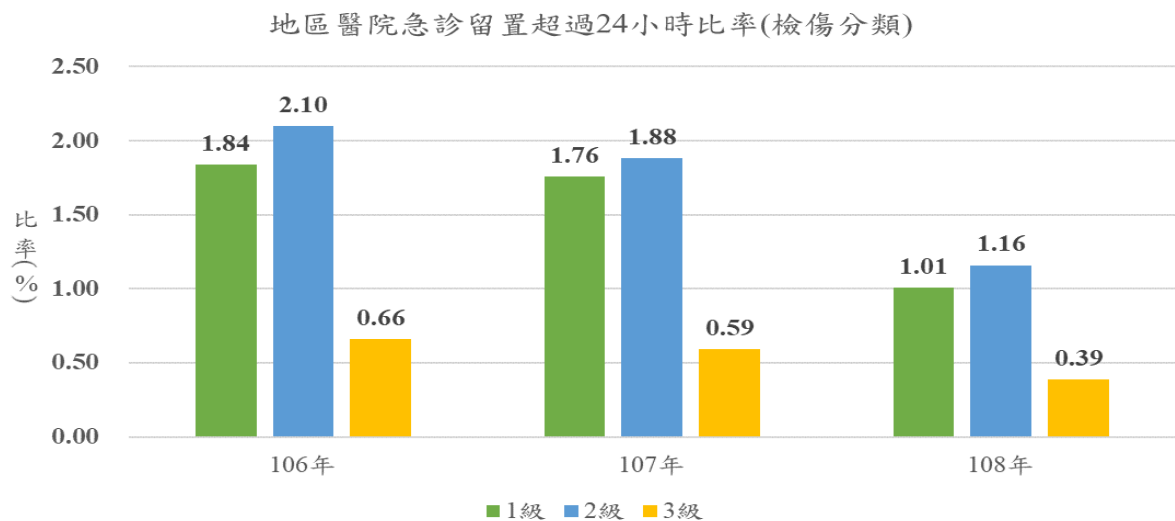


圖 96 地區醫院急診留置超過 24 小時比率(檢傷分類)

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

指標 1.3 癌末病人生前 6 個月每人申報醫療費用點數

在癌末病人前 6 個月之醫療概況中，從 105 年開始結果發現，有接受安寧照護之患者相較於未接受安寧照護之患者，在醫療費用支出上下降許多，落在 37.6 萬至 38.7 萬之間；而未接受患者之醫療費用，則落在 41.2 萬至 42.2 萬。癌症病人死亡前一年內有申報安寧費用者的比率，近三年有逐年增加趨勢。顯示有符合指標之監測目的，仍持續觀察且繼續保持，如圖 97。

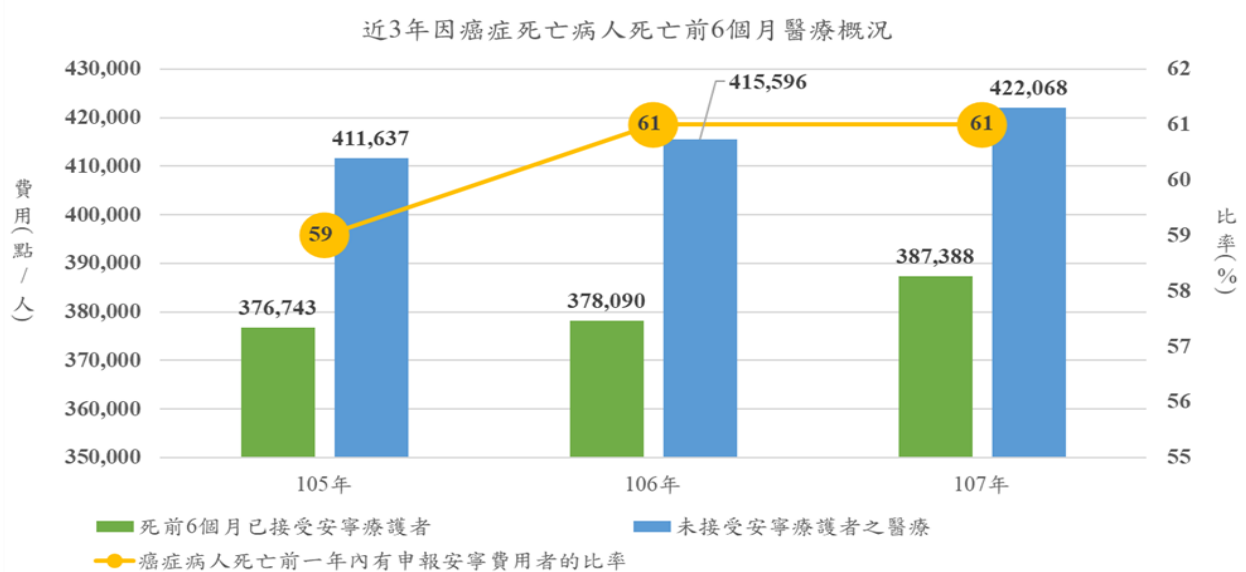


圖 97 近 3 年因癌症死亡病人死亡前 6 個月醫療概況

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

指標 1.4 區域醫院以上初級門診照護率

區域醫院以上初級門診照護率，目的為觀察區域醫院以上層級醫院之急重症資源是否偏重於投入初級照護。

在醫學中心從 107 年 14.14% 下降到 108 年 13.80%；而區域醫院則由 107 年 20.19% 下降到 108 年 19.59%。整體而言，區域醫院以上之初級門診照護率，由 107 年 17.64% 下降到 108 年 17.13%。

進一步了解其原因發現，因 107 年 7 月開始實施大醫院門診(區域醫院以上)減量 2% 政策，並同步新增院所上轉、下轉及回轉誘因，希望能再更落實推進分級醫療。顯示因政策之影響下，呈現逐年下降趨勢，以符合指標之期待，宜繼續採用做觀察，如圖 98。

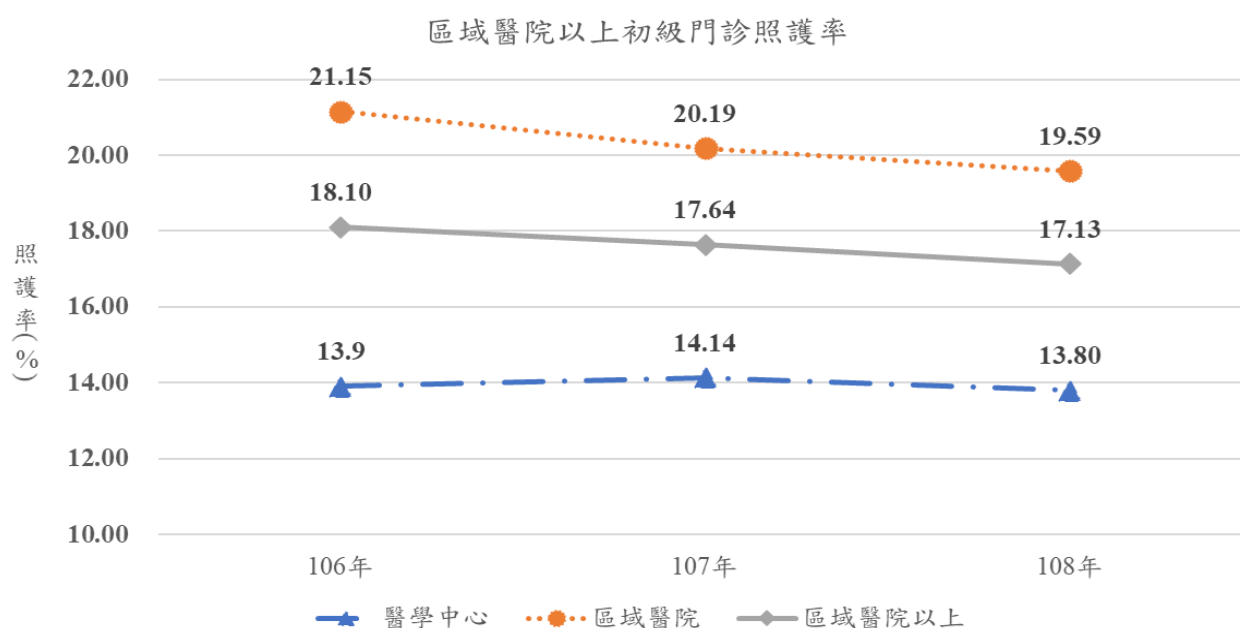


圖 98 區域醫院以上初級門診照護率

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

指標 1.5 西醫基層與醫院門診服務病人數、件數占率

由 106 至 108 年數據顯示，在醫院門診服務之病人數占率，落在 46% 至 50% 之間。其中 108 年第三季略為增加至 50.17%，108 年第四季下降為 48.65%，且醫院件數則從 35.90% 下降至 34.37%，如圖 99。

而西醫基層之門診服務病人數占率，108 年第三季微幅下降至 81.08%，第四季增加至 82.51%，相較於第三季為增加趨勢，如圖 100。

從 106 至 108 年近三年趨勢來看，醫院人數歷年的波動程度呈現週期性循環，第一季最低且第三季最高，而西醫基層門診服務病人人數占率，則多以第一季最高，第三季為最低。浮動區間落在 1-2% 間，顯示其週期性之變動不大，仍繼續觀察及監測。

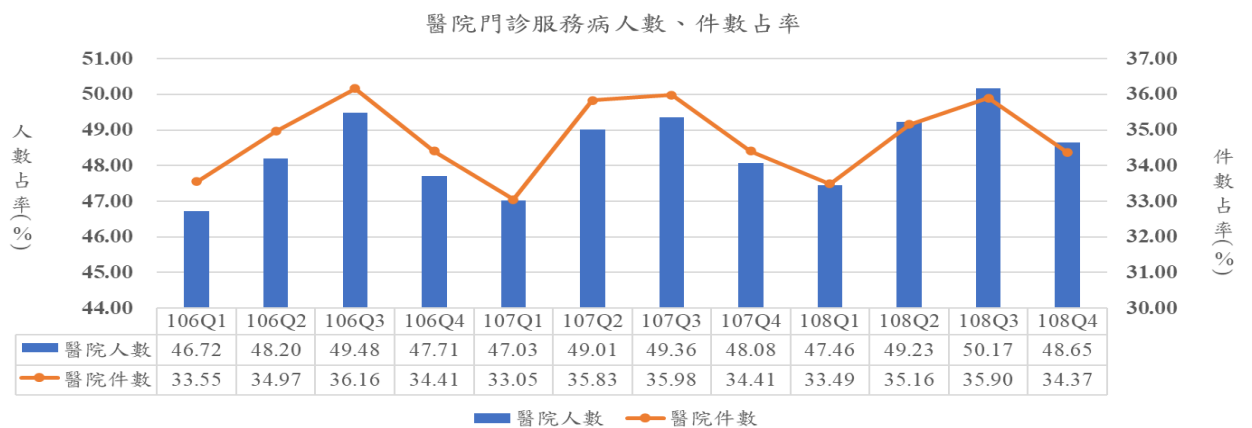


圖 99 醫院門診服務病人數、件數占率

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。



圖 100 西醫基層門診服務病人數、件數占率

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

指標 1.6 藥品費用占率

在藥品費用占率中，整體的占率從 106 年上半年至 108 年下半年，落在 26% 至 27% 之間，基層院所的占率最低，落在 17% 至 19% 之間。而在醫學中心的占率相較於整體是呈現較高趨勢，落在 34% 至 36%，如圖 101。

進一步也發現，不論在整體或各層級中，108 年上半年是歷次資料中最高者，其造成此現象之原因可能係為 C 肝新藥、治療 HIV 藥物、抗感染製劑、癌症藥物及免疫調節劑的藥費明顯成長所致。就結果呈現表示，在 108 年上半年幅度最大，認為宜保持觀察其後續之變化。

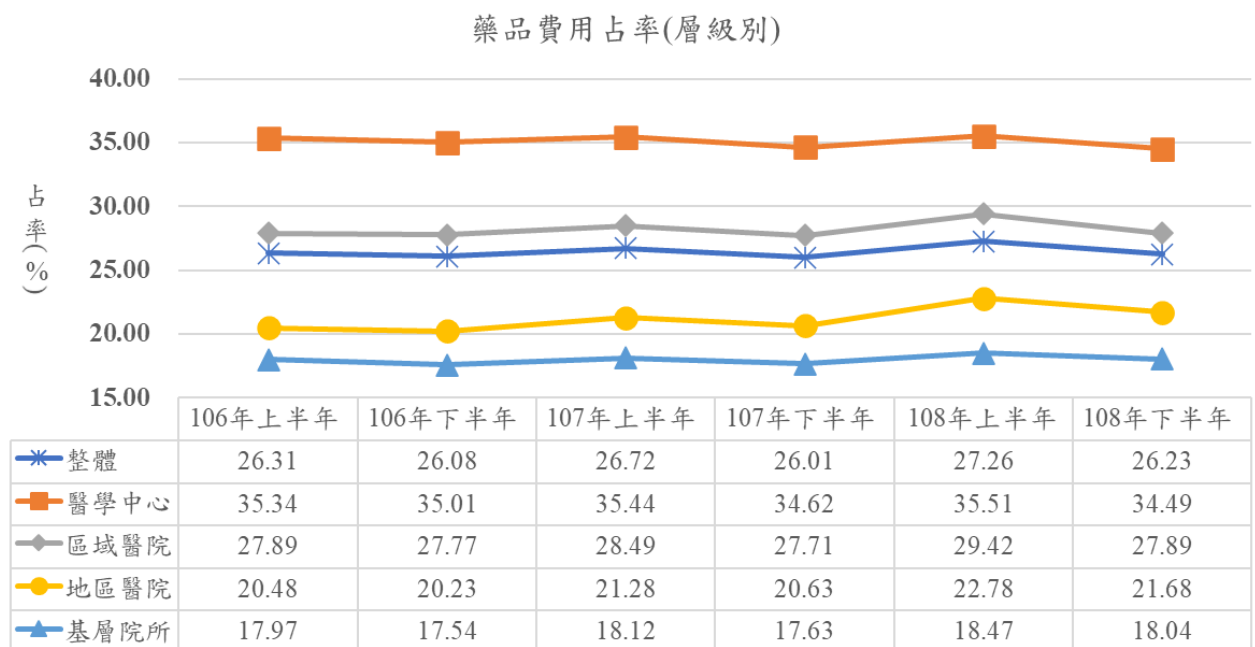


圖 101 藥品費用占率(層級別)

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

指標 1.7 健保專案計畫之執行成效

健保專案計畫包括，醫院總額部門、西醫基層總額部門、中醫總額部門及牙醫總額部門等四大部門，除牙醫總額部門外，其他總額部門之 108 年進場、退場專案計畫是維持不變的，而牙醫總額部門之牙周病統合照護計畫由專款項目移至一般服務項下，所以專案計畫減少 1 項。

在各總額部門之專款項目(計畫或方案)部分，108 年專案計畫總數，醫院總額部門為 13 項、西醫基層總額部門為 10 項、中醫總額部門為 7 項及牙醫總額部門為 3 項，如圖 102。

而專案計畫執行率，在 108 年度醫院總額部門、西醫基層總額部門、中醫總額部門及牙醫總額部門分別為：97%、94%、95%及 99%。由專案計畫執行率顯示，在各總額部門都達到 90% 以上，以符合指標之監測目的，宜繼續採用做觀察。

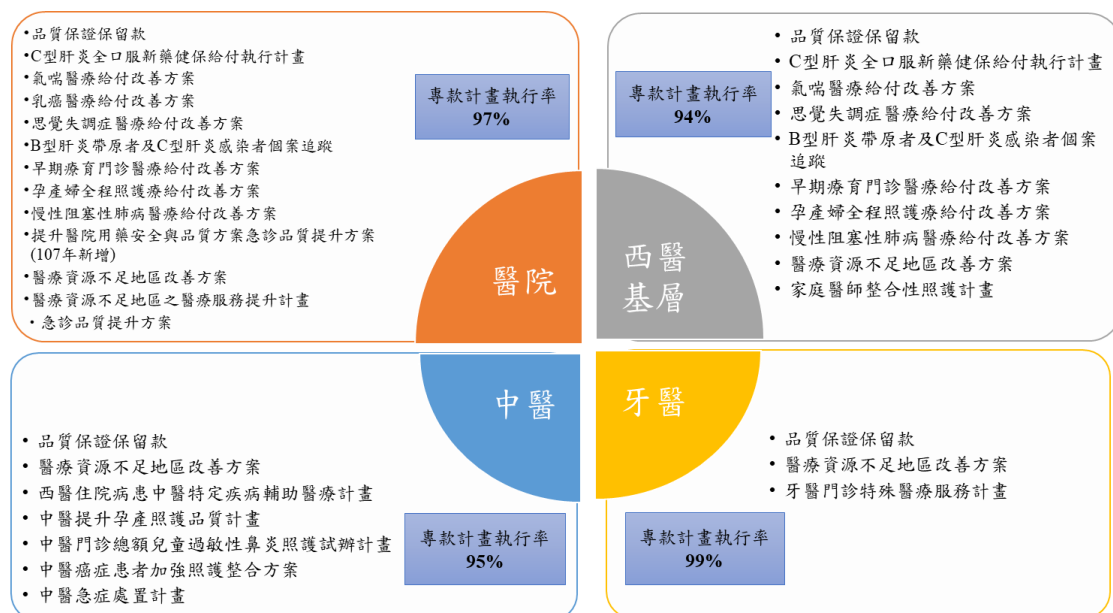


圖 102 108 年專款項下專案計畫及其執行 108Q1~108Q3 預算執行率

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

二、醫療品質構面

指標 2.1 手術傷口感染率

從手術傷口感染率發現，指標值從 104 年上半年 1.31% 下降至 105 年上半年 1.19%，105 年下半年年略有增加至 1.23%，而 107 年上半年至 108 年上半年維持在 1.13%，不過 108 年下半年卻上升為 1.16%。

院所平均值在 104 年上半年為 0.63%，且 105 年下半年、107 年上半年及 108 年下半年增加幅度較高，平均值分別為 0.89%、0.79% 及 1.18%。而進一步了解後，是因少數院所指標值為 0% (分子個案數為 0)，極端值(0%)，而造成平均值上升之原因，如圖 103。

雖然我國的手術感染率是呈現每半年為監測期間，不過與其他國家比較，發現比挪威、芬蘭、德國及英國來的高，而西班牙是唯一高於我國的國家。

但進一步分析後發現，其原因可能在於我國納入 ICD-9-CM 為：996.6, 998.1, 998.3, 998.5 及 ICD-10-CM 相關代碼，而其他國家僅以 ICD-9-CM 之診斷代碼為 998.5 或 ICD-10-CM 為 T81.4 為主。因我國納入代碼較多，所以在分子個數也隨之增加，導致我國手術感染率高於其他國家之現象。而就目前結果顯示，仍須長期觀察期後續情況，如表 56。

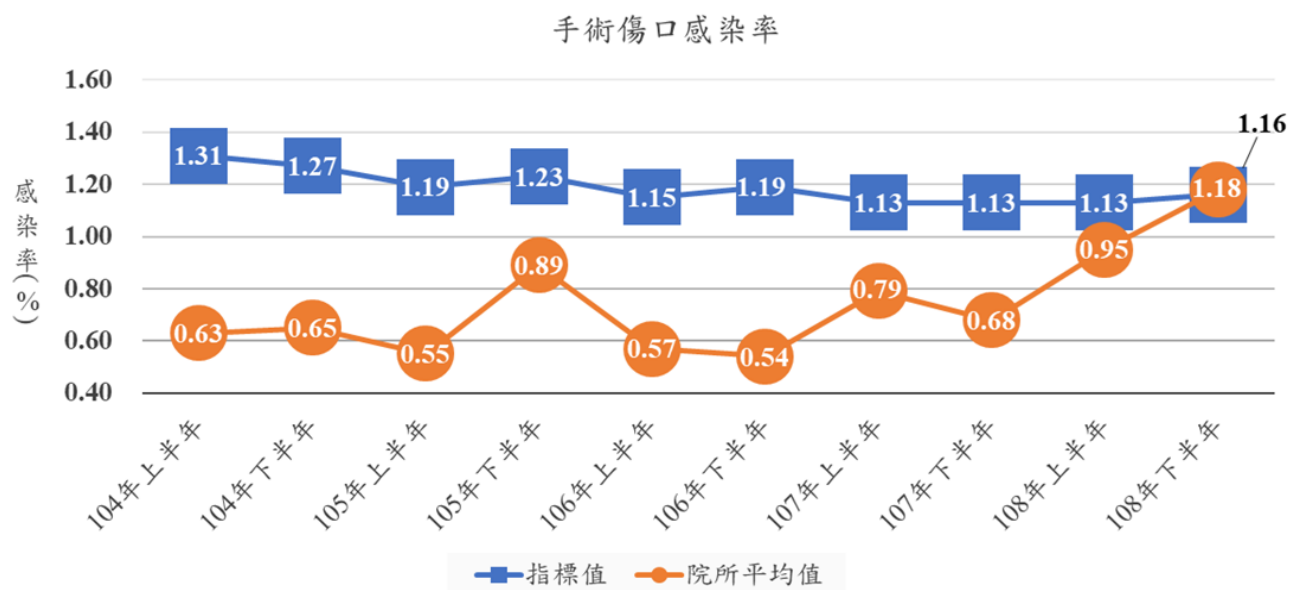


圖 103 手術傷口感染率

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

表 56 各國手術感染率

單位：率(%)

國家/年度	103 年	104 年	105 年	106 年
德國	0.22	0.22	0.21	0.21
挪威	0.50	0.50	0.60	0.40
芬蘭	1.12	1.10	1.08	1.12
英國	1.03	1.01	1.01	1.03
西班牙	4.38	4.52	4.54	5.05
台灣*	1.23/1.32	1.31/1.27	1.19/1.23	1.15/1.19

註：1.*監測期間為每半年一次

2. 目前各國資料更新至 106 年，最新年度以 106 年為主

資料來源：WHO，(2020)。European Health Information Gateway data，[https :
//gateway.euro.who.int/en/datasets/](https://gateway.euro.who.int/en/datasets/)；衛生福利部全民健康保險會 108 年全民健康保險年度監測

指標監測資料。

指標 2.2 糖尿病品質支付服務之照護率

從 106 至 108 年糖尿病品質支付服務之照護人數，在醫學中心、區域醫院、地區醫院及基層診所，呈現都是逐年增加趨勢，顯示接受照護之民眾越來越多，且提高被照護之品質。在 108 年區域醫院之照護人數為最高 249,605 人，而第二為基層診所 246,940 人，如圖 104。

糖尿病品質支付服務之照護率中可以看到，醫學中心照護率成長最多，由 106 年 45.3% 增加至 108 年 55.6%，成長 10.3%；其後依序為基層診所成長 9.7%，區域醫院成長 4.5%，地區醫院成長 3.8%，如圖 105。從指標結果顯示，有符合指標預期方向，宜繼續採用指標做觀察。

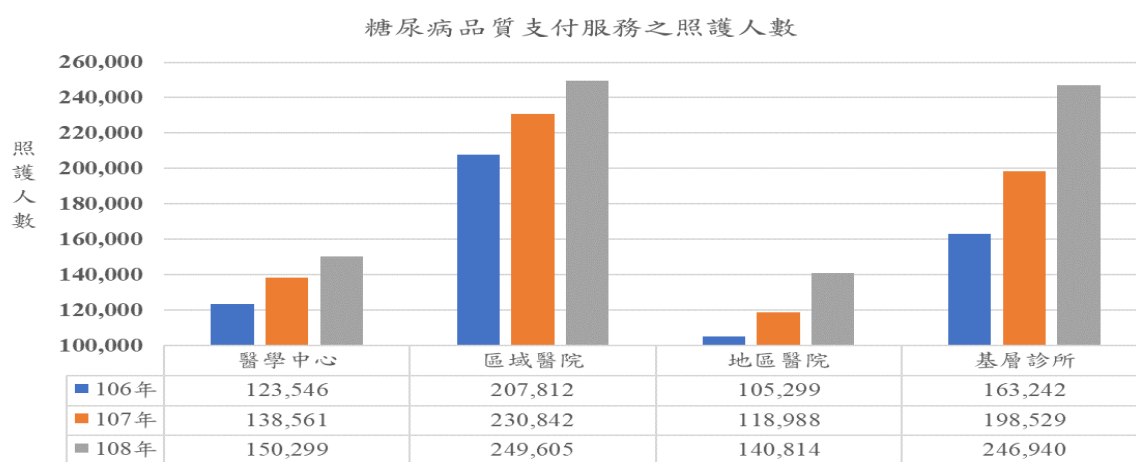


圖 104 糖尿病支付服務之照護人數

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

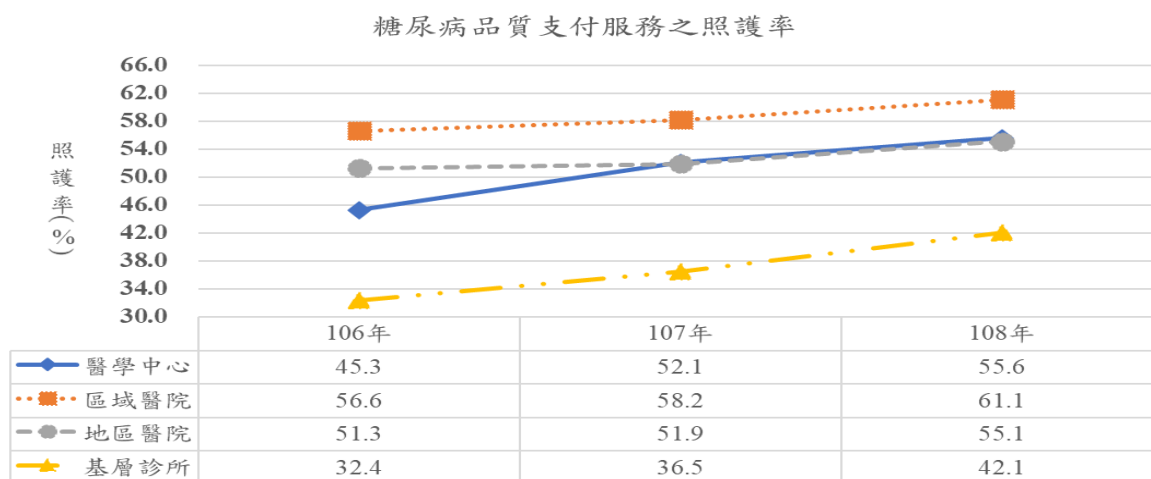


圖 105 糖尿病品質支付服務之照護率

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

指標 2.3 照護連續性

在平均每人門診照護連續性，是為了評估整合性連續照護之品質，計算出照護連續性指數(Continuity of Care Index, COCI)值，介於 0~1 之間，越接近 1 代表照護連續性越高。

據張婷等學者研究(張婷等 2017)，是依美國 ACSC 之規範疾病，探討照護連續性對於發生可避免急診及可避免住院之風險比，將照護連續性分為低(0.00-0.39)、中(0.40-0.81)及高(0.82-1.00)組。

雖然本指標是以西醫門診案件計算，從 106 年至 107 年發現，皆落在 0.401，不過 108 年略下降為 0.400，但多落於 0.400 上下浮動，如圖 106。故若依文獻所定義之分類可知，我國平均每人門診照護連續性(COCI 值)約落於中組，顯示尚有努力空間且需長期觀察。

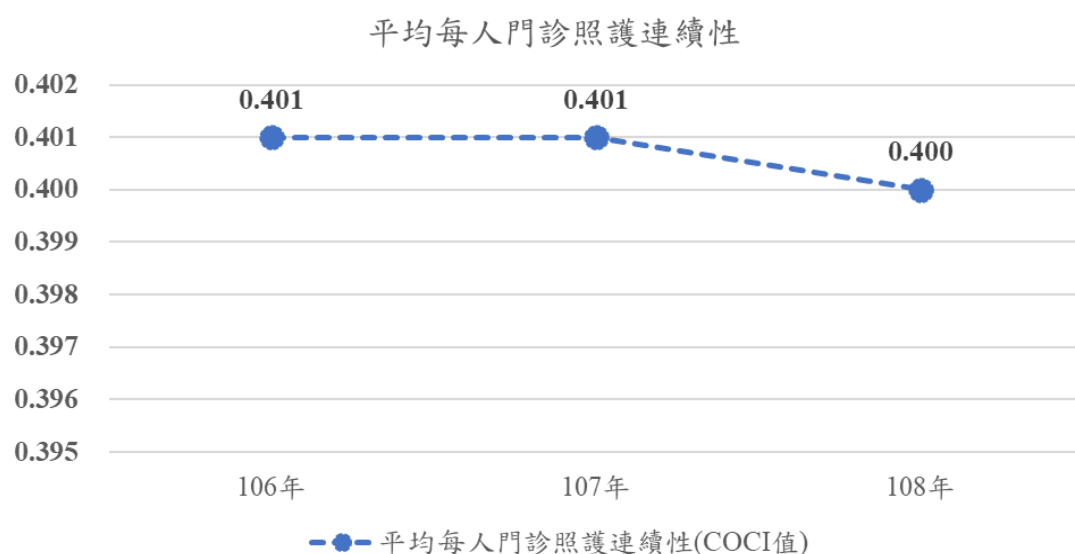


圖 106 平均每人門診照護連續性

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

指標 2.4 護理人力指標-急性病房全日平均護病比占率分布

因配合 108 年 5 月醫療機構設置標準之修正，爰全日平均護病比計算方式，全日平均上班護理人員數改為不列計護理長，故 108 年資料與歷年統計資料無法比較。

全日平均護病比占率是以每月為單位計算，從醫學中心在 106 年小於 8.0 月次占 83.3%，而 107 年占 89.0%，但 108 年為 79.0%。不過在 8.0 至 8.4 之間，在 108 年落於 18.7%，而大於 8.9 皆為 0.0%，如圖 107 及圖 108。

而區域醫院之全日平均護病比占率小於 11.0，從 106 年 88.6%增加至 107 年 90.5%，在 108 年為 87.3%。而 11.0 至 11.4 之平均護病比占率，從 106 年 5.5%下降至 107 年 3.7%，在 108 年為 4.5%。且 11.5 至 11.9 則從 106 年 4.6%上升至 107 年 5.0%，108 年為 7.3%，大於 11.9 維持在 0.7%至 1.3%之間，如圖 109 及圖 110。

地區醫院之全日平均護病比占率，在 106 年小於 14.0 月次占 92.2%，107 年略下降為 90.1%，且 108 年為 90.7%。而 14.0 至 14.4 之全日平均護病比占率，從 106 年 0.9%逐年增加至 108 年 1.5%。在 14.5 至 14.9 之近三年的占率，落在 0.7%至 1.7%之間，大於 14.9 之占率則落在 0.5%至 0.9%，最後不適用為醫院之費用年月未有收治住院個案，占率落在 5.2%至 7.6%之間，如圖 111 及圖 112。

從歐洲研究發現最佳醫護比為 1：6(Johnson et al, 2016)，在相較於醫護比為 1：10 以上，患者的死亡率會下降 20%。而台灣之「醫療機構設置標準」規範中，醫學中心護病比為 1：9、區域醫院 1：12、地區醫院 1：15 相較於國外之最佳護病比，不論在醫學中心、區域醫院及地區醫院都是高於 1：6，顯示仍有進步的空間。不過 108 年因計算方式之改變，須再繼續觀察其指標數據，以了解是否達到其指標之監理目的。

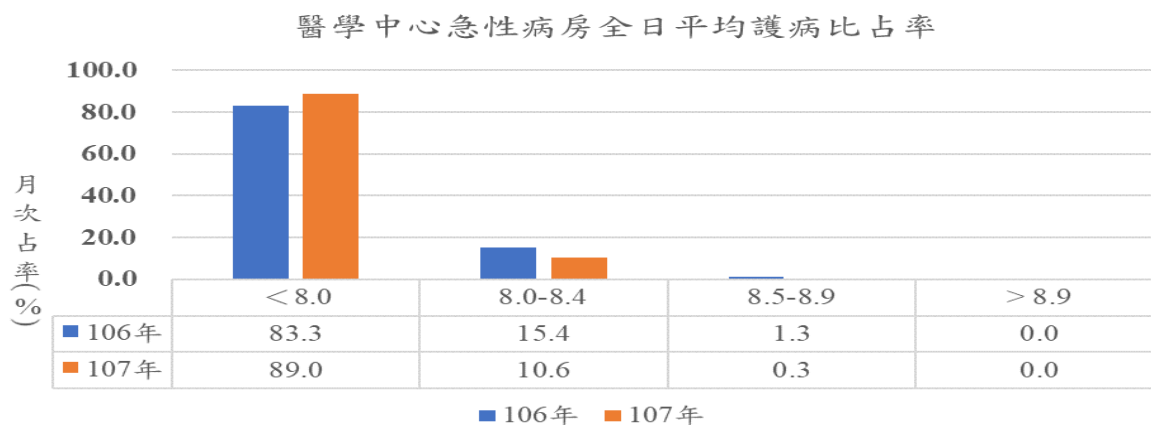


圖 107 醫學中心急性病房平均護病比占率(106-107 年)

註：月次占率為以每月為單位計算

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

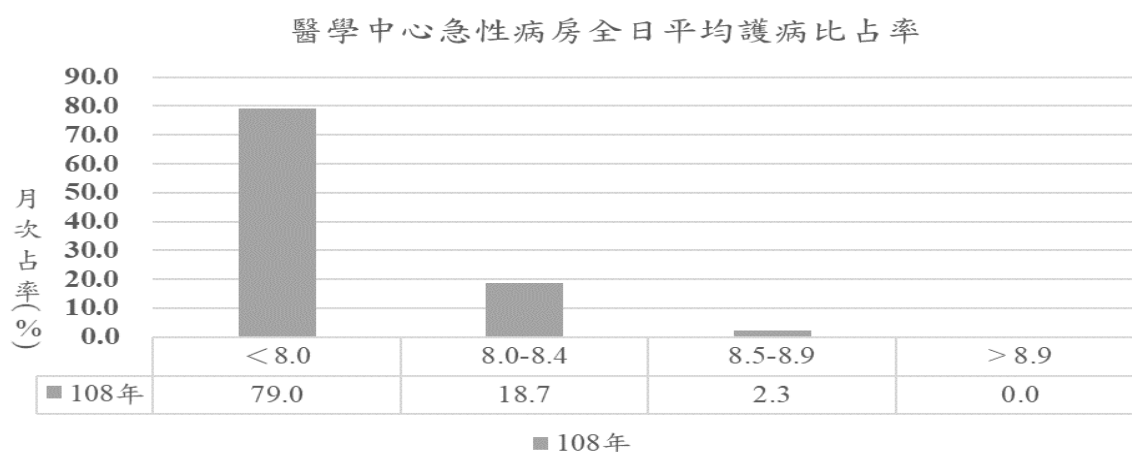


圖 108 醫學中心急性病房平均護病比占率(108 年)

註：月次占率為以每月為單位計算

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

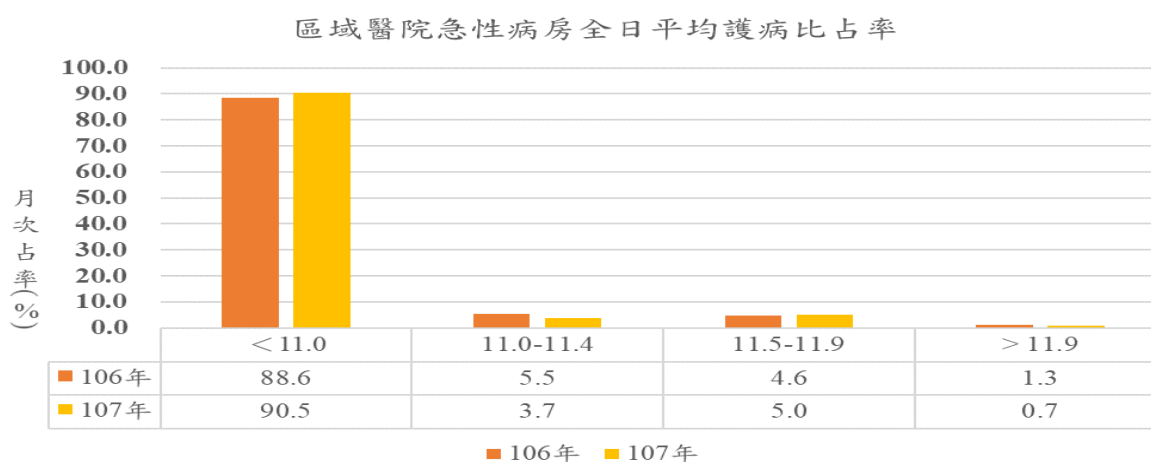


圖 109 區域醫院急性病房平均護病比占率(106-107 年)

註：月次占率為以每月為單位計算

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

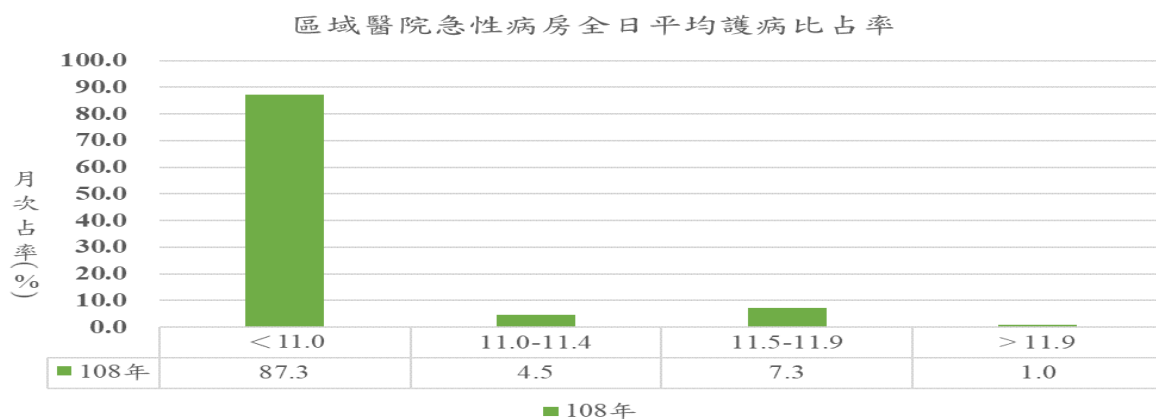


圖 110 區域醫院急性病房平均護病比占率(108 年)

註：月次占率為以每月為單位計算

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

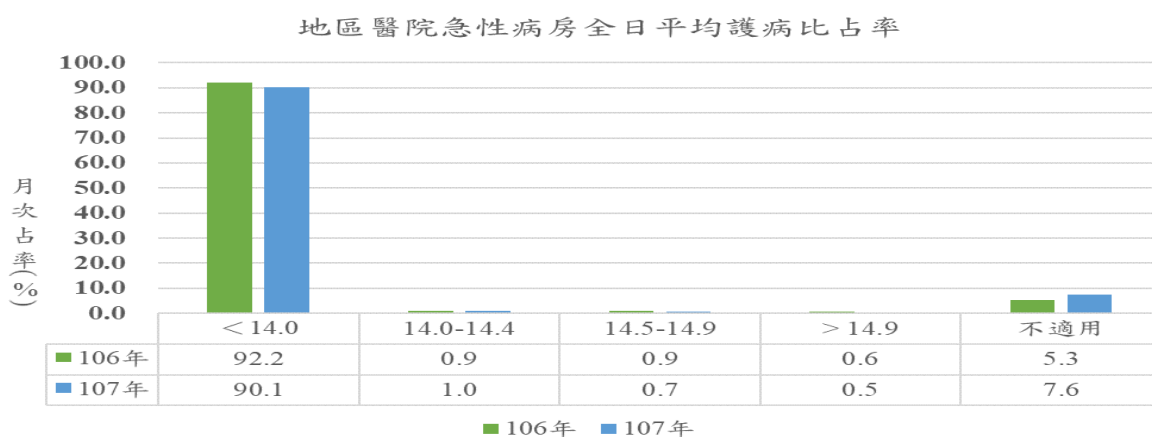


圖 111 地區醫院急性病房平均護病比占率(106-107 年)

註：月次占率為以每月為單位計算

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

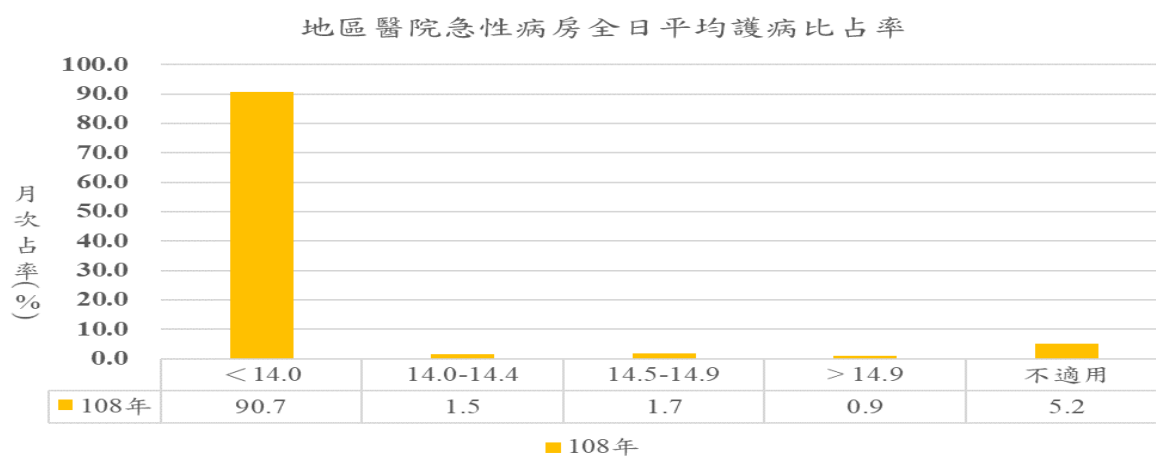


圖 112 地區醫院急性病房平均護病比占率(108 年)

註：月次占率為以每月為單位計算

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

三、效果構面

指標 3.1 民眾對醫療院所醫療結果滿意度(各部門)

在醫院總額部門從 106 年 93.4% 下降至 107 年 89.4%，而 108 年增加為 96.8%。西醫基層總額部門從 106 年 95.4% 下降至 107 年 92.4%，但 108 年上升至 95.9%。牙醫門診總額部門，從 106 年 92.5% 上升至 93.2%，且 108 年更增加至 94.0%。而中醫門診總額部門，106 年為 93.6%，在 107 年略下降為 92.2%，且 108 年增加為 95.0%，如圖 113。

從監測結果發現，醫院、西醫基層及中醫門診總額部門滿意度，在 107 年皆有下降趨勢，只有牙醫部門滿意度為增加趨勢。原因可能與問卷問項有關，因問項是採用李克特五等分量表(likert scale)作答，填答者可能受到當下情緒、習慣性認同或生活環境等因素影響，容易陷入中立性的回答內容所致。若再加上問項「普通」後，可以得知滿意度百分比之漲幅就有明顯降低，結果顯示民眾滿意度是維持在穩定趨勢，以符合指標之預期方向，仍繼續保持及觀察，如圖 114。

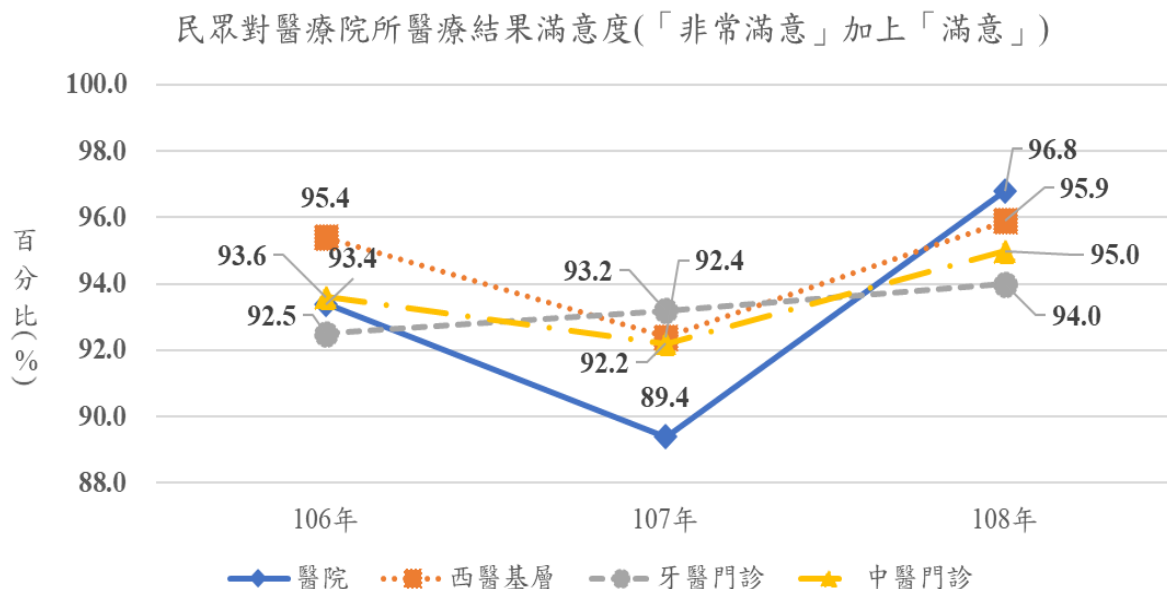


圖 113 民眾對醫療院所醫療結果滿意度(非常滿意加上滿意)

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

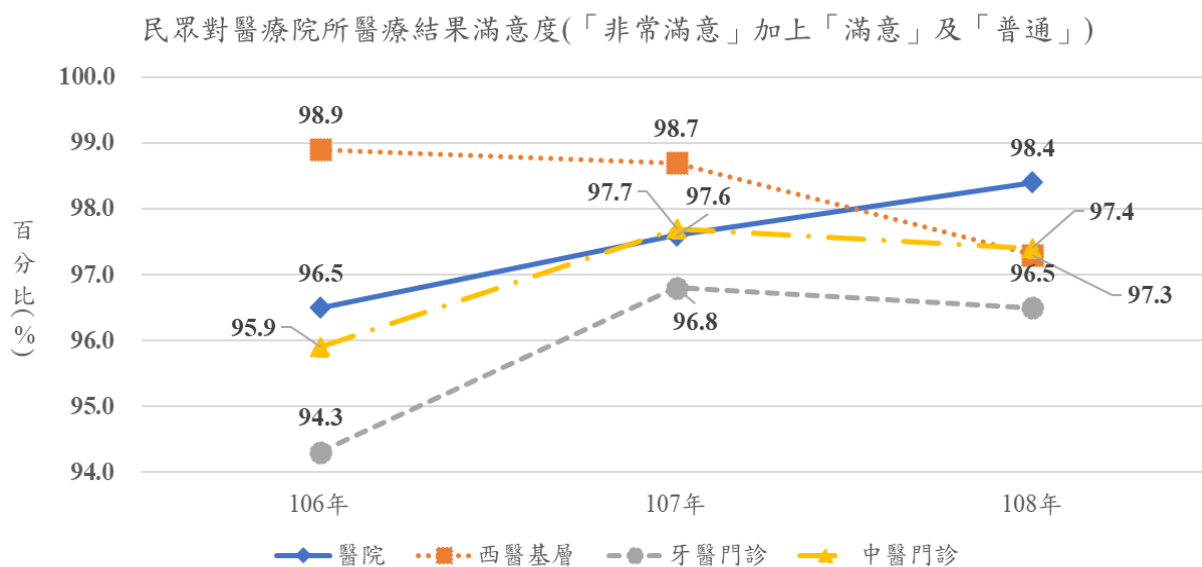


圖 114 民眾對醫療院所醫療結果滿意度(非常滿意加上滿意及普通)

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

指標 3.2 糖尿病初級照護(可避免住院指標)—糖尿病病人住院率

糖尿病病人住院率是為了提升初級照護品質，有助於降低民眾住院率，藉以節省醫療費用。本指標之分母為 15 歲以上投保人數，因民眾自由就醫，同一人可能於各層級分別就醫而重複列算，本項指標不適合依層級別分列。

從監測結果發現，在 105 年及 106 年整體之糖尿病病人住院率為 0.13%，而 107 年略增加為 0.14%。

進一步將年齡分層後發現，落在 15-24 歲，在 105 至 107 年都為 0.02%，年齡層為 25 至 34 歲近三年皆落在 0.03%。年齡層在 35 至 44 歲，從 105 至 107 年皆持平在 0.06%，45 至 54 歲之年齡層，在 105 及 106 年為 0.10%，而 107 年略增加為 0.11%。在 55 至 64 歲則 105 及 106 年維持 0.16%，107 年上升為 0.18%。

在 75 歲以上的糖尿病病人住院率為最高，呈現逐年增加趨勢，從 105 年為 0.52% 上升至 107 年 0.56%，成長 0.04%；次之為 65 至 74 歲，從 105 年 0.29% 上升至 107 年 0.32%，成長 0.03%，如圖 115 及表 57。

從上述中可以得知糖尿病之病人，整體之住院率大致呈現穩定，未有明顯趨勢變化。不過透過年齡層之結果分析可發現，65 歲以上高齡人口的住院率呈現成長趨勢，顯示尚未符合預期方向，需再觀察及留意此情況。

表 57 糖尿病病人住院率(整體及年齡分層)

單位(%)

年齡層	105 年	106 年	107 年
15-24	0.02	0.02	0.02
25-34	0.03	0.03	0.03
35-44	0.06	0.06	0.06
45-54	0.10	0.10	0.11
55-64	0.16	0.16	0.18
65-74	0.29	0.31	0.32
75~	0.52	0.53	0.56
整體	0.13	0.13	0.14

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

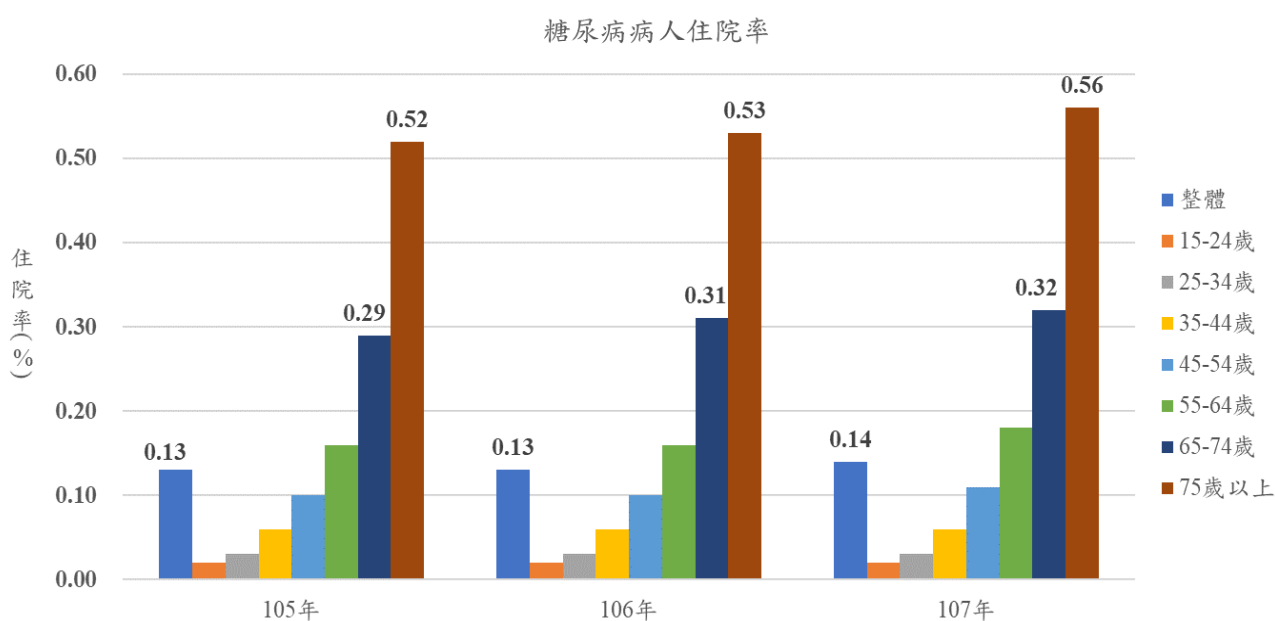


圖 115 糖尿病病人住院率

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

在 OECD 報告(OECD，2017)中提到，糖尿病病人住院率越低，代表病人有獲得良好的照護，良好的糖尿病照護，能降低併發症產生。我國 105-106 年間糖尿病病人住院率為 0.13%

與其他國家比較發現，以英國最低，歷年皆維持在 0.07%；而加拿大落於 0.09%至 0.10%，丹麥落於 0.10%至 0.11%，挪威維持在 0.08%。瑞典落於 0.08%至 0.09%，芬蘭落於 0.11%至 0.12%。

另一方面，在鄰近的韓國卻是高於我國，從 103 年 0.28%下降至 105 年 0.26%，在 106 年為 0.25%。顯示目前我國落於中間地帶，宜觀察且繼續保持，如表 58。

表 58 各國糖尿病病人住院率

單位(%)

國家/年度	103 年	104 年	105 年	106 年
加拿大	0.09	0.09	0.09	0.10
丹麥	0.12	0.11	0.11	0.10
挪威	0.08	0.07	0.08	0.08
瑞典	0.10	0.09	0.09	0.08
芬蘭	0.15	0.14	0.11	0.12
英國	0.07	0.07	0.07	0.07
韓國	0.28	0.26	0.26	0.25
台灣	--	--	0.13	0.13

註：各國資料目前更新至 106 年，最新呈現以 106 年為主

資料來源：OECD，(2020)。OECD iLibrary，<https://www.oecd-ilibrary.org/>；衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

指標 3.3 出院後 3 日內再急診比率

出院後 3 日內再急診比率，是為了監控 3 日內再急診比率，有助瞭解醫院是否為節省成本，過早讓病人出院，而降低醫療服務之品質，分為 Tw-DRG(住院診斷關聯群)案件及一般出院案件等兩類。

從 Tw-DRG(住院診斷關聯群)案件中發現，自 106 年 1.91% 至 108 年 2.02%，呈現逐年增加趨勢，而一般出院案件，在 106 年為 3.90%，107 年略下降為 3.82%，但 108 年上升至 3.85%，如圖 116。

從監測結果呈現，分類在一般出院案件中，近三年都為穩定趨勢，但在 Tw-DRG(住院診斷關聯群)案件分類，有微幅增加之情況，顯示須繼續後續觀察及監測。

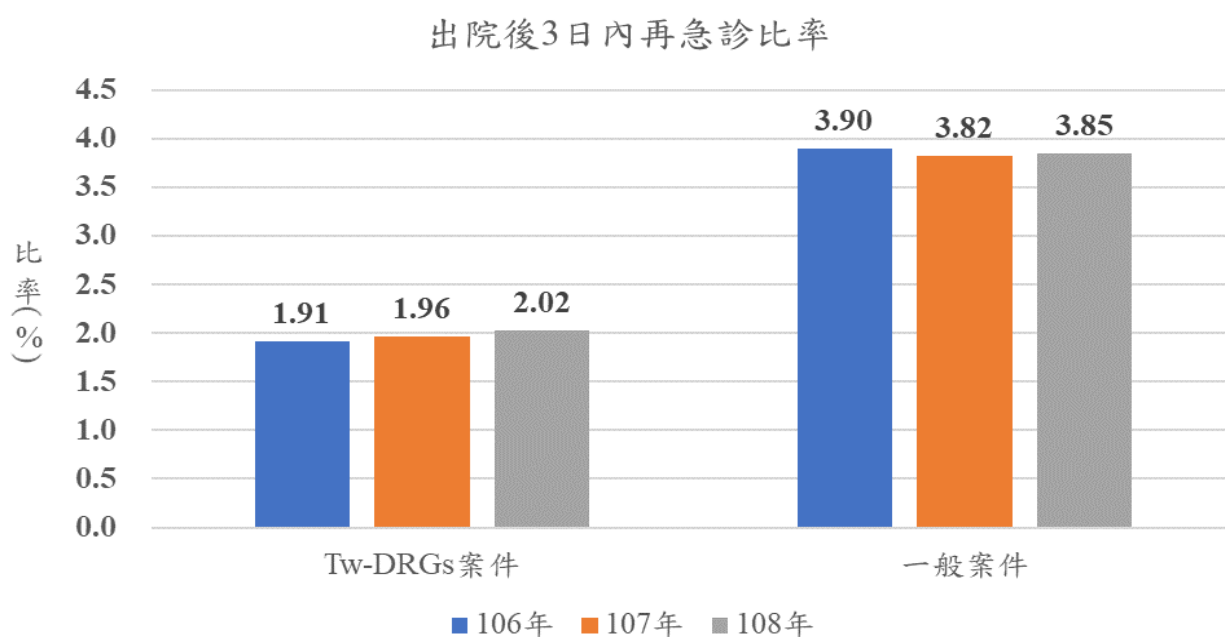


圖 116 出院後 3 日內再急診比率

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

四、公平構面

指標 4.1 以鄉鎮市區發展程度，觀察最高與最低兩組醫師人力之比值(各部門)

以鄉鎮市區發展程度，觀察最高與最低兩組醫師人力之比值，希望藉由本指標衡量醫師人力分布的均勻程度，計算方式是依鄉鎮市區發展程度分類後，計算醫師數最高與最低兩組之比值。以整體醫師人力比值來看，自 106 年 7.96 上升至 108 年 8.24，呈現逐年上升的情況，如表 59。

若以各部門來看，在醫院總額部門之醫師人力比值，呈現逐年下降趨勢，從 106 年 79.36 下降至 108 年 73.09，每萬人口醫師數最高為 108 年 19.8 人，最低為 106 及 107 年 0.2 人，如圖 117 及表 60。

在西醫基層總額部門之醫師人力比值，呈現微幅增加趨勢，從 106 年 2.18 上升至 108 年 2.27，每萬人口醫師數最高為 108 年 8.1 人，而最低為 106 年 3.5 人，如圖 118 及表 60。

在中醫總額部門之醫師人力比值，從 106 年 9.65 下降至 107 年 8.44，而 108 年增加為 8.82；在每萬人口醫師數中，最高為 108 年 3.8 人，最低則 106 至 108 年皆維持至 0.4 人，如圖 119 及表 60。

最後，牙醫總額部門之醫師人力比值，在 107 年為最高 13.65，但 108 年為近三年最低 13.23；每萬人口醫師數最高為 108 年 9.6 人，近三年最低皆落在 0.7 人，如圖 120 及表 60。

從監理結果發現，總體的醫師人力之比值逐年成長趨勢，表示分布不均有加劇之情形。且進一步分析原因後，發現醫院及牙醫總額部門，呈現逐年下降趨勢，符合指標預期方向。而中醫總額部門在 107 年上升但 108 年有下降情況，表示尚須觀察其後續變化。在西醫基層呈現增加趨勢，顯示尚未符合指標之預期方向，須加以進行改善，才能降低鄉鎮間醫師人力之差異之情況。

表 59 最高與最低之醫師人力比值及每萬人口醫師數

項目/年度	106 年	107 年	108 年
高與最低兩組醫師人力之比值	7.96	8.00	8.24
每萬人口醫師數(單位 ‰)			
最高	38.3	39.4	41.2
最低	4.8	4.9	5.0

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

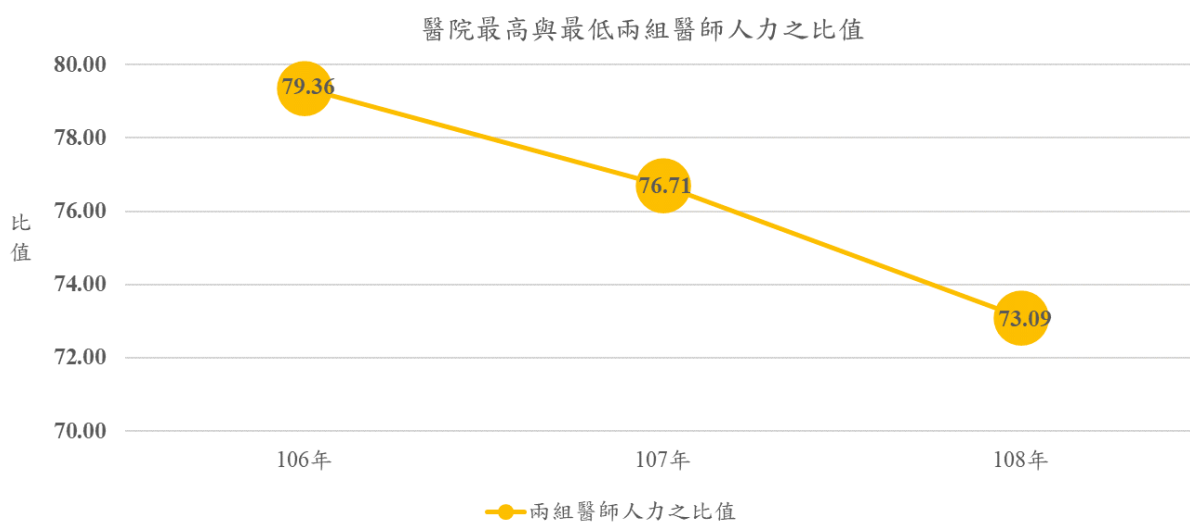


圖 117 醫院最高與最低兩組醫師人力之比值

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

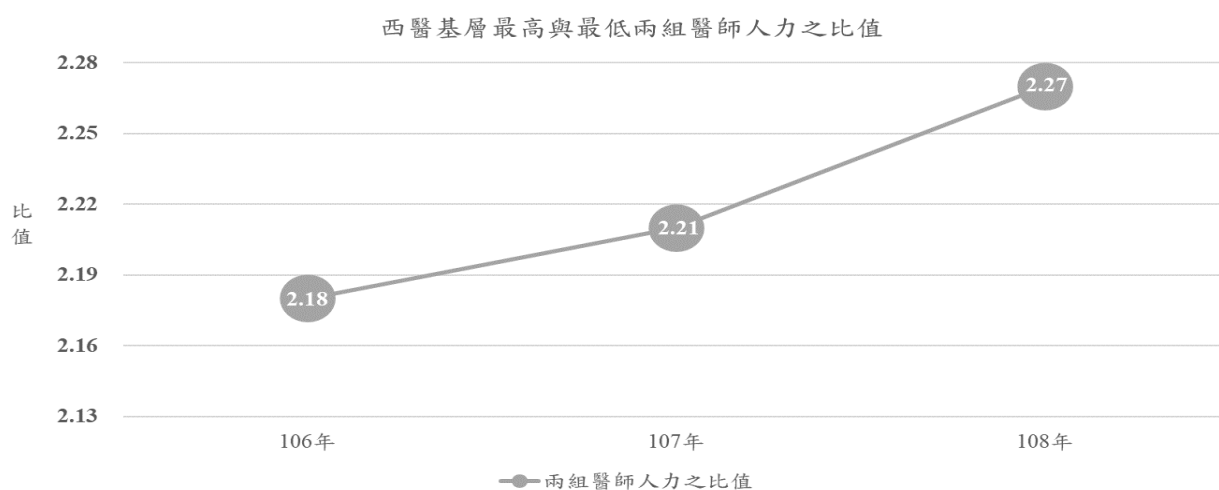


圖 118 西醫基層最高與最低兩組醫師人力之比值

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

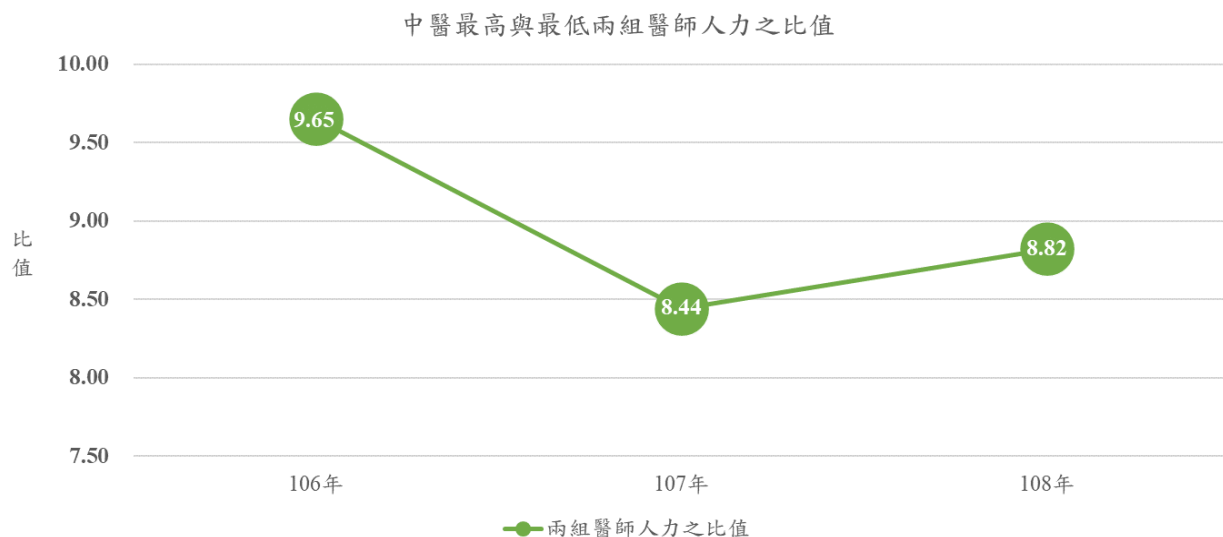


圖 119 中醫最高與最低兩組醫師人力之比值

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

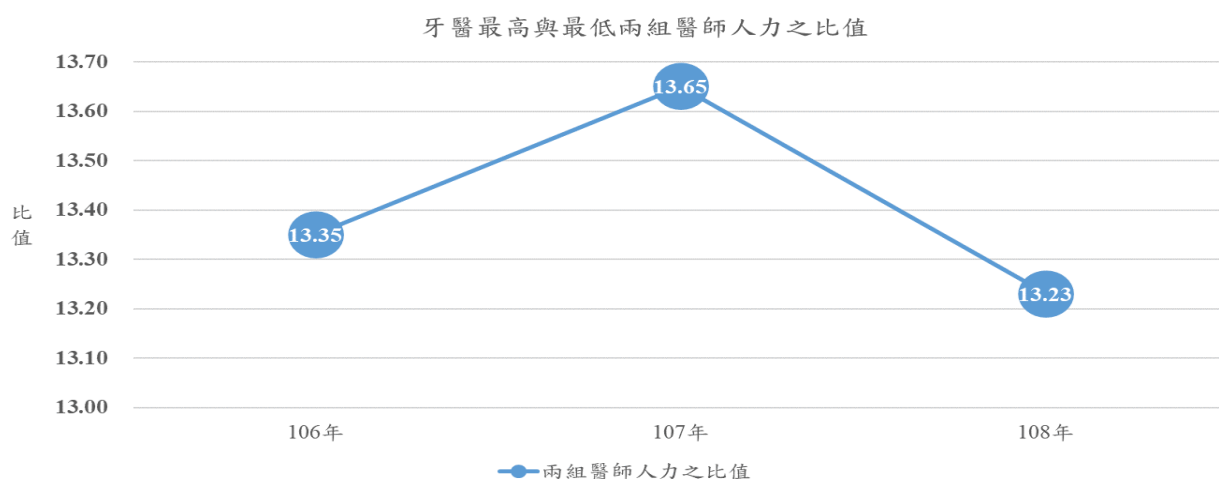


圖 120 牙醫最高與最低兩組醫師人力之比值

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

表 60 最高與最低之每萬人口醫師數(各總額部門)

單位 ‰

年度	總計		醫院		西醫基層		中醫		牙醫	
	最高	最低	最高	最低	最高	最低	最高	最低	最高	最低
106	38.3	4.8	18.0	0.2	7.7	3.5	3.5	0.4	9.1	0.7
107	39.4	4.9	18.5	0.2	7.9	3.6	3.6	0.4	9.4	0.7
108	41.2	5.0	19.8	0.3	8.1	3.6	3.8	0.4	9.6	0.7

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

指標 4.2 一般地區/醫療資源不足地區/山地離島地區之就醫率(各部門)

各總額部門之就醫率是將門診就醫人數，除以保險總人數，目的是希望藉由就醫率了解偏遠地區就醫率是否低於一般地區，分為一般地區/醫療資源不足地區/山地離島地區等三組。

在醫院總額部門中發現，106 至 108 年醫療資源不足地區及山地離島地區就醫率皆未低於一般地區，且呈現逐年增加趨勢，如圖 121。

在西醫基層總額部門，醫療資源不足地區及山地離島地區都未低於一般地區。一般地區從 106 年 80.16%增加至 107 年 81.92%，108 年下降為 82.19%。醫療資源不足地區則逐年增加，從 106 年 82.40%上升至 108 年 83.03%，而山地離島地區也為增加趨勢，從 106 年 84.33%增加至 108 年 86.44%，如圖 122。

牙醫總額部門中發現，雖然醫療資源不足地區之就醫率低於一般地區，不過近三年有逐年成長趨勢。從 106 年 32.14%增加至 108 年 32.84%。一般地區從 106 年 45.55%上升至 108 年 47.55%。山地離島地區自 106 年 41.40%增加至 108 年 42.22%，如圖 123。

而中醫總額部門之就醫率，在醫療資源不足地區低於一般地區，其由 106 年 16.18%增加至 107 年 19.81%，並於 108 年略下降至 19.77%。一般地區則從 106 年 26.13%上升至 108 年 26.64%，山地離島地區從 106 年 22.82%增加至 108 年 23.51%，如圖 124。

從各總額部門之監測結果發現，在西醫總額及牙醫總額部門，符合指標之預期方向。但牙醫總額及中醫總額部門的醫療資源不足地區及山地離島地區之就醫率，都低於一般地區，顯示未符合指標之預期方向，尚有持續努力空間。

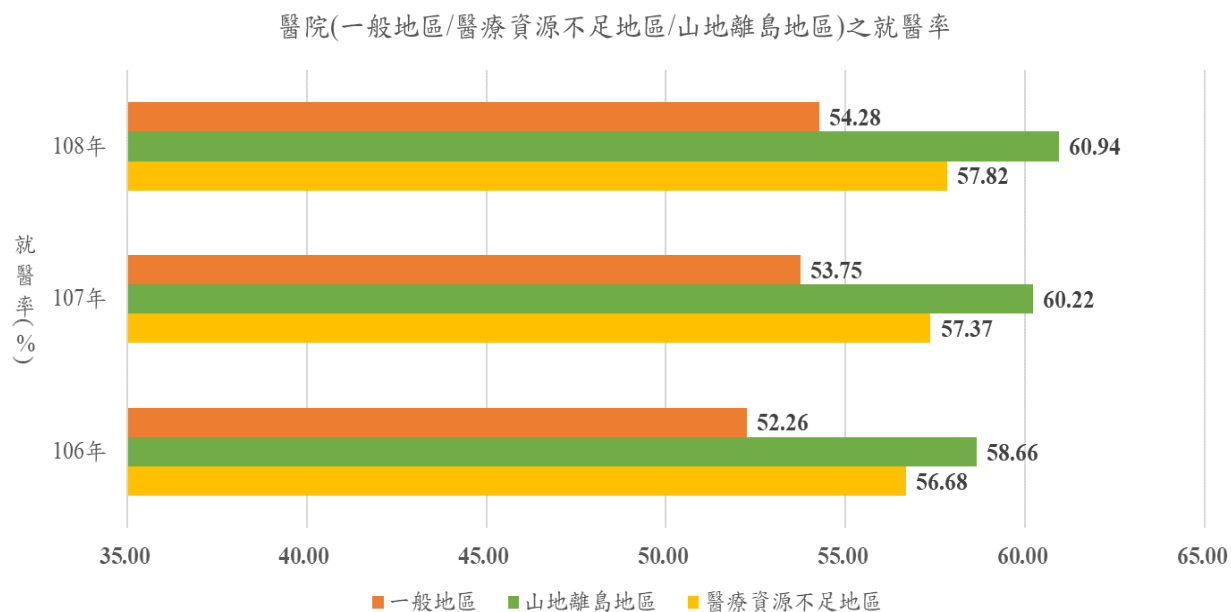


圖 121 醫院(一般地區/醫療資源不足地區/山地離島地區)之就醫率
資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

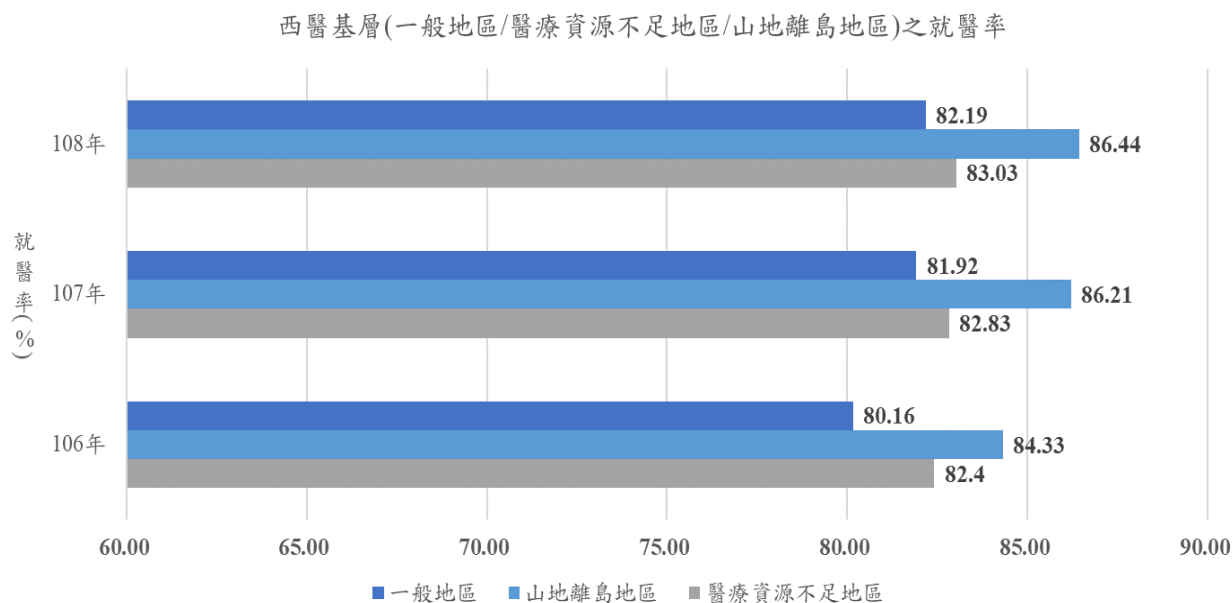


圖 122 西醫基層(一般地區/醫療資源不足地區/山地離島地區)之就醫率
資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

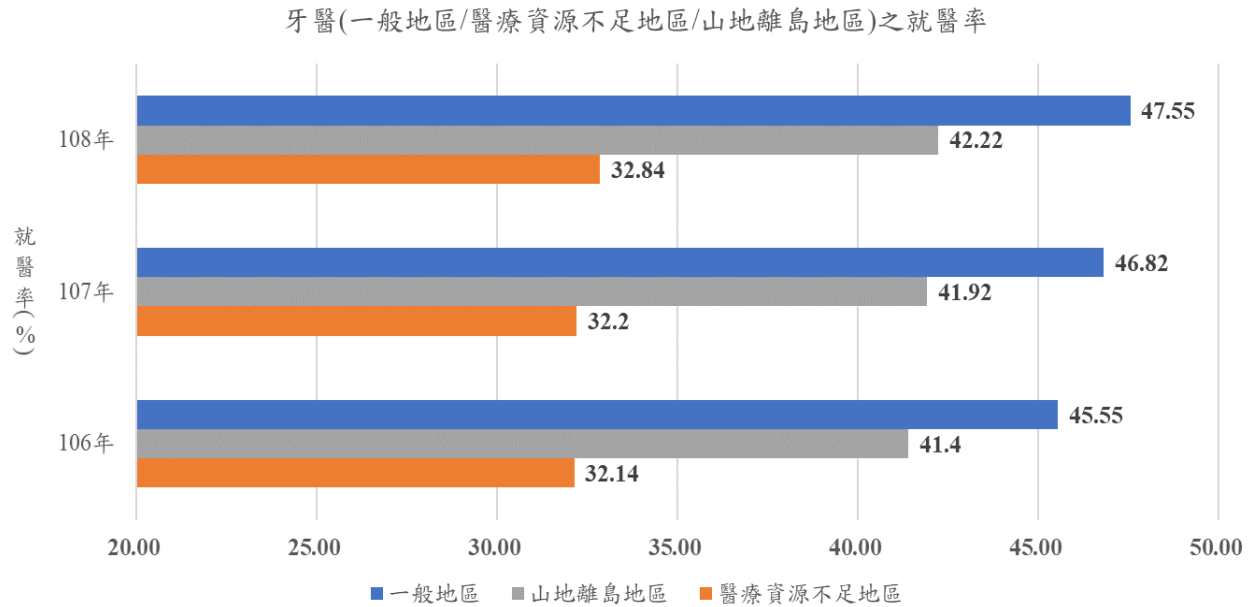


圖 123 牙醫(一般地區/醫療資源不足地區/山地離島地區)之就醫率
資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

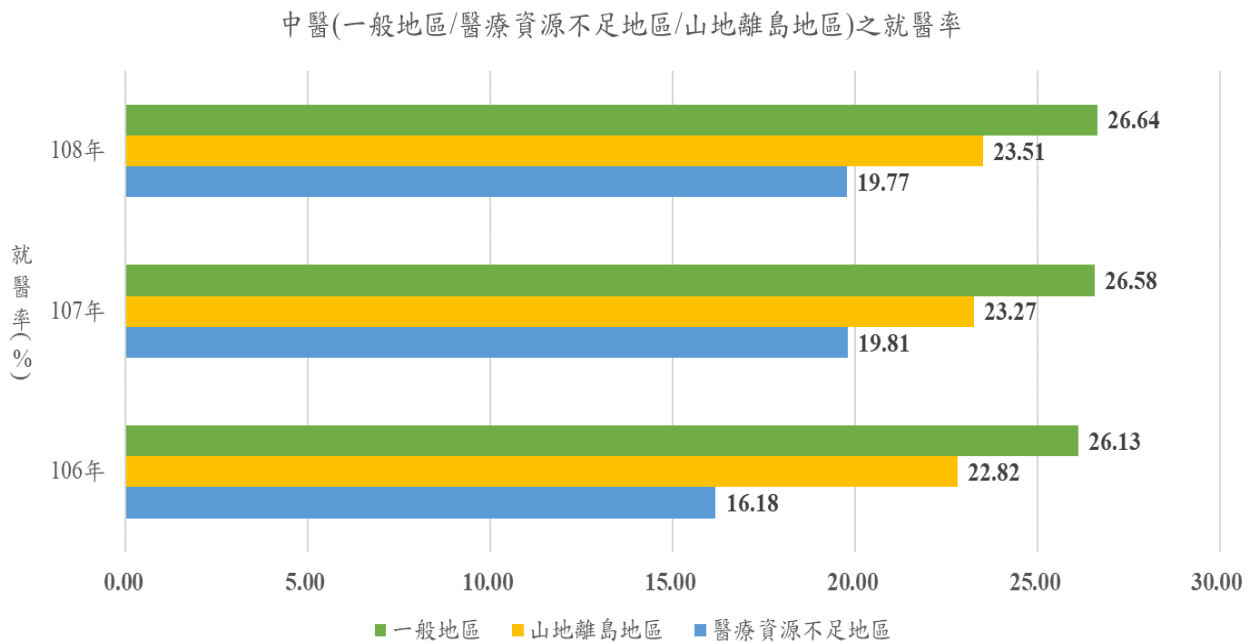


圖 124 中醫(一般地區/醫療資源不足地區/山地離島地區)之就醫率
資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

指標 4.3 自付差額特材占率(整體及各類別項目)

從整體之自付差額特材占率，在 106 年為 0.0402%，107 年為 0.0417%，而 108 年為最高 0.0444%。在結果之數值發現，有逐年上升趨勢，顯示民眾自付特材之需求增加，尚未符合指標之預期方向，須繼續後續觀察及監測，如圖 125。

進一步分析各類別項目，發現在新增功能類別人工心律調節器及義肢、伽碼加長骨髓內釘之占率，在 108 年較大的變化。

其中，新增功能類別人工心律調節器由 107 年 51.4%降至 108 年 44.4%。有關人工心律調節器之自付差額特材占率降低之原因，應是健保署 108 年將原屬自付差額之一類人工心律調節器納入全額給付，部分病人轉用全額給付項目。而義肢方面，由 107 年 4.9%增加至 108 年 7.7%，在伽碼加長骨髓內釘的占率，從 107 年的 31.8%增加至 58.4%。顯示義肢及伽碼加長骨髓內釘之自付差額特材占率有增加情形，須繼續後續觀察及監測。

而「調控式腦室腹腔引流系統」之自付差額占率，發現自 107 年起就超過 80%，且 108 年上升至 81.8%，顯示使用患者居多且相對來說是需求較高，所以建議應納入健保全額給付之可行性，如表 61。

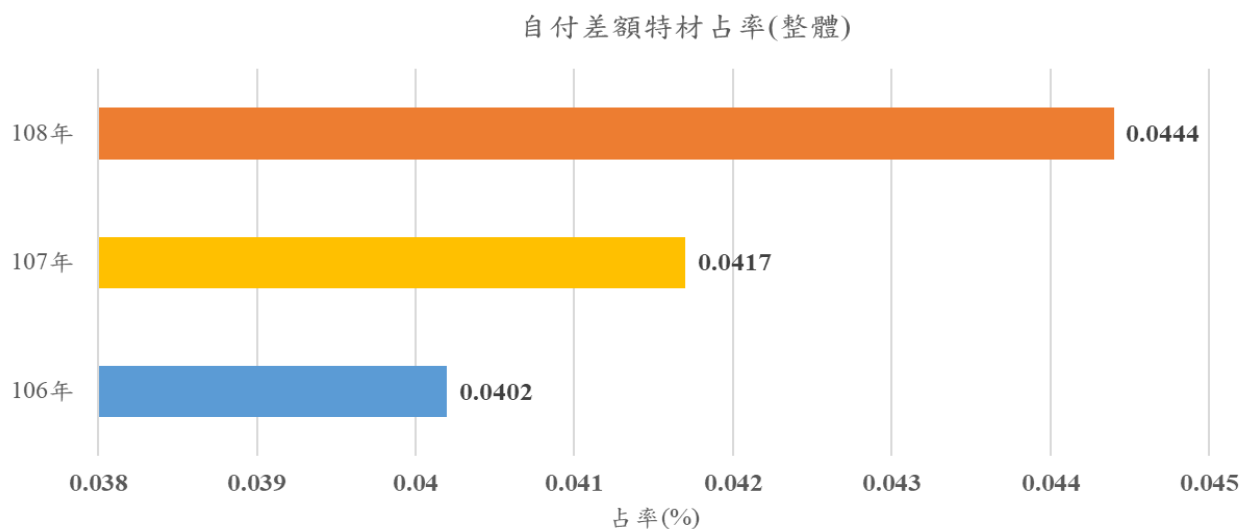


圖 125 自付差額特材占率(整體)

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

表 61 各類項目占率

單位(%)

項目	106 年	107 年	108 年
特殊功能人工水晶體	36.7	37.3	37.9
特殊材質人工髖關節	25.8	26.4	28.5
新增功能類別人工心律調節器	51.0	51.4	44.4
塗藥或特殊塗層血管支架	61.2	64.0	66.1
耐久性生物組織心臟瓣膜	41.9	41.9	41.5
義肢	2.3	4.9	7.7
調控式腦室腹腔引流系統	76.1	80.2	81.8
治療淺股動脈狹窄之塗藥裝置	38.7	36.5	36.8
客製化電腦輔助型顱顏骨固定系統組	89.5	88.3	--*
治療心房顫動之冷凍消融導管	14.6	17.2	16.4
伽碼加長骨髓內釘	--	31.8	58.4

註：*107/12/01 起納入健保全額給付

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

五、財務構面

指標 5.1 保險收支餘絀實際數、預估數及兩者之差異率

保險收支餘絀實際數、預估數及兩者之差異率，是了解保險收支餘絀之「實際數」及「預估數」之差距，驗證預估準確程度，以掌握未來財務收支趨勢。

在保險收支餘絀實際數，從 106 年-98.40 億元增加至 108 年-336.60 億元。106 年保險收支餘絀預估數從-163.59 億元上升至 108 年-417.05 億元，而保險收支餘絀差異數中，在 106 年為 65.19 億元，107 年為-15.42 億元，而 108 年為 80.45 億元。

而在差異率中，從 106 年-39.85%下降至 107 年 6.14%，108 年又增加至-19.29%，不過健保署提供其原因，在 106 年因總額部門專款、其他部門結餘所致。但 108 年為前年度總額結算追扣補付預估與實際差異數及專款結餘款調整影響。而調整後之實際數、預估數及兩者之差異率，106 至 108 年分別為：5.13%、6.14% 及 2.30%，顯示尚需長期觀察以了解其變化，如表 62。

表 62 保險收支餘絀實際數、預估數及差異率

項目/年度	106 年	107 年	108 年
實際數(億元)	-98.40	-266.48	-336.60
預估數(億元)	-163.59	-251.06	-417.05
差異數(億元)	65.19	-15.42	80.45
差異率(%)	-39.85	6.14	-19.29

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

指標 5.2 安全準備總額折合保險給付支出月數

在安全準備總額折合保險給付支出月數，目的是希望即時掌握保險財務情形。自 106 年折合月數為 4.75 逐年下降趨勢，且 108 年為 3.24。而在 106 至 108 年安全準備較前一年度增減數都為負數，分別為：-98.4 億元、-266.48 億元及-336.6 億元。顯示目前指標結果為符合保險安全準備總額以 1 至 3 個月保險給付支出為原則之規定，且符合指標之預期方向，應繼續保持及觀察，如圖 126。

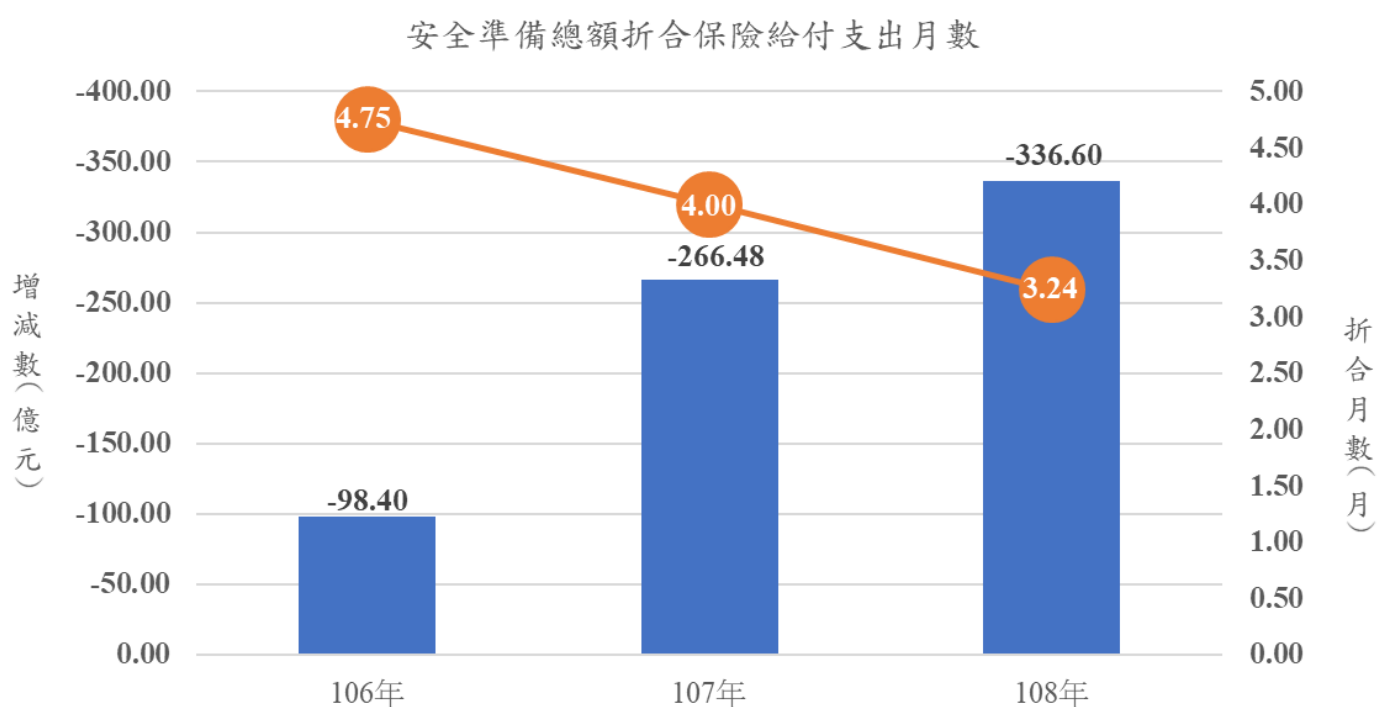


圖 126 安全準備總額折和保險給付支出月數

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

指標 5.3 全民健保醫療支出占 GDP 比率

全民健保醫療支出占 GDP 比率，監理重點是瞭解我國健保支出水準之成長趨勢，結果呈現分為全民健保醫療支出(含部分負擔)及全民健保醫療支出(不含部分負擔)等兩類。

從監測結果發現，全民健保醫療支出(含部分負擔)占 GDP 比率從 105 年 3.50% 增加至 107 年 3.69%，而全民健保醫療支出(不含部分負擔)占 GDP 比率，自 105 年 3.27 上升至 107 年 3.47%。顯示目前全民健保醫療支出(含部分負擔)及全民健保醫療支出(不含部分負擔)等兩類，都維持至 3% 至 4% 之間，暫未有明顯之趨勢變化，不過需繼續觀察及監測。如圖 127。

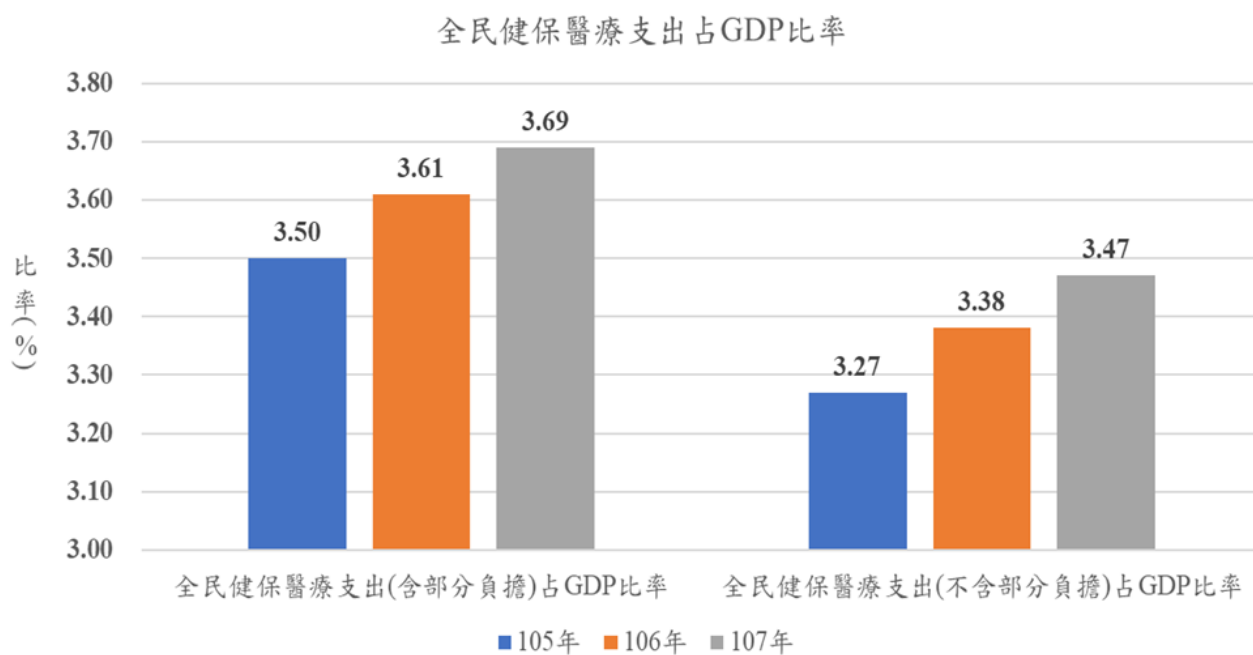


圖 127 全民健保醫療支出占 GDP 比率

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

指標 5.4 資金運用收益率

在資金運用收益率，是衡量保險人資金運用之獲利能力及投資項目之品質，且健保資金係短期資金，故其收益率以五大銀行一年期大額定存利率為比較基準。

從收益率來看，自 106 年 0.59% 上升至 107 年 0.62%，而 108 年為近三年最高 0.67%。而五大銀行一年期大額定存平均利率，在 106 至 108 年則穩定為 0.18%，其運用效益均高於五大銀行一年期大額定存平均利率。從監測結果呈現，資金運用收益率都為穩定成長趨勢，符合預期方向且需繼續觀察，如圖 128。

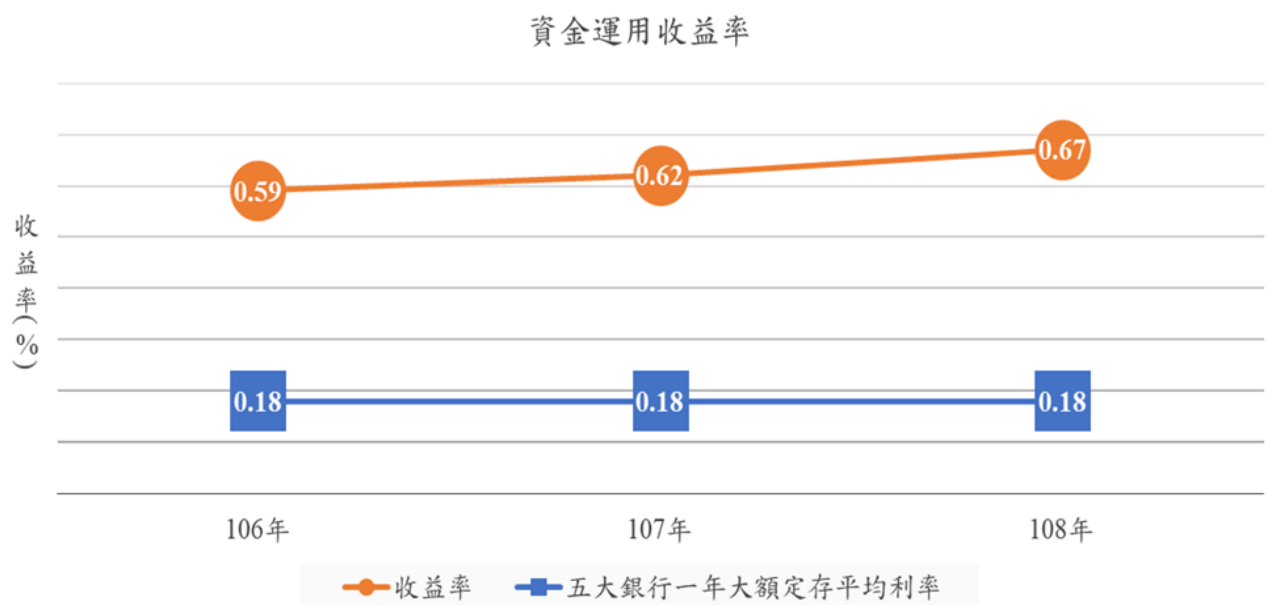


圖 128 資金運用收益率

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

指標 5.5 保費收繳率

保費收繳率是監理保費收繳之情形，統計投保單位及保險對象一般保費收繳情形，藉以掌握實際到繳率。在監測結果分析中，整體從 106 年 98.67% 略為下降趨勢，在 107 年為 98.55% 及 108 年為 98.56%。

若以保險對象區分，在第一類保險對象部分，106 年為 99.66%，而 107 年為 99.63% 及 108 年為 99.61%，呈現微幅下降趨勢，係因投保單位欠費雖已取得債權憑證，但仍須依據健保法 38 條向負責人求償所致。

而第二類保險對象在 106 年為 99.66%，107 及 108 年則維持至 99.64%。第三類保險對象亦呈微幅下降趨勢，從 106 年 99.27% 降至 108 年 99.25%。第六類保險對象則在 106 年為 85.58%，107 年下降至 84.20%，108 年略增加至 84.37%，如圖 129。

從結果發現除第六類投保對象之保費收繳率落於 84%~85% 外，第一、二及三類投保對象之保費收繳率皆高於 99% 以上。顯示在第六類投保對象之保費收繳率是低於 90%，尚未符合指標之預期方向，應宜留意及觀察此情況。

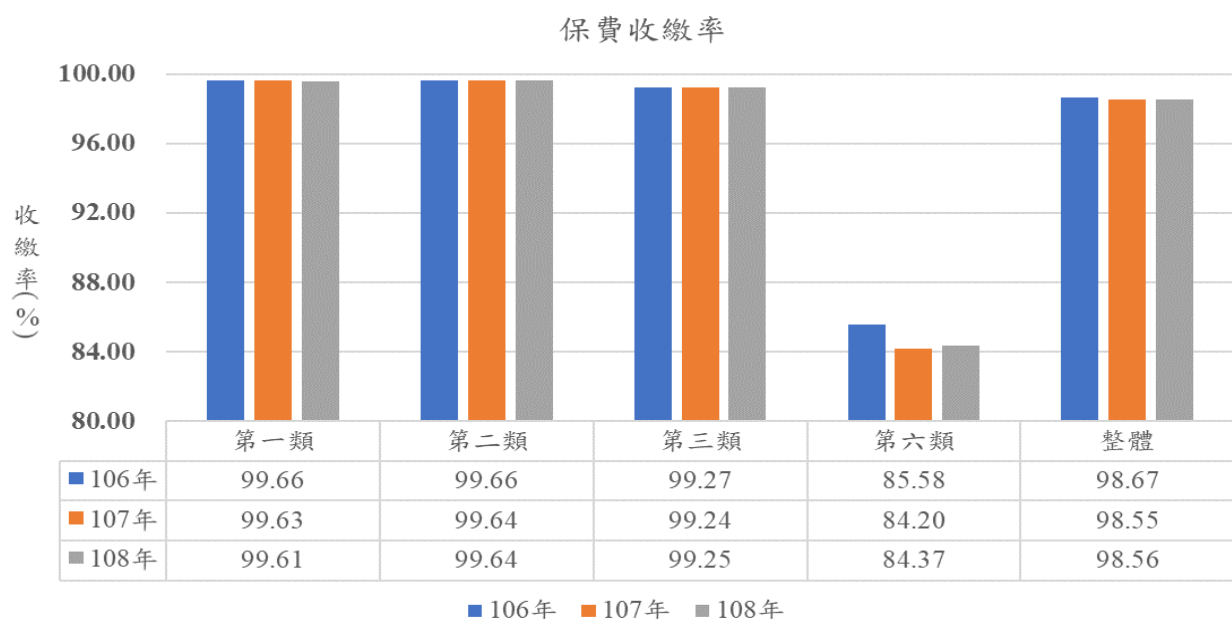


圖 129 保費收繳率

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

指標 5.6 呆帳提列數與保費收入數之比率

在呆帳提列數與保費收入數之比率，從 106 年 1.11% 增加至 107 年 1.22%，而 108 年為最高 1.24%。進一步了解健保署提供之原因，發現因 107 年菸品健康捐補助弱勢民眾欠費較 106 年度減少 6.6 億元，而 108 年已無補助，比率才會呈現上升趨勢。結果顯示目前為穩定趨勢，仍繼續觀察其變化，如圖 130。

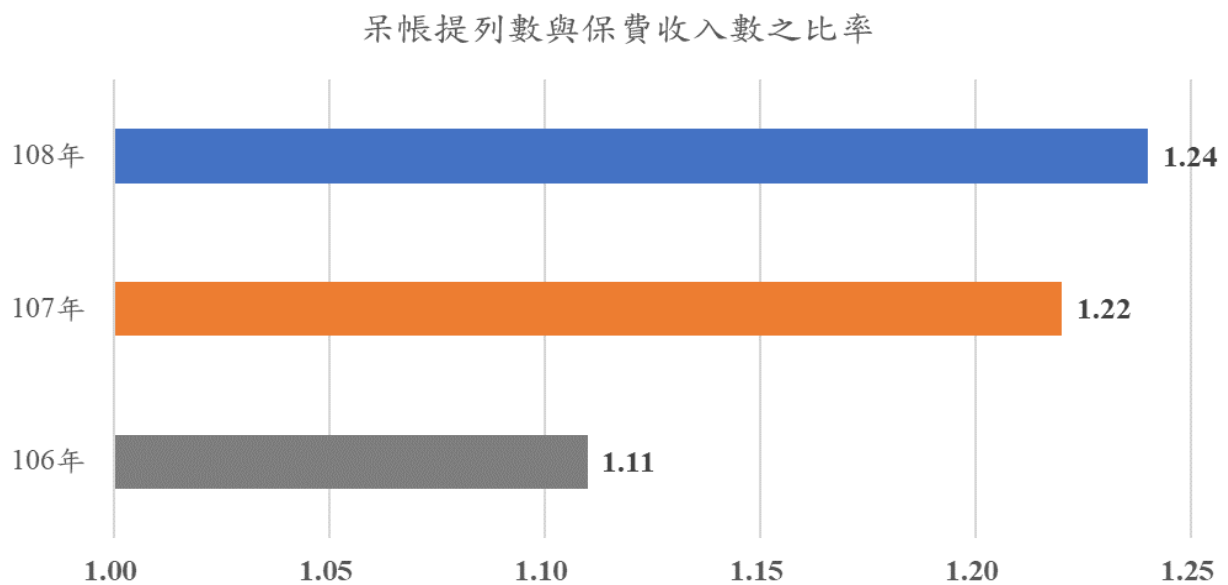


圖 130 呆帳提列數與保費收入之比率

資料來源：衛生福利部全民健康保險會 108 年全民健康保險年度監測指標監測資料。

第四節 各監理構面表現情形分析及重點解讀

以下依五大監理構面之表現情形進行重點摘要，而會進一步將指標分為：有符合預期方向及尚未符合預期方向等兩組，不過部分指標因歷年之變化有些起伏較難斷定，所以會以歷年趨勢較為明顯之指標做分組。

一、效率構面

指標 1.1 「急性病床平均住院天數」，從急性病床平均天數中，發現醫院總體及各層級的平均值，從 106 年至 108 年呈現下降趨勢，不過在地區醫院的平均值是高於醫院整體平均水準。顯示地區醫院之急性病床平均天數，仍需長期繼續觀察。

指標 1.2 「急診病人留置急診室超過 24 小時比率」，從 107 年 2.71% 增加至 108 年 2.74%，呈現微幅成長趨勢。以各層級來看，醫學中心與區域醫院皆呈現微幅成長，惟地區醫院呈現下降趨勢。顯示目前醫學中心及區域醫院之急診留置超過 24 小時比率，尚未符合指標之監測目的，宜留意並能研擬相關改善方案。

指標 1.3 「癌末病人生前 6 個月每人申報醫療費用點數」，在癌末病人前 6 個月之醫療概況中，有接受安寧照護之患者相較於未接受安寧照護之患者，在醫療費用支出上下降許多，落在 37.6 萬至 38.7 萬之間；而未接受患者之醫療費用，則落在 41.2 萬至 42.2 萬。癌症病人死亡前一年內有申報安寧費用者的比率，近三年有逐年增加趨勢。顯示有符合指標之監測目的，仍持續觀察且繼續保持。

指標 1.4 「區域醫院以上初級門診照護率」，在醫學中心從 107 年 14.14% 下降到 108 年 13.80%；而區域醫院則由 107 年 20.19% 下降到 108 年 19.59%。區域醫院以上之初級門診照護率，由 107 年 17.64% 下降到 108 年 17.13%。顯示指有逐年下降趨勢標符合預期方向，宜繼續採用做觀察。

指標 1.5「西醫基層與醫院門診服務病人數、件數占率」，從 106 至 108 年近三年趨勢來看，醫院人數歷年的波動程度呈現週期性循環，第一季最低且第三季最高，而西醫基層門診服務病人人數占率，則多以第一季最高，第三季為最低。浮動區間落在 1-2% 間，顯示其週期性之變動不大，仍繼續觀察及監測。

指標 1.6「藥品費用占率」，結果發現不論在整體或各層級中，108 年上半年是歷次資料中最高者，其造成此現象之原因可能係為 C 肝新藥、治療 HIV 藥物、抗感染製劑、癌症藥物及免疫調節劑的藥費明顯成長所致。就結果呈現表示，在 108 年上半年幅度最大，認為宜保持觀察其後續之變化。

指標 1.7「健保專案計畫之執行成效」，從專案計畫執行率，在 108 年度醫院總額部門、西醫基層總額部門、中醫總額部門及牙醫總額部門分別為：97%、94%、95% 及 99%。由結果顯示，在各總額部門都達到 90% 以上，已符合指標之監測目的，宜繼續採用做觀察。

從整體效率構面中發現，指標 1.1「急性病床平均住院天數」中有關醫院總體、醫學中心及區域醫院部分、指標 1.2「急診病人留置急診室超過 24 小時比率」中有關地區醫院部分、指標 1.3「癌末病人生前 6 個月每人申報醫療費用點數」、指標 1.4「區域醫院以上初級門診照護率」及指標 1.7「健保專案計畫之執行成效」，在監測結果呈現皆符合指標之預期方向。

但指標 1.1「急性病床平均住院天數」有關地區醫院部分、指標 1.2「急診病人留置急診室超過 24 小時比率」中有關醫學中心及區域醫院部分及指標 1.6「藥品費用占率」，因近三年為上升趨勢，尚未符合預期方向，仍需持續觀察，如圖 131。

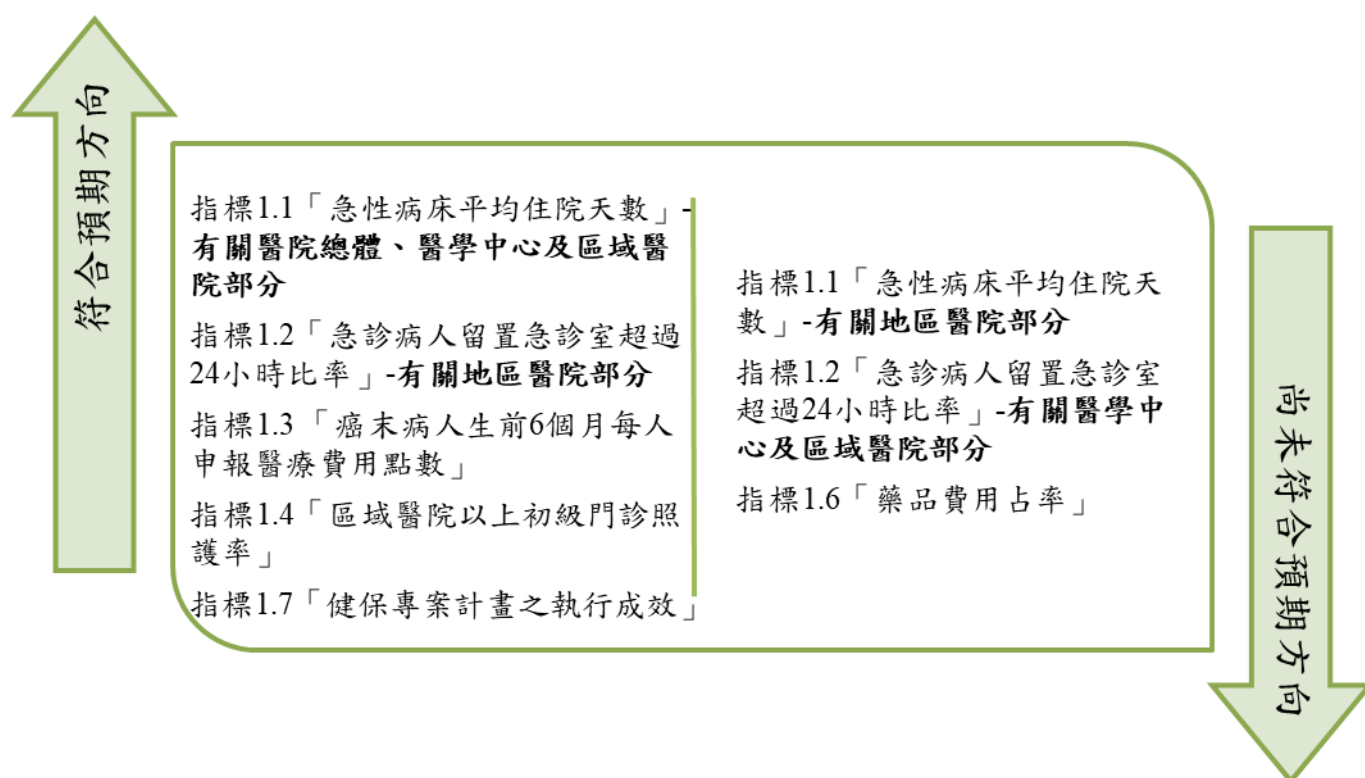


圖 131 效率構面之監測指標表現情形

二、醫療品質構面

指標 2.1「手術傷口感染率」，從手術傷口感染率發現，院所平均值在 104 年上半年為 0.63%，且 105 年下半年、107 年上半年及 108 年下半年增加幅度較高，平均值分別為 0.89%、0.79% 及 1.18%。而進一步了解後，是因少數院所指標值為 0%(分子個案數為 0)，極端值(0%)，而造成平均值上升之原因。而就目前結果顯示，仍須長期觀察其後續情況。

指標 2.2「糖尿病品質支付服務之照護率」，從 106 至 108 年糖尿病品質支付服務之照護人數，在醫學中心、區域醫院、地區醫院及基層診所，呈現都是逐年增加趨勢。而糖尿病品質支付服務之照護率中可以看到，醫學中心之照護率成長最多。結果顯示有符合指標預期方向，宜繼續採用指標做觀察。

指標 2.3「照護連續性」，在平均每人門診照護連續性，據張婷等學者研究(張婷等 2017)，將照護連續性分為低(0.00-0.39)、中(0.40-0.81)及高(0.82-1.00)組。從 106 年至 107 年發現，皆落在 0.401，不過 108 年略下降為 0.400，但多落於 0.400 上下浮動，可知我國平均每人門診照護連續性(COCI 值)約落於中組，顯示尚有努力空間且需長期觀察。

指標 2.4「護理人力指標－急性病房全日平均護病比占率分布」，從歐洲研究發現最佳醫護比為 1：6(Johnson et al, 2016)，而台灣之「醫療機構設置標準」規範中，醫學中心護病比為 1：9、區域醫院 1：12、地區醫院 1：15 相較於國外之最佳護病比，不論在醫學中心、區域醫院及地區醫院都是高於 1：6，顯示仍有進步的空間。但 108 年因計算方式之改變，尚需長期觀察其指標數據，以了解是否達到其指標之監理目的。

在整體醫療品質構面呈現中，指標 2.2「糖尿病品質支付服務之照護率」呈現趨勢符合指標的預期方向。不過在指標 2.4「急性病房全日平均護病比占率分布」，就歐洲研究發現最佳醫護比為 1：6(Johnson et al, 2016)，不論在醫學中心、區域醫院及地區醫院都是高於 1：6，顯示仍有進步的空間，且未符合指標預期，而在 108 年也有計算方式之改變，所以需持續觀察及監測，如圖 132。

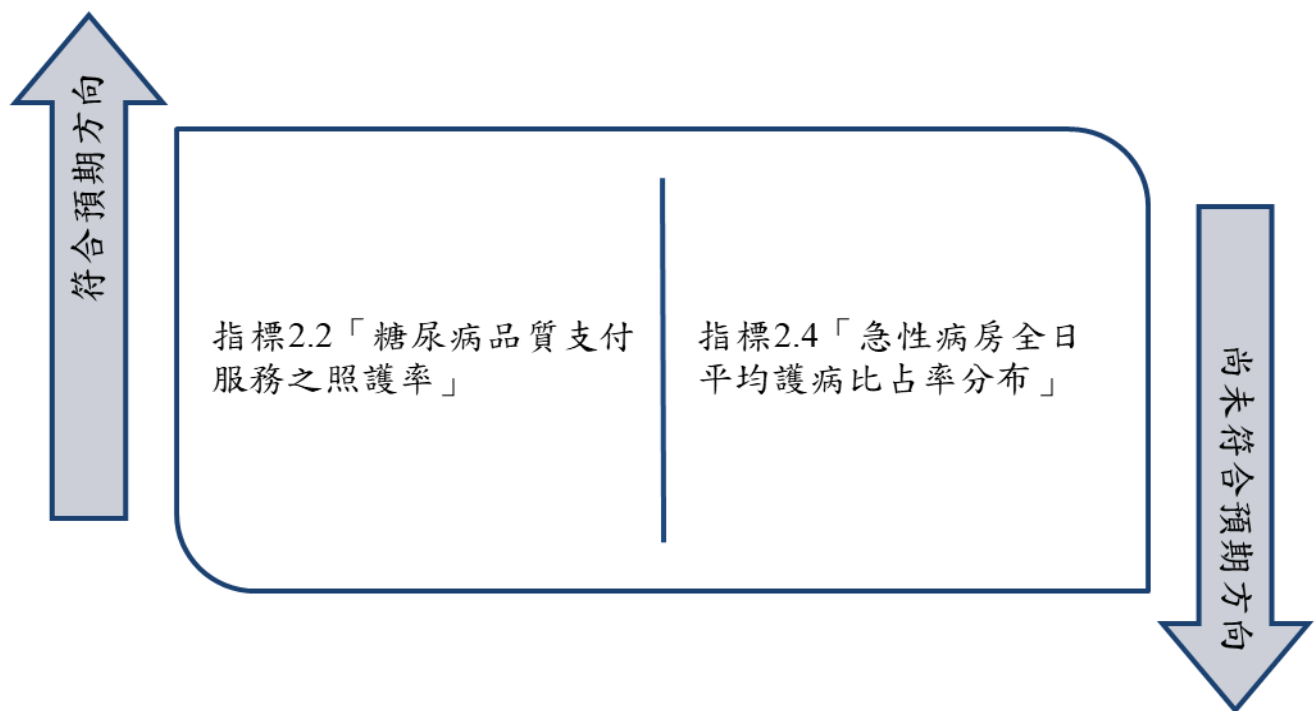


圖 132 醫療品質構面之監測指標表現情形

三、效果構面

指標 3.1「民眾對醫療院所醫療結果滿意度(各部門)」，從監測結果發現，醫院、西醫基層及中醫門診總額部門滿意度，在 107 年皆有下降趨勢，只有牙醫部門滿意度為增加趨勢。原因可能與問卷問項有關，因問項是採用李克特五等分量表(likert scale)作答所致。若再加上問項「普通」後，可以得知滿意度百分比之漲幅就有明顯降低，結果顯示民眾滿意度是維持在穩定趨勢，已符合指標之預期方向，仍繼續保持及觀察。

指標 3.2「糖尿病初級照護—糖尿病病人住院率」，在 105 年及 106 年整體之糖尿病病人住院率為 0.13%，而 107 年略增加為 0.14%。進一步將年齡分層中，在 75 歲以上的糖尿病病人住院率為最高，呈現逐年增加趨勢。在整體之住院率大致呈現穩定，未有明顯趨勢變化。不過透過年齡層之結果分析可發現，65 歲以上高齡人口的住院率呈現成長趨勢，顯示尚未符合預期方向，需再觀察及留意此情況。

指標 3.3「出院後 3 日內再急診比率」，從出院後 3 日內再急診比率之一般出院案件，近三年都為穩定趨勢，但在 Tw-DRGs(住院診斷關聯群)案件分類，有微幅增加之情況，顯示須繼續後續觀察及監測。

整體效果構面之監測結果，發現在指標 3.1「民眾對醫療院所醫療結果滿意度」是呈現趨勢符合指標的預期方向。但在指標 3.2「糖尿病初級照護-糖尿病病人住院率」中有關 65 歲以上患者部分，近三年之住院率有逐年成長趨勢，尚未符合指標之預期方向，顯示宜留意及繼續觀察，如圖 133。

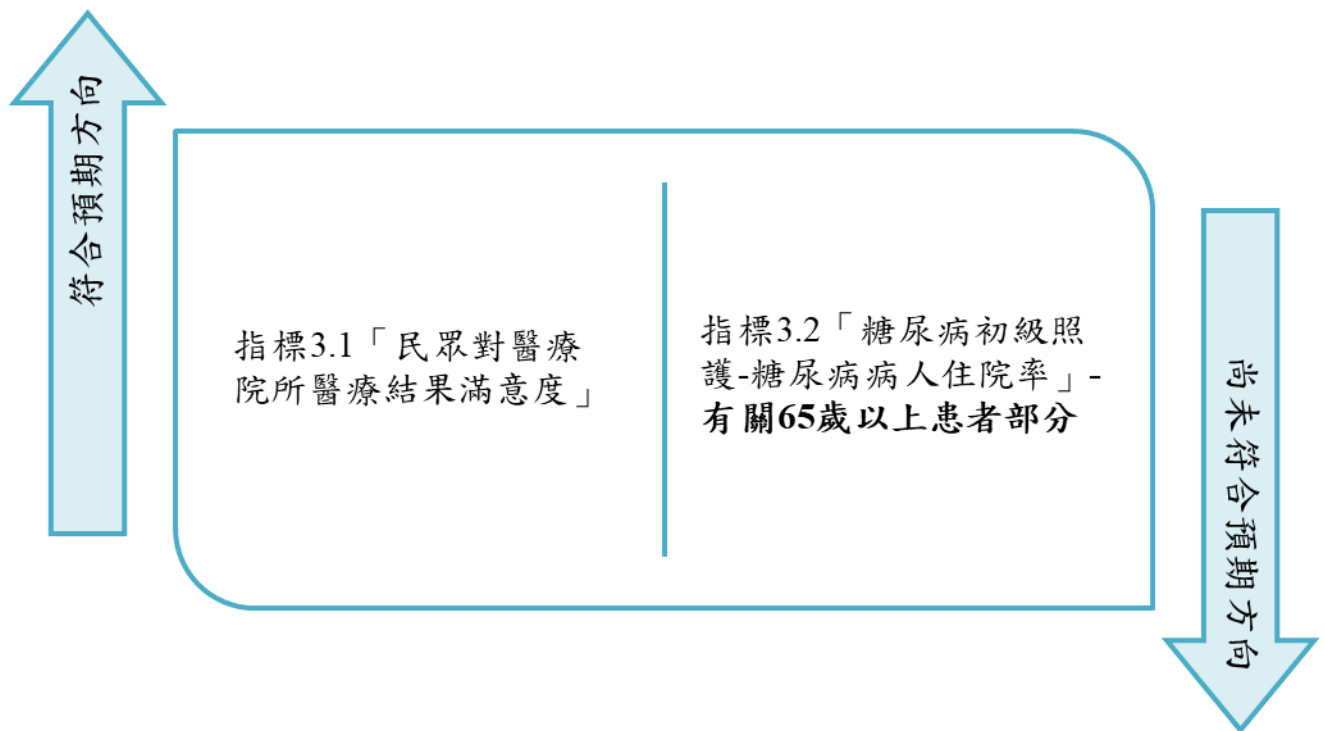


圖 133 效果構面之監測指標表現情形

四、資源配置構面

指標 4.1「以鄉鎮市區發展程度，觀察最高與最低兩組醫師人力之比值(各部門)」，在總體的醫師人力之比值逐年成長趨勢，表示分布不均有加劇之情形。且進一步分析原因後，發現醫院及牙醫總額部門，呈現逐年下降趨勢，符合指標預期方向。而中醫總額部門在 107 年上升但 108 年有下降情況，表示尚須觀察其後續變化。在西醫基層呈現增加趨勢，顯示尚未符合指標之預期方向，須加以進行改善，才能降低鄉鎮間醫師人力之差異之情況。

指標 4.2「一般地區/醫療資源不足地區/山地離島地區之就醫率(各部門)」，從各總額部門之監測結果發現，在西醫總額及醫院總額部門，符合指標之預期方向。不過牙醫總額及中醫總額部門的醫療資源不足地區及山地離島地區之就醫率，都低於一般地區，顯示未符合指標之預期方向，尚有持續努力空間。

指標 4.3「自付差額特材占率(整體及各類別項目)」，從整體之自付差額特材占率，在 106 年為 0.0402%，107 年為 0.0417%，而 108 年為最高 0.0444%。有逐年上升趨勢，顯示民眾自付特材之需求增加，尚未符合指標之預期方向，須繼續後續觀察及監測。進一步分析各類別項目，發現在新增功能類別人工心律調節器及義肢、伽碼加長骨髓內釘之占率，在 108 年較大的變化。而「調控式腦室腹腔引流系統」之自付差額占率，發現自 107 年起就超過 80%，且 108 年上升至 81.8%，顯示使用患者居多且相對來說是需求較高，所以建議應納入健保全額給付之可行性。

以整體資源配置構面之呈現結果，指標 4.1「以鄉鎮市區發展程度，觀察最高與最低兩組醫師人力之比值」中有關醫院及牙醫部門、指標 4.2「一般地區/醫療資源不足地區/山地離島地區之就醫率」有關醫院及西醫基層部門，趨勢結果呈現符合指標的預期方向。

不過指標 4.1「以鄉鎮市區發展程度，觀察最高與最低兩組醫師人力之比值」有關西醫基層部門、指標 4.2「一般地區/醫療資源不足地區/山地離島地區之就醫率」有關中醫和牙醫部門及指標 4.3「自付差額特材占率」，在近三年為上升趨勢，顯示尚未符合指標之預期方向，仍需持續觀察及監測，如圖 134。

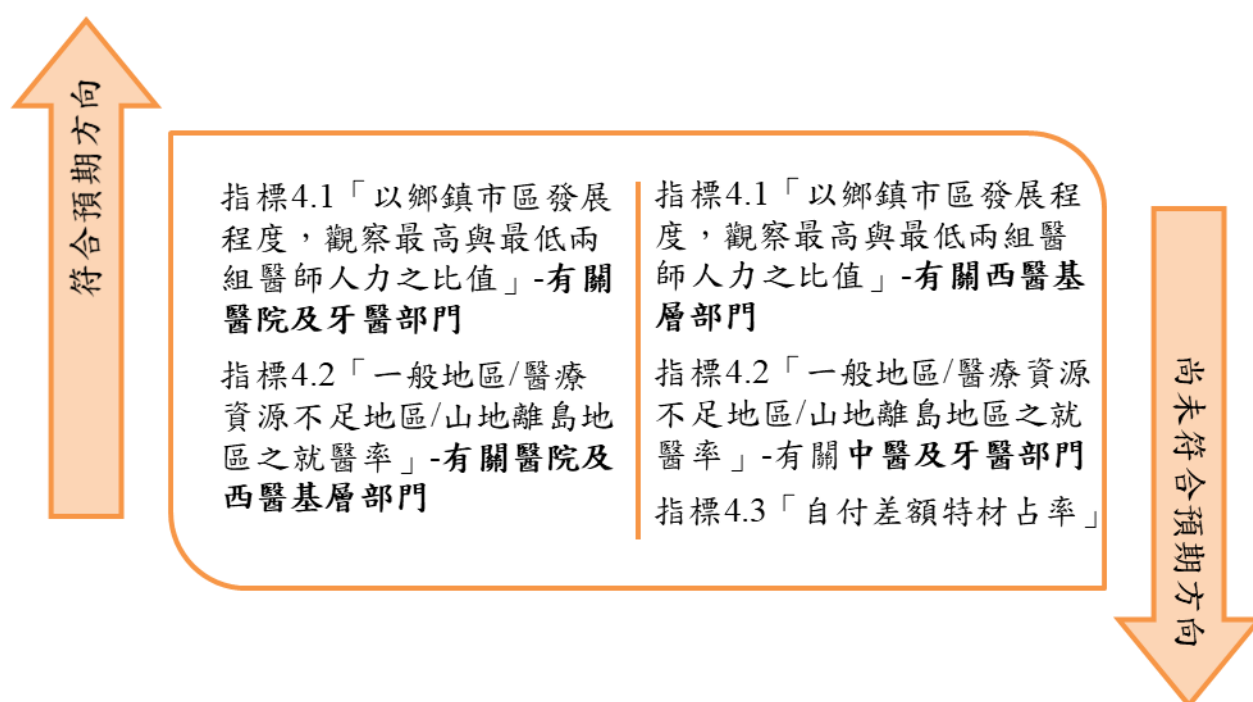


圖 134 資源配置構面之監測指標表現情形

五、財務構面

指標 5.1「保險收支餘絀實際數、預估數及兩者之差異率」，在差異率從 106 年-39.85%下降至 107 年 6.14%，108 年又增加至-19.29%，不過健保署提供其原因，在 106 年因總額部門專款、其他部門結餘所致。但 108 年為前年度總額結算追扣補付預估與實際差異數及專款結餘款調整影響。而調整後之差異率，106 至 108 年分別為：5.13%、6.14%及 2.30%，顯示尚需長期觀察以了解其變化。

指標 5.2「安全準備總額折合保險給付支出月數」，自 106 年折合月數為 4.75 逐年下降趨勢，且 108 年為 3.24。而在 106 至 108 年安全準備較前一年度增減數都為負數，分別為：-98.4 億元、-266.48 億元及-336.6 億元。顯示目前指標結果為符合保險安全準備總額以 1 至 3 個月保險給付支出為原則之規定，且符合指標之預期方向，應繼續保持及觀察。

指標 5.3「全民健保醫療支出占 GDP 比率」，從監測結果發現，全民健保醫療支出(含部分負擔)占 GDP 比率從 105 年 3.50%增加至 107 年 3.69%，而全民健保醫療支出(不含部分負擔)占 GDP 比率，自 105 年 3.27 上升至 107 年 3.47%。顯示目前全民健保醫療支出(含部分負擔)及全民健保醫療支出(不含部分負擔)等兩類，都維持 3%至 4%之間，暫未有明顯之趨勢變化，不過需繼續觀察及監測。

指標 5.4「資金運用收益率」，自 106 年 0.59%上升至 107 年 0.62%，而 108 年為近三年最高 0.67%，從監測結果呈現，資金運用收益率都為穩定成長趨勢，符合預期方向且需繼續觀察。

指標 5.5「保費收繳率」，從結果發現除第六類投保對象之保費收繳率落於 84%~85%外，第一、二及三類投保對象之保費收繳率皆高於 99%以上。顯示在第六類投保對象之保費收繳率是低於 90%，尚未符合指標之預期方向，應宜留意及觀察此情況。

指標 5.6「呆帳提列數與保費收入數之比率」，在呆帳提列數與保費收入數之比率，從 106 年 1.11% 增加至 107 年 1.22%，而 108 年為最高 1.24%。進一步了解健保署提供之原因，發現因 107 年菸品健康捐補助弱勢民眾欠費較 106 年度減少 6.6 億元，而 108 年已無補助，比率才會呈現上升趨勢。結果顯示目前為穩定趨勢，仍繼續觀察其變化。

整體財務構面之監測結果，以指標 5.2「安全準備總額折合保險給付支出月數」、指標 5.4「資金運用收益率」及指標 5.5「保費收繳率」的第一至三類和整體符合指標的預期方向。而指標 5.5 中的保險對象第六類，近三年之趨勢落在 84% 至 85% 之間，顯示尚未符合預期方向，仍需持續觀察及監測，如圖 135。

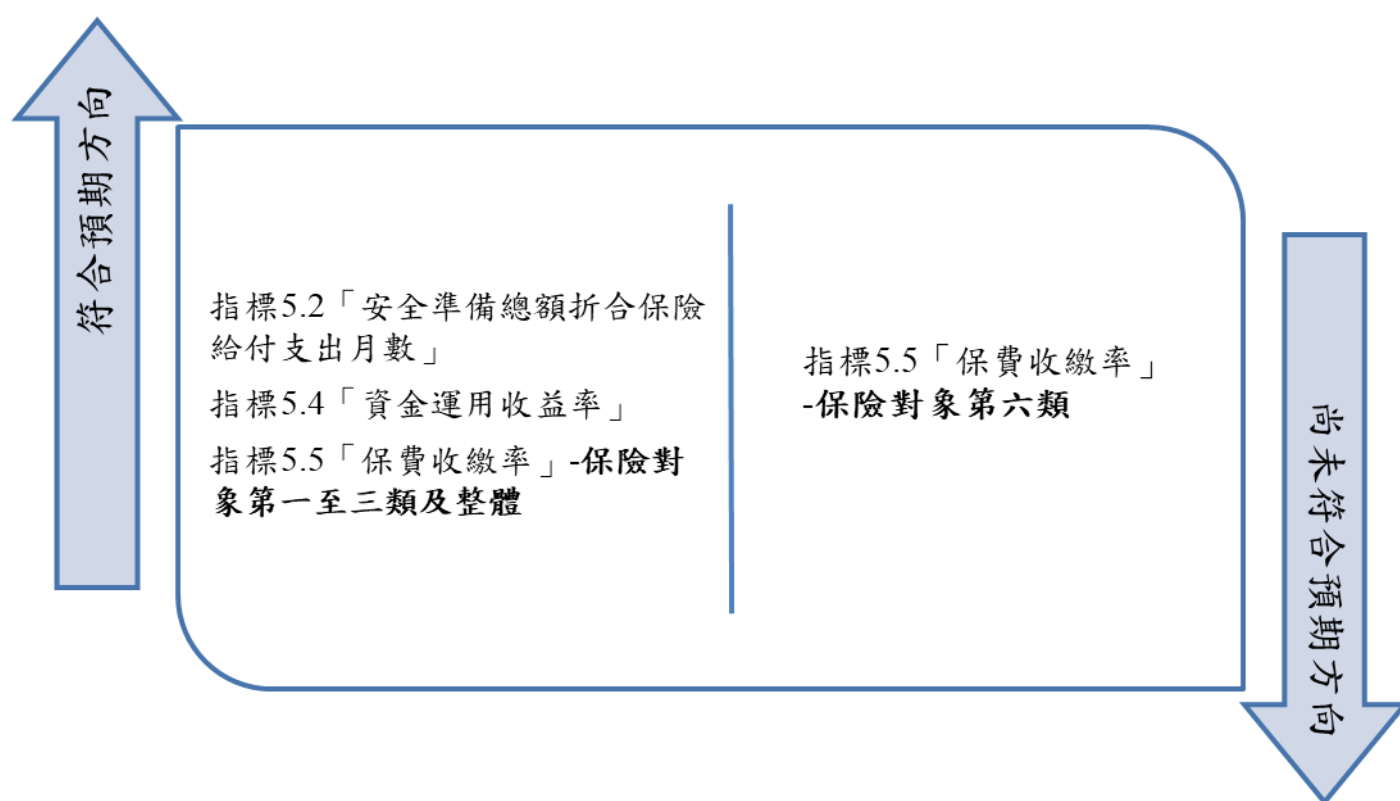


圖 135 財務構面之監測指標表現情形

第五節 整體監理與運用之政策建議

一、整體運用之政策建議

整體而言，在五大構面「效率」、「醫療品質」、「效果」、「資源配置」及「財務」等各項監理指標多數達監理目標之預期效應，惟尚有部分指標宜持續觀察或尚有努力之空間。從「效率」構面，構面的整體運作表現多為正向結果。惟指標 1.2「急診病人留置急診室超過 24 小時比率」中的醫學中心和區域醫院及指標 1.6「藥品費用占率」呈現上升情況，且有待繼續觀察與留意。

在「醫療品質」構面部分，整體運作表現大致呈現正向結果，惟指標 2.4「急性病房全日平均護病比占率分布」，因計算方式的改變，而無法進行近三年之比較，宜持續觀察以了解是否達到指標成效。

而「效果」構面部分，整體運作的表現大致呈現正向結果，值得注意的是指標 3.2「糖尿病初級照護-糖尿病病人住院率」中有關 65 歲以上患者部分，近三年呈現增加趨勢，宜持續觀察及檢視。

「資源配置」構面部分，部分運作的表現呈現負向結果，在指標 4.1「以鄉鎮市區發展程度，觀察最高與最低兩組醫師人力之比值」的西醫基層部門、指標 4.2「一般地區/醫療資源不足地區/山地離島地區之就醫率」的中醫跟牙醫部門及指標 4.3「自付差額特材占率」，近三年之數據呈現增加趨勢，宜持續留意及關切。

最後，在「財務」構面部分，整體運作的表現多為正向結果，僅在指標 5.5「保費收繳率」的第六類保險對象，保費收繳率低於其他類保險對象，宜持續觀察及監測。

以 108 年度健保整體運作的監測結果而言，「資源配置」構面的表現尚有改善空間，宜繼續觀察，並進一步研擬相關改善之方案。

二、與國外指標比較及綜合性之建議

目前監測指標相當多元，但只有少部分之指標能與國外相比，因各國之健保制度不相同，且我國以總額部門做分類，但國外是以整個醫療院所為主。至於個別疾病的指標，因健保署已針對個別疾病進行監測及審查，所以認為不需重複納入。

針對於監理指標本研究提出以下幾點：

- (一) 對於監理指標之改善方向：1.指標 2.1「手術感染率」，目前呈現以每半年為監測期間，因國外之數據是以每年呈現，建議以每年度作呈現，並參考國際定義計算監理指標監理值，以達到國際可比較性。2.指標 1.5「西醫基層與醫院門診服務病人數、件數占率」，建議能進一步將醫院分層分析，分為醫學中心、區域醫院及地區醫院，以了解各層級醫療院所之就醫變動性。3.指標 4.1「以鄉鎮市區發展程度，觀察最高與最低兩組醫師人力之比值(各部門)」，建議可以再進一步考量採用縣市別離散係數做計算，能了解各縣市醫師人力之比值，以利對於差異過大之縣市，進行後續改善之研擬。
- (二) 在監理指標 2.4「急性病房全日平均護病比占率分布」之計算方式，我國以月次加權計算，而國外是以護理人員除病床人數之平均值(Aiken, 2012)，也因計算方式之不同，致使無法與國外數值做比較，未來建議可新增統計項目，以利國際比較之可能。
- (三) 有關監理指標 3.1「民眾對於醫療院所醫療結果滿意度(各部門)」，乃用以了解民眾對於就醫權益之滿意程度，然該調查 106 至 108 年市內電話之填答民眾樣本數落在 1032 至 1034 份，而行動電話樣本數僅 301 至 505 份。在抽樣樣本數受限的情況下，抽樣調查結果之樣本份數是否足以代表民眾對於各總額部門之滿意程度，仍受到部分學者的質疑，並有待進一步討論。因此，建議以擴大樣本數及納入多元調查方式，去取得更具代表性之調查結果後，再配合修正監理指標。

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Hospital CAHPS®

SURVEY INSTRUCTIONS

- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

☐ Yes

☒ No → If No, Go to Question 1 on Page 1

{This box should be placed on the Cover Page}

All information that would let someone identify you or your family will be kept private. {SPONSOR NAME} will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call XXX.

Draft—Not for Circulation
This questionnaire may not be used without permission

This Hospital CAHPS® Questionnaire is being developed under the sponsorship of the Agency for Healthcare Research and Quality (AHRQ) and the Center for Medicare & Medicaid Services (CMS).

附件 1 美國住院就醫問卷-續

Please answer the questions in this survey about this stay at [FACILITY NAME]. Do not include any other hospital stay in your answers.

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
☐ 1 Never
☐ 2 Sometimes
☐ 3 Usually
☐ 4 Always
2. During this hospital stay, how often did nurses listen carefully to you?
☐ 1 Never
☐ 2 Sometimes
☐ 3 Usually
☐ 4 Always
3. During this hospital stay, how often did nurses explain things in a way you could understand?
☐ 1 Never
☐ 2 Sometimes
☐ 3 Usually
☐ 4 Always
4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
☐ 1 Never
☐ 2 Sometimes
☐ 3 Usually
☐ 4 Always
☐ 9 I never pressed the call button

5. Using any number from 0 to 10 where 0 is the worst possible care and 10 is the best possible care, what number would you give the care you got from all the nurses who treated you?

- ☐ 0 Worst possible nursing care
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best possible nursing care

YOUR CARE FROM DOCTORS

6. During this hospital stay, how often did doctors treat you with courtesy and respect?
☐ 1 Never
☐ 2 Sometimes
☐ 3 Usually
☐ 4 Always
7. During this hospital stay, how often did doctors listen carefully to you?
☐ 1 Never
☐ 2 Sometimes
☐ 3 Usually
☐ 4 Always

附件 1 美國住院滿意度問卷-續

16. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

17. During this hospital stay, did doctors, nurses, or other hospital staff ever ask if you were allergic to any medicine?

¹ ☐ Yes
² ☐ No

18. During this hospital stay, were you given any medicine that you had not taken before?

¹ ☐ Yes
² ☐ No ➔ If No, Go to
Question 20

19. Before giving you the medicine, did hospital staff describe possible side effects in a way you could understand?

¹ ☐ Yes
² ☐ No

WHEN YOU LEFT THE HOSPITAL

20. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?

¹ ☐ Own home
² ☐ Someone else's home
³ ☐ Another health
facility ➔ If Another, Go to
Question 23

21. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital?

¹ ☐ Yes
² ☐ No

22. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

¹ ☐ Yes
² ☐ No

OVERALL RATING OF HOSPITAL

Please answer the following questions about the stay at the hospital _____ shown on the cover. Do not include any other hospital stays in your answer.

23. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

⁰ ☐ 0 Worst hospital possible
¹ ☐ 1
² ☐ 2
³ ☐ 3
⁴ ☐ 4
⁵ ☐ 5
⁶ ☐ 6
⁷ ☐ 7
⁸ ☐ 8
⁹ ☐ 9
¹⁰ ☐ 10 Best hospital possible

附件 1 美國住院滿意度問卷-續

24. Would you recommend this hospital to your friends and family?

- ¹ ☐ Definitely no
² ☐ Probably no
³ ☐ Probably yes
⁴ ☐ Definitely yes

ABOUT YOU

There are only a few remaining items left.

25. In general, how would you rate your overall health?

- ¹ ☐ Excellent
² ☐ Very good
³ ☐ Good
⁴ ☐ Fair
⁵ ☐ Poor

26. In general, how would you rate your overall mental or emotional health?

- ¹ ☐ Excellent
² ☐ Very good
³ ☐ Good
⁴ ☐ Fair
⁵ ☐ Poor

27. What is the highest grade or level of school that you have completed?

- ¹ ☐ 8th grade or less
² ☐ Some high school, but did not graduate
³ ☐ High school graduate or GED
⁴ ☐ Some college or 2-year degree
⁵ ☐ 4-year college graduate
⁶ ☐ More than 4-year college degree

28. Are you of Hispanic or Latino origin or descent?

- ¹ ☐ Yes, Hispanic or Latino
² ☐ No, not Hispanic or Latino

29. What is your race? Please choose one or more.

- ¹ ☐ White
² ☐ Black or African-American
³ ☐ Asian
⁴ ☐ Native Hawaiian or other Pacific Islander
⁵ ☐ American Indian or Alaskan Indian or Alaskan Native
⁶ ☐ Other (please print): _____

30. What language do you mainly speak at home?

- ¹ ☐ English
² ☐ Spanish
³ ☐ Some other language (please print): _____

31. Did someone help you complete this survey?

- ¹ ☐ Yes → Go to Question 32
² ☐ No → Please return the survey in the postage-paid envelope.

32. How did that person help you? Check all that apply.

- ¹ ☐ Read the questions to me
² ☐ Wrote down the answers I gave
³ ☐ Answered the questions for me
⁴ ☐ Translated the questions into my language
⁵ ☐ Helped in some other way

附件 1 美國住院滿意度問卷-續

THANK YOU

Please return the completed survey in the postage-paid envelope.

附件 2 美國兒童滿意度問卷

CAHPS[®] Hospital Survey

Version: Child Version

Language: English

Instructions for Front Cover

- Replace the cover of this document with your own front cover. Include a user-friendly title and your own logo.
- Include this text regarding the confidentiality of survey responses:

Your Privacy is Protected. All information that would let someone identify you or your family will be kept private. {VENDOR NAME} will not share your personal information with anyone without your OK. Your responses to this survey are also completely confidential. You may notice a number on the cover of the survey. This number is used only to let us know if you returned your survey so we don't have to send you reminders.

Your Participation is Voluntary. You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get.

What To Do When You're Done. Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to [INSERT VENDOR ADDRESS].

If you want to know more about this study, please call XXX-XXX-XXXX.

Instructions for Format of Questionnaire

Proper formatting of a questionnaire improves response rates, the ease of completion, and the accuracy of responses. The CAHPS team's recommendations include the following:

- If feasible, insert blank pages as needed so that the survey instructions (see next page) and the first page of questions start on the right-hand side of the questionnaire booklet.
- Maximize readability by using two columns, serif fonts for the questions, and ample white space.
- Number the pages of your document, but remove the headers and footers inserted to help sponsors and vendors distinguish among questionnaire versions.

附件 2 美國兒童滿意度問卷-續

CAHPS Child Hospital Survey

English

Survey Instructions

Answer each question by marking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- ☒ Yes → If Yes, go to #1 on page 1
☐ No

附件 2 美國兒童滿意度問卷-續

CAHPS Child Hospital Survey

English

Please answer the questions about the child and hospital named in the cover letter. Do not include any other hospital stays in your answers.

When Your Child Was Admitted to this Hospital

1. Was your child born during this hospital stay?
 - ¹ ☐ Yes → If Yes, go to #14 on page 3
 - ² ☐ No
2. For this hospital stay, was your child admitted through this hospital's Emergency Room?
 - ¹ ☐ Yes
 - ² ☐ No → If No, go to #5
3. Were you in this hospital's Emergency Room with your child?
 - ¹ ☐ Yes
 - ² ☐ No → If No, go to #5
4. While your child was in this hospital's Emergency Room, were you kept informed about what was being done for your child?
 - ¹ ☐ Yes, definitely
 - ² ☐ Yes, somewhat
 - ³ ☐ No

5. During the first day of this hospital stay, were you asked to list or review all of the prescription medicines your child was taking at home?

- ¹ ☐ Yes, definitely
- ² ☐ Yes, somewhat
- ³ ☐ No

6. During the first day of this hospital stay, were you asked to list or review all of the vitamins, herbal medicines, and over-the-counter medicines your child was taking at home?

- ¹ ☐ Yes, definitely
- ² ☐ Yes, somewhat
- ³ ☐ No

Your Child's Care After Admission to this Hospital

Do not include care received in the Emergency Room for the rest of the survey.

7. Is your child able to talk with nurses and doctors about his or her health care?

- ¹ ☐ Yes
- ² ☐ No → If No, go to #14 on page 3

Your Child's Experience with Nurses

The next questions ask about your child's experience during this hospital stay. You will be asked about your own experience during this hospital stay in later questions.

8. During this hospital stay, how often did your child's nurses listen carefully to your child?

¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

9. During this hospital stay, how often did your child's nurses explain things in a way that was easy for your child to understand?

¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

10. During this hospital stay, how often did your child's nurses encourage your child to ask questions?

¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

Your Child's Experience with Doctors

11. During this hospital stay, how often did your child's doctors listen carefully to your child?

¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

12. During this hospital stay, how often did your child's doctors explain things in a way that was easy for your child to understand?

¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

13. During this hospital stay, how often did your child's doctors encourage your child to ask questions?

¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

Your Experience with Nurses

14. During this hospital stay, how often did your child's nurses listen carefully to you?

- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

15. During this hospital stay, how often did your child's nurses explain things to you in a way that was easy to understand?

- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

16. During this hospital stay, how often did your child's nurses treat you with courtesy and respect?

- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

Your Experience with Doctors

17. During this hospital stay, how often did your child's doctors listen carefully to you?

- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

18. During this hospital stay, how often did your child's doctors explain things to you in a way that was easy to understand?

- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

19. During this hospital stay, how often did your child's doctors treat you with courtesy and respect?

- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

Your Experience with Providers

20. A provider in the hospital can be a doctor, nurse, nurse practitioner, or physician assistant. During this hospital stay, how often were you given as much privacy as you wanted when discussing your child's care with providers?
- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always
21. Things that a family might know best about a child include how the child usually acts, what makes the child comfortable, and how to calm the child's fears. During this hospital stay, did providers ask you about these types of things?
- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No
22. During this hospital stay, how often did providers talk with and act toward your child in a way that was right for your child's age?
- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always
23. During this hospital stay, how often did providers keep you informed about what was being done for your child?
- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always
24. Tests in the hospital can include things like blood tests and x-rays. During this hospital stay, did your child have any tests?
- ¹ ☐ Yes
² ☐ No → If No, go to #26
25. How often did providers give you as much information as you wanted about the results of these tests?
- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

Your Child's Care in this Hospital

26. During this hospital stay, did you or your child ever press the call button?

- ¹ ☐ Yes
² ☐ No → If No, go to #28

27. After pressing the call button, how often was help given as soon as you or your child wanted it?

- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

28. During this hospital stay, was your child given any medicine?

- ¹ ☐ Yes
² ☐ No → If No, go to #30

29. Before giving your child any medicine, how often did providers or other hospital staff check your child's wristband or confirm his or her identity in some other way?

- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

30. Mistakes in your child's health care can include things like giving the wrong medicine or doing the wrong surgery. During this hospital stay, did providers or other hospital staff tell you how to report if you had any concerns about mistakes in your child's health care?

- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

31. During this hospital stay, did your child have pain that needed medicine or other treatment?

- ¹ ☐ Yes
² ☐ No → If No, go to #33

32. During this hospital stay, did providers or other hospital staff ask about your child's pain as often as your child needed?

- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

The Hospital Environment

33. During this hospital stay, how often were your child's room and bathroom kept clean?
- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always
34. During this hospital stay, how often was the area around your child's room quiet at night?
- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always
35. Hospitals can have things like toys, books, mobiles, and games for children from newborns to teenagers. During this hospital stay, did the hospital have things available for your child that were right for your child's age?
- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

When Your Child Left this Hospital

36. As a reminder, a provider in the hospital can be a doctor, nurse, nurse practitioner, or physician assistant. Before your child left the hospital, did a provider ask you if you had any concerns about whether your child was ready to leave?
- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No
37. Before your child left the hospital, did a provider talk with you as much as you wanted about how to care for your child's health after leaving the hospital?
- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No
38. Before your child left the hospital, did a provider tell you that your child should take any new medicine that he or she had not been taking when this hospital stay began?
- ¹ ☐ Yes
² ☐ No → If No, go to #41
39. Before your child left the hospital, did a provider or hospital pharmacist explain in a way that was easy to understand how your child should take these new medicines after leaving the hospital?
- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

40. Before your child left the hospital, did a provider or hospital pharmacist explain in a way that was easy to understand about possible side effects of these new medicines?

- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

41. A child's regular activities can include things like eating, bathing, going to school, or playing sports. Before your child left the hospital, did a provider explain in a way that was easy to understand when your child could return to his or her regular activities?

- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

42. Before your child left the hospital, did a provider explain in a way that was easy to understand what symptoms or health problems to look out for after your child left the hospital?

- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

43. Before your child left the hospital, did you get information in writing about what symptoms or health problems to look out for after your child left the hospital?

- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

Your Teen's Care in this Hospital

44. During this hospital stay, was your child 13 years old or older?

- ¹ ☐ Yes
² ☐ No → If No, go to #48

45. During this hospital stay, how often did providers involve your child in discussions about his or her health care?

- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

46. Before your child left the hospital, did a provider ask your child if he or she had any concerns about whether he or she was ready to leave?

- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

47. Before your child left the hospital, did a provider talk with your child about how to take care of his or her health after leaving the hospital?

- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

Overall Rating of This Hospital

As a reminder, please answer the questions about the child and hospital named in the cover letter. Do not include any other hospital stays in your answers.

48. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your child's stay?

- ☐ 0 Worst hospital possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best hospital possible

49. Would you recommend this hospital to your friends and family?

- ¹☐ Definitely no
²☐ Probably no
³☐ Probably yes
⁴☐ Definitely yes

About Your Child

50. In general, how would you rate your child's overall health?

- ¹☐ Excellent
²☐ Very good
³☐ Good
⁴☐ Fair
⁵☐ Poor

51. What is your child's age?

- ☐ Less than 1 year old

_____ YEARS OLD (*write in*)

52. Is your child male or female?

- ¹☐ Male
²☐ Female

53. Is your child of Hispanic or Latino origin or descent?

- ¹☐ Yes, Hispanic or Latino
²☐ No, not Hispanic or Latino

54. What is your child's race? Mark one or more.

- ¹☐ White
²☐ Black or African American
³☐ Asian
⁴☐ Native Hawaiian or other Pacific Islander
⁵☐ American Indian or Alaska Native
⁶☐ Other

About You

55. How are you related to the child?

- ¹ ☐ Mother
- ² ☐ Father
- ³ ☐ Grandmother
- ⁴ ☐ Grandfather
- ⁵ ☐ Other relative or legal guardian
- ⁶ ☐ Someone else

Please print: _____

56. What is your age?

- ⁰ ☐ Under 18
- ¹ ☐ 18-24
- ² ☐ 25-34
- ³ ☐ 35-44
- ⁴ ☐ 45-54
- ⁵ ☐ 55-64
- ⁶ ☐ 65-74
- ⁷ ☐ 75 and older

57. What is the highest grade or level of school that you have completed?

- ¹ ☐ 8th grade or less
- ² ☐ Some high school, but did not graduate
- ³ ☐ High school graduate or GED
- ⁴ ☐ Some college or 2-year degree
- ⁵ ☐ 4-year college graduate
- ⁶ ☐ More than 4-year college degree

58. What is your preferred language?

- ¹ ☐ English
- ² ☐ Spanish
- ³ ☐ Chinese
- ⁴ ☐ Vietnamese
- ⁵ ☐ Korean
- ⁶ ☐ Russian
- ⁷ ☐ Other language

Please print: _____

59. During your child's hospital stay, how much of the time were you at the hospital?

- ¹ ☐ None of the time
- ² ☐ A little of the time
- ³ ☐ Some of the time
- ⁴ ☐ Most of the time
- ⁵ ☐ All or nearly all of the time

附件 2 美國兒童滿意度問卷-續

CAHPS Child Hospital Survey

English

60. Is there anything else you would like to say about the care your child received during this hospital stay?

Please print: _____

61. Did someone help you complete this survey?

¹ ☐ Yes

² ☐ No → Thank you.

Please return the completed survey in the postage-paid envelope.

62. How did that person help you? Mark one or more.

¹ ☐ Read the questions to me

² ☐ Wrote down the answers I gave

³ ☐ Answered the questions for me

⁴ ☐ Translated the questions into my language

⁵ ☐ Helped in some other way

Please print: _____

Thank you.

Please return the completed survey in the postage-paid envelope.

附件 3 美國急診滿意度問卷

5.5 English Survey Version 5.0



About Your Emergency Room Visit

All information that will let someone identify you will be kept private. We will not share your personal information with anyone without your permission, except as required by law. You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get.

Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to:

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]
[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]


If you want to know more about this study, please call [NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL] at (XXX) XXX-XXXX. All calls to that number are free.



Version 5.0



附件 3 美國急診滿意度問卷-續

 EMERGENCY ROOM PATIENT SURVEY	
Draft	
SURVEY INSTRUCTIONS	
<ul style="list-style-type: none">• Answer <u>all</u> the questions by checking the box to the left of your answer.• To indicate an answer selected was in error, clearly draw a line through the box and select another box.• You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow with a note that tells you what question to answer next, like this: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → If No, Go to Question 1 <p>You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.</p>	
<u>All of the questions in the survey ask about the emergency room visit named in the cover letter.</u>	
GOING TO THE EMERGENCY ROOM	DURING THIS EMERGENCY ROOM VISIT
<p>1. Thinking about this visit, what was the <u>main</u> reason why you went to the emergency room?</p> <p><input type="checkbox"/> An accident or injury</p> <p><input type="checkbox"/> A new health problem</p> <p><input type="checkbox"/> An ongoing health condition or concern</p> <p>2. For this visit, did you go to the emergency room in an ambulance?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>3. When you first arrived at the emergency room, how long was it before someone talked to you about the reason why you were there?</p> <p><input type="checkbox"/> Less than 5 minutes</p> <p><input type="checkbox"/> 5 to 15 minutes</p> <p><input type="checkbox"/> More than 15 minutes</p>	<p>4. During this emergency room visit, did you get care within 30 minutes of getting to the emergency room?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>5. During this emergency room visit, did the doctors or nurses ask about <u>all</u> of the medicines you were taking?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>6. During this emergency room visit, were you given any medicine?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → If No, Go to Question 9</p> <p><input type="checkbox"/> Don't know → If Don't know, Go to Question 9</p>
Version 5.0	1

附件 3 美國急診滿意度問卷-續



Draft

7. Before giving you medicine, did the doctors or nurses tell you what the medicine was for?

☐ Yes, definitely
☐ Yes, somewhat
☐ No

8. Before giving you medicine, did the doctors or nurses describe possible side effects to you in a way you could understand?

☐ Yes, definitely
☐ Yes, somewhat
☐ No

9. During this emergency room visit, did you have a blood test, x-ray, or any other test?

☐ Yes
☐ No → If No, Go to Question 11

10. During this emergency room visit, did doctors or nurses give you as much information as you wanted about the results of these tests?

☐ Yes, definitely
☐ Yes, somewhat
☐ No

PEOPLE WHO TOOK CARE OF YOU

Please answer the following questions about the people who took care of you during this emergency room visit.

11. During this emergency room visit, how often did nurses treat you with courtesy and respect?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

12. During this emergency room visit, how often did nurses listen carefully to you?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

13. During this emergency room visit, how often did nurses explain things in a way you could understand?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

14. During this emergency room visit, how often did doctors treat you with courtesy and respect?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

附件 3 美國急診滿意度問卷-續



OVERALL EXPERIENCE

Please answer the following questions about your visit to the emergency room named in the cover letter. Do not include any other emergency room visits in your answers.

22. Using any number from 0 to 10, where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate your care during this emergency room visit?

- ☐ 0 Worst care possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best care possible

23. Would you recommend this emergency room to your friends and family?

- ☐ Definitely no
- ☐ Probably no
- ☐ Probably yes
- ☐ Definitely yes

YOUR HEALTH CARE

24. In the last 6 months, how many times have you visited any emergency room to get care for yourself? Please include the emergency room visit you have been answering questions about in this survey.

- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 to 9 times
- ☐ 10 or more times

25. Not counting the emergency room, is there a doctor's office, clinic, or other place you usually go if you need a check-up, want advice about a health problem, or get sick or hurt?

- ☐ Yes
- ☐ No

ABOUT YOU

There are only a few remaining items left.

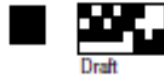
26. In general, how would you rate your overall health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

27. In general, how would you rate your overall mental or emotional health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

附件 3 美國急診滿意度問卷-續



28. What is the highest grade or level of school that you have completed?

- ☐ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High school graduate or GED
- ☐ Some college or 2-year degree
- ☐ 4-year college graduate
- ☐ More than 4-year college degree

29. Are you of Spanish, Hispanic or Latino origin or descent?

- ☐ No, not Spanish/Hispanic/Latino
- ☐ Yes, Puerto Rican
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino

30. What is your race? Please choose one or more.

- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ American Indian or Alaska Native

31. What language do you mainly speak at home?

- ☐ English
- ☐ Spanish
- ☐ Chinese
- ☐ Russian
- ☐ Vietnamese
- ☐ Portuguese
- ☐ Some other language (please print):

32. Did someone help you complete this survey?

- ☐ Yes
- ☐ No → Thank you. Please return the completed survey in the postage-paid envelope.

33. How did that person help you? Mark one or more.

- ☐ Read the questions to me
- ☐ Wrote down the answers I gave
- ☐ Answered the questions for me
- ☐ Translated the questions into my language
- ☐ Helped in some other way (please print):

34. Was the person who helped you with you at any time during this emergency room visit?

- ☐ Yes
- ☐ No

THANK YOU

Please return the completed survey in the postage-paid envelope.

[NAME OF SURVEY VENDOR OR
SELF-ADMINISTERING HOSPITAL]
[RETURN ADDRESS OF SURVEY VENDOR
OR SELF-ADMINISTERING HOSPITAL]

附件 4 美國門診及門診手術滿意度問卷

OMB No. 0938-1240
Expires December 31, 2021

**Consumer Assessment of
Healthcare Providers and Systems
Outpatient and Ambulatory
Surgery Survey
(OAS CAHPS®)**

**A PATIENT EXPERIENCE OF CARE SURVEY ABOUT OUTPATIENT AND AMBULATORY SURGERIES
AND PROCEDURES**

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-1240 WITH AN EXPIRATION DATE OF DECEMBER 31, 2021. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED TO AVERAGE 8 MINUTES PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING DATA RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORTS CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

附件 4 美國門診及門診手術滿意度問卷-續

SURVEY INSTRUCTIONS

Answer all the questions by checking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- ☐ Yes
☒ No → If No, go to #1

This survey asks about your experience at the facility named in the cover letter.

For this survey, we use the term "procedure" for diagnostic, surgical or other procedures. We refer to "facility" as the place where you had your procedure.

Please answer these questions only for the procedure(s) you had on the date included in the cover letter. Do not include any other procedures in your answers.

I. BEFORE YOUR PROCEDURE

The first few questions are about getting ready for your procedure. Include any information you received before and on the day of your procedure.

1. Before your procedure, did your doctor or anyone from the facility give you all the information you needed about your procedure?

- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

2. Before your procedure, did your doctor or anyone from the facility give you easy to understand instructions about getting ready for your procedure?

- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

II. ABOUT THE FACILITY AND STAFF

The next questions ask about the day of your procedure.

3. Did the check-in process run smoothly?

- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

4. Was the facility clean?

- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

5. Were the clerks and receptionists at the facility as helpful as you thought they should be?

- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

6. Did the clerks and receptionists at the facility treat you with courtesy and respect?

- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

附件 4 美國門診及門診手術滿意度問卷-續

7. Did the doctors and nurses treat you with courtesy and respect?

¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

8. Did the doctors and nurses make sure you were as comfortable as possible?

¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

III. COMMUNICATIONS ABOUT YOUR PROCEDURE

As a reminder, please include any information you received before and on the day of the procedure.

9. Did the doctors and nurses explain your procedure in a way that was easy to understand?

¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

10. Anesthesia is something that would make you feel sleepy or go to sleep during your procedure. Were you given anesthesia?

¹ ☐ Yes
² ☐ No ➔ If No, go to #13

11. Did your doctor or anyone from the facility explain the process of giving anesthesia in a way that was easy to understand?

¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

12. Did your doctor or anyone from the facility explain the possible side effects of the anesthesia in a way that was easy to understand?

¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

13. Discharge instructions include things like symptoms you should watch for after your procedure, instructions about medicines, and home care. Before you left the facility, did you get written discharge instructions?

¹ ☐ Yes
² ☐ No

IV. YOUR RECOVERY

14. Did your doctor or anyone from the facility prepare you for what to expect during your recovery?

¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

附件 4 美國門診及門診手術滿意度問卷-續

- | | |
|---|--|
| <p>15. Some ways to control pain include prescription medicine, over-the-counter pain relievers or ice packs. Did your doctor or anyone from the facility give you information about what to do if you had pain as a result of your procedure?</p> <p>¹ <input type="checkbox"/> Yes, definitely</p> <p>² <input type="checkbox"/> Yes, somewhat</p> <p>³ <input type="checkbox"/> No</p> <p>16. At any time after leaving the facility, did you have pain as a result of your procedure?</p> <p>¹ <input type="checkbox"/> Yes</p> <p>² <input type="checkbox"/> No</p> <p>17. Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had nausea or vomiting?</p> <p>¹ <input type="checkbox"/> Yes, definitely</p> <p>² <input type="checkbox"/> Yes, somewhat</p> <p>³ <input type="checkbox"/> No</p> <p>18. At any time after leaving the facility, did you have nausea or vomiting as a result of either your procedure or the anesthesia?</p> <p>¹ <input type="checkbox"/> Yes</p> <p>² <input type="checkbox"/> No</p> | <p>19. Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had bleeding as a result of your procedure?</p> <p>¹ <input type="checkbox"/> Yes, definitely</p> <p>² <input type="checkbox"/> Yes, somewhat</p> <p>³ <input type="checkbox"/> No</p> <p>20. At any time after leaving the facility, did you have bleeding as a result of your procedure?</p> <p>¹ <input type="checkbox"/> Yes</p> <p>² <input type="checkbox"/> No</p> <p>21. Possible signs of infection include fever, swelling, heat, drainage or redness. Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had possible signs of infection?</p> <p>¹ <input type="checkbox"/> Yes, definitely</p> <p>² <input type="checkbox"/> Yes, somewhat</p> <p>³ <input type="checkbox"/> No</p> <p>22. At any time after leaving the facility, did you have any signs of infection?</p> <p>¹ <input type="checkbox"/> Yes</p> <p>² <input type="checkbox"/> No</p> |
|---|--|

V. YOUR OVERALL EXPERIENCE

23. Using any number from 0 to 10, where 0 is the worst facility possible and 10 is the best facility possible, what number would you use to rate this facility?
- ☐ 0 Worst facility possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best facility possible
24. Would you recommend this facility to your friends and family?
- ¹ ☐ Definitely no
- ² ☐ Probably no
- ³ ☐ Probably yes
- ⁴ ☐ Definitely yes

VI. ABOUT YOU

25. In general, how would you rate your overall health?
- ¹ ☐ Excellent
- ² ☐ Very good
- ³ ☐ Good
- ⁴ ☐ Fair
- ⁵ ☐ Poor

26. In general, how would you rate your overall mental or emotional health?
- ¹ ☐ Excellent
- ² ☐ Very good
- ³ ☐ Good
- ⁴ ☐ Fair
- ⁵ ☐ Poor
27. What is your age?
- ¹ ☐ 18 to 24
- ² ☐ 25 to 34
- ³ ☐ 35 to 44
- ⁴ ☐ 45 to 54
- ⁵ ☐ 55 to 64
- ⁶ ☐ 65 to 74
- ⁷ ☐ 75 to 79
- ⁸ ☐ 80 to 84
- ⁹ ☐ 85 or older
28. Are you male or female?
- ¹ ☐ Male
- ² ☐ Female
29. What is the highest grade or level of school that you have completed?
- ¹ ☐ 8th grade or less
- ² ☐ Some high school, but did not graduate
- ³ ☐ High school graduate or GED
- ⁴ ☐ Some college or 2-year degree
- ⁵ ☐ 4-year college graduate
- ⁶ ☐ More than 4-year college degree

附件 4 美國門診及門診手術滿意度問卷-續

- | | |
|--|--|
| <p>30. Are you of Hispanic, Latino, or Spanish origin?</p> <p>1 <input type="checkbox"/> Yes, Hispanic, Latino, or Spanish</p> <p>2 <input type="checkbox"/> No, not Hispanic, Latino, or Spanish → If No, go to #32</p> <p>31. Which group best describes you?</p> <p>1 <input type="checkbox"/> Mexican, Mexican American, Chicano</p> <p>2 <input type="checkbox"/> Puerto Rican</p> <p>3 <input type="checkbox"/> Cuban</p> <p>4 <input type="checkbox"/> Another Hispanic, Latino, or Spanish origin</p> <p>32. What is your race? You may select one or more categories.</p> <p>1 <input type="checkbox"/> White</p> <p>2 <input type="checkbox"/> Black or African American</p> <p>3 <input type="checkbox"/> American Indian or Alaska Native</p> <p>4 <input type="checkbox"/> Asian Indian</p> <p>5 <input type="checkbox"/> Chinese</p> <p>6 <input type="checkbox"/> Filipino</p> <p>7 <input type="checkbox"/> Japanese</p> <p>8 <input type="checkbox"/> Korean</p> <p>9 <input type="checkbox"/> Vietnamese</p> <p>10 <input type="checkbox"/> Other Asian</p> <p>11 <input type="checkbox"/> Native Hawaiian</p> <p>12 <input type="checkbox"/> Guamanian or Chamorro</p> <p>13 <input type="checkbox"/> Samoan</p> <p>14 <input type="checkbox"/> Other Pacific Islander</p> <p>33. How well do you speak English?</p> <p>1 <input type="checkbox"/> Very well</p> <p>2 <input type="checkbox"/> Well</p> <p>3 <input type="checkbox"/> Not well</p> <p>4 <input type="checkbox"/> Not at all</p> | <p>34. Do you speak a language <u>other than English</u> at home?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No → If No, go to #36</p> <p>35. What is that language?</p> <p>1 <input type="checkbox"/> Spanish</p> <p>2 <input type="checkbox"/> Other Language (PLEASE SPECIFY):</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>(Please print.)</i></p> <p>36. Did someone help you complete this survey?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No → If No, go to END.</p> <p>37. How did that person help you? Check all that apply.</p> <p>1 <input type="checkbox"/> Read the questions to me</p> <p>2 <input type="checkbox"/> Wrote down the answers I gave</p> <p>3 <input type="checkbox"/> Answered the questions for me</p> <p>4 <input type="checkbox"/> Translated the questions into my language</p> <p>5 <input type="checkbox"/> Helped in some other way: (EXPLAIN):</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>(Please print.)</i></p> <p>6 <input type="checkbox"/> No one helped me complete this survey</p> <p style="text-align: center;">END</p> |
|--|--|



Accident and Emergency (A&E) Department Questionnaire

This survey is about your **most recent** visit to the Accident and Emergency Department at the hospital named in the letter enclosed with this questionnaire. The department may also be referred to as **Casualty, Emergency Department or A&E**. It does not include other wards or units that you might have been moved to whilst you were at the hospital, such as an inpatient ward.

What you tell us is confidential and taking part is voluntary.

WHAT TO DO

Put a cross ☒ clearly inside one box using a black or blue pen.

If you make a mistake, just fill in the box ☐ and put a cross ☒ in the correct box.

If you cannot answer a question, or do not want to answer it, just leave it blank and go to the next question.

Please remember not to write your name or address anywhere on the questionnaire.

When you have filled in as much as you can, please return it in the Freepost envelope provided.

NEED MORE HELP?

For help completing the questionnaire, please call the survey helpline on **<insert helpline number here>**

If you have concerns about the care you or others have received please contact the Care Quality Commission (CQC) on 03000 61 61 61.

附件 5 英國急診滿意度問卷-續

ARRIVAL

Please remember, this questionnaire is about your **most recent visit** to the A&E department at the hospital named in the letter.

1. Was this A&E department the **first** service you went to, or contacted, for help with your condition?
 - 1 ☐ Yes → Go to 4
 - 2 ☐ No → Go to 2
2. Before going to this A&E department, where did you go to, or contact, for help with your condition? (Cross ONE only - if more than one option applies, cross the last one you went to, or contacted, before A&E)
 - 1 ☐ 999 emergency service
 - 2 ☐ NHS 111 telephone / online service
 - 3 ☐ A different A&E department
 - 4 ☐ Pharmacist
 - 5 ☐ GP practice
 - 6 ☐ GP out-of-hours service
 - 7 ☐ Urgent Care Centre / Minor Injuries Unit / Walk-in Centre
 - 8 ☐ Somewhere else
3. What was the MAIN reason for going to A&E following your contact with the service above? (Cross ONE only)
 - 1 ☐ The service above referred / took me
 - 2 ☐ I couldn't get a GP appointment quickly enough
 - 3 ☐ I am not registered with a GP
 - 4 ☐ My condition became worse
 - 5 ☐ I was not satisfied with the help I received
 - 6 ☐ A different reason
4. Were you taken to A&E in an ambulance?
 - 1 ☐ Yes → Go to 5
 - 2 ☐ No → Go to 6

5. Once you arrived at A&E, how long did you wait with the ambulance crew before your care was handed over to the A&E staff?
 - 1 ☐ I did not have to wait
 - 2 ☐ Up to 15 minutes
 - 3 ☐ 16 – 30 minutes
 - 4 ☐ 31 – 60 minutes
 - 5 ☐ More than 1 hour but no more than 2 hours
 - 6 ☐ More than 2 hours
 - 7 ☐ Don't know / can't remember
6. Were you given enough privacy when discussing your condition with the receptionist?
 - 1 ☐ Yes, definitely
 - 2 ☐ Yes, to some extent
 - 3 ☐ No
 - 4 ☐ I did not discuss my condition with a receptionist
7. Before your most recent visit to A&E, had you previously been to the **same** A&E department about **the same condition** or something related to it?
 - 1 ☐ Yes, within the previous week
 - 2 ☐ Yes, between one week and one month earlier
 - 3 ☐ Yes, more than a month earlier
 - 4 ☐ No
 - 5 ☐ Don't know / can't remember

WAITING

8. How long did you wait before you **first spoke** to a nurse or doctor?
 - 1 ☐ 0 -15 minutes
 - 2 ☐ 16 - 30 minutes
 - 3 ☐ 31- 60 minutes
 - 4 ☐ More than 60 minutes
 - 5 ☐ Don't know / can't remember

附件 5 英國急診滿意度問卷-續

9. Sometimes, people will first talk to a doctor or nurse and be examined later. **From the time you arrived, how long did you wait before being examined by a doctor or nurse?**

- 1 ☐ I did not have to wait → Go to 12
- 2 ☐ 1-30 minutes → Go to 10
- 3 ☐ 31-60 minutes → Go to 10
- 4 ☐ More than 1 hour but no more than 2 hours → Go to 10
- 5 ☐ More than 2 hours but no more than 4 hours → Go to 10
- 6 ☐ More than 4 hours → Go to 10
- 7 ☐ Don't know / can't remember → Go to 10

10. Were you informed **how long** you would have to wait to be examined?

- 1 ☐ Yes, but the wait was **shorter**
- 2 ☐ Yes, and I had to wait about as long as I was informed
- 3 ☐ Yes, but the wait was **longer**
- 4 ☐ No, I was not informed
- 5 ☐ Don't know / can't remember

11. While you were waiting, were you able to get help from a member of staff?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ I did not need any help

12. Overall, how long did your visit to **A&E** last?

- 1 ☐ Up to 1 hour
- 2 ☐ More than 1 hour but no more than 2 hours
- 3 ☐ More than 2 hours but no more than 4 hours
- 4 ☐ More than 4 hours but no more than 6 hours
- 5 ☐ More than 6 hours but no more than 8 hours
- 6 ☐ More than 8 hours but no more than 12 hours
- 7 ☐ More than 12 hours
- 8 ☐ Can't remember

DOCTORS AND NURSES

Thinking about your experience in A&E only....

13. Did you have **enough time** to discuss your condition with the doctor or nurse?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No

14. While you were in A&E, did a doctor or nurse explain your condition and treatment in a way you could understand?

- 1 ☐ Yes, completely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I did not need an explanation

15. Did the doctors and nurses listen to what you had to say?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No

16. If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?

- 1 ☐ Yes, completely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I did not have any anxieties or fears

17. Did you have confidence and trust in the doctors and nurses examining and treating you?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No

附件 5 英國急診滿意度問卷-續

18. Did doctors or nurses talk to each other about you as if you weren't there?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No

19. When you were at A&E, did you have a family member, friend or carer with you?

- 1 ☐ Yes → Go to 20
- 2 ☐ No → Go to 21

20. If a family member, friend or carer wanted to talk to a doctor, did they have enough opportunity to do so?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ This was not necessary

YOUR CARE AND TREATMENT

21. While you were in A&E, how much information about your condition or treatment was given to you?

- 1 ☐ Not enough
- 2 ☐ Right amount
- 3 ☐ Too much
- 4 ☐ I was not given any information about my condition or treatment

22. Were you given enough privacy when being examined or treated?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No

23. If you needed attention, were you able to get a member of medical or nursing staff to help you?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No, I could not find a member of staff to help me
- 4 ☐ A member of staff was with me all the time
- 5 ☐ I did not need attention

24. Sometimes, a member of staff will say one thing and another will say something quite different. Did this happen to you?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No

25. Were you involved as much as you wanted to be in decisions about your care and treatment?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I was not well enough to be involved in decisions about my care

TESTS

26. Did you have any tests (such as x-rays, scans or blood tests) when you visited A&E?

- 1 ☐ Yes → Go to 27
- 2 ☐ No → Go to 31

27. Did a member of staff explain why you needed these test(s) in a way you could understand?

- 1 ☐ Yes, completely
- 2 ☐ Yes, to some extent
- 3 ☐ No

附件 5 英國急診滿意度問卷-續

28. Before you left A&E, did you get the **results** of your tests?

- 1 ☐ Yes → Go to 29
- 2 ☐ No → Go to 30
- 3 ☐ I was told that the results of the tests would be given to me at a later date → Go to 30
- 4 ☐ Don't know / can't remember → Go to 31

29. Did a member of staff explain the **results** of the tests in a way you could understand?

- 1 ☐ Yes, definitely → Go to 31
- 2 ☐ Yes, to some extent → Go to 31
- 3 ☐ No → Go to 31
- 4 ☐ Not sure / can't remember → Go to 31

30. If you did not get the results of the tests when you were in A&E, did a member of staff explain **how** you would receive them?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know / can't remember

PAIN

31. Were you in any pain while you were in A&E?

- 1 ☐ Yes → Go to 32
- 2 ☐ No → Go to 33

32. Do you think the hospital staff did everything they could to help control your pain?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ Can't say / don't know

HOSPITAL ENVIRONMENT AND FACILITIES

33. In your opinion, how clean was the A&E department?

- 1 ☐ Very clean
- 2 ☐ Fairly clean
- 3 ☐ Not very clean
- 4 ☐ Not at all clean
- 5 ☐ Can't say

34. While you were in A&E, did you feel threatened by other patients or visitors?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No

35. Were you able to get suitable food or drinks when you were in A&E?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ I was told not to eat or drink
- 4 ☐ I did not know if I was allowed to eat or drink
- 5 ☐ I did not want anything to eat or drink

LEAVING A&E

36. At the end of your visit to A&E, were you transferred to a hospital ward?

- 1 ☐ Yes → Go to 45
- 2 ☐ No → Go to 37

Medications (e.g. medicines, tablets, ointments)

37. Before you left A&E, were you prescribed any **new** medications?

- 1 ☐ Yes → Go to 38
- 2 ☐ No → Go to 40

附件 5 英國急診滿意度問卷-續

Reminder: All questions should be answered from the point of view of the person named on the envelope, including these background questions.

48. Are you male or female?

- 1 ☐ Male
2 ☐ Female

49. What was your year of birth?

(Please write in) e.g.

1	9	3	4
---	---	---	---

--	--	--	--

50. What is your religion?

- 1 ☐ No religion
2 ☐ Buddhist
3 ☐ Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
4 ☐ Hindu
5 ☐ Jewish
6 ☐ Muslim
7 ☐ Sikh
8 ☐ Other
9 ☐ I would prefer not to say

51. Which of the following best describes how you think of yourself?

- 1 ☐ Heterosexual / straight
2 ☐ Gay / lesbian
3 ☐ Bisexual
4 ☐ Other
5 ☐ I would prefer not to say

52. Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?

Include problems related to old age.

- 1 ☐ Yes → Go to 53
2 ☐ No → Go to 55

53. Do you have any of the following?

Select **ALL** conditions you have that have lasted or are expected to last for 12 months or more.

- 1 ☐ Breathing problem, such as asthma
2 ☐ Blindness or partial sight
3 ☐ Cancer in the last 5 years
4 ☐ Dementia or Alzheimer's disease
5 ☐ Deafness or hearing loss
6 ☐ Diabetes
7 ☐ Heart problem, such as angina
8 ☐ Joint problem, such as arthritis
9 ☐ Kidney or liver disease
10 ☐ Learning disability
11 ☐ Mental health condition
12 ☐ Neurological condition
13 ☐ Another long-term condition

54. Do any of these reduce your ability to carry out day-to-day activities?

- 1 ☐ Yes, a lot
2 ☐ Yes, a little
3 ☐ No, not at all

附件 5 英國急診滿意度問卷-續

55. What is your ethnic group? (Cross ONE box only)

a. WHITE

- 1 ☐ English / Welsh / Scottish / Northern Irish / British
- 2 ☐ Irish
- 3 ☐ Gypsy or Irish Traveller
- 4 ☐ Any other White background, write in...

b. MIXED / MULTIPLE ETHNIC GROUPS

- 5 ☐ White and Black Caribbean
- 6 ☐ White and Black African
- 7 ☐ White and Asian
- 8 ☐ Any other Mixed / multiple ethnic background, write in...

c. ASIAN / ASIAN BRITISH

- 9 ☐ Indian
- 10 ☐ Pakistani
- 11 ☐ Bangladeshi
- 12 ☐ Chinese
- 13 ☐ Any other Asian background, write in...

d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

- 14 ☐ African
- 15 ☐ Caribbean
- 16 ☐ Any other Black / African / Caribbean background, write in...

e. OTHER ETHNIC GROUP

- 17 ☐ Arab
- 18 ☐ Any other ethnic group, write in...

ANY OTHER COMMENTS

If there is anything else you would like to tell us about your experiences in the A&E department, please do so here.

Please note that the comments you provide will be looked at in full by the NHS Trust, CQC and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback.

THANK YOU VERY MUCH FOR YOUR HELP

Please check that you answered all the questions that apply to you.

Please post this questionnaire back in the FREEPOST envelope provided.

No stamp is needed

附件 6 英國住院滿意度問卷



Inpatient Questionnaire

This questionnaire is about your **most recent** experience as an **inpatient** at the NHS hospital named in the letter enclosed with this questionnaire. This would have been when you had to stay **overnight** in hospital.

What you tell us is confidential and taking part is voluntary.

WHO SHOULD COMPLETE THE QUESTIONNAIRE?

The questions should be answered by the person named on the front of the envelope. If that person needs help to complete the questionnaire, the answers should be given from their point of view – not the point of view of the person who is helping.

WHAT TO DO

Put a cross ☒ clearly inside one box using a black or blue pen.

If you make a mistake, just fill in the box ☐ and put a cross ☒ in the correct box.

If you cannot answer a question, or do not want to answer it, just leave it blank and go to the next question.

Please do not write your name or address anywhere on the questionnaire.

When you have filled in as much as you can, please return it in the Freepost envelope provided.

NEED MORE HELP?

For help completing the questionnaire, please call the survey helpline on <insert helpline number here>

If you have concerns about the care you or others have received please contact the Care Quality Commission (CQC) on 03000 61 61 61.

附件 6 英國住院滿意度問卷-續

Please remember, this questionnaire is about your most recent overnight stay at the hospital named in the accompanying letter.

ADMISSION TO HOSPITAL

1. Was your most recent hospital stay planned in advance or an emergency?
- 1 ☐ Emergency or urgent → Go to 2
 - 2 ☐ Waiting list or planned in advance → Go to 5
 - 3 ☐ Something else → Go to 2

THE ACCIDENT & EMERGENCY DEPARTMENT

2. When you arrived at the hospital, did you go to the A&E Department (also known as the Emergency Department, Casualty, Medical or Surgical Admissions unit)?
- 1 ☐ Yes → Go to 3
 - 2 ☐ No → Go to 5
3. While you were in the A&E Department, how much information about your condition or treatment was given to you?
- 1 ☐ Not enough
 - 2 ☐ Right amount
 - 3 ☐ Too much
 - 4 ☐ I was not given any information about my treatment or condition
 - 5 ☐ Don't know / can't remember
4. Were you given enough privacy when being examined or treated in the A&E Department?
- 1 ☐ Yes, definitely → Go to 9
 - 2 ☐ Yes, to some extent → Go to 9
 - 3 ☐ No → Go to 9
 - 4 ☐ Don't know / can't remember → Go to 9

EMERGENCY & URGENTLY ADMITTED PATIENTS - go to Question 9

WAITING LIST & PLANNED ADMISSION PATIENTS - go to Question 5

WAITING LIST OR PLANNED ADMISSION

5. When you were referred to see a specialist, were you offered a choice of hospital for your first hospital appointment?
- 1 ☐ Yes
 - 2 ☐ No, but I would have liked a choice
 - 3 ☐ No, but I did not mind
 - 4 ☐ Don't know / can't remember
6. How do you feel about the length of time you were on the waiting list before your admission to hospital?
- 1 ☐ I was admitted as soon as I thought was necessary
 - 2 ☐ I should have been admitted a bit sooner
 - 3 ☐ I should have been admitted a lot sooner
7. Was your admission date changed by the hospital?
- 1 ☐ No
 - 2 ☐ Yes, once
 - 3 ☐ Yes, 2 or 3 times
 - 4 ☐ Yes, 4 times or more
8. In your opinion, had the specialist you saw

附件 6 英國住院滿意度問卷-續

in hospital been given all of the necessary information about your condition or illness from the person who referred you?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ Don't know / can't remember

ALL TYPES OF ADMISSION

9. From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No

THE HOSPITAL & WARD

10. While in hospital, did you ever stay in a critical care area (e.g. Intensive Care Unit, High Dependency Unit or Coronary Care Unit)?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know / can't remember

11. While in hospital, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?

- 1 ☐ Yes
- 2 ☐ No

12. Did you change wards at night?

- 1 ☐ Yes, but I would have preferred not to → Go to 13
- 2 ☐ Yes, but I did not mind → Go to 13
- 3 ☐ No → Go to 14

13. Did the hospital staff explain the reasons for being moved in a way you could understand?

- 1 ☐ Yes, completely
- 2 ☐ Yes, to some extent
- 3 ☐ No

14. Were you ever bothered by noise at night from other patients?

- 1 ☐ Yes
- 2 ☐ No

15. Were you ever bothered by noise at night from hospital staff?

- 1 ☐ Yes
- 2 ☐ No

16. In your opinion, how clean was the hospital room or ward that you were in?

- 1 ☐ Very clean
- 2 ☐ Fairly clean
- 3 ☐ Not very clean
- 4 ☐ Not at all clean

附件 6 英國住院滿意度問卷-續

17. Did you get enough help from staff to wash or keep yourself clean?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I did not need help to wash or keep myself clean

18. If you brought your own medication with you to hospital, were you able to take it when you needed to?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I had to stop taking my own medication as part of my treatment
- 5 ☐ I did not bring my own medication with me to hospital

19. How would you rate the hospital food?

- 1 ☐ Very good
- 2 ☐ Good
- 3 ☐ Fair
- 4 ☐ Poor
- 5 ☐ I did not have any hospital food

20. Were you offered a choice of food?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No

21. Did you get enough help from staff to eat your meals?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I did not need help to eat meals

22. During your time in hospital, did you get enough to drink?

- 1 ☐ Yes
- 2 ☐ No, because I did not get enough help to drink
- 3 ☐ No, because I was not offered enough drinks
- 4 ☐ No, for another reason

DOCTORS

23. When you had important questions to ask a doctor, did you get answers that you could understand?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I had no need to ask

24. Did you have confidence and trust in the doctors treating you?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No

附件 6 英國住院滿意度就醫問卷-續

25. Did doctors talk in front of you as if you weren't there?

- 1 ☐ Yes, often
- 2 ☐ Yes, sometimes
- 3 ☐ No

NURSES

26. When you had important questions to ask a nurse, did you get answers that you could understand?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I had no need to ask

27. Did you have confidence and trust in the nurses treating you?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No

28. Did nurses talk in front of you as if you weren't there?

- 1 ☐ Yes, often
- 2 ☐ Yes, sometimes
- 3 ☐ No

29. In your opinion, were there enough nurses on duty to care for you in hospital?

- 1 ☐ There were always or nearly always enough nurses
- 2 ☐ There were sometimes enough nurses
- 3 ☐ There were rarely or never enough nurses

30. Did you know which nurse was in charge of looking after you (this would have been a different person after each shift change)?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No

YOUR CARE & TREATMENT

31. Did you have confidence and trust in any other clinical staff treating you (e.g. physiotherapists, speech therapists, psychologists)?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I was not seen by any other clinical staff

32. In your opinion, did the members of staff caring for you work well together?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ Don't know / can't remember

33. Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?

- 1 ☐ Yes, often
- 2 ☐ Yes, sometimes
- 3 ☐ No

附件 6 英國住院滿意度問卷-續

34. Were you involved as much as you wanted to be in decisions about your care and treatment?
- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
35. Did you have confidence in the decisions made about your condition or treatment?
- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
36. How much information about your condition or treatment was given to you?
- 1 ☐ Not enough
- 2 ☐ Right amount
- 3 ☐ Too much
- 4 ☐ I was not given any information about my treatment or condition
- 5 ☐ Don't know / can't remember
37. Did you find someone on the hospital staff to talk to about your worries and fears?
- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I had no worries or fears
38. Do you feel you got enough emotional support from hospital staff during your stay?
- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I did not need any emotional support
39. Were you given enough privacy when discussing your condition or treatment?
- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
40. Were you given enough privacy when being examined or treated?
- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
41. Were you ever in any pain?
- 1 ☐ Yes → [Go to 42](#)
- 2 ☐ No → [Go to 43](#)
42. Do you think the hospital staff did everything they could to help control your pain?
- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No

附件 6 英國住院滿意度問卷-續

43. If you needed attention, were you able to get a member of staff to help you within a reasonable time?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I did not want / need this

OPERATIONS & PROCEDURES

44. During your stay in hospital, did you have an operation or procedure?

- 1 ☐ Yes → Go to 45
- 2 ☐ No → Go to 48

45. Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?

- 1 ☐ Yes, completely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I did not have any questions

46. Beforehand, were you told how you could expect to feel after you had the operation or procedure?

- 1 ☐ Yes, completely
- 2 ☐ Yes, to some extent
- 3 ☐ No

47. After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?

- 1 ☐ Yes, completely
- 2 ☐ Yes, to some extent
- 3 ☐ No

LEAVING HOSPITAL

48. Did you feel you were involved in decisions about your discharge from hospital?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I did not want to be involved

49. Were you given enough notice about when you were going to be discharged?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No

50. On the day you left hospital, was your discharge delayed for any reason?

- 1 ☐ Yes → Go to 51
- 2 ☐ No → Go to 53

51. What was the MAIN reason for the delay? (Cross ONE box only)

- 1 ☐ I had to wait for medicines
- 2 ☐ I had to wait to see the doctor
- 3 ☐ I had to wait for hospital transport
- 4 ☐ Something else

52. How long was the delay?

- 1 ☐ Up to 1 hour
- 2 ☐ Longer than 1 hour but no longer than 2 hours
- 3 ☐ Longer than 2 hours but no longer than 4 hours
- 4 ☐ Longer than 4 hours

附件 6 英國住院滿意度問卷-續

53. Where did you go after leaving hospital?

- 1 ☐ I went home → Go to 54
- 2 ☐ I went to stay with family or friends → Go to 54
- 3 ☐ I was transferred to another hospital → Go to 55
- 4 ☐ I went to a residential nursing home → Go to 55
- 5 ☐ I went somewhere else → Go to 55

54. After leaving hospital, did you get enough support from health or social care professionals to help you recover and manage your condition?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No, but support would have been useful
- 4 ☐ No, but I did not need any support

55. When you left hospital, did you know what would happen next with your care?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ It was not necessary

56. Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?

- 1 ☐ Yes
- 2 ☐ No

57. Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?

- 1 ☐ Yes, completely → Go to 58
- 2 ☐ Yes, to some extent → Go to 58
- 3 ☐ No → Go to 58
- 4 ☐ I did not need an explanation → Go to 58
- 5 ☐ I had no medicines → Go to 60

58. Did a member of staff tell you about medication side effects to watch for when you went home?

- 1 ☐ Yes, completely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I did not need an explanation

59. Were you given clear written or printed information about your medicines?

- 1 ☐ Yes, completely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I did not need this
- 5 ☐ Don't know / can't remember

60. Did a member of staff tell you about any danger signals you should watch for after you went home?

- 1 ☐ Yes, completely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ It was not necessary

附件 6 英國住院滿意度問卷-續

61. Did hospital staff take your family or home situation into account when planning your discharge?

- 1 ☐ Yes, completely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ It was not necessary
- 5 ☐ Don't know / can't remember

62. Did the doctors or nurses give your family, friends or carers all the information they needed to help care for you?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ No family, friends or carers were involved
- 5 ☐ My family, friends or carers did not want or need information
- 6 ☐ I did not want my family, friends or carers to get information

63. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know / can't remember

64. Did hospital staff discuss with you whether you would need any additional equipment in your home, or any adaptations made to your home, after leaving the hospital?

- 1 ☐ Yes
- 2 ☐ No, but I would have liked them to
- 3 ☐ No, it was not necessary to discuss it

65. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital (e.g. services from a GP, physiotherapist or community nurse, or assistance from social services or the voluntary sector)?

- 1 ☐ Yes
- 2 ☐ No, but I would have liked them to
- 3 ☐ No, it was not necessary to discuss it

66. After being discharged, was the care and support you expected available when you needed it?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ I did not expect any further care or support after I was discharged

OVERALL

67. Overall, did you feel you were treated with respect and dignity while you were in the hospital?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No

68. Overall... (Please circle a number)

I had a very poor experience

I had a very good experience

0 1 2 3 4 5 6 7 8 9 10

69. During this hospital stay, did anyone discuss with you whether you would like to take part in a research study?

- 1 ☐ Yes, and I agreed to take part
- 2 ☐ Yes, but I did not want to take part
- 3 ☐ No
- 4 ☐ Don't know / can't remember

附件 6 英國住院滿意度問卷-續

70. During your hospital stay, were you ever asked to give your views on the quality of your care?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know / can't remember

71. Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Not sure / don't know

72. Did you feel well looked after by the non-clinical hospital staff (e.g. cleaners, porters, catering staff)?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I did not have contact with any non-clinical staff

ABOUT YOU

73. Who was the main person or people that filled in this questionnaire?

- 1 ☐ The patient (named on the front of the envelope)
- 2 ☐ A friend or relative of the patient
- 3 ☐ Both patient and friend/relative together
- 4 ☐ The patient with the help of a health professional

Reminder: All the questions should be answered from the point of view of the person named on the envelope. This includes the following background questions.

74. Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?

Include problems related to old age.

- 1 ☐ Yes → Go to 75
- 2 ☐ No → Go to 77

75. Do you have any of the following?

Select ALL conditions you have that have lasted or are expected to last for 12 months or more.

- 1 ☐ Breathing problem, such as asthma
- 2 ☐ Blindness or partial sight
- 3 ☐ Cancer in the last 5 years
- 4 ☐ Dementia or Alzheimer's disease
- 5 ☐ Deafness or hearing loss
- 6 ☐ Diabetes
- 7 ☐ Heart problem, such as angina
- 8 ☐ Joint problem, such as arthritis
- 9 ☐ Kidney or liver disease
- 10 ☐ Learning disability
- 11 ☐ Mental health condition
- 12 ☐ Neurological condition
- 13 ☐ Another long-term condition

附件 6 英國住院滿意度問卷-續

76. Do any of these reduce your ability to carry out day-to-day activities?

- ☐ 1 Yes, a lot
- ☐ 2 Yes, a little
- ☐ 3 No, not at all

77. Have you experienced any of the following in the last twelve months? (Cross ALL that apply)

- ☐ 1 Problems with your physical mobility, such as difficulty getting about your home
- ☐ 2 Two or more falls that have needed medical attention
- ☐ 3 Feeling isolated from others
- ☐ 4 None of these

78. Are you male or female?

- ☐ 1 Male
- ☐ 2 Female

79. What was your year of birth?

(Please write in) e.g.

1	9	6	4
---	---	---	---

--	--	--	--

80. What is your religion?

- ☐ 1 No religion
- ☐ 2 Buddhist
- ☐ 3 Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
- ☐ 4 Hindu
- ☐ 5 Jewish
- ☐ 6 Muslim
- ☐ 7 Sikh
- ☐ 8 Other
- ☐ 9 I would prefer not to say

81. Which of the following best describes how you think of yourself?

- ☐ 1 Heterosexual / straight
- ☐ 2 Gay / lesbian
- ☐ 3 Bisexual
- ☐ 4 Other
- ☐ 5 I would prefer not to say

附件 6 英國住院滿意度問卷-續

82. What is your ethnic group? (Cross ONE box only)

a. WHITE

- 1 ☐ English / Welsh / Scottish / Northern Irish / British
- 2 ☐ Irish
- 3 ☐ Gypsy or Irish Traveller
- 4 ☐ Any other White background, write in...

b. MIXED / MULTIPLE ETHNIC GROUPS

- 5 ☐ White and Black Caribbean
- 6 ☐ White and Black African
- 7 ☐ White and Asian
- 8 ☐ Any other Mixed / multiple ethnic background, write in...

c. ASIAN / ASIAN BRITISH

- 9 ☐ Indian
- 10 ☐ Pakistani
- 11 ☐ Bangladeshi
- 12 ☐ Chinese
- 13 ☐ Any other Asian background, write in...

d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

- 14 ☐ African
- 15 ☐ Caribbean
- 16 ☐ Any other Black / African / Caribbean background, write in...

e. OTHER ETHNIC GROUP

- 17 ☐ Arab
- 18 ☐ Any other ethnic group, write in...

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OTHER COMMENTS

If there is anything else you would like to tell us about your experiences in the hospital, please do so here.

Please note that the comments you provide will be looked at in full by the NHS Trust, CQC and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback.

Was there anything particularly good about your hospital care?

Was there anything that could be improved?

Any other comments?

THANK YOU VERY MUCH FOR YOUR HELP

Please check that you answered all the questions that apply to you.

Please post this questionnaire back in the FREEPOST envelope provided.
No stamp is needed.

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附件 7 英國產科滿意度問卷



Maternity Services Survey

This is a survey about your experience of the care you received from NHS maternity services. What you tell us is confidential and taking part is voluntary.

What to do

Please only think about the maternity care you received in your most recent pregnancy and birth when answering these questions.

Put a cross ☐ clearly inside one box using a black or blue pen.

If you make a mistake, just fill in the box ☐ and put a cross ☐ in the correct box.

If you cannot answer a question, or do not want to answer it, just leave it blank and go to the next question.

Please remember not to write your name or address anywhere on the questionnaire.

When you have filled in as much as you can, please return it in the Freepost envelope provided. Thank you.

If the survey raises issues or questions of concern, you may wish to contact your GP or Health Visitor.

NEED MORE HELP?

For help completing this questionnaire, please call the survey helpline on <insert helpline number>.

If you have any concerns about the care you or others have received please contact the Care Quality Commission (CQC) on 03000 61 61 61.

Want to be involved in maternity services in your local area?

If you'd like to give additional feedback or be involved in improvement to maternity services in your local area, you can find more information here: www.nationalmaternityvoices.org.uk.

附件 7 英國產科滿意度問卷-續

SECTION A. DATES AND YOUR BABY

- A1. Did you give birth to a single baby, twins or more in your most recent pregnancy?
- 1 ☐ A single baby
 - 2 ☐ Twins
 - 3 ☐ Triplets, quads or more
- A2. Roughly how many weeks pregnant were you when your baby was born?
- 1 ☐ Before I was 37 weeks pregnant
 - 2 ☐ When I was 37 - 39 weeks pregnant
 - 3 ☐ When I was 40 or more weeks pregnant

SECTION B. CARE WHILE YOU WERE PREGNANT (ANTENATAL CARE)

The start of your care in pregnancy

- B1. Who was the first health professional you saw when you thought you were pregnant? (Cross **ONE** only)
- 1 ☐ GP / family doctor
 - 2 ☐ Midwife
 - 3 ☐ Other
- B2. Roughly how many weeks pregnant were you when you first saw this health professional about your pregnancy care?
- 1 ☐ When I was 0 to 6 weeks pregnant
 - 2 ☐ When I was 7 to 12 weeks pregnant
 - 3 ☐ When I was 13 or more weeks pregnant
 - 4 ☐ Don't know / can't remember

- B3. Roughly how many weeks pregnant were you when you had your 'booking' appointment (the appointment where you were given access to your pregnancy notes)?
- 1 ☐ When I was 0 to 10 weeks pregnant
 - 2 ☐ When I was 11 to 12 weeks pregnant
 - 3 ☐ When I was more than 12 weeks pregnant
 - 4 ☐ Don't know / can't remember
- B4. Were you offered any of the following choices about where to have your baby? (Cross **ALL** that apply)
- 1 ☐ A choice of hospitals
 - 2 ☐ A midwife led unit / birth centre
 - 3 ☐ A consultant led unit
 - 4 ☐ At home
 - 5 ☐ I was not offered any choices
 - 6 ☐ I had no choices due to medical reasons
 - 7 ☐ Don't know / can't remember
- B5. Before your baby was born, where did you plan to have your baby?
- 1 ☐ A midwife led unit / birth centre
 - 2 ☐ A consultant led unit
 - 3 ☐ At home
 - 4 ☐ I did not have a plan
 - 5 ☐ Don't know / can't remember
- B6. Did you get enough information from either a midwife or doctor to help you decide where to have your baby?
- 1 ☐ Yes, definitely
 - 2 ☐ Yes, to some extent
 - 3 ☐ No
 - 4 ☐ Don't know / can't remember

附件 7 英國產科滿意度問卷-續

Antenatal check-ups

A 'check-up' is any contact with a doctor or midwife to check the progress of your pregnancy. It usually includes having your blood pressure and urine checked.

Please ignore other appointments that did not include these things, such as a visit to the hospital for a scan or a blood test only.

B7. At your antenatal checks-ups, did you see the same midwife every time?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ I did not see a midwife
- 4 ☐ Don't know / can't remember

B8. During your antenatal check-ups, did your midwives appear to be aware of your medical history?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ Don't know / can't remember

B9. During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ Don't know / can't remember

B10. During your antenatal check-ups, did your midwives listen to you?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ Don't know / can't remember

B11. During your antenatal check-ups, did your midwife ask you about your mental health?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ Don't know / can't remember

During your pregnancy

B12. During your pregnancy were you offered any antenatal classes or courses provided by the NHS?

- 1 ☐ Yes, and I did them → Go to B13
- 2 ☐ Yes, but I did not do them → Go to B14
- 3 ☐ No → Go to B14
- 4 ☐ Don't know / can't remember → Go to B14

B13. Did you find these classes or courses useful?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ Don't know / can't remember

B14. During your pregnancy, did you have a telephone number for a member of the midwifery team that you could contact?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know / can't remember

B15. During your pregnancy, if you contacted a midwifery team, were you given the help you needed?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ No, as I was not able to contact a midwife
- 5 ☐ I did not contact a midwife

附件 7 英國產科滿意度問卷-續

B16. Thinking about your **antenatal care**, were you spoken to in a way you could understand?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ Don't know / can't remember

B17. Thinking about your **antenatal care**, were you involved in decisions about your care?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I did not want / need to be involved
- 5 ☐ Don't know / can't remember

B18. During your pregnancy did midwives provide relevant information about feeding your baby?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ Don't know / can't remember

SECTION C. YOUR LABOUR AND THE BIRTH OF YOUR BABY

If you had a planned caesarean, or did not have a labour, please go to Question C8.

C1. At the start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?

- 1 ☐ I did not contact a midwife / the hospital
- 2 ☐ Yes
- 3 ☐ No

C2. During your labour, did staff help to create a more comfortable atmosphere for you in a way you wanted?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ Don't know / can't remember

C3. During your labour, what type of pain relief did you use? (Cross ALL that apply)

- 1 ☐ Natural methods (e.g. hypnosis, breathing, massage)
- 2 ☐ Water / birthing pool
- 3 ☐ TENS machine (with pads on your back)
- 4 ☐ Gas and air (breathing through a mouth piece or mask)
- 5 ☐ Injection of pethidine or a similar painkiller
- 6 ☐ Epidural (injection in your back, given by an anaesthetist)
- 7 ☐ Other
- 8 ☐ I did not use pain relief

C4. Did the pain relief you used change from what you had originally wanted (before you went into labour)?

- 1 ☐ Yes → Go to C5
- 2 ☐ No → Go to C6
- 3 ☐ I did not use pain relief → Go to C6
- 4 ☐ Don't know / can't remember → Go to C6

C5. Why did you not use the pain relief that you had originally wanted (before you went into labour)? (Cross ALL that apply)

- 1 ☐ For medical reasons
- 2 ☐ I changed my mind
- 3 ☐ I did not need to use the pain relief I originally wanted
- 4 ☐ There was not time to use the pain relief I originally wanted
- 5 ☐ The original pain relief did not work
- 6 ☐ An anaesthetist was not available to provide my chosen pain relief
- 7 ☐ I was not told why I could not have my choice of pain relief
- 8 ☐ Other

附件 7 英國產科滿意度問卷-續

The birth of your baby

C6. Where did you have your baby?

- 1 ☐ A midwife led unit / birth centre
- 2 ☐ A consultant led unit
- 3 ☐ At home
- 4 ☐ Don't know / can't remember

C7. Thinking about the birth of your baby, was your labour induced?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know / can't remember

C8. What type of birth did you have? (If you had twins or more than two babies this time, please fill in this question about the baby who was born first)

- 1 ☐ A vaginal birth (no forceps or ventouse suction cup) → Go to C9
- 2 ☐ An assisted vaginal birth (e.g. with forceps or ventouse suction cup) → Go to C9
- 3 ☐ A planned caesarean birth → Go to C11
- 4 ☐ An emergency caesarean birth → Go to C11

C9. Where did you give birth? (Cross ONE only)

- 1 ☐ On a bed
- 2 ☐ On the floor
- 3 ☐ In water / a birthing pool
- 4 ☐ Other

C10. What position were you in when your baby was born? (Cross ONE only)

- 1 ☐ Sitting / sitting supported by pillows
- 2 ☐ On my side
- 3 ☐ Standing, squatting or kneeling
- 4 ☐ Lying flat / lying supported by pillows
- 5 ☐ Lying with legs in stirrups
- 6 ☐ Other

C11. Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ No, but this was not possible for medical reasons
- 4 ☐ I did not want skin to skin contact with my baby

C12. If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ They did not want to / could not be involved
- 4 ☐ I did not want them to be involved
- 5 ☐ I did not have a partner / companion with me

The staff caring for you

C13. Did the staff treating and examining you introduce themselves?

- 1 ☐ Yes, all of the staff introduced themselves
- 2 ☐ Some of the staff introduced themselves
- 3 ☐ Very few / none of the staff introduced themselves
- 4 ☐ Don't know / can't remember

附件 7 英國產科滿意度問卷-續

C14. Had any of the midwives who cared for you been involved in your antenatal care?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know / can't remember

C15. Were you (and / or your partner or a companion) left alone by midwives or doctors at a time when it worried you? (Cross ALL that apply)

- 1 ☐ Yes, during early labour
- 2 ☐ Yes, during the later stages of labour
- 3 ☐ Yes, during the birth
- 4 ☐ Yes, shortly after the birth
- 5 ☐ No, not at all

C16. If you raised a concern during labour and birth, did you feel that it was taken seriously?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ I did not raise any concerns

C17. During labour and birth, were you able to get a member of staff to help you when you needed it?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ A member of staff was with me all the time
- 5 ☐ I did not want / need this
- 6 ☐ Don't know / can't remember

C18. Thinking about your care during labour and birth, were you spoken to in a way you could understand?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ Don't know / can't remember

C19. Thinking about your care during labour and birth, were you involved in decisions about your care?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I did not want / need to be involved
- 5 ☐ Don't know / can't remember

C20. Thinking about your care during labour and birth, were you treated with respect and dignity?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ Don't know / can't remember

C21. Did you have confidence and trust in the staff caring for you during your labour and birth?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ Don't know / can't remember

C22. After your baby was born, did you have the opportunity to ask questions about your labour and the birth?

- 1 ☐ Yes, completely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I did not want / need this
- 5 ☐ Don't know / can't remember

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SECTION D. CARE IN HOSPITAL AFTER THE BIRTH (POSTNATAL CARE)

If you had a home birth **and** did not go to hospital, please go to Question E1.

D1. How long did you stay in hospital after your baby was born?

- 1 ☐ Up to 12 hours
- 2 ☐ More than 12 hours but less than 24 hours
- 3 ☐ 1 to 2 days
- 4 ☐ 3 to 4 days
- 5 ☐ 5 or more days

D2. On the day you left hospital, was your discharge delayed for any reason?

- 1 ☐ Yes → Go to D3
- 2 ☐ No → Go to D4

D3. What was the main reason for the delay? (Cross ONE only)

- 1 ☐ I had to wait for medicines
- 2 ☐ I had to wait to see the midwife
- 3 ☐ I had to wait to see the doctor
- 4 ☐ I had to wait for test results
- 5 ☐ I had to wait for a check to be done on my baby
- 6 ☐ Something else

D4. If you needed attention while you were in hospital after the birth, were you able to get a member of staff to help you when you needed it?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I did not want / need this
- 5 ☐ Don't know / can't remember

D5. Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ Don't know / can't remember

D6. Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ Don't know / can't remember

D7. Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted? (Cross ALL that apply)

- 1 ☐ Yes
- 2 ☐ No, as they were restricted to visiting hours
- 3 ☐ No, as there was no accommodation for them on the maternity ward
- 4 ☐ No, they were not able to stay for another reason
- 5 ☐ I did not have a partner / companion with me

D8. Thinking about your stay in hospital, how clean was the hospital room or ward you were in?

- 1 ☐ Very clean
- 2 ☐ Fairly clean
- 3 ☐ Not very clean
- 4 ☐ Not at all clean
- 5 ☐ Don't know / can't remember

SECTION E. FEEDING YOUR BABY

This section covers any advice or support given after the birth; this could be at hospital or at home.

- E1. In the first few days after the birth how was your baby fed? (Cross ONE only)
- 1 ☐ Breast milk (or expressed breast milk) only
 - 2 ☐ Both breast and formula (bottle) milk
 - 3 ☐ Formula (bottle) milk only
 - 4 ☐ Don't know / can't remember
- E2. Were your decisions about how you wanted to feed your baby respected by midwives?
- 1 ☐ Yes, always
 - 2 ☐ Yes, sometimes
 - 3 ☐ No
 - 4 ☐ Don't know / can't remember
- E3. Did you feel that midwives and other health professionals took your personal circumstances into account when giving advice about feeding your baby?
- 1 ☐ Yes, always
 - 2 ☐ Yes, sometimes
 - 3 ☐ No
 - 4 ☐ I did not want / need any advice
 - 5 ☐ I did not receive any advice
 - 6 ☐ Don't know / can't remember
- E4. Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?
- 1 ☐ Yes, always
 - 2 ☐ Yes, sometimes
 - 3 ☐ No
 - 4 ☐ I did not want / need this
 - 5 ☐ Don't know / can't remember

SECTION F. CARE AT HOME AFTER THE BIRTH

- F1. Were you given a choice about where your postnatal care would take place? (Postnatal care is any contact with a midwife or other health professional after leaving hospital)
- 1 ☐ Yes
 - 2 ☐ No
 - 3 ☐ Don't know / can't remember
- F2. When you were at home after the birth of your baby, did you have a telephone number for a midwifery or health visiting team that you could contact?
- 1 ☐ Yes
 - 2 ☐ No
 - 3 ☐ Don't know / can't remember
- F3. If you contacted a midwifery or health visiting team were you given the help you needed?
- 1 ☐ Yes, always
 - 2 ☐ Yes, sometimes
 - 3 ☐ No
 - 4 ☐ I did not contact a midwifery or health visiting team
- F4. Since your baby's birth have you been visited at home by a midwife?
- 1 ☐ Yes → Go to F5
 - 2 ☐ Yes, but I had to contact them to ask them to visit → Go to F5
 - 3 ☐ No, I visited the midwife / saw a midwife in clinic → Go to F5
 - 4 ☐ No, I was not offered a visit → Go to F11
 - 5 ☐ No, I was visiting or staying near my baby in a neonatal unit (NNU, NICU, SCBU) → Go to F11
 - 6 ☐ No, for another reason → Go to F11

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F5. Did you see the same midwife every time?

- 1 ☐ Yes
2 ☐ No
3 ☐ Don't know / can't remember

Thinking about all the times you were visited at home or seen in a clinic by a midwife after the birth...

F6. Would you have liked to have seen a midwife...

- 1 ☐ More often
2 ☐ Less often
3 ☐ I saw a midwife as much as I wanted

F7. Did the midwife or midwifery team that you saw appear to be aware of the medical history of you and your baby?

- 1 ☐ Yes
2 ☐ No
3 ☐ Don't know / can't remember

F8. Did you feel that the midwife or midwifery team that you saw always listened to you?

- 1 ☐ Yes, always
2 ☐ Yes, sometimes
3 ☐ No
4 ☐ Don't know / can't remember

F9. Did the midwife or midwifery team that you saw take your personal circumstances into account when giving you advice?

- 1 ☐ Yes, always
2 ☐ Yes, sometimes
3 ☐ No
4 ☐ Don't know / can't remember

F10. Did you have confidence and trust in the midwife or midwifery team you saw after going home?

- 1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ Don't know / can't remember

F11. Had any midwives who cared for you postnatally also been involved in your labour and antenatal care?

- 1 ☐ Yes, my labour and antenatal care
2 ☐ My antenatal care only
3 ☐ My labour only
4 ☐ No
5 ☐ Don't know / can't remember

F12. Did a midwife or health visitor ask you about your mental health?

- 1 ☐ Yes
2 ☐ No
3 ☐ Don't know / can't remember

F13. Were you given information about any changes you might experience to your mental health after having your baby?

- 1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ Don't know / can't remember

F14. Were you told who you could contact if you needed advice about any changes you might experience to your mental health after the birth?

- 1 ☐ Yes
2 ☐ No
3 ☐ Don't know / can't remember

附件 7 英國產科滿意度問卷-續

F15. Were you given information about your own **physical** recovery after the birth?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ No, but I did not need this information
- 5 ☐ Don't know / can't remember

F16. In the six weeks after the birth of your baby did you receive help and advice from a midwife or health visitor about **feeding your baby**?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I did not need any
- 5 ☐ Don't know / can't remember

F17. If, during evenings, nights or weekends, you needed support or advice about feeding your baby, were you able to get this?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I did not need this
- 5 ☐ Don't know / can't remember

F18. In the six weeks after the birth of your baby did you receive help and advice from health professionals about your **baby's health and progress**?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I did not need any
- 5 ☐ Don't know / can't remember

F19. At the postnatal check-up (around 6-8 weeks after the birth), did the GP spend enough time talking to you about your own physical health?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I have not had a postnatal check-up
- 5 ☐ Don't know / can't remember

F20. At the postnatal check-up (around 6-8 weeks after the birth), did the GP spend enough time talking to you about your own mental health?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I have not had a postnatal check-up
- 5 ☐ Don't know / can't remember

SECTION G. YOU AND YOUR HOUSEHOLD

Please complete as many of these questions as you can. Your answers will help us to describe the women taking part in the survey and to find out whether the care offered to women is the same regardless of their background or circumstances.

G1. In what year were you born?

(Please write in) e.g.

1	9	8	8
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G2. Have you had a previous pregnancy?

- 1 ☐ Yes → Go to G3
2 ☐ No → Go to G4

G3. How many babies have you given birth to before this pregnancy?

- 1 ☐ None
2 ☐ 1 or 2
3 ☐ 3 or more

G4. Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?

- 1 ☐ Yes → Go to G5
2 ☐ No → Go to G7

G5. Do you have any of the following?

Select **ALL** conditions you have that have lasted or are expected to last for 12 months or more.

- 1 ☐ Breathing problem, such as asthma
2 ☐ Blindness or partial sight
3 ☐ Cancer in the last 5 years
4 ☐ Dementia or Alzheimer's Disease
5 ☐ Deafness or hearing loss
6 ☐ Diabetes
7 ☐ Heart problem, such as angina
8 ☐ Joint problem, such as arthritis
9 ☐ Kidney or liver disease
10 ☐ Learning disability
11 ☐ Mental health condition
12 ☐ Neurological condition
13 ☐ Another long-term condition

G6. Do any of these reduce your ability to carry out day-to-day activities?

- 1 ☐ Yes, a lot
2 ☐ Yes, a little
3 ☐ No, not at all

G7. What is your religion?

- 1 ☐ No religion
2 ☐ Buddhist
3 ☐ Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
4 ☐ Hindu
5 ☐ Jewish
6 ☐ Muslim
7 ☐ Sikh
8 ☐ Other
9 ☐ I would prefer not to say

G8. Which of the following best describes how you think of yourself?

- 1 ☐ Heterosexual / straight
2 ☐ Gay / lesbian
3 ☐ Bisexual
4 ☐ Other
5 ☐ I would prefer not to say

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G9. What is your ethnic group? (Cross **ONE** box only)

a. WHITE

- 1 ☐ English / Welsh / Scottish / Northern Irish / British
- 2 ☐ Irish
- 3 ☐ Gypsy or Irish Traveller
- 4 ☐ Any other White background, write in...

b. MIXED / MULTIPLE ETHNIC GROUPS

- 5 ☐ White and Black Caribbean
- 6 ☐ White and Black African
- 7 ☐ White and Asian
- 8 ☐ Any other Mixed / multiple ethnic background, write in...

c. ASIAN / ASIAN BRITISH

- 9 ☐ Indian
- 10 ☐ Pakistani
- 11 ☐ Bangladeshi
- 12 ☐ Chinese
- 13 ☐ Any other Asian background, write in...

d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

- 14 ☐ African
- 15 ☐ Caribbean
- 16 ☐ Any other Black / African / Caribbean background, write in...

e. OTHER ETHNIC GROUP

- 17 ☐ Arab
- 18 ☐ Any other ethnic group, write in...

H. OTHER COMMENTS

If there is anything else you would like to tell us about your maternity care, please do so here.

Please note that the comments you provide will be looked at in full by the NHS Trust, the Care Quality Commission and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback.


THANK YOU VERY MUCH FOR YOUR HELP

Please check that you answered all the questions that apply to you.


Please post this questionnaire back in the FREEPOST envelope provided.

No stamp is needed.

If you have concerns about the care you or others have received please contact CQC on 03000 61 61 61.



CareQuality
Commission



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YOUNG PEOPLE'S SECTION

This section is about your visit to hospital

We want to hear about your most recent experience at hospital. For each question please cross ☒ clearly inside one box using a black or blue pen. If you have any questions, please ask your parent or carer or call the helpline number given in the letter enclosed with this questionnaire.

A. THE HOSPITAL WARD

1 Was the ward suitable for someone of your age?

1 ☐ Yes

2 ☐ Sort of

3 ☐ No

2 Were there enough things for you to do in the hospital?

1 ☐ Yes

2 ☐ Sort of

3 ☐ No

3 If you used the hospital Wi-Fi, was it good enough to do what you wanted?

1 ☐ Yes, always

2 ☐ Yes, sometimes

3 ☐ No

4 ☐ I did not use Wi-Fi

4 Did you like the hospital food?

1 ☐ Yes

2 ☐ Sort of

3 ☐ No

4 ☐ I did not have hospital food

5 Was it quiet enough for you to sleep when needed in the hospital?

1 ☐ Yes, always

2 ☐ Yes, sometimes

3 ☐ No

4 ☐ I did not need to sleep in the hospital

B. LOOKING AFTER YOU IN HOSPITAL

6 Did hospital staff **talk with you** about how they were going to care for you?

1 ☐ Yes

2 ☐ Sort of

3 ☐ No

4 ☐ Don't know / can't remember


7 When the hospital staff **spoke with you**, did you understand what they said?

1 ☐ Yes, always

2 ☐ Yes, sometimes

3 ☐ No

4 ☐ Don't know / can't remember



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8 Did **you** feel able to ask staff questions?

- 1 ☐ Yes [▶ Go to Question 9](#)
 2 ☐ No [▶ Go to Question 10](#)
 3 ☐ I did not have any questions [▶ Go to Question 10](#)

9 Did the hospital staff answer your questions?

- 1 ☐ Yes
 2 ☐ Sort of
 3 ☐ No

10 Were **you** involved in decisions about your care and treatment?

- 1 ☐ Yes, a lot
 2 ☐ Yes, a little
 3 ☐ No
 4 ☐ I did not want to be involved

11 If you had any worries, did a member of staff **talk with you** about them?

- 1 ☐ Yes
 2 ☐ No
 3 ☐ I did not have any worries
 4 ☐ I did not want to talk to staff

12 Were you given enough privacy when you were receiving care and treatment?

- 1 ☐ Yes, always
 2 ☐ Yes, sometimes
 3 ☐ No

13 If you wanted, were you able to talk to a doctor or nurse without your parent or carer being there?

- 1 ☐ Yes
 2 ☐ No
 3 ☐ I did not want to talk to them alone

C. PAIN

14 If you felt pain while you were at the hospital, do you think staff did **everything they could** to help you?

- 1 ☐ Yes
 2 ☐ Sort of
 3 ☐ No
 4 ☐ I did not feel any pain

D. OPERATIONS & PROCEDURES

15 During your time in hospital, did you have any **operations or procedures**?

- 1 ☐ Yes [▶ Go to Question 16](#)
 2 ☐ No [▶ Go to Question 18](#)

16 **Before** the operations or procedures, did hospital staff explain to you **what would be done**?

- 1 ☐ Yes
 2 ☐ Sort of
 3 ☐ No

17 **Afterwards**, did staff explain to you how the operations or procedures **had gone**?

- 1 ☐ Yes
 2 ☐ Sort of
 3 ☐ No



E. LEAVING HOSPITAL

18 Did a member of staff **tell you** who to talk to if you were worried about anything when you got home?

- 1 ☐ Yes
- 2 ☐ Sort of
- 3 ☐ No
- 4 ☐ Don't know / can't remember

19 When you left hospital, did you know what was going to happen next with your care?

- 1 ☐ Yes
- 2 ☐ Sort of
- 3 ☐ No

20 Did a member of staff **give you advice** on how to look after yourself after you went home?

- 1 ☐ Yes
- 2 ☐ Sort of
- 3 ☐ No
- 4 ☐ I did not need any advice

F. AND FINALLY...

21 Do you feel that the people looking after you were friendly?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No

22 Overall, how well do you think you were looked after in hospital?

- 1 ☐ Very well
- 2 ☐ Quite well
- 3 ☐ OK
- 4 ☐ Quite badly
- 5 ☐ Very badly



G. ABOUT YOU

23 Are you male or female?

- 1 ☐ Male
- 2 ☐ Female

24 How old are you today?

_____ years old

H. ANYTHING ELSE TO SAY?

Was there anything else you wanted to tell us about your time in hospital (anything particularly good, or anything that could have been better)?

Whatever you write in the box above will be seen by the hospital, the Care Quality Commission and researchers working with the data. We will remove any information that means someone might recognise you before publishing any of your feedback.

Please now hand this survey to your parent or carer so they can fill out the following questions.

Thank you!

This section is for the PARENT/ CARER who accompanied the young person to hospital

Please note: these questions are
about your child's **most recent visit**
to hospital.

25 Was your child's visit to hospital planned
or an emergency?

- 1 ☐ Emergency (went to A&E / Casualty
/ came by ambulance etc)
- 2 ☐ Planned visit / was on the waiting list

26 Did your child stay overnight during their
most recent visit to hospital?

- 1 ☐ Yes
- 2 ☐ No

THE HOSPITAL WARD

27 For most of their stay in hospital, what
type of ward did your child stay on?

- 1 ☐ A children's ward
- 2 ☐ An adult ward
- 3 ☐ A teenage / adolescent ward

28 Did the ward where your child stayed
have appropriate equipment or
adaptations for your child's physical or
medical needs?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ Don't know / can't remember
- 5 ☐ They did not need equipment or
adaptations

29 How clean do you think the hospital room
or ward was that your child was in?

- 1 ☐ Very clean
- 2 ☐ Quite clean
- 3 ☐ Not very clean
- 4 ☐ Not at all clean

HOSPITAL STAFF

30 Did **members of staff** treating your child
give **you** information about their care
and treatment in a way that you could
understand?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No

31 Did a member of staff agree a plan for
your child's care **with you**?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know / can't remember

32 Did you have confidence and trust in the
members of staff treating your child?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No

33 Did staff **involve you** in decisions about
your child's care and treatment?

- 1 ☐ Yes, definitely [▶ Go to Question 34](#)
- 2 ☐ Yes, to some extent [▶ Go to Question 34](#)
- 3 ☐ No [▶ Go to Question 34](#)
- 4 ☐ I did not want to be involved [▶ Go to Question 35](#)

34 Were you given enough information
to be involved in decisions about your
child's care and treatment?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No

35 Did hospital staff keep you informed
about what was happening whilst your
child was in hospital?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ Don't know / can't remember

36 Were you able to ask staff any questions you had about your child's care?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I did not want / need to ask any questions
- 5 ☐ Don't know / can't remember

37 Were the different members of staff caring for and treating your child aware of their medical history?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ Don't know / not applicable

38 Did you feel that staff looking after your child knew how to care for their individual or special needs?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ Don't know / not applicable

39 Were members of staff available when your child needed attention?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ Don't know / not applicable

40 Did the members of staff caring for your child work well together?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ Don't know / not applicable

41 If you had been unhappy with your child's care and treatment, do you feel that you could have told hospital staff?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No

FACILITIES

42 Did you have access to hot drinks facilities in the hospital?
(Cross ALL that apply)

- 1 ☐ Yes, I used a kitchen area/parents room attached to the wards
- 2 ☐ Yes, I used a hospital café/ vending machine
- 3 ☐ I was allowed to use the staff room
- 4 ☐ I was offered drinks by members of staff
- 5 ☐ No

43 Were you able to prepare food in the hospital if you wanted to?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I did not want to prepare food

44 Did you stay overnight with your child during their most recent visit to hospital?

- 1 ☐ Yes [▶ Go to Question 45](#)
- 2 ☐ No [▶ Go to Question 46](#)
- 3 ☐ My child did not stay overnight [▶ Go to Question 46](#)

45 How would you rate the facilities for parents or carers staying overnight?

- 1 ☐ Very good
- 2 ☐ Good
- 3 ☐ Fair
- 4 ☐ Poor
- 5 ☐ Very poor

PAIN

- 46 If your child felt pain while they were at the hospital, do you think staff did **everything they could** to help them?

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ My child did not feel any pain

OPERATIONS & PROCEDURES

- 47 During their stay in hospital, did your child have any **operations or procedures**?

1 ☐ Yes [▶ Go to Question 48](#)
2 ☐ No [▶ Go to Question 52](#)

- 48 **Before** your child had any operations or procedures, did a member of staff explain to you **what would be done**?

1 ☐ Yes, completely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ I did not want an explanation

- 49 **Before** the operations or procedures, did a member of staff **answer your questions** in a way you could understand?

1 ☐ Yes, completely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ I did not have any questions

- 50 **During** any operations or procedures, did staff play with your child or do anything to distract them?

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ It was not necessary

- 51 **Afterwards**, did staff explain to you how the operations or procedures **had gone**?

1 ☐ Yes, completely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ I did not want an explanation

LEAVING HOSPITAL

- 52 Did a staff member **give you advice** about caring for your child after you went home?

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ It was not necessary
5 ☐ Don't know / can't remember

- 53 When you left hospital, did you know what was going to happen next with your child's care?

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ It was not necessary

- 54 Were you given any written information (such as leaflets) about your child's condition or treatment to take home with you?

1 ☐ Yes
2 ☐ No, but I would have liked it
3 ☐ No, but I did not need it

OVERALL

- 55 Do you feel that **you** (the parent/carer) were well looked after by hospital staff?

- 1 ☐ Yes, always
2 ☐ Yes, sometimes
3 ☐ No

- 56 Were you treated with dignity and respect by the people looking after your child?

- 1 ☐ Yes, always
2 ☐ Yes, sometimes
3 ☐ No

- 57 Overall... (please circle a number)

0 1 2 3 4 5 6 7 8 9 10

I felt that my child had a very poor experience

I felt that my child had a very good experience

- 58 Who was the **main person** who answered the questions in the young people's section of the questionnaire?

- 1 ☐ The **young person**
2 ☐ The **parent or carer**
3 ☐ Both the **young person and the parent or carer** together

ABOUT YOUR CHILD

- 59 Including this visit, how many times has your child been to hospital in the past six months?

- 1 ☐ Once
2 ☐ Two or three times
3 ☐ Four times or more

- 60 Which of these best describes your child's ethnic background? (**Cross ONE only**)

A. WHITE

- 1 ☐ English / Welsh / Scottish / Northern Irish / British
2 ☐ Irish
3 ☐ Gypsy or Irish Traveller
4 ☐ Any other White background, **write in...**

B. MIXED / MULTIPLE ETHNIC GROUPS

- 5 ☐ White and Black Caribbean
6 ☐ White and Black African
7 ☐ White and Asian
8 ☐ Any other Mixed/ multiple ethnic background, **write in...**

C. ASIAN / ASIAN BRITISH

- 9 ☐ Indian
10 ☐ Pakistani
11 ☐ Bangladeshi
12 ☐ Chinese
13 ☐ Any other Asian background, **write in...**

D. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

- 14 ☐ African
15 ☐ Caribbean
16 ☐ Any other Black / African / Caribbean background **write in...**

E. OTHER ETHNIC GROUP

- 17 ☐ Arab
18 ☐ Any other ethnic group, **write in...**

- 61** Does your child have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last 12 months or more?
- 1 ☐ Yes [Go to Question 62](#)
- 2 ☐ No [Go to 'ANYTHING ELSE TO SAY?'](#)

- 62** Does your child have any of the following? (**Select ALL conditions that have lasted or are expected to last for 12 months or more**)
- 1 ☐ Blood disorder
- 2 ☐ Bowel condition, such as Crohn's disease
- 3 ☐ Breathing problem, such as asthma
- 4 ☐ Blindness or partial sight
- 5 ☐ Cancer in the last 5 years
- 6 ☐ Chromosomal condition, such as Down's syndrome
- 7 ☐ Deafness or hearing loss
- 8 ☐ Developmental disability, such as Autism Spectrum Disorder (ASD)
- 9 ☐ Diabetes
- 10 ☐ Heart problem
- 11 ☐ Joint problem
- 12 ☐ Kidney or liver disease
- 13 ☐ Learning disability
- 14 ☐ Mental health condition
- 15 ☐ Neurological condition, such as epilepsy
- 16 ☐ Another long-term condition

- 63** Do any of these reduce your child's ability to carry out day-to-day activities?
- 1 ☐ Yes, a lot
- 2 ☐ Yes, a little
- 3 ☐ No, not at all

ANYTHING ELSE TO SAY?

If there is anything else you would like to tell us about your child's time in hospital (e.g. anything particularly good; anything that could have been improved), please do so here:

Please note that the comments you provide in the box above will be looked at in full by the NHS trust, Care Quality Commission and researchers working with the data. We will remove any information that could identify you before publishing any of your feedback.

If you have concerns about the care you or others have received please contact C&C on 03000 61 61 61

Please post this questionnaire back in the FREEPOST envelope.
NO STAMP IS NEEDED.

Thank
you!



NHS Community Mental Health Service User Questionnaire

Your experience matters, please tell us what your care is really like

This survey is about your experience of the health and social care you receive through NHS mental health services. We would like to hear from you, even if your contact has only been limited or has now finished.

What you tell us is confidential and taking part is voluntary.

WHAT TO DO

Put a cross ☐ clearly inside one box using a black or blue pen.

If you make a mistake, just fill in the box ☐ and put a cross ☐ in the correct box.

If you cannot answer a question, or do not want to answer it, just leave it blank and go to the next question.

Please remember not to write your name or address anywhere on the questionnaire.

When you have filled in as much as you can, please return it in the Freepost envelope provided.
Thank you.

NEED MORE HELP?

For help completing this questionnaire, please call the survey helpline on <insert helpline number>.

If you have concerns about the care you or others have received please contact the Care Quality Commission (CQC) on 03000 61 61 61.

附件 9 英國心理健康滿意度問卷-續

YOUR CARE AND TREATMENT

Please do not include contact with your GP.

1. When was the last time you saw someone from NHS mental health services?

- 1 ☐ In the last month
- 2 ☐ 1 to 3 months ago
- 3 ☐ 4 to 6 months ago
- 4 ☐ 7 to 12 months ago
- 5 ☐ More than 12 months ago
- 6 ☐ Don't know / can't remember
- 7 ☐ I have never seen anyone from NHS mental health services → Please go to Q38 on page 7

2. Overall, how long have you been in contact with NHS mental health services?

- 1 ☐ Less than 1 year
- 2 ☐ 1 to 5 years
- 3 ☐ 6 to 10 years
- 4 ☐ More than 10 years
- 5 ☐ I am no longer in contact with NHS mental health services
- 6 ☐ Don't know / can't remember

3. In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ It is too often
- 5 ☐ Don't know

YOUR HEALTH AND SOCIAL CARE WORKERS

Thinking about the **most recent time** you saw someone from **NHS mental health services** for your mental health needs...

This does not include your GP.

4. Were you given enough time to discuss your needs and treatment?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ Don't know / can't remember

5. Did the person or people you saw understand how your mental health needs affect other areas of your life?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ Don't know / can't remember

6. Did the person or people you saw appear to be aware of your treatment history?

- 1 ☐ Yes, completely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ Don't know / can't remember

ORGANISING YOUR CARE

In this section, you may **include** contact with your GP.

7. Have you been told who is in charge of organising your care and services? (This person can be anyone providing your care, and may be called a "care coordinator" or "lead professional").

- 1 ☐ Yes → Go to 8
- 2 ☐ No → Go to 11
- 3 ☐ Not sure → Go to 11

附件 9 英國心理健康滿意度問卷-續

8. Is the main person in charge of organising your care and services...

- 1 ☐ A GP
- 2 ☐ Another type of NHS health or social care worker (e.g. a community psychiatric nurse, psychotherapist, mental health support worker etc).
- 3 ☐ Don't know / not sure

9. Do you know how to contact this person if you have a concern about your care?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Not sure

10. How well does this person organise the care and services you need?

- 1 ☐ Very well
- 2 ☐ Quite well
- 3 ☐ Not very well
- 4 ☐ Not at all well

PLANNING YOUR CARE

Please do not include contact with your GP.

11. Have you agreed with someone from NHS mental health services what care you will receive?

- 1 ☐ Yes, definitely → Go to 12
- 2 ☐ Yes, to some extent → Go to 12
- 3 ☐ No → Go to 14

12. Were you involved as much as you wanted to be in agreeing what care you will receive?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No, but I wanted to be
- 4 ☐ No, but I did not want to be
- 5 ☐ Don't know / can't remember

13. Does this agreement on what care you will receive take your personal circumstances into account?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ Don't know / can't remember

REVIEWING YOUR CARE

Please do not include contact with your GP.

14. In the last 12 months, have you had a formal meeting with someone from NHS mental health services to discuss how your care is working?

- 1 ☐ Yes → Go to 15
- 2 ☐ No → Go to 16
- 3 ☐ Don't know / can't remember → Go to 16

15. Did you feel that decisions were made together by you and the person you saw during this discussion?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I did not want to be involved in making decisions
- 5 ☐ Don't know / can't remember

CRISIS CARE

Please do **not** include contact with your GP.

A crisis is if you need urgent help because your mental or emotional state is getting worse very quickly. You may have been given a number to contact, such as a 'Crisis Helpline' or a 'Crisis Resolution Team'.

16. Do you know who to contact out of office hours within the NHS if you have a crisis?

This should be a person or a team within NHS mental health services.

- 1 ☐ Yes → Go to 17
- 2 ☐ No → Go to 18
- 3 ☐ Not sure → Go to 18

17. In the last 12 months, did you get the help you needed when you tried contacting this person or team?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I could not contact them
- 5 ☐ I have not tried contacting them in the last 12 months
- 6 ☐ Can't remember

MEDICINES

Please do **not** include medicines prescribed only by your GP.

18. In the last 12 months, have you been receiving any medicines for your mental health needs?

- 1 ☐ Yes → Go to 19
- 2 ☐ No → Go to 25

19. Were you involved as much as you wanted to be in decisions about which medicines you receive?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No, but I wanted to be
- 4 ☐ No, but I did not want to be
- 5 ☐ Don't know / can't remember

20. Has the purpose of your medicines ever been discussed with you?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ Don't know / can't remember

21. Have the possible side effects of your medicines ever been discussed with you?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ Don't know / can't remember

22. Do you feel your medicines have helped your mental health?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ Not sure

23. Have you been receiving any medicines for your mental health needs for 12 months or longer?

- 1 ☐ Yes → Go to 24
- 2 ☐ No → Go to 25
- 3 ☐ Not sure → Go to 25

附件 9 英國心理健康滿意度問卷-續

24. In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines? (That is, have your medicines been reviewed?).

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know / can't remember

NHS THERAPIES

Therapies include any NHS treatment for your mental health that **does not involve medicines**.

25. In the last 12 months, have you received any NHS therapies for your mental health needs that do not involve medicines?

- 1 ☐ Yes → Go to 26
- 2 ☐ No, but I would have liked this → Go to 29
- 3 ☐ No, but I did not mind → Go to 29
- 4 ☐ This was not appropriate for me → Go to 29
- 5 ☐ Don't know / can't remember → Go to 29

26. Were these NHS therapies explained to you in a way you could understand?

- 1 ☐ Yes, completely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ No explanation was needed

27. Were you involved as much as you wanted to be in deciding what NHS therapies to use?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No, but I wanted to be
- 4 ☐ No, but I did not want to be
- 5 ☐ Don't know / can't remember

28. Do you feel your NHS therapies have helped your mental health?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ Not sure

SUPPORT AND WELLBEING

Please do **not** include help from your GP.

If support was provided by a non-NHS organisation, we are interested to know if **NHS mental health services helped you to find this support from them**. This may be through posters, flyers and leaflets.

29. In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs (this might be an injury, a disability, or a condition such as diabetes, epilepsy, etc)?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No, but I would have liked help or advice with finding support
- 4 ☐ I have support and did not need help / advice to find it
- 5 ☐ I do not need support for this
- 6 ☐ I do not have physical health needs

30. In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No, but I would have liked help or advice with finding support
- 4 ☐ I have support and did not need help / advice to find it
- 5 ☐ I do not need support for this

附件 9 英國心理健康滿意度問卷-續

31. In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No, but I would have liked help or advice with finding support
- 4 ☐ I have support and did not need help / advice to find it
- 5 ☐ I do not need support for this
- 6 ☐ I am not currently in or seeking work

32. In the last 12 months, has someone from NHS mental health services supported you in joining a group or taking part in an activity?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No, but I would have liked this
- 4 ☐ I did not want this / I did not need this

33. Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No, not as much as I would like
- 4 ☐ No, they have involved them too much
- 5 ☐ My friends or family did not want to be involved
- 6 ☐ I did not want my friends or family to be involved
- 7 ☐ This does not apply to me

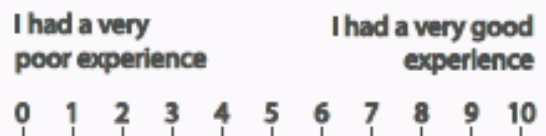
34. Have you been given information by NHS mental health services about getting support from people who have experience of the same mental health needs as you?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No, but I would have liked this
- 4 ☐ I did not want this

OVERALL

Please do not include contact with your GP.

35. Overall... (Please circle a number)



36. Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No

37. Aside from in this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Not sure

ABOUT YOU

This information will not be used to identify you. We use it to monitor whether different people are having different experiences of NHS services.

All the questions should be answered **from the point of view of the person named on the envelope**. This includes the following background questions on gender and date of birth.

38. Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?

Include problems related to old age.

- 1 ☐ Yes → Go to 39
2 ☐ No → Go to 41

39. Do you have any of the following?

Select **ALL** conditions you have that have lasted or are expected to last for 12 months or more.

- 1 ☐ Breathing problem, such as asthma
2 ☐ Blindness or partial sight
3 ☐ Cancer in the last 5 years
4 ☐ Dementia or Alzheimer's disease
5 ☐ Deafness or hearing loss
6 ☐ Diabetes
7 ☐ Heart problem, such as angina
8 ☐ Joint problem, such as arthritis
9 ☐ Kidney or liver disease
10 ☐ Learning disability
11 ☐ Mental health condition
12 ☐ Neurological condition
13 ☐ Another long-term condition

40. Do any of these reduce your ability to carry out day-to-day activities?

- 1 ☐ Yes, a lot
2 ☐ Yes, a little
3 ☐ No, not at all

41. Who was the main person or people that filled in this questionnaire?

- 1 ☐ The person named on the front of the envelope (the service user / client)
2 ☐ A friend or relative of the service user / client
3 ☐ Both service user / client and friend / relative together
4 ☐ The service user / client with the help of a health professional

42. Are you male or female?

- 1 ☐ Male
2 ☐ Female

43. What was your year of birth?
(Please write in)

e.g. 1 9 6 8

--	--	--	--

44. What is your religion?

- 1 ☐ No religion
2 ☐ Buddhist
3 ☐ Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
4 ☐ Hindu
5 ☐ Jewish
6 ☐ Muslim
7 ☐ Sikh
8 ☐ Other
9 ☐ I would prefer not to say

45. Which of the following best describes how you think of yourself?

- 1 ☐ Heterosexual / Straight
2 ☐ Gay / Lesbian
3 ☐ Bisexual
4 ☐ Other
5 ☐ I would prefer not to say

附件 9 英國心理健康滿意度問卷-續

46. What is your ethnic group? (Cross ONE box only)

a. WHITE

- 1 ☐ English / Welsh / Scottish / Northern Irish / British
- 2 ☐ Irish
- 3 ☐ Gypsy or Irish Traveller
- 4 ☐ Any other White background, write in...

b. MIXED / MULTIPLE ETHNIC GROUPS

- 5 ☐ White and Black Caribbean
- 6 ☐ White and Black African
- 7 ☐ White and Asian
- 8 ☐ Any other Mixed / multiple ethnic background, write in...

c. ASIAN / ASIAN BRITISH

- 9 ☐ Indian
- 10 ☐ Pakistani
- 11 ☐ Bangladeshi
- 12 ☐ Chinese
- 13 ☐ Any other Asian background, write in...

d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

- 14 ☐ African
- 15 ☐ Caribbean
- 16 ☐ Any other Black / African / Caribbean background, write in...

e. OTHER ETHNIC GROUP

- 17 ☐ Arab
- 18 ☐ Any other ethnic group, write in...

OTHER COMMENTS

If there is anything else you would like to tell us about your experiences of mental health care in the last 12 months, please do so here.

Please note that the comments you provide will be looked at in full by the NHS Trust, Care Quality Commission and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback.

Is there anything particularly good about your care?

Is there anything that could be improved?

Any other comments?

THANK YOU VERY MUCH FOR YOUR HELP

Please check that you answered all the questions that apply to you.

Please post this questionnaire back in the FREEPOST envelope provided.

附件 10 加拿大住院滿意度問卷

Canadian Patient Experiences Survey — Inpatient Care Survey Instructions

- ◆ You should fill out this questionnaire only if you were the patient named on the envelope. You may need to get help from a family member or friend to answer the questions. That's okay.
- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ Your response to this survey is voluntary but will provide us with important information.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow with a note that tells you what question to answer next, like this:

- ☐ Yes
- ☒ No → If No, go to Question 1

Placeholder for jurisdiction comments.

Please answer the questions about your recent stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always

2. During this hospital stay, how often did nurses listen carefully to you?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always

3. During this hospital stay, how often did nurses explain things in a way you could understand?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always

4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ I never pressed the call button

附件 10 加拿大住院滿意度問卷-續

YOUR CARE FROM DOCTORS	YOUR EXPERIENCES IN THIS HOSPITAL
<p>5. During this hospital stay, how often did doctors treat you with <u>courtesy and respect</u>?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to Question 12</p>
<p>6. During this hospital stay, how often did doctors <u>listen carefully to you</u>?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>
<p>7. During this hospital stay, how often did doctors <u>explain things</u> in a way you could understand?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>12. During this hospital stay, did you need medicine for pain?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to Question 15</p>
<p>THE HOSPITAL ENVIRONMENT</p>	<p>13. During this hospital stay, how often was your pain well controlled?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>
<p>8. During this hospital stay, how often were your room and bathroom kept clean?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>
<p>9. During this hospital stay, how often was the area around your room quiet at night?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	

附件 10 加拿大住院滿意度問卷-續

15. During this hospital stay, were you given any medicine that you had not taken before?

- ☐ Yes
☐ No → If No, go to Question 18

16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always

17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always

WHEN YOU LEFT THE HOSPITAL

18. After you left the hospital, did you go directly to your own home, to someone else's home or to another health facility?

- ☐ Own home
☐ Someone else's home
☐ Another health facility → If Another health facility, go to Question 21

19. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?

- ☐ Yes
☐ No

20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

- ☐ Yes
☐ No

OVERALL RATING OF HOSPITAL

Please answer the following questions about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

21. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

- ☐ 0 Worst hospital possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best hospital possible

附件 10 加拿大住院滿意度問卷-續

22. Would you recommend this hospital to your friends and family?

- ☐ Definitely no
- ☐ Probably no
- ☐ Probably yes
- ☐ Definitely yes

In this next section, we ask several more questions about your stay at the hospital.

YOUR ARRIVAL AT THE HOSPITAL

23. When you arrived at the hospital, did you go to the emergency department?

- ☐ Yes → If Yes, go to Question 26
- ☐ No ↓ If No, please continue below

24. Before coming to the hospital, did you have enough information about what was going to happen during the admission process?

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely

25. Was your admission into the hospital organized?

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely

Go to Question 30

Answer questions 26 to 29 only if you were admitted through the emergency department.

26. When you were in the emergency department, did you get enough information about your condition and treatment?

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely

27. Were you given enough information about what was going to happen during your admission to the hospital?

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely

28. After you knew that you needed to be admitted to a hospital bed, did you have to wait too long before getting there?

- ☐ Yes
- ☐ No

29. Was your transfer from the emergency department into a hospital bed organized?

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely

Continue with Question 30

附件 10 加拿大住院滿意度問卷-續

DURING YOUR HOSPITAL STAY

30. Do you feel that there was good communication about your care between doctors, nurses and other hospital staff?
- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
31. How often did doctors, nurses and other hospital staff seem informed and up-to-date about your hospital care?
- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
32. How often were tests and procedures done when you were told they would be done?
- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ I did not have any tests or procedures
33. During this hospital stay, did you get all the information you needed about your condition and treatment?
- ☐ Never
☐ Sometimes
☐ Usually
☐ Always

34. Did you get the support you needed to help you with any anxieties, fears or worries you had during this hospital stay?

☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ Not applicable

35. Were you involved as much as you wanted to be in decisions about your care and treatment?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

36. Were your family or friends involved as much as you wanted in decisions about your care and treatment?

☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ I did not want them to be involved
☐ I did not have family or friends to be involved

LEAVING THE HOSPITAL

37. Before you left the hospital, did you have a clear understanding about all of your prescribed medications, including those you were taking before your hospital stay?

☐ Not at all
☐ Partly
☐ Quite a bit
☐ Completely
☐ Not applicable

附件 10 加拿大住院滿意度問卷-續

38. Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?

- ☐ Not at all
☐ Partly
☐ Quite a bit
☐ Completely

39. When you left the hospital, did you have a better understanding of your condition than when you entered?

- ☐ Not at all
☐ Partly
☐ Quite a bit
☐ Completely

YOUR OVERALL RATINGS

40. Overall, do you feel you were helped by your hospital stay? Please answer on a scale where 0 is "not helped at all" and 10 is "helped completely."

Overall . . . (Please circle a number)

Not helped at all											Helped completely
0	1	2	3	4	5	6	7	8	9	10	

41. Overall . . . (Please circle a number)

I had a very poor experience											I had a very good experience
0	1	2	3	4	5	6	7	8	9	10	

ABOUT YOU

42. In general, how would you rate your overall physical health?

- ☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

43. In general, how would you rate your overall mental or emotional health?

- ☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

44. What is the highest grade or level of school that you have completed?

- ☐ 8th grade or less
☐ Some high school, but did not graduate
☐ High school or high school equivalency certificate
☐ College, CEGEP or other non-university certificate or diploma
☐ Undergraduate degree or some university
☐ Post-graduate degree or professional designation

45. What is your gender?

- ☐ Male
☐ Female
☐ Other

附件 10 加拿大住院滿意度問卷-續

46. What is your year of birth?

(Please write in; for example, "1934.")

47. Was your most recent stay at this hospital for a childbirth experience?

☐ Yes

☐ No

48. People living in Canada come from many different cultural and racial backgrounds. The following question will help us to better understand the experiences of the communities that we serve. Do you consider yourself to be . . .

(Check all that apply)

- ☐ First Nation
- ☐ Inuit
- ☐ Métis
- ☐ Indigenous/Aboriginal
(not included above)
- ☐ Arab
- ☐ Black (North American, Caribbean, African, etc.)
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Latin American
- ☐ South Asian (East Indian, Pakistani, Sri Lankan, etc.)
- ☐ Southeast Asian (Vietnamese, Cambodian, Malaysian, Laotian, etc.)
- ☐ West Asian (Iranian, Afghan, etc.)
- ☐ White (North American, European, etc.)
- ☐ Other

49. Is there anything else you would like to share about your hospital stay?

Notes

Questions 1 to 22 and 43 are adapted from the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) questionnaire. Questions 23 to 49 (excluding question 43) were adapted and/or developed by the Canadian Institute for Health Information in consultation with an interjurisdictional committee of experts.

Patient Satisfaction Survey

About this survey

This survey is about your overall experience in hospital. It asks for your opinion about your **most recent stay** in hospital. Information from the survey will be used to help hospitals to improve services to patients.

- Not everybody receives all services. If you did not use a particular service while in hospital just mark the 'Does Not Apply' box.
- There are no right or wrong answers; it is **your opinion** that is important.
- If you are assisting someone to complete this questionnaire, it is important that the **patient's** opinions are presented.
- The survey is not the best way to make a **formal complaint**, as the survey researchers will not be able to help you to resolve it. If you would like to make a formal complaint about your experiences in hospital you should contact the hospital patient liaison officer. Alternatively, you may contact the Office of the Health Services Commissioner on (0)31 8601 5200 or toll free on 1800 136 066.

- Your opinions are important. They will help the hospital to improve its services to patients. **Remember, the survey is completely anonymous.** No information that will identify you will be given to anyone at the hospital.



Please note, we have made every effort to ensure this survey has gone to the correct person. However, if you are not the person to whom this survey was addressed, or if you have not recently been an inpatient at the hospital mentioned in the covering letter, please return this survey in the envelope supplied, along with a note to this effect.

Thank you for your assistance.

When you have finished

Please remove the cover letter before mailing the survey.
Place the completed survey in the "Reply Paid" envelope and put it in the mail.
You do not have to use a stamp.
If you have misplaced the "Reply Paid" envelope, just use a plain envelope.
The address to write on the plain envelope is:



Victorian Patient Satisfaction Monitor
Reply Paid 5210
South Melbourne VIC 3205

You don't need to use a stamp.

YOU MAY REMOVE THIS SECTION IF YOU WISH

This code will allow the Department of Human Services to work out things like whether you are male/female or an elect/emergency patient. It cannot identify you by name or address.

Completing the survey

To complete the survey, please follow the instructions by marking the boxes. An example is provided below.

EXAMPLE ONLY

The person completing the example has rated the quality of the car parking facilities as "good". As this person did not have visitors during their hospital stay, they marked "Does Not Apply" for their rating of the visiting hours.

A How would you rate the following?

(Please mark only one box on each row)

Poor 😞



Good! 😊

Very

Excellent 😊



Does

and

The quality of the car parking facilities

The visiting hours

--	--

11

5

11

--	--

1

13



If you need to contact us

If you have any questions about how to complete this survey please contact UltraFeedback on 1800 143 733.



For general enquiries about the nature of this research program or its administration please speak to the Coordinator, Victorian Patient Satisfaction Monitor, from the Department of Human Services on 1800 356 601.

附件 11 維多利亞住院滿意度問卷-續

These questions are about HOW YOU WERE ADMITTED to hospital for treatment.																							
If a question does not apply to you, please mark the "Does not apply" box																							
<p>1 Were you satisfied with each of the following aspects of your admission?</p> <p style="text-align: right; font-size: small;">(Please mark <u>only one box</u> on each row)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 20%;">Waiting time – not having to wait too long when you arrived before being attended to</td> <td style="text-align: center; width: 10%;">Poor </td> <td style="text-align: center; width: 10%;">Fair </td> <td style="text-align: center; width: 10%;">Good </td> <td style="text-align: center; width: 10%;">Very good </td> <td style="text-align: center; width: 10%;">Excellent </td> <td style="text-align: center; width: 10%;">Not sure apply </td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>										Waiting time – not having to wait too long when you arrived before being attended to	Poor	Fair	Good	Very good	Excellent	Not sure apply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting time – not having to wait too long when you arrived before being attended to	Poor	Fair	Good	Very good	Excellent	Not sure apply																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
<p>Waiting room comfort – comfortable chairs and pleasant surroundings</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>																							
<p>Change room – comfort and privacy (if required)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>																							
<p>Facilities for storing belongings – availability, security and ease of use</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>																							
<p>Recovery room – pleasant and quiet (if you had a procedure)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>																							
<p style="text-align: right; font-size: small;">(Please mark <u>only one box</u> on each row)</p>																							
<p>2 Were you provided with information about your rights and responsibilities as a patient?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Does not apply</p>																							
<p>3 Were you provided with information about the way to make a formal complaint during your stay at the hospital?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Does not apply</p>																							
<p style="text-align: right; font-size: small;">(Please mark <u>only one box</u>)</p>																							
<p>4 Was your admission to the hospital planned / pre-booked?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> If NOT planned/pre-booked, go to Question 8</p>																							
<p>Thinking about BEFORE YOU WERE ADMITTED for your MOST RECENT hospital stay – that is, from the time you found out you had to go to hospital until you actually arrived at the hospital.</p>																							
<p>If a question does not apply to you, please mark the "Does not apply" box</p>																							
<p style="text-align: right; font-size: small;">(Please mark <u>only one box</u> on each row)</p>																							
<p>5 Was your planned admission date changed by someone at the hospital?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Does not apply</p>																							
<p>6 Were you provided with information about your stay before you went to hospital?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Does not apply</p>																							
<p>Hospital: _____ Month: _____</p>																							

<p>7 How would you rate the hospital on the way it prepared you for admission? In particular:</p> <p style="text-align: right; font-size: small;">(Please mark <u>only one box</u> on each row)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 20%;">The length of time between when you found out you had to go to hospital and when the hospital was able to admit you</td> <td style="text-align: center; width: 10%;">Poor </td> <td style="text-align: center; width: 10%;">Fair </td> <td style="text-align: center; width: 10%;">Good </td> <td style="text-align: center; width: 10%;">Very good </td> <td style="text-align: center; width: 10%;">Excellent </td> <td style="text-align: center; width: 10%;">Not sure apply </td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>										The length of time between when you found out you had to go to hospital and when the hospital was able to admit you	Poor	Fair	Good	Very good	Excellent	Not sure apply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The length of time between when you found out you had to go to hospital and when the hospital was able to admit you	Poor	Fair	Good	Very good	Excellent	Not sure apply																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
<p>The clarity of information you received about your stay</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>																							
<p style="text-align: right; font-size: small;">(Please mark <u>only one box</u> on each row)</p>																							
<p>8 How would you rate the hospital on the way your admission was handed? In particular:</p> <p style="text-align: right; font-size: small;">(Please mark <u>only one box</u> on each row)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 20%;">The helpfulness of admission staff</td> <td style="text-align: center; width: 10%;">Poor </td> <td style="text-align: center; width: 10%;">Fair </td> <td style="text-align: center; width: 10%;">Good </td> <td style="text-align: center; width: 10%;">Very good </td> <td style="text-align: center; width: 10%;">Excellent </td> <td style="text-align: center; width: 10%;">Not sure apply </td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>										The helpfulness of admission staff	Poor	Fair	Good	Very good	Excellent	Not sure apply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The helpfulness of admission staff	Poor	Fair	Good	Very good	Excellent	Not sure apply																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
<p>The way the hospital routine and procedures (like meal times, visiting hours, doctors' visits, etc.) were explained to you</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>																							
<p>The time you had to wait for a bed (after you arrived at the hospital)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>																							
<p>Now some questions about the TIME YOU WERE IN HOSPITAL – that is, from when you were admitted until the time you were discharged.</p>																							
<p>If a question does not apply to you, please mark the "Does not apply" box</p>																							
<p style="text-align: right; font-size: small;">(Please mark <u>only one box</u> on each row)</p>																							
<p>Did any of the following happen to you during your stay in hospital?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Does not apply</p>																							
<p>9 Did you stay in a mixed (male and female) room?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Does not apply</p>																							
<p>IF YES, was this a concern for you?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Does not apply</p>																							
<p>10 Did you want the hospital to provide an interpreter for you during your stay in hospital?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Does not apply</p>																							
<p>Hospital: _____ Month: _____</p>																							

11

During your hospital stay, how would you rate the following:

Poor

Fair

Good

Very good

Excellent

Not sure

Does not apply

The courtesy of the nurses

☐

☐

☐

☐

☐

☐

The responsiveness of the nurses to your needs

☐

☐

☐

☐

☐

☐

The length of time the nursing staff took to respond to your call

☐

☐

☐

☐

☐

☐

The courtesy of the doctors

☐

☐

☐

☐

☐

☐

How well information about your treatment was explained to you

☐

☐

☐

☐

☐

☐

The communication between doctors, nurses and other hospital staff about your treatment

☐

☐

☐

☐

☐

☐

The helpfulness of the hospital staff in general

☐

☐

☐

☐

☐

☐

The help you received for your pain

☐

☐

☐

☐

☐

☐

The respect for your privacy during your stay

☐

☐

☐

☐

☐

☐

How well your cultural or religious needs were respected by the hospital

☐

☐

☐

☐

☐

☐

Your personal safety

☐

☐

☐

☐

☐

☐

Being treated with respect

☐

☐

☐

☐

☐

☐

The opportunity to ask questions about your condition or treatment

☐

☐

☐

☐

☐

☐

The way staff involved you in decisions about your care

☐

☐

☐

☐

☐

☐

The willingness of hospital staff to listen to your health care problems

☐

☐

☐

☐

☐

☐

How well hospital staff responded to your health care problems

☐

☐

☐

☐

☐

☐

How well the purposes of medicines were explained to you

☐

☐

☐

☐

☐

☐

How well the possible side-effects of medicines were explained to you

☐

☐

☐

☐

☐

☐

12

Thinking about the physical environment and services of the hospital, how would you rate:

Poor

Fair

Good

Very good

Excellent

Not sure

Does not apply

The cleanliness of the toilets and showers

☐

☐

☐

☐

☐

☐

The cleanliness of the room where you spent the most time

☐

☐

☐

☐

☐

☐

The temperature of hot meals

☐

☐

☐

☐

☐

☐

The quality of food overall

☐

☐

☐

☐

☐

☐

The restfulness of the hospital (amount of peace and quiet)

☐

☐

☐

☐

☐

☐

The privacy in the room where you spent the most time

☐

☐

☐

☐

☐

☐

13

Did the hospital staff encourage your feedback?

Yes

No

☐

☐

☐

☐

14

Did you have reason to make a formal complaint during your stay?

☐

☐

☐

☐

15

Did you actually make a formal complaint during your stay?

☐

☐

☐

☐

16

Did you actually make a formal complaint during your stay?

☐

☐

☐

☐

17

Did you actually make a formal complaint during your stay?

☐

☐

☐

☐

18

Did you actually make a formal complaint during your stay?

☐

☐

☐

☐

19

Did you actually make a formal complaint during your stay?

☐

☐

☐

☐

20

Did you actually make a formal complaint during your stay?

☐

☐

☐

☐

21

Did you actually make a formal complaint during your stay?

☐

☐

☐

☐

22

Did you actually make a formal complaint during your stay?

☐

☐

☐

☐

23

Did you actually make a formal complaint during your stay?

☐

☐

☐

☐

24

Did you actually make a formal complaint during your stay?

☐

☐

☐

☐

25

Did you actually make a formal complaint during your stay?

☐

☐

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26

Did you actually make a formal complaint during your stay?

☐

☐

☐

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27

Did you actually make a formal complaint during your stay?

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28

Did you actually make a formal complaint during your stay?

☐

☐

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29

Did you actually make a formal complaint during your stay?

☐

☐

☐

☐

30

Did you actually make a formal complaint during your stay?

☐

☐

☐

☐

31

Did you actually make a formal complaint during your stay?

☐

☐

☐

☐

32

Did you actually make a formal complaint during your stay?

☐

☐

☐

☐

33

Did you actually make a formal complaint during your stay?

☐




☐

☐

☐

34

附件 12 昆士蘭州住院滿意度問卷

<div> Queensland Government Queensland Health</div> <div>BARCODE & ADDRESS PANEL</div> <div>LETTER PANEL</div>	<div> Queensland Government Queensland Health</div> <div> PATIENT SATISFACTION SURVEY</div> <div>INSTRUCTIONS FOR SURVEY COMPLETION</div> <div>ABOUT THE SURVEY This survey is about your overall treatment at the specified hospital. It asks for <i>your opinion</i> about the services that you received as a hospital patient in 2004.<ul style="list-style-type: none">• Not everybody receives all services. If you did not use a particular service while in hospital just fill in the "Does Not Apply" response.• Sometimes you may consider one staff member to have given excellent service and another to have given poor service. We want your <i>overall</i> opinion. There is space towards the end of the survey for you to make specific comments.• There are no right or wrong answers, it is <i>your opinion</i> that is important.• If you are assisting someone to complete this questionnaire, it is important that the <i>patient's</i> answers are presented. If you have other issues to discuss, please write them on a separate sheet of paper and send it directly to the Quality Manager at the hospital.• Your answers are important. They will help the hospital to improve its services to patients.REMEMBER, THE SURVEY IS COMPLETELY CONFIDENTIAL. No information that will identify you will be given to anyone at the hospital. Please note: we have made every effort to ensure this survey has gone to the correct person. However, if you are <i>not</i> the person to whom this survey was addressed, or if you have not been a patient at the hospital mentioned in the covering letter, please return this survey in the envelope supplied, along with a note to this effect. Thank you for your assistance.</div> <div>WHEN YOU HAVE FINISHED Place the completed survey in the "Reply Paid" envelope and put it in the mail. You do not have to use a stamp. If you have misplaced the "Reply Paid" envelope, just use a plain envelope. The address to write on the plain envelope is: Roy Morgan Research Reply Paid 2282 MELBOURNE VIC 8060 <i>Remember you don't need to use a stamp.</i></div>
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<p style="text-align: center;">COMPLETING THE SURVEY</p> <p>To complete the survey please follow the instructions by either placing an 'X' in the appropriate box or writing in your answers as required using a blue/black ballpoint pen. An example of how to do this has been provided below.</p> <div style="border: 2px solid red; padding: 10px; margin: 10px 0;"> <p style="text-align: center; color: white; background-color: red; margin: 0;">EXAMPLE ONLY</p> <p>The person completing the example has rated the quality of the car parking facilities as 'good'. However, this person did not have visitor's during their stay in hospital, so selected 'Does Not Apply' for their rating of visiting hours.</p> <p>Question 3. How would you rate the following: (Please mark one box only for each)</p> <table style="width: 100%; text-align: center;"> <tr> <td></td> <td>VERY EXCELLENT</td> <td>GOOD</td> <td>FAIR</td> <td>POOR</td> <td>NOT SURE</td> <td>DOES NOT APPLY</td> </tr> <tr> <td>a) The quality of car parking facilities</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b) The visiting hours</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table> </div> <p>If you make a mistake, completely shade out the box and place an 'X' in the appropriate one.</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> </p> <p style="color: red; text-align: center;">IF YOU NEED TO CONTACT US</p> <p>If you have any questions about how to complete this questionnaire please speak to Roy Morgan Research on 1800 337 332.</p> <p style="text-align: center; color: blue;"> THANK YOU FOR YOUR ASSISTANCE IN COMPLETING THIS SURVEY AND RETURNING IT TO THE REPLY PAID ADDRESS AT YOUR EARLIEST CONVENIENCE. </p> <p style="font-size: small;">Adapted from the Victorian Patient Satisfaction Monitor © 2000 State of Victoria under licence from the State of Victoria</p> <p style="text-align: center;"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 </p>		VERY EXCELLENT	GOOD	FAIR	POOR	NOT SURE	DOES NOT APPLY	a) The quality of car parking facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) The visiting hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p style="text-align: center;"> PATIENT SATISFACTION SURVEY </p> <p style="text-align: center; font-size: small;"> When answering all questions please refer to the time period in your letter. First of all some general questions about your 2004 stay in hospital. </p> <div style="border: 2px solid red; padding: 10px; margin: 10px 0;"> <p style="text-align: center; color: white; background-color: red; margin: 0;">These questions are about HOW YOU WERE ADMITTED to hospital for treatment. Please PLACE AN 'X' IN THE BOX next to the answer that applies to you.</p> <p>Q1. What was the nature of your admission to hospital for this visit? (Please mark one box only)</p> <p><input type="checkbox"/> SURGICAL - you had surgery or an operation while in hospital</p> <p><input type="checkbox"/> MEDICAL - you were admitted for an investigation, procedure and/or treatment (including ante-natal care), but you did <u>not</u> have surgery or an operation</p> <p><input type="checkbox"/> MATERNITY - you gave birth while in hospital on this occasion</p> <p><input type="checkbox"/> Not sure</p> <p>Q2. On your 2004 visit to this hospital, did you stay overnight?</p> <p><input type="checkbox"/> Yes → IF YES GO TO QUESTION 4</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not sure</p> <p>Q3. Were you satisfied with each of the following aspects of your visit as a Same Day Patient?</p> <table style="width: 100%; text-align: center;"> <tr> <td></td> <td>VERY EXCELLENT</td> <td>GOOD</td> <td>FAIR</td> <td>POOR</td> <td>NOT SURE</td> <td>DOES NOT APPLY</td> </tr> <tr> <td>a) Waiting time – not having to wait too long when you arrived before being attended to</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b) Waiting room comfort – comfortable chairs and pleasant surroundings</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c) Change room – comfort and privacy</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d) Lockers – availability, security and ease of use</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>e) Recovery room – pleasant and quiet</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>Q4. Were you transferred from another hospital?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p> <p>Q5. Was your admission to the hospital planned/pre-booked?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p> <p style="color: red; text-align: center;"> IF NOT PLANNED OR PRE-BOOKED, GO TO QUESTION Q11 </p> <p style="font-size: small;"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 </p> </div>		VERY EXCELLENT	GOOD	FAIR	POOR	NOT SURE	DOES NOT APPLY	a) Waiting time – not having to wait too long when you arrived before being attended to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) Waiting room comfort – comfortable chairs and pleasant surroundings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) Change room – comfort and privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) Lockers – availability, security and ease of use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e) Recovery room – pleasant and quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VERY EXCELLENT	GOOD	FAIR	POOR	NOT SURE	DOES NOT APPLY																																																										
a) The quality of car parking facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																										
b) The visiting hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																										
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附件 12 昆士蘭州住院滿意度問卷-續

Now thinking about BEFORE YOU WERE ADMITTED for your stay in hospital in 2004. That is, from the time you found out you had to go to hospital until you actually arrived at the hospital.						
Please mark one box for each item. If a question does not apply to you, please mark the "Does Not Apply" box.						
Q6. Was your planned admission date changed by someone at the hospital?	YES	NO	NOT SURE	DOES NOT APPLY		
Q7. Did someone from the hospital talk to you before you went to hospital about what you needed for your stay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Q8. Did you visit the hospital to talk to a nurse, or have some tests before you were admitted for treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Q9. Before you went to hospital did you receive any written information about the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Q10. How would you rate the hospital on the following features? (Please mark one box for each item)						
	VERY EXCELLENT	GOOD	FAIR	POOR	NOT SURE	DOES NOT APPLY
a) The length of time between when you found out you had to go to hospital and when the hospital was able to admit you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The clarity of written information you received about the hospital before your stay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The amount of information you received about the hospital before your stay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) The attitude of the hospital staff you spoke to before you were admitted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Now thinking about YOUR ACTUAL ADMISSION to the hospital.						
Q11. How would you rate the hospital on the way your admission was handled? (If you were admitted as an emergency patient, some may not apply) (Please mark one box for each item)						
	VERY EXCELLENT	GOOD	FAIR	POOR	NOT SURE	DOES NOT APPLY
a) The attitude of admission staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The way the hospital routine and procedures (like meal times, visiting hours, doctors' visits, etc.) were explained to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Consideration of your personal needs and wants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) The time you had to wait for a bed (after you arrived at the hospital).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+ 1.00-2.00 3 - Patient Satisfaction Survey +						
Now some questions about the TIME YOU WERE IN HOSPITAL. That is, from when you were admitted until the time you were discharged. Did any of the following happen to you during your stay in hospital?						
Please mark one box for each item. If a question does not apply to you, please mark the "Does Not Apply" box.						
Q12. Did you stay in a mixed (male and female) room?	YES	NO	NOT SURE	DOES NOT APPLY		
a) IF YES, was this a concern for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Q13. Did you have any tests during your hospital stay? (eg. X-ray, ECG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Q14. Did you have an operation during your hospital stay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Q15. Was your medicine changed, or were you prescribed any medication that you had not taken before this hospital stay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Q16. Did you need the hospital to provide a professional language interpreter for you during your stay in hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a) IF YES, were you offered a professional interpreter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Q17. DURING YOUR HOSPITAL STAY, how would you rate: (Please mark one box for each item)						
	VERY EXCELLENT	GOOD	FAIR	POOR	NOT SURE	DOES NOT APPLY
a) The courtesy of nurses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The way the nurses explained your treatment to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The responsiveness of the nurses to your needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) The length of time the nursing staff took to respond to your call.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) The courtesy of doctors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) The way doctors explained your treatment to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+ 1.00-2.00 4 - Patient Satisfaction Survey +						

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+ + +																																													
WHEN YOU WERE DISCHARGED from hospital ...																																													
Please mark one box for each item. If a question does not apply to you, please mark the "Does Not Apply" box.																																													
Q23. Were you told what activities you should or should not do? ...																																													
<table border="1"><thead><tr><th>YES</th><th>NO</th><th>DOES NOT SURE APPLY</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>										YES	NO	DOES NOT SURE APPLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
YES	NO	DOES NOT SURE APPLY																																											
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Q24. Were you given written information about how to manage your condition/recovery at home? ...																																													
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																											
Q25. Were you told what to do if you had a problem or needed help? ...																																													
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																											
Q26. Was a follow-up appointment made for you to see a doctor or go to an outpatient clinic? ...																																													
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																											
Q27. How would you rate the following aspects of your DISCHARGE? (Please mark one box for each item)																																													
<table border="1"><thead><tr><th></th><th>VERY EXCELLENT 0000</th><th>GOOD 0000</th><th>FAIR 0000</th><th>POOR 0000</th><th>DOES NOT SURE APPLY</th></tr></thead><tbody><tr><td>a) The amount of time given to plan when you were going home</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>b) The convenience of the time of day you were discharged</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>c) The information you were given about how to look after your condition when you got home</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>d) The services and care arranged for you by the hospital when you got home</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>e) The explanation (by hospital staff) of the medicines you had to take after you left hospital</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>											VERY EXCELLENT 0000	GOOD 0000	FAIR 0000	POOR 0000	DOES NOT SURE APPLY	a) The amount of time given to plan when you were going home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) The convenience of the time of day you were discharged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) The information you were given about how to look after your condition when you got home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) The services and care arranged for you by the hospital when you got home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e) The explanation (by hospital staff) of the medicines you had to take after you left hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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These questions are about YOUR OVERALL HOSPITAL EXPERIENCE.																																													
Please mark one box for each item.																																													
Q28. Thinking about all aspects of your hospital stay, how satisfied were you? (Please mark one box)																																													
<table border="1"><tbody><tr><td><input type="checkbox"/> Very satisfied</td></tr><tr><td><input type="checkbox"/> Fairly satisfied</td></tr><tr><td><input type="checkbox"/> Not too satisfied</td></tr><tr><td><input type="checkbox"/> Not satisfied at all</td></tr><tr><td><input type="checkbox"/> Not sure</td></tr></tbody></table>										<input type="checkbox"/> Very satisfied	<input type="checkbox"/> Fairly satisfied	<input type="checkbox"/> Not too satisfied	<input type="checkbox"/> Not satisfied at all	<input type="checkbox"/> Not sure																															
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+ + +																																													
Q29. How much do you think you were actually helped by your stay in the hospital?																																													
<table border="1"><tbody><tr><td><input type="checkbox"/> Helped a great deal</td></tr><tr><td><input type="checkbox"/> Helped quite a bit</td></tr><tr><td><input type="checkbox"/> Helped somewhat</td></tr><tr><td><input type="checkbox"/> Helped a little</td></tr><tr><td><input type="checkbox"/> Not helped at all</td></tr><tr><td><input type="checkbox"/> Not sure</td></tr></tbody></table>										<input type="checkbox"/> Helped a great deal	<input type="checkbox"/> Helped quite a bit	<input type="checkbox"/> Helped somewhat	<input type="checkbox"/> Helped a little	<input type="checkbox"/> Not helped at all	<input type="checkbox"/> Not sure																														
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Q30. Was the length of time you spent in hospital ...?																																													
<table border="1"><tbody><tr><td><input type="checkbox"/> About the right amount of time</td></tr><tr><td><input type="checkbox"/> Time was too short</td></tr><tr><td><input type="checkbox"/> Time was too long</td></tr><tr><td><input type="checkbox"/> Not sure</td></tr></tbody></table>										<input type="checkbox"/> About the right amount of time	<input type="checkbox"/> Time was too short	<input type="checkbox"/> Time was too long	<input type="checkbox"/> Not sure																																
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Q31. Did anything happen during your stay in the hospital, good or bad, that you thought was surprising or unexpected? (Please write your response on the lines below)																																													
<div></div>																																													
Q32. Is there anything the hospital could do to improve the care and services provided to better meet the needs of patients? (Please write your response on the lines below)																																													
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附件 12 昆士蘭州住院滿意度問卷-續

<p>Q33. If you gave your consent for a medical or surgical procedure, were you given sufficient information by the hospital staff to make an informed decision?</p> <p><input type="checkbox"/> Yes - received sufficient information <input type="checkbox"/> No - did not receive sufficient information <input type="checkbox"/> Not applicable - did not have a medical or surgical procedure</p> <p>Q34. Did hospital staff talk with you about providing information about your care to your GP/community health service provider?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure/Can't remember</p> <p>Q35. How would you rate the hospital on...</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>VERY EXCELLENT</th> <th>GOOD</th> <th>FAIR</th> <th>POOR</th> <th>NOT SURE</th> <th>DOES NOT APPLY</th> </tr> </thead> <tbody> <tr> <td>4) How you were involved in your discharge plan</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>6) How your care/family was involved in your discharge plan</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>7) Provision of follow up services after discharge, if any, (eg. Physiotherapy, outpatient clinics, etc.)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p style="background-color: red; color: white; text-align: center; padding: 5px;">Now there are some questions about you (the patient). These questions help us make sure we have an accurate sample of patients. This information will remain confidential but will be valuable in assessing results for the hospital.</p> <p>Q36. Including your stay to which you have been referring, how many times have you been admitted to any hospital over the <u>last 12 months</u>?</p> <p style="text-align: center;"><input type="text"/> Times</p> <p>Q37. Are you male or female?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Q38. To which age group do you belong?</p> <p><input type="checkbox"/> Under 18 years <input type="checkbox"/> 50 - 64 years <input type="checkbox"/> 18 - 24 years <input type="checkbox"/> 65 - 79 years <input type="checkbox"/> 25 - 34 years <input type="checkbox"/> 80 years or over <input type="checkbox"/> 35 - 49 years</p> <p>Q39. In which country were you born?</p> <p><input type="checkbox"/> Australia <input type="checkbox"/> Greece <input type="checkbox"/> U.K. <input type="checkbox"/> Italy <input type="checkbox"/> New Zealand <input type="checkbox"/> Other - please specify: <input style="width: 100px;" type="text"/></p> <p style="text-align: right;">+ 9 +</p> <p style="text-align: right; font-size: small;">P000233 1/204/2/200 Patient Satisfaction Survey</p>		VERY EXCELLENT	GOOD	FAIR	POOR	NOT SURE	DOES NOT APPLY	4) How you were involved in your discharge plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6) How your care/family was involved in your discharge plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7) Provision of follow up services after discharge, if any, (eg. Physiotherapy, outpatient clinics, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Q40. Are you of Aboriginal or Torres Strait Islander origin?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes - Torres Strait Islander <input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes - both Aboriginal and Torres Strait Islander</p> <p>Q41. Are you of Australian South Sea Islander ancestry?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Q42. Do you speak a language other than English at home?</p> <p><input type="checkbox"/> Yes - please specify: <input style="width: 100px;" type="text"/> 2 <input type="checkbox"/> No</p> <p>Q43. For your stay in hospital earlier this year, were you treated as:</p> <p><input type="checkbox"/> Public or Medicare patient <input type="checkbox"/> Motor Vehicle Insurance (MVI) patient <input type="checkbox"/> Private patient <input type="checkbox"/> Department of Veterans Affairs (DVA) patient <input type="checkbox"/> WorkCover patient <input type="checkbox"/> Other - please specify: <input style="width: 100px;" type="text"/> 3</p> <p>Q44. Did you have someone to care for you when you got home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Didn't need help</p> <p>Q45. Did the patient complete this survey?</p> <p><input type="checkbox"/> Yes - Patient completed survey by themselves <input type="checkbox"/> Yes - But patient completed the survey with help from someone else <input type="checkbox"/> No - Someone completed this survey for patient</p> <p>Thank-you for completing this survey. Please check that you have answered all questions. Place the completed survey in the "Reply Paid" envelope and put it in the mail. You do not have to use a stamp.</p> <p style="text-align: center;">If you have misplaced the "Reply Paid" envelope, just use a plain envelope.</p> <p style="text-align: center;">The address to write on the plain envelope is:</p> <p style="text-align: center;">Roy Morgan Research Pty Ltd Reply Paid 2282 Melbourne VIC 30060</p> <p style="text-align: center;">Again, thank you for your assistance. This feedback will help the hospital to improve its services for patients.</p> <div style="border: 1px solid black; width: 100px; height: 40px; margin: 10px auto; text-align: center; font-size: x-small;">OFFICE USE ONLY</div> <p style="text-align: right;">+ 10 +</p> <p style="text-align: right; font-size: small;">P000233 1/204/2/200 Patient Satisfaction Survey</p>
	VERY EXCELLENT	GOOD	FAIR	POOR	NOT SURE	DOES NOT APPLY																							
4) How you were involved in your discharge plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
6) How your care/family was involved in your discharge plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
7) Provision of follow up services after discharge, if any, (eg. Physiotherapy, outpatient clinics, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							

附件 13 西澳大利亞住院滿意度問卷

PATIENT EVALUATION OF HOSPITAL SERVICES - OVERNIGHT - ADULT

Patient Evaluation of Hospital Services

Overnight - Adult

Public Patients' Charter of Rights

1

To choose to receive quality public hospital services as a public patient or a private patient. Public patients will receive these services free of charge.

2

To receive services on the basis of clinical need as promptly as circumstances permit regardless of your financial or health insurance status.

3

To be treated with respect, dignity and consideration for privacy and special need.

4

To have access to a basic range of public hospital services regardless of where you live in Australia.

5

To be given a clear explanation of any proposed treatment including possible risks and alternatives before agreeing or refusing to have the treatment.

6

To seek a second medical opinion.

7

To be given information about your continuing care before you leave the hospital.

8

To see your medical records, subject to some legal provisions, and to have personal information kept confidential.

9

To agree or refuse to participate in health professional training or medical research.

10

To comment on or complain about the health care you receive and to be given information about how to lodge a complaint.

1

PATIENT EVALUATION OF HOSPITAL SERVICES - OVERNIGHT - ADULT

Recently you were an overnight patient in hospital and we would like you to answer some questions about your experience. Please try to answer all the questions.

To begin, we need to know what you think are the top priorities of hospital patients. Seven areas have been identified by others as being very important. These are listed below.

We want you to order the items in the list from the most important (1) to the least important (7) area of service from your point of view. We have left some space for you to add to this list if you wish.

First read all seven items. Select the item you think is the most important and write the number 1 in the box beside the item. Now select the item you think is the next most important and write the number 2 in the box beside it. Continue until you have ranked all seven items. Remember that each number can only be used once. You may find it difficult sometimes to make a choice but it is important for hospitals to know where to make improvements first.

	Ranking of Importance
Time and attention paid to your care	
Meeting your personal as well as clinical needs	
Getting into hospital (e.g. waiting, admission, arrival on ward)	
Information and communication between you and the people caring for you	
Your right to be involved in your care and treatment	
The residential aspects of the hospital (e.g. food, room/ward)	
The coordination and consistency of your care	

If there are other areas that you consider important, please write them below.

2

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PATIENT EVALUATION OF HOSPITAL SERVICES - OVERNIGHT - ADULT

Section A - The Outcome of Your Hospital Stay

You may now have a good idea how your condition is as a result of your hospital stay. How worthwhile would you say your hospital stay was in respect of the following outcomes?

Please mark your answers by ticking the box that best fits your feeling. If any question doesn't seem to apply just tick the 'Doesn't Apply' box.

	Not Worthwhile	Can't Judge	Worthwhile	Doesn't Apply
Achieving the result you expected	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
Relief from pain you had before your hospital stay	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
Relief from other symptoms you had before your hospital stay	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
Relief/improvement from restrictions your condition was imposing on your daily living	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
Being more able to manage your condition	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>

How did your actual recovery time compare with what was estimated by your doctor (that is, being able to return to your work/normal routines)?

1 <input type="checkbox"/>	This question doesn't apply to me
2 <input type="checkbox"/>	I am still recovering and the doctor thought I would be able to return to work/normal routines by now
3 <input type="checkbox"/>	I felt that I could have returned to my work/normal routines earlier than was estimated
4 <input type="checkbox"/>	The doctor estimated about the right recovery time
5 <input type="checkbox"/>	I am still recovering as was expected

3

PATIENT EVALUATION OF HOSPITAL SERVICES - OVERNIGHT - ADULT

Did you have any unexpected complication arise from your treatment that needed a doctor to arrange extra treatment or medication?

1 ☐ Yes 2 ☐ No

Which one of the following best describes what your hospital stay did for you?

1 <input type="checkbox"/>	My hospital stay made my health worse
2 <input type="checkbox"/>	My hospital stay made it more difficult to cope with my problem
3 <input type="checkbox"/>	My hospital stay made no difference
4 <input type="checkbox"/>	My hospital stay helped me to cope better with my problem
5 <input type="checkbox"/>	My hospital stay helped me to come closer to being healthy
6 <input type="checkbox"/>	My hospital stay helped maintain my health
7 <input type="checkbox"/>	My hospital stay helped restore my health

What best describes your general feeling about managing your recovery when you left the hospital?

1 <input type="checkbox"/>	I felt completely confident that I could manage any problems that might arise
2 <input type="checkbox"/>	I felt reasonably confident that I could manage any problems that might arise
3 <input type="checkbox"/>	I felt somewhat unsure that I could manage any problems that might arise
4 <input type="checkbox"/>	I felt very unsure that I could manage any problems that might arise

The rest of the questions ask you about your experience with various parts of the hospital system. Some of the questions will ask if you got the services that you needed, others will ask how you felt about the services you received.

Please continue to Section B

4

PATIENT EVALUATION OF HOSPITAL SERVICES - OVERNIGHT - ADULT

Section B - Hospital Process

How were you admitted to hospital?

1

Emergency or unplanned admission

2

Transferred from another hospital

3

Referred by my doctor and my admission was planned

How long did you have to wait to be admitted to hospital after your doctor told you it was necessary?

1

Didn't have to wait

2

1 to 7 days

3

8 to 14 days

4

15 to 30 days

5

31 to 60 days

6

61 to 90 days

7

Over 90 days. If over 90 days how long did you wait?

8

Can't remember how long I waited

Once you got to hospital, how long did you wait before you were taken/sent to your room/ward?

1

Didn't have to wait

2

Under 30 minutes

3

30 to 60 minutes

4

Between 1 and 2 hours

5

Over two hours. If over 2 hours how long did you wait?

6

Can't remember how long I waited

If you used the call system while you were in hospital, how long did it usually take before a nurse came to ask why you had called?

1

Didn't use the call system

2

Within 5 minutes

3

5 to 10 minutes

4

11 to 15 minutes

5

Over 15 minutes. If over 15 minutes how long did you wait?

6

Can't remember how long I waited

5

PATIENT EVALUATION OF HOSPITAL SERVICES - OVERNIGHT - ADULT

If you needed to see a doctor while you were in hospital, how long did it usually take before one came to see you?

1

I didn't need to see a doctor

2

Within 1 hour

3

1 to 1½ hours

4

Between 1½ and 2 hours

5

Over 2 hours. If over 2 hours how long did you wait?

6

Can't remember how long I waited

Here are some more questions. Please mark your answers by ticking the box that best fits your feeling. If any question doesn't seem to apply just tick the 'Doesn't Apply' box.

Was your admission date arranged so that you could easily keep it?

1

No

2

Yes

3

Can't Remember

4

Doesn't Apply

When you got to hospital did you know where you were supposed to go?

1

No

2

Yes

3

Can't Remember

4

Doesn't Apply

Were you asked if you were currently taking any medication(s)?

1

No

2

Yes

3

Can't Remember

4

Doesn't Apply

Were you asked about your dietary needs when you arrived on the ward?

1

No

2

Yes

3

Can't Remember

4

Doesn't Apply

Were you asked if you had any cultural or religious beliefs that might affect the way you were treated in hospital?

1

No

2

Yes

3

Can't Remember

4

Doesn't Apply

Were you asked who (other than hospital staff) could be given information about your condition?

1

No

2

Yes

3

Can't Remember

4

Doesn't Apply

Did you have access to an interpreter if you needed one?

1

No

2

Yes

3

Can't Remember

4

Doesn't Apply

Were you told everything you needed to know when you arrived at your room/ward (e.g. how to use the call system, or rent a TV)?

1

No

2

Yes

3

Can't Remember

4

Doesn't Apply

Continued over

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附件 13 西澳大利亞住院滿意度問卷-續

PATIENT EVALUATION OF HOSPITAL SERVICES - OVERNIGHT - ADULT

Continued from previous page

	No	Yes	Can't Remember	Doesn't Apply
Did the nurse in charge of your care introduce themselves to you at each shift change?	1	2	8	9
Did anyone check that you understood the information given to you?	1	2	8	9
Did you feel that you could have refused the proposed test/treatment/procedure if you wanted to?	1	2	8	9
Did you feel that you could have asked for a second opinion about the proposed test/treatment/procedure if you wanted to?	1	2	8	9
Did you feel that you could have refused to have students (medical, nursing) present during your treatment?	1	2	8	9
If you needed any special equipment/aids (e.g. crutches, shower seat) did the hospital staff organise this for you at discharge?	1	2	8	9
Did you know that there is a Public Patients Charter listing your rights as a patient (see first page)?	1	2	8	9
Are you aware that each hospital has a complaint service?	1	2	8	9
Are you aware that the Office of Health Review can assist with complaints not resolved by the hospital?	1	2	8	9

Please continue to Section C

7

PATIENT EVALUATION OF HOSPITAL SERVICES - OVERNIGHT - ADULT

Section C - How Your Care and Treatment Were Managed

Please rate the following by ticking the box that most closely reflects your feelings:

	Poor	Adequate	Good	Excellent	No Opinion	Doesn't Apply
The time you waited to get into hospital	1	2	3	4	5	9
The time you waited to be taken/sent to your ward/room	1	2	3	4	5	9
The time you waited for a doctor if you needed to see one	1	2	3	4	5	9
The way health care professionals answered your questions	1	2	3	4	5	9
The way health care professionals responded to your concerns or comments about your progress	1	2	3	4	5	9
The time you waited for a nurse after using the call system	1	2	3	4	5	9
The way health care professionals explained your condition and treatment	1	2	3	4	5	9
The communication between doctors, nursing staff and other health care professionals about your treatment	1	2	3	4	5	9

Continued over

8

附件 13 西澳大利亞住院滿意度問卷-續

PATIENT EVALUATION OF HOSPITAL SERVICES - OVERNIGHT - ADULT

Continued from previous page

	Poor	Adequate	Good	Excellent	No Opinion	Doesn't Apply
The arrangements at discharge with doctors and others continuing your care (e.g Silver Chain, GP, Physio)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
The way things were put right if problems occurred while you were in hospital	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
The time you waited for a doctor to discharge you from hospital	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
The length of time you stayed in hospital	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
The way any complaints were dealt with by the hospital	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>

Please rate the following by ticking the box that most closely reflects the level of service received.

	Got None	Wanted More	As Much As Needed	Too Much	No Opinion	Doesn't Apply
Information sent before admission on how to prepare for your hospital stay	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
Information given to you upon arrival on the ward about your planned treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>

Continued over

9

PATIENT EVALUATION OF HOSPITAL SERVICES - OVERNIGHT - ADULT

Continued from previous page

	Got None	Wanted More	As Much As Needed	Too Much	No Opinion	Doesn't Apply
Time to consider any consent form you needed to sign	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
Pain relief	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
Attention by nursing staff to your care (e.g. to drips, dressings)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
Information about your progress while in hospital	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
Involvement in decisions about your care and treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
Support and reassurance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
Information about the purpose and results of any tests	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
Access to visitors	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>

Continued over

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PATIENT EVALUATION OF HOSPITAL SERVICES - OVERNIGHT - ADULT

Continued from previous page

	Got None	Wanted More	As Much As Needed	Too Much	No Opinion	Doesn't Apply
The time doctors spent on your care and treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
Information about medications	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
Any assistance you needed (e.g. going to the toilet)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
Information given to your family/care(s) about your progress	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
Encouragement to ask questions about your condition and treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
Access to any extra support you needed (e.g. support group)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
Information on how to manage your condition/ recovery at home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>

Please continue to Section D

11

PATIENT EVALUATION OF HOSPITAL SERVICES - OVERNIGHT - ADULT

Section D - Meeting Personal Needs as Well as Clinical Needs

Being in hospital can be an unsettling experience. Consideration of your personal needs by hospital staff whenever possible is an important part of hospital care. Please tick the box that you think most closely reflects how often the following needs were met.

	Never	Sometimes	Usually	Always	Doesn't Apply
Being shown respect while being examined or interviewed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
Having your right to an opinion respected	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
Being treated with politeness and consideration	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
Feeling able to ask for information if you felt anxious about something	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
Feeling you could get help if you needed it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
Having confidence in the nursing staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
Having screens around the bed when you were examined to ensure your privacy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
Hospital staff using low voices when interviewing or examining you so others couldn't overhear	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
Having confidence in the doctor(s)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
Feeling safe and secure while in hospital	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>

Please continue to Section E

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Section E - Residential Aspects of the Hospital

Finally we would like you to rate some of the residential aspects of the hospital. Please tick the box that most closely reflects your experience.

	Poor	Ad equate	Good	Excellent	No Opinion	Doesn't Apply
The hospital parking	<div><div></div><div>1</div></div>	<div><div></div><div>2</div></div>	<div><div></div><div>3</div></div>	<div><div></div><div>4</div></div>	<div><div></div><div>5</div></div>	<div><div></div><div>9</div></div>
The sign posting to help you get around the hospital	<div><div></div><div>1</div></div>	<div><div></div><div>2</div></div>	<div><div></div><div>3</div></div>	<div><div></div><div>4</div></div>	<div><div></div><div>5</div></div>	<div><div></div><div>9</div></div>
The assistance provided to get into the hospital (e.g. wheelchair)	<div><div></div><div>1</div></div>	<div><div></div><div>2</div></div>	<div><div></div><div>3</div></div>	<div><div></div><div>4</div></div>	<div><div></div><div>5</div></div>	<div><div></div><div>9</div></div>
The quality of the food	<div><div></div><div>1</div></div>	<div><div></div><div>2</div></div>	<div><div></div><div>3</div></div>	<div><div></div><div>4</div></div>	<div><div></div><div>5</div></div>	<div><div></div><div>9</div></div>
The range and appeal of menus	<div><div></div><div>1</div></div>	<div><div></div><div>2</div></div>	<div><div></div><div>3</div></div>	<div><div></div><div>4</div></div>	<div><div></div><div>5</div></div>	<div><div></div><div>9</div></div>
The temperature of the food	<div><div></div><div>1</div></div>	<div><div></div><div>2</div></div>	<div><div></div><div>3</div></div>	<div><div></div><div>4</div></div>	<div><div></div><div>5</div></div>	<div><div></div><div>9</div></div>
The quantity of food	<div><div></div><div>1</div></div>	<div><div></div><div>2</div></div>	<div><div></div><div>3</div></div>	<div><div></div><div>4</div></div>	<div><div></div><div>5</div></div>	<div><div></div><div>9</div></div>
The comfort of your bed	<div><div></div><div>1</div></div>	<div><div></div><div>2</div></div>	<div><div></div><div>3</div></div>	<div><div></div><div>4</div></div>	<div><div></div><div>5</div></div>	<div><div></div><div>9</div></div>
The position of the call for help button	<div><div></div><div>1</div></div>	<div><div></div><div>2</div></div>	<div><div></div><div>3</div></div>	<div><div></div><div>4</div></div>	<div><div></div><div>5</div></div>	<div><div></div><div>9</div></div>
The cleanliness of the surroundings	<div><div></div><div>1</div></div>	<div><div></div><div>2</div></div>	<div><div></div><div>3</div></div>	<div><div></div><div>4</div></div>	<div><div></div><div>5</div></div>	<div><div></div><div>9</div></div>
The temperature of the surroundings	<div><div></div><div>1</div></div>	<div><div></div><div>2</div></div>	<div><div></div><div>3</div></div>	<div><div></div><div>4</div></div>	<div><div></div><div>5</div></div>	<div><div></div><div>9</div></div>
The noise level around the area	<div><div></div><div>1</div></div>	<div><div></div><div>2</div></div>	<div><div></div><div>3</div></div>	<div><div></div><div>4</div></div>	<div><div></div><div>5</div></div>	<div><div></div><div>9</div></div>

Do you have any further comments or suggestions?

[illegible]

Thank you very much for your time and co-operation

附件 14 南澳大利亞住院滿意度問卷

<div> <div> Patient Evaluation of Hospital Services </div> <div> Overnight </div> </div> <div> June 2004 </div>	
<p>Introduction</p> <p>Good My name is from the Department of Human Services. May I speak with please?</p> <p>Either</p> <ol style="list-style-type: none"> 1. Get person and repeat introduction 2. Make appointment to call back later <p>Recently you were an overnight patient in [] hospital and we would like you to answer some questions about your experience so that we can identify things that need to be improved in the hospital care system.</p> <p>You would have received a letter recently about the survey on behalf of the Department?</p> <p>Did you receive the letter?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> 1. Yes [] 2. No [] 3. Don't know [] <p>I can assure you that information you give will remain confidential. The answers from all people interviewed will be gathered together and presented in a report. No individual answers will be passed on.</p>	<p>A PATIENT EXPERIENCES</p> <p>To begin, we need to know what you think are the top priorities of hospital patients.</p> <p>(If letter received) Do you have the pink list we sent you, showing the top priorities for hospital patients?</p> <p>A1 I am going to read out seven areas that have been identified by others as being very important. I am then going to ask you which item you think is the most important.</p> <p>(Interviewer note: Re response 7, if necessary - clarify "clinical" = medical)</p> <p>(Read Options: Single response must = 1)</p> <ol style="list-style-type: none"> 1. The coordination and consistency of your care [] 2. The residential aspects of the hospital (e.g. food, room, ward, toilet) [] 3. Your right to be involved in your care and treatment [] 4. Access to the hospital (e.g. waiting for an admission date and being able to get into the hospital) [] 5. Availability of the people caring for you [] 6. Information and communication between you and the people caring for you [] 7. Meeting your personal as well as clinical needs [] <p>A2 I am going to read out the six remaining areas. Which item do you think is the most important? You may find it difficult sometimes to make a choice, but it is important for hospitals to know where to make improvements first.</p> <p>(Continue until each item has a unique number from 2 to 7. Repeat options until priority established)</p> <p>A3 Was there any other area of your stay that you considered important?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> 1. Specify [] 2. No []
<p>B THE OUTCOME OF YOUR HOSPITAL STAY</p> <p>B1 How were you admitted to hospital?</p> <p>(Interviewer note: If answer is "through outpatients", response equals "unplanned admission".)</p> <p>Read Options: (Single Response)</p> <ol style="list-style-type: none"> 1. Emergency or unplanned admission [] 2. Transferred from another hospital [] 3. Referred by my doctor and my admission was planned [] 4. Other [] <p>You may now have a good idea how your condition is as a result of your hospital stay.</p> <p>B2 In terms of achieving the results you expected? Was your hospital stay... expected?</p> <p>(Read Options: Single Response)</p> <ol style="list-style-type: none"> 1. Worthwhile [] 2. Can't Judge [] 3. Not worthwhile [] 4. Doesn't Apply [] <p>B3 Did you have any pain before you were admitted to hospital?</p> <p>(Interviewer note: If answer is "unconscious on admission", response = 3.)</p> <p>(Single Response)</p> <ol style="list-style-type: none"> 1. Yes [] 2. No [] 3. Can't Judge [] <p>B4 As a result of your hospital stay did you get relief from the pain?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> 1. Yes [] 2. Some [] 3. No [] 4. Can't Judge [] 	<p>B5 Did you have any other symptoms before you were admitted to hospital?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> 1. Yes [] 2. No [] 3. Can't Judge [] <p>B6 As a result of your hospital stay did you get relief from these symptoms?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> 1. Yes [] 2. No [] 3. Can't Judge [] <p>(If B1 = 1 Go to B11)</p> <p>B7 Did your condition restrict your daily life (that is your normal activities) before you were admitted to hospital?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> 1. Yes [] 2. No [] 3. Can't Judge [] <p>B8 As a result of your hospital stay did this improve?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> 1. Yes [] 2. No [] 3. Can't Judge [] <p>B9 Were you able to manage your condition before you were admitted to hospital?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> 1. Yes [] 2. No [] 3. Can't Judge [] <p>B10 As a result of your hospital stay were you more able to manage your condition?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> 1. Yes [] 2. No [] 3. Can't Judge []

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<p>B11 Which of the following situations do you think best applies to you at this time?</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. I feel I am still recovering although the doctor thought I would be able to return to work/normal activities by now <input type="checkbox"/> 2. I felt that I could have returned to my work or normal routines earlier than was estimated by the doctor <input type="checkbox"/> 3. The doctor estimated about the right recovery time <input type="checkbox"/> 4. I am still recovering as was expected <input type="checkbox"/> 5. I feel I am coping with my ongoing condition <input type="checkbox"/> 6. None of these <input type="checkbox"/> 7. Don't know/can't say <input type="checkbox"/> <p>B12 Did you have any unexpected complication(s)?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know/can't say <input type="checkbox"/> <p>B13 Did the complication require a doctor to arrange extra treatment or medication?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know/can't say <input type="checkbox"/> 	<p>B14 Which of the following statements best describes what your hospital stay did for you?</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. My hospital stay helped me to maintain or restore my health <input type="checkbox"/> 2. My hospital stay helped me to cope better with my problem <input type="checkbox"/> 3. My hospital stay made no difference <input type="checkbox"/> 4. My hospital stay made it more difficult to cope with my problem <input type="checkbox"/> 5. My hospital stay made my health worse <input type="checkbox"/> 6. Don't know/can't say <input type="checkbox"/> <p>B15 What best describes your general feeling in regard to managing your condition when you left the hospital?</p> <p>(Interviewer note: 'managing' includes with the help available to them at home e.g. partner, home help)</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. I felt confident that I could manage <input type="checkbox"/> 2. I felt somewhat unsure that I could manage <input type="checkbox"/> 3. I felt that I would be unable to manage <input type="checkbox"/> 4. Don't know/can't say <input type="checkbox"/> <p>B16 Overall, how would you rate the health care provided by the hospital on this visit?</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Poor <input type="checkbox"/> 2. Acceptable <input type="checkbox"/> 3. Good <input type="checkbox"/> 4. Excellent <input type="checkbox"/> 5. Don't know/can't say <input type="checkbox"/>
<p>C HOSPITAL PROCESS</p> <p>The next questions ask you about your experience with various parts of the hospital system. Some questions will ask whether or not you got the services that you needed, others will ask how you felt about the services you received.</p> <p>(If B1 = 1 Go to C3)</p> <p>C1 How long did you have to wait to be admitted to hospital after your doctor told you it was necessary?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> 1. Didn't have to wait <input type="checkbox"/> 2. 1 - 7 days (<1wk) <input type="checkbox"/> 3. 8 - 14 days (1-2wks) <input type="checkbox"/> 4. 15 - 30 days (3 - 4wks) <input type="checkbox"/> 5. 31 - 60 days (5-8 wks) <input type="checkbox"/> 6. 61 - 90 days (9-12wks) <input type="checkbox"/> 7. Over 90 days (>3months) [Specify] <input type="checkbox"/> 8. Can't remember how long <input type="checkbox"/> <p>C2 Once you got to hospital, how long did you wait before you were taken or sent to your room or ward?</p> <p>(Interviewer note: Question relates to time to ward NOT until any proposed operation or treatment)</p> <p>(Single Response)</p> <ol style="list-style-type: none"> 1. Didn't have to wait <input type="checkbox"/> 2. Within 30 minutes <input type="checkbox"/> 3. 30 to 60 minutes <input type="checkbox"/> 4. Between 1 and 2 hours <input type="checkbox"/> 5. If over two hours, how long did you wait (in hours) <input type="checkbox"/> 6. Can't remember <input type="checkbox"/> <p>C3 If you used the call system while you were in hospital, how long did it usually take before a nurse came to ask you why you had called?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> 1. I didn't use the call system <input type="checkbox"/> 2. Within 5 minutes <input type="checkbox"/> 3. 5 to 10 minutes <input type="checkbox"/> 4. 11 to 15 minutes <input type="checkbox"/> 5. If over 15 minutes, specify <input type="checkbox"/> 6. Can't remember <input type="checkbox"/> 	<p>C4 If you asked to see a doctor while you were in the hospital, how long did it usually take before one came to see you?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> 1. Didn't ask to see a doctor <input type="checkbox"/> 2. Within 1 hour <input type="checkbox"/> 3. 1 to 1 1/2 hours <input type="checkbox"/> 4. 1 1/2 to 2 hours <input type="checkbox"/> 5. If over 2 hours specify <input type="checkbox"/> 6. Can't remember <input type="checkbox"/> <p>(If B1 = 1 Go to C8)</p> <p>C5 If you had to travel some distance to the hospital, was your admission date arranged so that you could easily keep it?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Can't remember <input type="checkbox"/> 4. Doesn't apply <input type="checkbox"/> <p>C6 Were you sent any information on how to prepare for your hospital stay?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Can't remember <input type="checkbox"/> 4. Doesn't apply <input type="checkbox"/> <p>C7 When you got to the hospital, did you know what you were supposed to do and where you were supposed to go?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Can't remember <input type="checkbox"/> 4. Doesn't apply <input type="checkbox"/> <p>C8 Did anyone ask you whether or not you were currently taking any medication(s)?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Can't remember <input type="checkbox"/> 4. Doesn't apply to me <input type="checkbox"/>

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<p>C9 Were you asked about your dietary needs when you arrived on the ward?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> Yes <input type="checkbox"/> Asked pre-admission <input type="checkbox"/> No <input type="checkbox"/> Can't remember <input type="checkbox"/> Doesn't apply to me <input type="checkbox"/> <p>C10 Did anyone ask whether you had any cultural or religious beliefs that might affect the way you were treated in hospital?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> Yes <input type="checkbox"/> No <input type="checkbox"/> Asked pre-admission <input type="checkbox"/> Can't remember <input type="checkbox"/> Doesn't apply <input type="checkbox"/> <p>C11 Did anyone ask you if someone else such as a family member could be given information about your condition?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> Yes <input type="checkbox"/> Asked pre-admission <input type="checkbox"/> No <input type="checkbox"/> Can't remember <input type="checkbox"/> Doesn't apply to me <input type="checkbox"/> <p>C12 Did you have access to an interpreter if you needed one?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't remember <input type="checkbox"/> Doesn't apply <input type="checkbox"/> <p>C13 Were you told everything you needed to know when you arrived at your room or ward? For example, how to use the call system or how to rent a TV?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't remember <input type="checkbox"/> Doesn't apply to me <input type="checkbox"/> 	<p>C14 Did the nurse in charge of your care introduce him or herself to you at admission shift change?</p> <p>(Interviewer note: responses must apply to every shift.)</p> <p>(Single Response)</p> <ol style="list-style-type: none"> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't remember <input type="checkbox"/> Doesn't apply to me <input type="checkbox"/> <p>C15 Did any of the nursing staff let you know when a doctor would be coming to see you so that you could prepare any questions you wanted to ask?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't remember <input type="checkbox"/> Doesn't apply to me <input type="checkbox"/> Doctor came regularly <input type="checkbox"/> <p>C16 Did anyone check that you understood information given to you?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't remember <input type="checkbox"/> Doesn't apply to me <input type="checkbox"/> <p>C17 Did you feel that you could have refused any proposed test, treatment or procedure if you wanted to?</p> <p>(Interviewer note: Answers e.g. "doctor knows best", response = "Didn't know/feel could refuse")</p> <p>(Single Response)</p> <ol style="list-style-type: none"> Yes <input type="checkbox"/> No <input type="checkbox"/> Didn't know/feel I could refuse <input type="checkbox"/> Doesn't apply to me <input type="checkbox"/>
<p>C18 Did you feel that you could have asked for a second opinion about your proposed test, treatment or procedure if you wanted to?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> Yes <input type="checkbox"/> No <input type="checkbox"/> Didn't know/feel I could ask for a second opinion <input type="checkbox"/> Doesn't apply to me <input type="checkbox"/> <p>C19 Did you feel that you could have refused to have students (medical or nursing) present during your treatment?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> Yes <input type="checkbox"/> No <input type="checkbox"/> Didn't know/feel I could refuse <input type="checkbox"/> Doesn't apply to me <input type="checkbox"/> <p>C20 If you required some help to manage your recovery when you got home (eg nursing care or help with personal care) did the hospital staff help you get it?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't remember <input type="checkbox"/> Doesn't apply to me <input type="checkbox"/> <p>C21 If you needed any special equipment or aids such as crutches or a shower seat, did the hospital staff organise this for you at discharge?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't remember <input type="checkbox"/> Doesn't apply to me <input type="checkbox"/> 	<p>C22 [Interviewer note] If letter not received, omit the commenting phrase (prior to receiving our letter - for this question)</p> <p>[If letter received] Prior to receiving our letter, did you know there was a Public Patients Charter listing your rights as a patient?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't remember <input type="checkbox"/> Doesn't apply <input type="checkbox"/> <p>[If country hospital patient, coded 6,7 etc. Go to C24]</p> <p>C23 Are you aware that each hospital/each region has a patient's adviser to assist with complaints?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't remember <input type="checkbox"/> Doesn't apply <input type="checkbox"/> <p>C24 Are you aware that there is a Health Ombudsman that can assist with complaints not resolved by the hospital?</p> <p>(Single Response)</p> <ol style="list-style-type: none"> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't remember <input type="checkbox"/> Doesn't apply <input type="checkbox"/> <p>D REASON FOR HOSPITAL STAY</p> <p>In view of what you knew about the reason for your being in hospital, please rate how acceptable the following were.</p> <p>(If B1 = 1 Go to D2)</p> <p>D1 The notification you received if your admission date was cancelled or changed was:</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> Unacceptable <input type="checkbox"/> Could be improved <input type="checkbox"/> Acceptable <input type="checkbox"/> No opinion <input type="checkbox"/> Doesn't apply <input type="checkbox"/>

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<p>D2 The time you waited to get into hospital was:</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Unacceptable <input type="checkbox"/> 2. Could be improved <input type="checkbox"/> 3. Acceptable <input type="checkbox"/> 4. No option <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> <p>D3 The time you waited to be seen by the admissions clerk was:</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Unacceptable <input type="checkbox"/> 2. Could be improved <input type="checkbox"/> 3. Acceptable <input type="checkbox"/> 4. No option <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> <p>D4 The time you waited before you were able to go to your ward or room after you had seen the admissions clerk was:</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Unacceptable <input type="checkbox"/> 2. Could be improved <input type="checkbox"/> 3. Acceptable <input type="checkbox"/> 4. No option <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> <p>(If C3 = 1 Go to D5)</p> <p>D5 The time you waited for a nurse after using the call system was:</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Unacceptable <input type="checkbox"/> 2. Could be improved <input type="checkbox"/> 3. Acceptable <input type="checkbox"/> 4. No option <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> <p>(If C4 = 1 Go to D7)</p> <p>D6 The time you waited for a doctor if you asked to see one was:</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Unacceptable <input type="checkbox"/> 2. Could be improved <input type="checkbox"/> 3. Acceptable <input type="checkbox"/> 4. No option <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> 	<p>D7 The way health care professionals (eg. Nurses, Physios) provided any assistance you required (for example going to the toilet) was:</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Unacceptable <input type="checkbox"/> 2. Could be improved <input type="checkbox"/> 3. Acceptable <input type="checkbox"/> 4. No option <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> <p>D8 The way health care professionals (eg. doctors, nurses, physios, social workers) explained your condition and treatment was:</p> <p>(Interviewer note: If answer is 'some were okay but others were not', response = 'could be improved', similarly for questions below)</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Unacceptable <input type="checkbox"/> 2. Could be improved <input type="checkbox"/> 3. Acceptable <input type="checkbox"/> 4. No option <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> <p>D9 The way health care professionals answered your questions was:</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Unacceptable <input type="checkbox"/> 2. Could be improved <input type="checkbox"/> 3. Acceptable <input type="checkbox"/> 4. No option <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> <p>D10 The effort made by doctors to discuss the benefits and risks of your treatment was:</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Unacceptable <input type="checkbox"/> 2. Could be improved <input type="checkbox"/> 3. Acceptable <input type="checkbox"/> 4. No option <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/>
<p>D11 The way health care professionals responded to any concerns or comments about your treatment was:</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Unacceptable <input type="checkbox"/> 2. Could be improved <input type="checkbox"/> 3. Acceptable <input type="checkbox"/> 4. No option <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> <p>D12 The way health care professionals explained the outcome of your treatment or procedure or surgery was:</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Unacceptable <input type="checkbox"/> 2. Could be improved <input type="checkbox"/> 3. Acceptable <input type="checkbox"/> 4. No option <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> <p>D13 The coordination of your care over time if you had more than one visit was:</p> <p>(Interviewer note: relates to all visits including outpatient visits associated with this admission.)</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Unacceptable <input type="checkbox"/> 2. Could be improved <input type="checkbox"/> 3. Acceptable <input type="checkbox"/> 4. No option <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> <p>D14 The communication between doctors, nursing staff and other health care professionals about your treatment was:</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Unacceptable <input type="checkbox"/> 2. Could be improved <input type="checkbox"/> 3. Acceptable <input type="checkbox"/> 4. No option <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> 	<p>D15 The arrangements at discharge with the doctor and others continuing your care (for example GP, Physios) was:</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Unacceptable <input type="checkbox"/> 2. Could be improved <input type="checkbox"/> 3. Acceptable <input type="checkbox"/> 4. No option <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> <p>D16 The way things were rectified if there was any problem while in the hospital was:</p> <p>(Interviewer note: if no problems, response is does not apply)</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Unacceptable <input type="checkbox"/> 2. Could be improved <input type="checkbox"/> 3. Acceptable <input type="checkbox"/> 4. No option <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> <p>D17 The time you waited at discharge for any prescription or other medication was:</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Unacceptable <input type="checkbox"/> 2. Could be improved <input type="checkbox"/> 3. Acceptable <input type="checkbox"/> 4. No option <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> <p>D18 The way any complaints were dealt with by the hospital was:</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Unacceptable <input type="checkbox"/> 2. Could be improved <input type="checkbox"/> 3. Acceptable <input type="checkbox"/> 4. No option <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/>

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E CARE AND TREATMENT MANAGEMENT	
<p>The following questions ask you to rate the level of service you received.</p> <p>(If B1 = 1 or 2 Go to E2)</p> <p>E1 Regarding the information sent before admission on how to prepare for your hospital stay, did you get</p> <p>(Read Options, Single Response)</p> <p>1. None []</p> <p>2. Want more []</p> <p>3. Enough []</p> <p>4. Too much []</p> <p>5. No option []</p> <p>6. Doesn't apply []</p> <p>E2 Regarding the information given to you upon arrival on the ward about your planned treatment, did you get.....</p> <p>(Read Options, Single Response)</p> <p>1. None []</p> <p>2. Want more []</p> <p>3. Enough []</p> <p>4. Too much []</p> <p>5. No option []</p> <p>6. Doesn't apply []</p> <p>E3 Regarding pain relief, overall did you get.....</p> <p>(Read Options, Single Response)</p> <p>1. None []</p> <p>2. Want more []</p> <p>3. Enough []</p> <p>4. Too much []</p> <p>5. No option []</p> <p>6. Doesn't apply []</p> <p>E4 Regarding attention by nursing staff to your care for example, drips and wound dressing, did you get</p> <p>(Read Options, Single Response)</p> <p>1. None []</p> <p>2. Want more []</p> <p>3. Enough []</p> <p>4. Too much []</p> <p>5. No option []</p> <p>6. Doesn't apply []</p>	<p>E5 Regarding the time doctors spent on your care and treatment. Did you get.....</p> <p>(Read Options, Single Response)</p> <p>1. None []</p> <p>2. Want more []</p> <p>3. Enough []</p> <p>4. Too much []</p> <p>5. No option []</p> <p>6. Doesn't apply []</p> <p>E6 Regarding the information about the purpose of the tests, did you get</p> <p>(Read Options, Single Response)</p> <p>1. None []</p> <p>2. Want more []</p> <p>3. Enough []</p> <p>4. Too much []</p> <p>5. No option []</p> <p>6. Doesn't apply []</p> <p>E7 Regarding the information about the results of tests. Did you get.....</p> <p>(Read Options, Single Response)</p> <p>1. None []</p> <p>2. Want more []</p> <p>3. Enough []</p> <p>4. Too much []</p> <p>5. No option []</p> <p>6. Doesn't apply []</p> <p>E8 Regarding information about medications. Did you get.....</p> <p>(Read Options, Single Response)</p> <p>1. None []</p> <p>2. Want more []</p> <p>3. Enough []</p> <p>4. Too much []</p> <p>5. No option []</p> <p>6. Doesn't apply []</p>
<p>E9 Regarding time to consider any consent form you needed to sign. Was there:</p> <p>(Read Options, Single Response)</p> <p>1. No time []</p> <p>2. Too short []</p> <p>3. Enough []</p> <p>4. Too long []</p> <p>5. No option []</p> <p>6. Doesn't apply []</p> <p>E10 Regarding the encouragement you were given to ask questions about your condition and treatment, did you get.....</p> <p>(Read Options, Single Response)</p> <p>1. None []</p> <p>2. Want more []</p> <p>3. Enough []</p> <p>4. Too much []</p> <p>5. No option []</p> <p>6. Doesn't apply []</p> <p>E11 Regarding the information about your progress while in hospital, did you get.....</p> <p>(Read Options, Single Response)</p> <p>1. None []</p> <p>2. Want more []</p> <p>3. Enough []</p> <p>4. Too much []</p> <p>5. No option []</p> <p>6. Doesn't apply []</p> <p>E12 Regarding information given to your family or carers about your progress, did they get.....</p> <p>(Read Options, Single Response)</p> <p>1. None []</p> <p>2. Want more []</p> <p>3. Enough []</p> <p>4. Too much []</p> <p>5. No option []</p> <p>6. Doesn't apply []</p>	<p>E13 Regarding involvement in decisions about your care and treatment, what involvement did you have?</p> <p>(Read Options, Single Response)</p> <p>1. None []</p> <p>2. Wanted more []</p> <p>3. Enough []</p> <p>4. Too much []</p> <p>5. No option []</p> <p>6. Doesn't apply []</p> <p>E14 Regarding access to any extra support you needed to aid your recovery for example a support group, did you get.....</p> <p>(Interviewer note: support is any extra help of information about groups at all. Read Options, Single Response)</p> <p>1. None []</p> <p>2. Want more []</p> <p>3. Enough []</p> <p>4. Too much []</p> <p>5. No option []</p> <p>6. Doesn't apply []</p> <p>E15 Regarding the length of time you stayed in hospital, was it.....</p> <p>(Read Options, Single Response)</p> <p>1. Too short []</p> <p>2. Enough []</p> <p>3. Too long []</p> <p>4. No option []</p> <p>5. Doesn't apply []</p> <p>E16 Regarding the time given to prepare for your discharge, did you get.....</p> <p>(Read Options, Single Response)</p> <p>1. No time []</p> <p>2. Want more []</p> <p>3. Enough []</p> <p>4. Too long []</p> <p>5. No option []</p> <p>6. Doesn't apply []</p>

附件 14 南澳大利亞住院滿意度問卷-續

<p>E17 Regarding information on how to manage your condition or recovery at home, did you get.....</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. None <input type="checkbox"/> 2. Want more <input type="checkbox"/> 3. Enough <input type="checkbox"/> 4. Too much <input type="checkbox"/> 5. No option <input type="checkbox"/> 6. Doesn't apply <input type="checkbox"/> <p>F PERSONAL NEEDS Being in hospital can be an unsettling experience. Consideration of your personal needs by hospital staff whenever possible is an important part of hospital care. The following questions relate to the degree that your needs were met.</p> <p>F1 Did you get prompt assistance with eating, bathing or going to the toilet when required?</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Never <input type="checkbox"/> 2. Sometimes <input type="checkbox"/> 3. Usually <input type="checkbox"/> 4. Always <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> <p>F2 Did you feel you could see visitors as much as you needed/wanted to?</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Never <input type="checkbox"/> 2. Sometimes <input type="checkbox"/> 3. Usually <input type="checkbox"/> 4. Always <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> <p>F3 Was there screens (curtains) around the bed when being examined to ensure privacy.....</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Never <input type="checkbox"/> 2. Sometimes <input type="checkbox"/> 3. Usually <input type="checkbox"/> 4. Always <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> 	<p>F4 Was your right to have an opinion respected.....</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Never <input type="checkbox"/> 2. Sometimes <input type="checkbox"/> 3. Usually <input type="checkbox"/> 4. Always <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> <p>F5 Did you feel you were you shown respect while being examined or interviewed?</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Never <input type="checkbox"/> 2. Sometimes <input type="checkbox"/> 3. Usually <input type="checkbox"/> 4. Always <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> <p>F6 Were you treated with consideration and politeness....</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Never <input type="checkbox"/> 2. Sometimes <input type="checkbox"/> 3. Usually <input type="checkbox"/> 4. Always <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/>
<p>F9 Did you get the feeling you could get help if you needed it?</p> <p>(Interviewer note: Includes staff help. Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Never <input type="checkbox"/> 2. Sometimes <input type="checkbox"/> 3. Usually <input type="checkbox"/> 4. Always <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> <p>F10 Did you have confidence in the nursing staff ...</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Never <input type="checkbox"/> 2. Sometimes <input type="checkbox"/> 3. Usually <input type="checkbox"/> 4. Always <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> <p>F11 Did you have confidence in the doctors.....</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Never <input type="checkbox"/> 2. Sometimes <input type="checkbox"/> 3. Usually <input type="checkbox"/> 4. Always <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> <p>F12 Did you feel safe and secure while in the hospital....</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Never <input type="checkbox"/> 2. Sometimes <input type="checkbox"/> 3. Usually <input type="checkbox"/> 4. Always <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> <p>F13 Did the hospital staff use low voices when interviewing or examining so that others couldn't overhear?</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Never <input type="checkbox"/> 2. Sometimes <input type="checkbox"/> 3. Usually <input type="checkbox"/> 4. Always <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> 	<p>G RESIDENTIAL ASPECTS OF THE HOSPITAL Now, we would like you to rate some of the residential aspects of the hospital.</p> <p>G1 Did you find the hospital parking ...</p> <p>(Interviewer note: Includes visitors. Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Poor <input type="checkbox"/> 2. Adequate <input type="checkbox"/> 3. Good <input type="checkbox"/> 4. No option <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> <p>G2 Did you find the sign posting to help you get around the hospital....</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Poor <input type="checkbox"/> 2. Adequate <input type="checkbox"/> 3. Good <input type="checkbox"/> 4. No option <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> <p>G3 Did you find the assistance provided to get into the hospital (for example wheelchair)....</p> <p>(If B1 = 1 Go to G4)</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Poor <input type="checkbox"/> 2. Adequate <input type="checkbox"/> 3. Good <input type="checkbox"/> 4. No option <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/> <p>G4 Did you find the quality of food to be.....</p> <p>(Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Poor <input type="checkbox"/> 2. Adequate <input type="checkbox"/> 3. Good <input type="checkbox"/> 4. No option <input type="checkbox"/> 5. Doesn't apply <input type="checkbox"/>

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<p>G5 Did you find the range and appeal of the menus to be....</p> <p>(Read Options: Single Response)</p> <p>1. Poor <input type="checkbox"/></p> <p>2. Adequate <input type="checkbox"/></p> <p>3. Good <input type="checkbox"/></p> <p>4. No option <input type="checkbox"/></p> <p>5. Doesn't apply <input type="checkbox"/></p> <p>G6 Did you find the temperature of the food to be....</p> <p>(Read Options: Single Response)</p> <p>1. Poor <input type="checkbox"/></p> <p>2. Adequate <input type="checkbox"/></p> <p>3. Good <input type="checkbox"/></p> <p>4. No option <input type="checkbox"/></p> <p>5. Doesn't apply <input type="checkbox"/></p> <p>G7 Did you find the position of the call for help button to be....</p> <p>(Read Options: Single Response)</p> <p>1. Poor <input type="checkbox"/></p> <p>2. Adequate <input type="checkbox"/></p> <p>3. Good <input type="checkbox"/></p> <p>4. No option <input type="checkbox"/></p> <p>5. Doesn't apply <input type="checkbox"/></p> <p>G8 Did you find the comfort of your bed to be....</p> <p>(Read Options: Single Response)</p> <p>1. Poor <input type="checkbox"/></p> <p>2. Adequate <input type="checkbox"/></p> <p>3. Good <input type="checkbox"/></p> <p>4. No option <input type="checkbox"/></p> <p>5. Doesn't apply <input type="checkbox"/></p> <p>G9 Did you find the cleanliness of your room or ward to be....</p> <p>(Read Options: Single Response)</p> <p>1. Poor <input type="checkbox"/></p> <p>2. Adequate <input type="checkbox"/></p> <p>3. Good <input type="checkbox"/></p> <p>4. No option <input type="checkbox"/></p> <p>5. Doesn't apply <input type="checkbox"/></p>	<p>G10 Did you find the temperature in your room or ward to be....</p> <p>(Read Options: Single Response)</p> <p>1. Poor <input type="checkbox"/></p> <p>2. Adequate <input type="checkbox"/></p> <p>3. Good <input type="checkbox"/></p> <p>4. No option <input type="checkbox"/></p> <p>5. Doesn't apply <input type="checkbox"/></p> <p>G11 Did you find the noise level around your area to be....</p> <p>(Read Options: Single Response)</p> <p>1. Poor <input type="checkbox"/></p> <p>2. Adequate <input type="checkbox"/></p> <p>3. Good <input type="checkbox"/></p> <p>4. No option <input type="checkbox"/></p> <p>5. Doesn't apply <input type="checkbox"/></p> <p>G12 Did you find the storage for your personal possessions to be....</p> <p>(Read Options: Single Response)</p> <p>1. Poor <input type="checkbox"/></p> <p>2. Adequate <input type="checkbox"/></p> <p>3. Good <input type="checkbox"/></p> <p>4. No option <input type="checkbox"/></p> <p>5. Doesn't apply <input type="checkbox"/></p>
<p>H OTHER INDICATORS</p> <p>Now a few questions about your condition.</p> <p>H1 What condition were you in hospital for?</p> <p>(Interviewer note: Item 4, cancer includes all cancers e.g. leukemias, lymphomas, CML, etc.)</p> <p>(Multiple Response)</p> <p>1. Allergies (specify - to what?) <input type="checkbox"/></p> <p>2. Arthritis (osteo-, rheumatoid) <input type="checkbox"/></p> <p>3. Eye diseases e.g. cataract, glaucoma <input type="checkbox"/></p> <p>4. Cancer <input type="checkbox"/></p> <p>5. Diabetes <input type="checkbox"/></p> <p>6. Epilepsy <input type="checkbox"/></p> <p>7. Gastrointestinal conditions e.g. reflux, hernia, irritable bowel syndrome, diverticulitis, Crohn's disease <input type="checkbox"/></p> <p>8. Gout/joint problems e.g. knee <input type="checkbox"/></p> <p>9. Genital conditions e.g. endometriosis, hysterectomy, prostate <input type="checkbox"/></p> <p>10. Hearting problem <input type="checkbox"/></p> <p>11. Heart attack/angina <input type="checkbox"/></p> <p>12. Kidney stones <input type="checkbox"/></p> <p>13. Parkinson's disease <input type="checkbox"/></p> <p>14. Respiratory e.g. asthma, chronic bronchitis or emphysema <input type="checkbox"/></p> <p>15. Skeletal problems/fracture / injury e.g. back, osteoporosis <input type="checkbox"/></p> <p>16. Skin diseases e.g. dermatitis <input type="checkbox"/></p> <p>17. Thyroid problem / underactive thyroid <input type="checkbox"/></p> <p>18. Other (specify) <input type="checkbox"/></p> <p>19. Not stated <input type="checkbox"/></p>	<p>H2 How long had you had the problem prior to being admitted?</p> <p>(Interviewer note: time from when the condition became a problem and when hospital admission was discussed, not when first diagnosed)</p> <p>(Single Response)</p> <p>1. < 1 day <input type="checkbox"/></p> <p>2. < 1 week <input type="checkbox"/></p> <p>3. 1 to 4 weeks <input type="checkbox"/></p> <p>4. > 1 month but < 12 months <input type="checkbox"/></p> <p>5. > 1 year and < 5 years <input type="checkbox"/></p> <p>6. 5+ years <input type="checkbox"/></p> <p>7. Don't know/can't remember <input type="checkbox"/></p> <p>H3 How many times have you been admitted to any hospital with this condition previously?</p> <p>(Single Response)</p> <p>1. Specify Text or numeric? <input type="text"/></p> <p>2. Don't know/can't remember <input type="checkbox"/></p> <p>3. None <input type="checkbox"/></p> <p>H4 Do you have any other current major medical conditions?</p> <p>(Single Response)</p> <p>1. Yes <input type="checkbox"/></p> <p>2. No <input type="checkbox"/></p> <p>Go to 11</p>

附件 14 南澳大利亞住院滿意度問卷-續

<p>H5 What is (are) it (they)? (Interviewer note: Item 4, cancer includes all cancers e.g. leukemias, lymphomas, CML, etc.) (Multiple Response)</p> <ol style="list-style-type: none"> 1. Allergies (specify - to what?) <input type="checkbox"/> 2. Arthritis (osteo-, rheumatoid) <input type="checkbox"/> 3. Eye diseases e.g. cataract, glaucoma <input type="checkbox"/> 4. Cancer <input type="checkbox"/> 5. Diabetes <input type="checkbox"/> 6. Epilepsy <input type="checkbox"/> 7. Gastrointestinal conditions e.g. reflux, hernia, irritable bowel syndrome, diverticulitis, Crohn's disease <input type="checkbox"/> 8. Gout/ joint problems <input type="checkbox"/> 9. Genital conditions e.g. endometriosis, hysterectomy, prostate <input type="checkbox"/> 10. Hearing problem <input type="checkbox"/> 11. Heart attack/angina <input type="checkbox"/> 12. Kidney stones <input type="checkbox"/> 13. Parkinson's disease <input type="checkbox"/> 14. Respiratory e.g. asthma, chronic bronchitis or emphysema <input type="checkbox"/> 15. Skeletal problems/fracture / injury e.g. back, osteoporosis <input type="checkbox"/> 16. Skin diseases e.g. dermatitis <input type="checkbox"/> 17. Thyroid problem / underactive thyroid <input type="checkbox"/> 18. Other (specify) <input type="checkbox"/> 19. Not stated <input type="checkbox"/> 	<p>I DEMOGRAPHIC AND SOCIAL INDICATORS</p> <p>Now to finish off with some general questions.</p> <p>I1 What is your marital status? (Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Married <input type="checkbox"/> 2. Living with partner or in a de facto relationship <input type="checkbox"/> 3. Separated <input type="checkbox"/> 4. Divorced <input type="checkbox"/> 5. Widowed <input type="checkbox"/> 6. Never Married <input type="checkbox"/> 7. Not stated <input type="checkbox"/> <p>I2 Do you have Private Health Insurance with any of the following companies? (Read options, multiple response)</p> <ol style="list-style-type: none"> 1. Mutual Community <input type="checkbox"/> 2. SGC <input type="checkbox"/> 3. Medibank Private <input type="checkbox"/> 4. Health Partners <input type="checkbox"/> 5. Other (specify) <input type="checkbox"/> 6. Repeat Gold Card <input type="checkbox"/> 7. Don't know <input type="checkbox"/> 8. No insurance <input type="checkbox"/> <p>I3 What type of cover do you have? Is it ... (Read options, single response)</p> <ol style="list-style-type: none"> 1. Extras cover only <input type="checkbox"/> 2. Hospital cover only <input type="checkbox"/> 3. Hospital and extras cover <input type="checkbox"/> 4. Don't know <input type="checkbox"/> <p>I4 Do you identify as being of Aboriginal or Torres Strait Islander origin? (Single Response)</p> <ol style="list-style-type: none"> 1. No <input type="checkbox"/> 2. Aboriginal <input type="checkbox"/> 3. Torres Strait Islander <input type="checkbox"/> 4. Both <input type="checkbox"/> 5. Not stated <input type="checkbox"/>
<p>I5 What is your country of birth? (Single Response)</p> <ol style="list-style-type: none"> 1. Australia <input type="checkbox"/> 2. Austria <input type="checkbox"/> 3. Bosnia Herzegovina <input type="checkbox"/> 4. Canada <input type="checkbox"/> 5. China <input type="checkbox"/> 6. Croatia <input type="checkbox"/> 7. France <input type="checkbox"/> 8. Germany <input type="checkbox"/> 9. Greece <input type="checkbox"/> 10. Holland / Netherlands <input type="checkbox"/> 11. Hong Kong <input type="checkbox"/> 12. Iran <input type="checkbox"/> 13. Italy <input type="checkbox"/> 14. Japan <input type="checkbox"/> 15. Malaysia <input type="checkbox"/> 16. New Zealand <input type="checkbox"/> 17. Philippines <input type="checkbox"/> 18. Poland <input type="checkbox"/> 19. Slovenia <input type="checkbox"/> 20. Spain <input type="checkbox"/> 21. UK and Ireland <input type="checkbox"/> 22. USA <input type="checkbox"/> 23. Vietnam <input type="checkbox"/> 24. Former Yugoslav Republic of Macedonia <input type="checkbox"/> 25. Former Yugoslav Republics of Serbia & Montenegro <input type="checkbox"/> 26. Other country (specify) <input type="checkbox"/> <p>I6 What year did you arrive in Australia? (Single Response)</p> <ol style="list-style-type: none"> 1. Enter year <input type="text"/> 2. Don't know <input type="checkbox"/> <p>I7 What is the main language you speak at home? (Single Response)</p> <ol style="list-style-type: none"> 1. English <input type="checkbox"/> 2. Aboriginal/Torres Strait Islander languages <input type="checkbox"/> 3. Cambodian <input type="checkbox"/> 4. Cantonese <input type="checkbox"/> 5. Chinese <input type="checkbox"/> 6. Croatian <input type="checkbox"/> 7. Dutch <input type="checkbox"/> 8. Filipino <input type="checkbox"/> 9. German <input type="checkbox"/> 10. Greek <input type="checkbox"/> 	<p>I11 Italian <input type="checkbox"/></p> <p>I12 Polish <input type="checkbox"/></p> <p>I13 Serbian <input type="checkbox"/></p> <p>I14 Vietnamese <input type="checkbox"/></p> <p>I15 Other (specify) <input type="checkbox"/></p> <p>I8 What is the highest level of education you have completed? (Single Response. Interviewer note: Prompt if necessary)</p> <ol style="list-style-type: none"> 1. Never attended school <input type="checkbox"/> 2. Some Primary school <input type="checkbox"/> 3. Completed Primary School <input type="checkbox"/> 4. Some High School <input type="checkbox"/> 5. Completed High School (i.e. Year 12, Form 6, HSC) <input type="checkbox"/> 6. TAFE or Trade Certificate or Diploma <input type="checkbox"/> 7. University, CAE or some other Tertiary Institute degree <input type="checkbox"/> 8. Other (specify) <input type="checkbox"/> <p>I9 Can you tell me the approximate annual gross income of your household? That is, for all people in the household before tax is taken out. If I read out some categories and could you please tell me into which one your household's income falls? (Read Options, Single Response)</p> <ol style="list-style-type: none"> 1. Up to \$12,000 <input type="checkbox"/> 2. \$12,001 - \$20,000 <input type="checkbox"/> 3. \$20,001 - \$40,000 <input type="checkbox"/> 4. \$40,001 - \$60,000 <input type="checkbox"/> 5. \$60,001 - \$80,000 <input type="checkbox"/> 6. More than \$80,000 <input type="checkbox"/> 7. Not stated/refused <input type="checkbox"/> 8. Don't know <input type="checkbox"/>

附件 14 南澳大利亞住院滿意度問卷-續

<p>110 Can you tell me which of the following living arrangements describes your household? Do you..</p> <p>(Read Options, Single Response)</p> <p>1. Live alone []</p> <p>2. Live with partner []</p> <p>3. Live with children []</p> <p>4. Live with partner & children []</p> <p>5. Live with parent(s) []</p> <p>6. Live with parent(s) and siblings []</p> <p>7. Live with other unrelated adults []</p> <p>8. Live with other related adults []</p> <p>9. Other []</p> <p>111 What kind of work have you done for most of your life?</p> <p>(Single Response)</p> <p>1. Specify _____</p> <p>112 Finally, were there any other issues about your hospital stay that you really want to tell us about?</p> <p>(Single Response)</p> <p>1. Issues satisfied with (specify) _____ []</p> <p>2. Issues dissatisfied with (specify) _____ []</p> <p>3. Unsure/ Don't Know []</p> <p>4. No []</p> <p>113 Would you recommend the hospital to a relative or friend?</p> <p>(Single Response)</p> <p>1. Yes []</p> <p>2. No []</p> <p>3. Unsure/ Don't Know []</p> <p>Date of interview _____</p> <p>Day of week interview undertaken _____</p> <p>Time of day interview undertaken _____</p>	<p>That concludes the survey. Would you mind receiving a call back later by a supervisor to check this interview?</p> <p>On behalf of the Department of Human Services I would like to thank you very much for taking part in the survey. Thank you for your time.</p>
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Hospital

Ward Code Number

Instructions for completing this survey

Before answering the questionnaire please read the following points

- Please **TICK** ✓/✗ the box that best represents your **OVERALL** feelings. If you have something extra you would like to tell us, there is space at the end of the survey or you may attach a separate sheet of paper.

- Please tick **✓** **ONE BOX ONLY** unless the question allows multiple responses. If you tick more than one box there is a risk that your answer may not be used.
- It is **YOUR OPINION** that is important. There are no "right" or "wrong" answers.
- If you did not receive the service the survey asks about, or if you have no opinion, please tick the "Doesn't apply" box.
- If you would like to discuss anything in more detail please phone or write a note to the Quality Coordinator identified in the attached letter.

■ Your answers are important. They help the hospital to improve its services to patients. Please REMEMBER THE SURVEY IS COMPLETELY CONFIDENTIAL. No information that will identify you will be given to anyone at the hospital.

WHEN YOU HAVE FINISHED

Put the completed survey in the "Reply Paid" envelope and put it in the mail. You do not have to use a stamp. If you have lost the "Reply Paid" envelope, just send the questionnaire in an unstamped envelope to the following address:

Hospitals and Ambulance Services
Divisional Support Unit
Reply Paid 125
HOBART TAS 7001

INCLUDING YOUR NAME ON THIS FORM IS OPTIONAL

PLEASE NOTE: This questionnaire should be completed by the patient. If YOU are assisting the patient to complete this questionnaire:






What is your relationship to the patient?

REMEMBER it is important that the answers to the following questions are the **PATIENT'S OPINION**

For each question please tick "✓" one box only that best answers the question.
If you wish to make further comments please use the last page.

1. Are you: Male ☐ Female ☐
2. Your age group: 18-25 ☐ 26-38 ☐ 40-64 ☐ 65-75 ☐ 76+ ☐
3. How long were you in hospital? 1 night or less ☐ 2-4 nights ☐ 5-10 nights ☐ More than 10 nights ☐
4. What is your residential post code?

YOUR ADMISSION TO HOSPITAL

5. Was your admission to hospital:
- (a) planned (with at least 24 hours notice) ☐  Please go to Question 6
(b) unplanned, a hospital transfer or emergency (less than 24 hours notice) ☐  Please go to Question 7
(c) don't know ☐  Please go to Question 7
6. If you were admitted for elective surgery, did you attend a pre-admission clinic (ie a check prior to surgery) [This does not include any visit to a Specialist Clinic] ☐  ☐ 

....if YES, how long did you have to wait?

How would you rate the following :

- How would you rate the following :**
- | | Very Good | Good | Fair | Poor | Very Poor | Doesn't Apply |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (a) the usefulness of the clinic..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| (b) the information provided to you at the clinic..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| (c) the amount of time you spent waiting at the pre-admission clinic?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
- 7. Concerning your actual admission to hospital please rate the following:**
- | | Very Good | Good | Fair | Poor | Very Poor | Doesn't Apply |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (a) ease of being admitted, including the amount of time it took..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| (b) the attention of admitting staff to your special needs and concerns..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

附件 15 塔斯馬尼亞住院滿意度問卷-續

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<p>8. In your OPINION, how would you rate the following?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 5%;">Very Good</th> <th style="width: 5%;">Good</th> <th style="width: 5%;">Fair</th> <th style="width: 5%;">Poor</th> <th style="width: 5%;">Very Poor</th> <th style="width: 5%;">Doesn't Apply</th> </tr> </thead> <tbody> <tr> <td>(a) attention to detail demonstrated by your nurses (things such as dressings, injections, medications).....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(b) the assistance of nurses to meet your personal needs (e.g. eating, personal hygiene, toilet).....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(c) attention to detail demonstrated by doctors (diagnosing problems, examining you carefully, treating your condition).....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(d) the availability of doctors when you needed them.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(e) teamwork between all health professionals involved in your treatment.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(f) the skills of other staff (ward clerks, medical orderlies, kitchen staff, cleaners).....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>9. If you had ALLIED HEALTH SERVICE, in your opinion, how would you rate the care given by your:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 5%;">Very Good</th> <th style="width: 5%;">Good</th> <th style="width: 5%;">Fair</th> <th style="width: 5%;">Poor</th> <th style="width: 5%;">Very Poor</th> <th style="width: 5%;">Doesn't Apply</th> </tr> </thead> <tbody> <tr> <td>(a) Physiotherapist.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(b) Occupational Therapist.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(c) Pharmacist.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(d) Dietician.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(e) Other <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <small>IF OTHER, such as dietician, social workers, speech pathologist, podiatrist, chaplain, please specify.....</small> </div> </td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>10. How well did your doctor or nurse explain the following?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 5%;">Very Well</th> <th style="width: 5%;">Well</th> <th style="width: 5%;">Enough</th> <th style="width: 5%;">Poorly</th> <th style="width: 5%;">Very Poorly</th> <th style="width: 5%;">Doesn't Apply</th> </tr> </thead> <tbody> <tr> <td>(a) benefits and risks of procedures and treatment.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(b) the amount of pain or discomfort to expect.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(c) purpose of any medicines.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(d) the reasons for tests.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(e) the results of tests and what they meant.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(f) the results of procedures and treatments.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p style="text-align: right; font-size: small;">Page 3</p>																Very Good	Good	Fair	Poor	Very Poor	Doesn't Apply	(a) attention to detail demonstrated by your nurses (things such as dressings, injections, medications).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) the assistance of nurses to meet your personal needs (e.g. eating, personal hygiene, toilet).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) attention to detail demonstrated by doctors (diagnosing problems, examining you carefully, treating your condition).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) the availability of doctors when you needed them.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) teamwork between all health professionals involved in your treatment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) the skills of other staff (ward clerks, medical orderlies, kitchen staff, cleaners).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Very Good	Good	Fair	Poor	Very Poor	Doesn't Apply	(a) Physiotherapist.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Occupational Therapist.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Pharmacist.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Dietician.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) Other <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <small>IF OTHER, such as dietician, social workers, speech pathologist, podiatrist, chaplain, please specify.....</small> </div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Very Well	Well	Enough	Poorly	Very Poorly	Doesn't Apply	(a) benefits and risks of procedures and treatment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) the amount of pain or discomfort to expect.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) purpose of any medicines.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) the reasons for tests.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) the results of tests and what they meant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) the results of procedures and treatments.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>11a. On the whole, how would you rate the kindness shown to you by hospital staff?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 5%;">Very Good</th> <th style="width: 5%;">Good</th> <th style="width: 5%;">Fair</th> <th style="width: 5%;">Poor</th> <th style="width: 5%;">Very Poor</th> <th style="width: 5%;">Doesn't Apply</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>11b. Were there occasions when you could have been treated with more sensitivity and kindness?</p> <p style="text-align: center;">..... if YES, by whom:</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%;">Nurses</td> <td style="width: 5%;">Doctors</td> <td style="width: 5%;">Housekeeping Staff</td> <td style="width: 5%;">Allied Health Staff</td> <td style="width: 5%;">Others</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p style="text-align: center;">Tick one or more boxes</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <small>IF OTHER please specify.....</small> </div> <p style="text-align: right;">Go to Question 12</p> <p>12a. On the whole, how would you rate the professional attitude of hospital staff?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 5%;">Very Good</th> <th style="width: 5%;">Good</th> <th style="width: 5%;">Fair</th> <th style="width: 5%;">Poor</th> <th style="width: 5%;">Very Poor</th> <th style="width: 5%;">Doesn't Apply</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>12b. Were there occasions when you could have been treated with more respect?</p> <p style="text-align: center;">..... if YES, by whom:</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%;">Nurses</td> <td style="width: 5%;">Doctors</td> <td style="width: 5%;">Housekeeping Staff</td> <td style="width: 5%;">Allied Health Staff</td> <td style="width: 5%;">Other</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p style="text-align: center;">Tick one or more boxes</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <small>IF OTHER please specify.....</small> </div> <p style="text-align: right;">Go to Question 13</p> <p>13. How much were you involved in decisions about your care and treatment?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 10%;">Too much</th> <th style="width: 10%;">A lot</th> <th style="width: 10%;">Enough</th> <th style="width: 10%;">A little</th> <th style="width: 10%;">Not at all</th> <th style="width: 10%;">Doesn't Apply</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: right; font-size: small;">Page 4</p>																Very Good	Good	Fair	Poor	Very Poor	Doesn't Apply	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6							Nurses	Doctors	Housekeeping Staff	Allied Health Staff	Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Very Good	Good	Fair	Poor	Very Poor	Doesn't Apply	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6							Nurses	Doctors	Housekeeping Staff	Allied Health Staff	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Too much	A lot	Enough	A little	Not at all	Doesn't Apply	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6						
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附件 15 塔斯馬尼亞住院滿意度問卷-續

<p>14a. Were you encouraged to ask questions about your condition and treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14b. When you questioned the nurse, how well did you understand the answers? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Enough <input type="checkbox"/> Poorly <input type="checkbox"/> Very Poorly <input type="checkbox"/> Doesn't Apply</p> <p>14c. When you questioned the doctor, how well did you understand the answers? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6</p> <p>15. How did you rate the following parts of your stay?</p> <table style="width: 100%;"> <tr> <td>(a) privacy (eg curtains drawn, health professionals speaking quietly about your condition).....</td> <td><input type="checkbox"/> Very Good</td> <td><input type="checkbox"/> Good</td> <td><input type="checkbox"/> Fair</td> <td><input type="checkbox"/> Poor</td> <td><input type="checkbox"/> Very Poor</td> <td><input type="checkbox"/> Doesn't Apply</td> </tr> <tr> <td>(b) consideration shown to your family and friends (eg visiting hours, staff friendliness and facilities)...</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 6</td> </tr> <tr> <td>(c) information given to family or friends about your condition, progress and needs (with your consent).....</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 6</td> </tr> <tr> <td>(d) condition of your room (eg cleanliness, comfort, room temperature, provisions).....</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 6</td> </tr> <tr> <td>(e) quality of food (eg presentation, taste, temperature, serving and variety).....</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 6</td> </tr> </table> <p>16. Were you aware of the process by which to make a complaint or give a compliment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16a. Did you need to complain to a staff member on your ward? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If YES, how would you rate the way the complaint was handled?</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Very Good</td> <td><input type="checkbox"/> Good</td> <td><input type="checkbox"/> Fair</td> <td><input type="checkbox"/> Poor</td> <td><input type="checkbox"/> Very Poor</td> <td><input type="checkbox"/> Doesn't Apply</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 6</td> </tr> </table> <p style="text-align: center;">YOUR DISCHARGE FROM HOSPITAL</p> <p>17. When you were discharged from hospital how did you rate the following?</p> <table style="width: 100%;"> <tr> <td>(a) the amount of time given to plan when you were going home.....</td> <td><input type="checkbox"/> Very Good</td> <td><input type="checkbox"/> Good</td> <td><input type="checkbox"/> Fair</td> <td><input type="checkbox"/> Poor</td> <td><input type="checkbox"/> Very Poor</td> <td><input type="checkbox"/> Doesn't Apply</td> </tr> <tr> <td>(b) the way in which your discharge from hospital was organised by staff</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 6</td> </tr> <tr> <td>(c) the time taken to get your medications</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 6</td> </tr> </table> <p style="text-align: right;">Page 5</p>	(a) privacy (eg curtains drawn, health professionals speaking quietly about your condition).....	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor	<input type="checkbox"/> Doesn't Apply	(b) consideration shown to your family and friends (eg visiting hours, staff friendliness and facilities)...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	(c) information given to family or friends about your condition, progress and needs (with your consent).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	(d) condition of your room (eg cleanliness, comfort, room temperature, provisions).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	(e) quality of food (eg presentation, taste, temperature, serving and variety).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor	<input type="checkbox"/> Doesn't Apply	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	(a) the amount of time given to plan when you were going home.....	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor	<input type="checkbox"/> Doesn't Apply	(b) the way in which your discharge from hospital was organised by staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	(c) the time taken to get your medications	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<p>18a. How did you rate information given to you about:</p> <table style="width: 100%;"> <tr> <td>(a) how to manage your condition when you got home.....</td> <td><input type="checkbox"/> Very Good</td> <td><input type="checkbox"/> Good</td> <td><input type="checkbox"/> Fair</td> <td><input type="checkbox"/> Poor</td> <td><input type="checkbox"/> Very Poor</td> <td><input type="checkbox"/> Doesn't Apply</td> </tr> <tr> <td>(b) what activities you should or should not do when you got home</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 6</td> </tr> <tr> <td>(c) danger signals to watch for about your illness, medication or operation.....</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 6</td> </tr> <tr> <td>(d) who to contact for follow-up care</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 6</td> </tr> </table> <p>18b. How much did this information help you manage your condition once you got home? <input type="checkbox"/> A Lot <input type="checkbox"/> Enough <input type="checkbox"/> A Little <input type="checkbox"/> Not at All <input type="checkbox"/> Doesn't Apply</p> <p>19. Have you been to your GP since you left hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">AND if YES, had your GP received any information (or a discharge summary) regarding your hospital stay? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>20. Did you need any of the following after your hospital stay? No Yes</p> <table style="width: 100%;"> <tr> <td>(a) nursing help in the home.....</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 6</td> </tr> <tr> <td>(b) community help (eg. house-cleaning, support group).....</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 6</td> </tr> <tr> <td>(c) special equipment (eg. wheelchair, shower seat).....</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 6</td> </tr> <tr> <td>(d) a follow-up appointment</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 6</td> </tr> <tr> <td>(e) other help (Please Describe.....)</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 6</td> </tr> </table> <p style="text-align: center;">AND if YES, was it arranged BEFORE you left hospital? 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OVERALL

21. How much do you think you were actually helped by your stay in hospital?.....

A lot 1	A Little 2	No change 3	Made Worse 4	Doesn't Apply 5
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22. Thinking about all parts of your hospital stay, how would you rate your overall care?.....

Very Good 1	Good 2	Fair 3	Poor 4	Very Poor 5	Doesn't Apply 6
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23. Were you made aware of your consumer/patient rights and responsibilities while in hospital?

Yes ☐ 1 No ☐ 2 Don't know ☐ 3

..... AND if YES, did you understand the information given to you on your rights and responsibilities?

Yes ☐ 1 No ☐ 2 Don't know ☐ 3

24. Did anything, good or bad, happen during your stay in hospital about which you would like to comment?

25. In your opinion, is there anything the hospital could do better?

PLEASE USE THIS SPACE FOR ANY ADDITIONAL COMMENTS ...

THANK YOU

for taking the time to answer these questions.
Please return in the REPLY PAID ADDRESSED envelope provided,
or, if you have lost the "Reply Paid envelope, send the questionnaire
in an unstamped envelope to the following address:

Hospitals and Ambulance Service
Divisional Support Unit
Reply Paid 125
HOBART TAS 7001

AND FINALLY:

If you would like to take the opportunity to participate in a FOCUS GROUP (a group to discuss your area of care) in the upcoming months please contact the hospital staff member listed in the attached letter and leave your name and address.

If you would just like to talk to someone about the care you received during your stay in hospital, please phone or write a letter to the hospital staff member listed in the attached letter.

If you have access to the Internet, details about ongoing consumer forums can be found at the following web address: <http://www.interact.ohhs.tas.gov.au/consultations/details.php?376=68>

You are welcome to participate.

附件 16 昆士蘭州急診滿意度問卷

Appendix I Questionnaire

Bold response options were read out

Underlined words were emphasised

Introduction

Hello, this is ... calling from the Queensland Government Statistician's Office. We are conducting an interview about perceptions of public hospitals on behalf of the Department of Health.

We are interviewing people (the parents of children under 16 years) who were patients at public hospital emergency departments recently about their perceptions of the care they received.

You may remember receiving a letter to tell you we would call you regarding your experiences while you were at the emergency department at {Facility_name} on {arrival_date}.

(You may remember receiving a letter saying we would call regarding the visit of (child) to the emergency department at {Facility_name} on {arrival_date}.)

The information you provide will help the Department of Health improve public hospital services. The interview will only take around 12 minutes of your time. Your responses are strictly confidential and no identifying information can be released to Queensland Health or any other body unless authorised or required by law. The information is being collected by the Queensland Government Statistician's Office and is protected by the *Statistical Returns Act 1896*. Your responses will be combined with those of other participants to compile aggregate information.

(Before we begin, can I just check whether you were the parent or responsible adult who spent most time with child during his/her time in the hospital?)

Can we start now?

Interview

GH1 Before we begin, I'd like to ask...
In general, would you say your (child's) health is - ?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 98 Don't know
- 99 Refused

Q1 was only asked of adult patients

Q1 And, can I just check that you were conscious for all or most of your time in the emergency department?

- 1 Yes
- 2 Yes – conscious but can't remember details
- 3 No
- 98 Don't know
- 99 Refused

If Q1 = 1 go to Q3Int

Otherwise End survey – code ineligible

Q3Int Some calls are monitored by my supervisor for training and quality purposes.

附件 16 昆士蘭州急診滿意度問卷-續

Q3 At the end of your (their) time in the emergency department were you (was child) - ?

- 1 Admitted to a ward in the same hospital
- 2 Transferred to a different hospital
- 3 Did you go home
- 4 Go to stay with a friend or relative
- 5 Other (please specify)
- 98 Don't know
- 99 Refused

If Q3 = 1 or 2 go to Text1

Otherwise go to Text2

Text1 The Department of Health undertakes a range of patient experience surveys. This survey focuses on the care of patients in the emergency department.
The majority of questions will be about just your (child's) stay while in the emergency department. However, I will provide an opportunity for you at the end of the survey, to give your feedback on the care you (child) received in the ward or other hospital.

Text2 Now I'd like to ask you about your overall impressions of your visit to the emergency department.

QS3 Overall, how would you rate the care you (child) received in the emergency department? Would you say it was - ?

- 1 Very good
- 2 Good
- 3 Adequate
- 4 Poor
- 5 Very poor
- 98 Don't know
- 99 Refused

QS2 Overall, did you feel you were (child was) treated with respect and dignity while you were (he/she was) in the emergency department? The options are –

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 98 Don't know
- 99 Refused

QS7 Overall, were you (was child) treated with kindness and understanding while you were (he/she was) in the emergency department? Would you say - ?

- 1 Yes, all of the time
- 2 Yes, some of the time
- 3 No
- 98 Don't know
- 99 Refused

QS5 Was the main reason that you went (you took child) to the emergency department because - ?

(Read out. One answer only.)

- 1 You were told to go by the 13HEALTH hotline service
- 2 You were told to go by another health professional
- 3 You were (child was) taken to the emergency department by the ambulance
- 4 It was free
- 5 Your (his/her) doctor was not available
- 6 You were not aware of any other service available at the time
- 7 You wanted a second opinion
- 8 You decided that you (child) needed to go to an emergency department
- 9 Somebody else decided that you (child) needed to go to an emergency department
- 10 Or some other reason
- 98 Don't know
- 99 Refused

附件 16 昆士蘭州急診滿意度問卷-續

Q9a The triage process is where a nurse assesses the patient's condition and prioritises them according to how urgent they are.

Do you remember taking part in the triage process?

- 1 Yes
- 2 No
- 3 I did not discuss my (child's) condition with a triage nurse
- 98 Don't know
- 99 Refused

If Q9a = 1 go to Q9b

Otherwise go to Q10

Q9b Were you given enough privacy when discussing your (child's) condition with the triage nurse? Would you say - ?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not discuss my (child's) condition with a triage nurse
- 98 Don't know
- 99 Refused

Q10 How would you rate the courtesy of the emergency department receptionist? Would you say it was - ?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Very poor
- 7 I did not see a receptionist
- 98 Don't know
- 99 Refused

Q14Int Next are some questions about waiting while in the emergency department.

Q14 From the time you first arrived at the emergency department, how long did you (child) wait before being examined by a doctor or nurse?

(Read out only if necessary.)

- 1 Did not have to wait
- 2 Up to 10 minutes
- 3 11–30 minutes
- 4 31–60 minutes
- 5 61 minutes–2 hours
- 6 More than 2 hours–3 hours
- 7 More than 3 hours–4 hours
- 8 More than 4 hours
- 98 Don't know
- 99 Refused

If Q14 = 1 or 2 go to Q22

Otherwise go to Q15

Q15 Were you told how long you (child) might have to wait to be examined?

- 1 Yes
- 2 Information shown on a (TV) screen
- 3 No
- 98 Don't know
- 99 Refused

附件 16 昆士蘭州急診滿意度問卷-續

Q17 Were you told why you (child) had to wait to be examined?

- 1 Yes
- 2 Information shown on a (TV) screen
- 3 No
- 98 Don't know
- 99 Refused

Q22 At any point, did you ever feel worried that staff in the emergency department had forgotten about you (child)?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

Q25Int The next group of questions is about the doctors and nurses.

If Q3 = 1 or 2, say also... This still only relates to the doctors and nurses in the emergency department.

Q25 While you were in the emergency department, did a doctor or nurse explain your (child's) condition and treatment in a way you could understand? Would you say - ?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need an explanation
- 5 They could not diagnose my condition
- 98 Don't know
- 99 Refused

Q26 Did the doctors and nurses listen to what you had to say? Would you say - ?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 98 Don't know
- 99 Refused

Q27 Did you have any worries or fears about your (child's) condition or treatment?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

If Q27 = 1 go to Q28

Otherwise go to Q29

Q28 Did a healthcare professional discuss them with you? Would you say - ?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not attempt to discuss any worries/fears with a healthcare professional
- 98 Don't know
- 99 Refused

Q29 Did you have confidence and trust in the doctors and nurses examining and treating you (child)?

Would you say you had confidence and trust in - ?

- 1 All of them
- 2 Most of them
- 3 Only some of them
- 4 None of them
- 98 Don't know
- 99 Refused

附件 16 昆士蘭州急診滿意度問卷-續

Q31 Sometimes doctors and nurses might talk in front of a patient as if they weren't there. Did this happen to you? Would you say - ?

(If queried, this includes doctors in training speaking to doctors in charge.)

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 98 Don't know
- 99 Refused

Q33Int Now I have some questions about your (child's) care and treatment.

If Q3 = 1 or 2, say also... Again, this just relates to the emergency department.

Q33 While you were in the emergency department, how much information about your (child's) condition or treatment was given to you? Would you say - ?

- 1 Not enough
- 2 The right amount
- 3 Too much
- 4 I wasn't given any information about my (child's) condition or treatment
- 5 They could not diagnose my (child's) condition
- 98 Don't know
- 99 Refused

Q34 Did you ask questions about your (child's) care and treatment?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

If Q34 = 1 go to Q35

If Q34 = 2 go to Q36

Otherwise go to NAT3 for adult patients, or Q38 for child patients

Q35 Did you get answers that you could understand? Would you say - ?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 98 Don't know
- 99 Refused

Go to NAT3 for adult patients, or Q38 for child patients

Q36 Was this because you didn't have any questions, or for some other reason?

- 1 Did not have any questions
- 2 Too unwell to ask any questions
- 3 Did not have an opportunity to ask questions
- 4 There wasn't enough time to ask questions
- 5 Other reason (please specify)
- 98 Don't know
- 99 Refused

NAT3 was only asked of adult patients

NAT3 How much information about your condition or treatment was given to your family, carer or someone close to you? Would you say - ?

- 1 Not enough
- 2 The right amount
- 3 Too much
- 4 No family, carer or friends were involved
- 5 They didn't want or need information
- 6 I didn't want them to have any information
- 98 Don't know
- 99 Refused

附件 16 昆士蘭州急診滿意度問卷-續

Q38 Were you (was child) given enough privacy when being examined or treated?
Would you say - ?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 98 Don't know
- 99 Refused

Q39 If you (child) needed assistance, were you able to get a member of staff to help you within a reasonable timeframe? Would you say - ?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 Rarely
- 5 Never
- 6 A member of staff was with me all the time
- 7 I (child) did not need assistance
- 98 Don't know
- 99 Refused

Q40 Sometimes in a hospital, a member of staff may say one thing and another may say something quite different. Did this happen to you in the emergency department?
Would you say - ?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 98 Don't know
- 99 Refused

Q41 Were you involved as much as you wanted to be in decisions about your (child's) care and treatment? Would you say - ?

Response option 4 was only offered to adult patients

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I was not well enough to be involved in decisions about my care
- 98 Don't know
- 99 Refused

Q42 How many of the staff treating and assessing you (child) introduced themselves?
Was it - ?

- 1 All of them
- 2 Some of them
- 3 Very few of them
- 4 None of the staff introduced themselves
- 98 Don't know
- 99 Refused

Q43Int The next few questions are about tests you (child) may have had.

If Q3 = 1 or 2, say also... This is still just in relation to your (child's) care in the emergency department.

Q43 Did you (child) have any tests, such as x-rays, scans or blood tests, when you (he/she) visited the emergency department?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

If Q43 = 1 go to Q44

Otherwise go to Q47Int

附件 16 昆士蘭州急診滿意度問卷-續

Q44 Did a member of staff explain why you (child) needed these tests in a way you could understand? Would you say - ?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 98 Don't know
- 99 Refused

Q45 Before you left the emergency department, were you told the results of any of your (child's) tests?

- 1 Yes
- 2 No
- 3 Only given results in a sealed envelope for doctor
- 98 Don't know
- 99 Refused

*If Q45 = 1 go to Q46
Otherwise go to Q47Int*

Q46 Did a member of staff explain the results of the tests in a way you could understand? Would you say - ?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 98 Don't know
- 99 Refused

Q47Int Now I have a couple of questions about pain management.

If Q3 = 1 or 2, say also... Still only while you (child) were in the emergency department.

Q47 Were you (was child) ever in any pain while in the emergency department?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

*If Q47 = 1 go to Q50
Otherwise go to Q51Int*

Q50 Do you think the emergency department staff did everything they could to help manage your (child's) pain? Would you say - ?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 98 Don't know
- 99 Refused

Q51Int The next section is about the emergency department environment and facilities.

Q51 In your opinion, how clean was the emergency department? Was it - ?

- 1 Very clean
- 2 Fairly clean
- 3 Not very clean
- 4 Not at all clean
- 98 Don't know
- 99 Refused

附件 16 昆士蘭州急診滿意度問卷-續

Q52 How clean were the toilets that you used while in the emergency department? Were they - ?

- 1 Very clean
- 2 Fairly clean
- 3 Not very clean
- 4 Not at all clean
- 5 I did not use a toilet
- 98 Don't know
- 99 Refused

Q53 Were you able to get suitable food or drinks (for child) when you were in the emergency department? Would you say - ?

(‘Suitable’ means food or drink that you were able to consume.)

- 1 Yes
- 2 No
- 3 I (he/she) was told not to eat or drink
- 4 I did not know if I (he/she) was allowed to eat or drink
- 5 I (he/she) did not want anything to eat or drink
- 98 Don't know
- 99 Refused

Q54 While you were in the emergency department, did you feel bothered or threatened by other patients or visitors? Would you say - ?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 98 Don't know
- 99 Refused

If Q3 = 1 or 2 go to Q79c

Otherwise go to Q61Int

Q61Int Now some questions about leaving the emergency department.

Q61 Once your (child's) medical care was finished and you were (he/she was) ready to leave the emergency department, were you (was he/she) delayed for any of the following - ?

(Read out each option)

‘d’ was read out only to those who had tests (Q43)

		Yes	No	DK	Ref
a	Equipment or aids, such as crutches	1	2	98	99
b	Medications	1	2	98	99
c	Someone to discharge you (him/her), e.g. the doctor	1	2	98	99
d	Test results	1	2	98	99
e	Letter for your (his/her) doctor	1	2	98	99
f	An ambulance or hospital transport	1	2	98	99
h	Services after leaving hospital to be arranged, e.g. social services/follow up	1	2	98	99
i	Something else (please specify)	1	2	98	99

NAT4 Were you given enough information about how to manage your (child's) care at home? Would you say - ?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need this type of information
- 98 Don't know
- 99 Refused

附件 16 昆士蘭州急診滿意度問卷-續

Q64 Before you left the emergency department, were any new medications prescribed for you?

(‘New’ means medication the respondent (child) hasn’t had before.)

- 1 Yes
- 2 No
- 98 Don’t know
- 99 Refused

If Q64 = 1 go to Q65

Otherwise go to Q68

Q65 Did a member of staff explain to you how to take (how child should take) the new medications? Would you say - ?

(‘New’ means medication the respondent hasn’t had before.)

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need an explanation
- 98 Don’t know
- 99 Refused

Q66 Did a member of staff explain the purpose of the medications you were (child was) to take at home in a way you could understand? Would you say - ?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need an explanation
- 98 Don’t know
- 99 Refused

Q67 Did a member of staff tell you about medication side effects to watch for? Would you say - ?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need this type of information
- 98 Don’t know
- 99 Refused

Q68 Before you left the emergency department, were you given any written or printed information about your (child’s) condition or treatment? This may be a leaflet or brochure, but does not include a letter for your (child’s) doctor. The options are –

- 1 Yes
- 2 No
- 3 I did not need this type of information
- 98 Don’t know
- 99 Refused

Q69 Did a member of staff tell you when you (child) could resume your (his/her) usual activities, such as when to go back to work or drive a car (school or playgroup)? Would you say - ?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need this type of information
- 98 Don’t know
- 99 Refused

附件 16 昆士蘭州急診滿意度問卷-續

Q71 Did a member of staff tell you about what danger signs regarding your (child's) illness or treatment to watch for after you went home? Would you say - ?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need this type of information
- 98 Don't know
- 99 Refused

Q72 Did hospital staff tell you who to contact if you were worried about your (child's) condition or treatment after you left the emergency department?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

NAT5 Were adequate arrangements made by the hospital for any services you (child) needed? Would you say - ?

(‘Services’ includes things like rehabilitation or community nurses.)

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need any services
- 98 Don't know
- 99 Refused

Q79c Some patients might wish to give feedback such as compliments or complaints about the care they (their child) received. While in the emergency department were you told, or did you see a poster or brochure on how to do this?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

Q80Int As I mentioned earlier, the information we collect will help the Department of Health in improving emergency department services.

Q80 Was there anything particularly good about your (child's) visit to the emergency department that you haven't already mentioned?

- 1 Yes (please specify)
- 2 No
- 98 Don't know
- 99 Refused

Q81 Was there anything about the emergency department that could have been improved, that you haven't already told me about?

- 1 Yes (please specify)
- 2 No
- 98 Don't know
- 99 Refused

If Q3 = 1 go to Q82a

If Q3 = 2 go to Q82b

Otherwise go to Outro

附件 16 昆士蘭州急診滿意度問卷-續

Q82a Now, thinking about after you (child) left the emergency department and went to a Ward.

Was there anything about your (child's) time in the Ward that you think could have been improved?

(Allow more than one.)

- 1 Too noisy
- 2 Not enough staff
- 3 Sent home too soon
- 4 Signage/getting lost around hospital
- 5 Ward disorganised
- 6 Waiting time
- 7 Other (please specify)
- 8 No
- 9 Don't know
- 10 Refused
- 11 Communication
- 12 Food/meals
- 13 Dirty shower/toilet

Go to Outro

Q82b Now, thinking about after you (child) left {hospital name} and went to the other hospital.

Was there anything about your (child's) time in that other hospital that you think could have been improved?

(Allow more than one.)

- 1 Too noisy
- 2 Not enough staff
- 3 Sent home too soon
- 4 Signage/getting lost around hospital
- 5 Ward disorganised
- 6 Waiting time
- 7 Other (please specify)
- 8 No
- 9 Don't know
- 10 Refused
- 11 Communication
- 12 Food/meals
- 13 Dirty shower/toilet

Outro

Thanks. That concludes the survey.

Your responses are strictly confidential and no identifying information can be released to Queensland Health or any other body unless authorised or required by law. The information is being collected by the Queensland Government Statistician's Office and is protected by the *Statistical Returns Act 1896*. Your responses will be combined with those of other participants to compile aggregate information.

Thank you very much for your assistance.

附件 17 昆士蘭州產科滿意度問卷

Appendix G Questionnaire

Intro

Hello, this is ... calling from the Queensland Government Statistician's Office. We are conducting a survey on behalf of the Queensland Department of Health.

We are interviewing patients who have recently attended an outpatients clinic to ask about their perceptions of the care they received. You may remember receiving a letter to tell you we would call regarding your recent maternity clinic experiences.

The information you provide will help the Department of Health improve outpatient clinic services. The interview will only take around 12 minutes of your time.

Your responses are strictly confidential and no identifying information can be released to Queensland Health or any other body unless authorised or required by law. The information is being collected by the Queensland Government Statistician's Office and is protected by the Statistical Returns Act 1896. Your responses will be combined with those of other participants to compile aggregate information.

For male interviewers only – We also have female interviewers available if you would be more comfortable speaking to a female about your experiences.

Can we start now?

Some calls are monitored by my supervisor for training and quality purposes.

Q1 I'd just like to confirm that you have been to an appointment at <facility name>'s maternity clinic in the last few months?

- 1 Yes
- 2 No – visited a different hospital
- 3 No – not an outpatient at any clinic
- 4 No – received phone call or at home care or telehealth
- 98 Don't know
- 99 Refused to answer

If Q1 > 1 Interviewer prompt to check / End interview if still not 'Yes'

If Q1 = 2 then read 'The questions I'm asking are specifically about care delivered at <facility name>, so unfortunately I can't proceed with this interview. As you have been to a different hospital, you may receive a call from an interviewer in relation to that hospital. Thank you for your time.'

If Q1 = 3 then End interview

If Q1 > 3 then read 'Many of the questions are about the actual clinic and the physical environment, so unfortunately I won't be able to proceed with the interview. Thank you for your time.'

Else go to Q2

Q2 Has your baby been born yet?

- 1 Yes
- 2 No
- 3 Miscarriage / termination / stillbirth / baby died
- 99 Refused to answer

If Q2 = 3 apologise and End interview, code Out of Scope

If Q2 = 3 and respondent insists on completing the survey, code Q2 = 2

Else go to Q3

Q3 How many times have you visited this maternity clinic for this same pregnancy (and birth)?

(If Q2=1 show 'Int: This includes during the pregnancy and after the birth')

- 1 This was the only time
- 2 2 to 3 times
- 3 4 to 8 times
- 4 More than 8 times
- 98 Don't know
- 99 Refused to answer

附件 17 昆士蘭州產科滿意度問卷-續

Q4 Is/Was this your first pregnancy?

- 1 Yes, first pregnancy
- 2 No, second or more pregnancy
- 98 Don't know
- 99 Refused to answer

Q5 In general, would you say your health is...?

- 1 Very good
- 2 Good
- 3 Adequate
- 4 Poor
- 5 Very poor
- 98 Don't know
- 99 Refused to answer

Q6 Before your (first) appointment, did you know who to contact if you had any concerns about your and your baby's health?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

*If Q3 = 1 go to Q7
Else go to Read1*

Read1 For the rest of the questions, could you think about your experiences in general for all your visits to this maternity clinic, for this pregnancy?

Q7 Overall, how would you rate the care you received while in the maternity clinic? Would you say...?

- 1 Very good
- 2 Good
- 3 Adequate
- 4 Poor
- 5 Very poor
- 98 Don't know
- 99 Refused to answer

Q8 (How often) Were you able to get an appointment time that suited you? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 6 I didn't have an appointment
- 98 Don't know
- 99 Refused to answer

Q9 Were you given any printed information about your pregnancy or birth by the maternity clinic?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

*If Q9 = 1 go to Q11
Else if Q9 = 2 go to Q10
Else go to Q13*

Q10 Would you have liked to be given printed information about your pregnancy or birth by the maternity clinic?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

Go to Q13

Q11 Did you find this information useful?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

*If Q11 = 2 go to Q12
Else go to Q13*

Q12 Why wasn't the information useful to you?

If multiple reasons are given, choose the MAIN reason

- 1 It was not relevant
- 2 I couldn't understand it
- 3 I already knew it
- 4 Other (please specify)
- 98 Don't know
- 99 Refused to answer

Q13 Would you prefer to receive printed information or to access it digitally, for example on your phone, tablet device or computer?

- 1 Printed
- 2 Digital
- 3 Both printed and digital
- 4 No preference
- 98 Don't know
- 99 Refused to answer

附件 17 昆士蘭州產科滿意度問卷-續

Q14 Was the <facility name> your first choice of hospital for your maternity clinic appointment?

- 1 Yes
- 2 No
- 3 I didn't have a choice of hospitals
- 98 Don't know
- 99 Refused to answer
- If Q14 = 2 go to Q15*
- Else go to Q16*

Q15 Were you provided with other options, such as care via telehealth?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

Q16 Were you referred to this hospital from another hospital?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q16 > 1 go to Read2
Else go to Q17

Q17 Did the staff at the new hospital have your medical information from the previous hospital?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

Q18 Had you had any tests at the previous hospital?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q18 > 1 go to Read2
Else go to Q19

Q19 Did the staff at <facility name> maternity clinic have the results of those tests?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q19 = 2 go to Q20
Else go to Read2

Q20 Did you have to redo any tests?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

Read2 Next is a question about getting to <facility name>.

Q21 Before your (first) appointment at <facility name>'s maternity clinic, were you given information about how to get to <facility name>? Would you say...?

- 1 Yes, definitely
- 2 Yes, but it could be improved
- 3 No
- 4 I didn't need this type of information
- 98 Don't know
- 99 Refused to answer

Read3 Next are some questions about when you arrived at the <facility name> maternity clinic.

Q22 When you arrived at the maternity clinic, how would you rate the courtesy of the receptionist? Would you say...?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Very poor
- 7 I didn't deal with a receptionist
- 98 Don't know
- 99 Refused to answer

If Q22 = 7 go to Read4
Else go to Q23

Q23 In the reception area, could other patients overhear what you talked about with the receptionist?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

附件 17 昆士蘭州產科滿意度問卷-續

Q24 (On average,) How long after the stated appointment time did (the appointment / your appointments) start?

Int: read options 1–6 if necessary

- 1 Seen on time, or early
- 2 Waited up to 15 minutes
- 3 Waited 16–30 minutes
- 4 Waited 31–60 minutes
- 5 Waited more than 1 hour but no more than 2 hours
- 6 Waited more than 2 hours
- 7 I didn't have an appointment
- 98 Don't know
- 99 Refused to answer

If Q24 = 3 or Q24 = 4 or Q24 = 5 or Q24 = 6 go to Q25

Else go to Read5

Q25 (How often, when there was a delay,) Were you advised how long you would have to wait? (Would you say...)

If multiple appointments, read options 1–5

Int: this includes being told by a person, information displayed on a screen or board, or receiving a piece of paper with that information

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 98 Don't know
- 99 Refused to answer

If Q25 < 5 go to Q26

Else go to Q27

Q26 (In general,) Was your actual wait longer, shorter, or about the length you were advised?

- 1 Shorter
- 2 About as long as advised
- 3 Longer
- 98 Don't know
- 99 Refused to answer

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 98 Don't know
- 99 Refused to answer

Read5 Next are some questions about the maternity clinic environment at <facility name>.

Q28 Did you (ever) have any children with you at the maternity clinic?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q28 = 1 go to Q29

Else go to Q30

Q29 (How often) Were there things available to occupy them, for example books, toys, videos or play equipment? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 6 These weren't necessary
- 98 Don't know
- 99 Refused to answer

Q30 (In general,) How clean was the maternity clinic? Would you say...?

- 1 Very clean
- 2 Fairly clean
- 3 Not very clean
- 4 Not at all clean
- 98 Don't know
- 99 Refused to answer

附件 17 昆士蘭州產科滿意度問卷-續

Q31 (In general,) How clean were the toilets at the maternity clinic? Would you say...

- 1 Very clean
- 2 Fairly clean
- 3 Not very clean
- 4 Not at all clean
- 5 I did not use a toilet
- 98 Don't know
- 99 Refused to answer

Read6 Next are some questions about tests, such as scans or blood tests, and so on.

Q32 Whilst in <facility name> maternity clinic, did you (ever) have any tests such as scans or blood tests?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

*If Q32 = 1 go to Q33
Else go to Read7*

Q33 (How often,) Did a member of staff explain why you needed these tests in a way you could understand? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 6 I did not need an explanation
- 98 Don't know
- 99 Refused to answer

Q34 (How often) Did a member of staff tell you how you would find out the results of your tests? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 98 Don't know
- 99 Refused to answer

Q35 (How often) Did a member of staff explain the results of the tests in a way you could understand? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 6 I was told I would get the results at a later date
- 7 I was never told the results of the tests
- 8 I was told my results would go to the GP
- 98 Don't know
- 99 Refused to answer

Read7 Next are some questions about who you are having your care with.

Q36 (Are you having / Did you have) all your care with a midwife, or all your care with a doctor at the maternity clinic, or (are you having / did you have) shared care with a midwife and a doctor at the maternity clinic?

A doctor can be an intern, resident, registrar or consultant.

- 1 Midwife only
- 2 Doctor only
- 3 Both midwife and doctor
- 98 Don't know
- 99 Refused to answer

If Q36 = 1 and Q3 >1 go to Q37

Else if Q36 = 1 and Q2 = 1 and Q3 = 1 go to Q38

Else if Q36 = 1 go to Read9

Else if Q36 = 2 and Q3 >1 go to Q39

Else if Q36 = 2 and Q2 = 1 and Q3 = 1 go to Q40

Else if Q36 = 2 go to Read8

Else if Q36 = 3 and Q3 >1 go to Q37

Else if Q36 = 3 and Q2 = 1 and Q3 = 1 go to Q38

Else if Q36 = 3 go to Read8

Else go to Read 9

附件 17 昆士蘭州產科滿意度問卷-續

Q37 (Do / Did) you see the same midwife whenever you (go / went) to the maternity clinic? Would you say...

- 1 Always
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never
- 98 Don't know
- 99 Refused to answer

If (Q37 = 1 or Q37 = 2) and Q2 = 1 go to Q38

Else if Q36 = 3 go to Q39

Else go to Read9

Q38 Was (that midwife / the midwife you saw at your maternity clinic appointment) present when you gave birth?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q36 = 3 and Q3 = 1 go to Q40

Else if Q36 = 3 and Q3 > 1 go to Q39

Else go to Read9

Q39 (Do / Did) you see the same doctor whenever you (go / went) to the maternity clinic? Would you say...

- 1 Always
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never
- 98 Don't know
- 99 Refused to answer

If (Q39 = 1 or Q39 = 2) and Q2 = 1 go to Q40

Else go to Read8

Q40 Was (that doctor / the doctor you saw at your maternity clinic appointment) present when you gave birth?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

Read8 Next are some questions about doctors during (the appointment / your appointments).

(And then there will be some questions about midwives.)

Q41 (How often) Did you have enough time to discuss your and your baby's health with the doctor? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 6 I haven't seen a doctor
- 98 Don't know
- 99 Refused to answer

If Q41 = 6 go to Read9

Else go to Q42

Q42 (How often) Did the doctor seem to know enough about your medical history? (Would you say...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 98 Don't know
- 99 Refused to answer

Q43 (How often) Did the doctor explain the reasons for any examinations, treatments, referrals and so on, in a way that you could understand? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 6 I did not need an explanation
- 7 I did not need any treatment or action
- 98 Don't know
- 99 Refused to answer

Q44 (How often) Did the doctor listen to what you had to say? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 98 Don't know
- 99 Refused to answer

附件 17 昆士蘭州產科滿意度問卷-續

Q45 (How often) Did you feel comfortable to ask questions or discuss concerns with the doctor? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 98 Don't know
- 99 Refused to answer

Q46 If you had important questions to ask the doctor, (how often) did you get answers that you could understand? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 6 I did not have an opportunity to ask
- 7 I did not want to ask any important questions
- 98 Don't know
- 99 Refused to answer

Q47 (How often) Did you have confidence and trust in the doctor examining and treating you? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 98 Don't know
- 99 Refused to answer

Q48 Did you have worries or fears about your condition or treatment while in the maternity clinic?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q48 = 1 go to Q49

Else if Q36 = 3 go to Read9

Else go to Read11

Q49 (How often) Did the doctor discuss them with you? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 6 I did not attempt to discuss any worries/fears with the doctor
- 98 Don't know
- 99 Refused to answer

If Q49 = 1 or Q49 = 2 or Q49 = 3 go to Q50

Else if Q36 = 3 go to Read9

Else go to Read11

Q50 (How often) Did you feel supported after discussing your worries or fears with the doctor? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 6 I did not attempt to discuss any worries/fears with the doctor
- 98 Don't know
- 99 Refused to answer

If Q36 = 3 go to Read9

Else go to Read11

Read9 Next are some questions about midwives during (the appointment / your appointments).

Q51 (How often) Did you have enough time to discuss your and your baby's health with the midwife? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 6 I haven't seen a midwife
- 98 Don't know
- 99 Refused to answer

If Q51 = 6 go to Read11

Else go to Q52

附件 17 昆士蘭州產科滿意度問卷-續

Q52 (How often) Did the midwife explain the reasons for any examinations, treatments, referrals and so on, in a way that you could understand? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 6 I did not need an explanation
- 7 I did not need any treatment or action
- 98 Don't know
- 99 Refused to answer

Q53 (How often) Did the midwife listen to what you had to say? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 98 Don't know
- 99 Refused to answer

Q54 (How often) Did you feel comfortable to ask questions or discuss concerns with the midwife? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 98 Don't know
- 99 Refused to answer

Q55 If you had important questions to ask the midwife, (how often) did you get answers that you could understand? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 6 I did not have an opportunity to ask
- 7 I did not want to ask any important questions
- 98 Don't know
- 99 Refused to answer

Q56 (How often) Did you have confidence and trust in the midwife examining and treating you? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 98 Don't know
- 99 Refused to answer

If Q48 = 1 go to Read10

Else if Q48 > 1 go to Read 11

Else go to Q57

Q57 Did you have worries or fears about your condition or treatment while in the maternity clinic?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q57 = 1 go to Q58

Else go to Read11

附件 17 昆士蘭州產科滿意度問卷-續

Read10 You mentioned earlier that you had some worries or fears about your condition or treatment while in the maternity clinic.

Q58 (How often) Did the midwife discuss them with you? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 6 I did not attempt to discuss any worries/fears with the midwife
- 98 Don't know
- 99 Refused to answer

If Q58 > 3 go to Read11

Else go to Q59

Q59 (How often) Did you feel supported after discussing your worries or fears with the midwife? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 6 I did not attempt to discuss any worries/fears with the midwife
- 98 Don't know
- 99 Refused to answer

Read11 Next are some questions about your lifestyle.

Q60 Did a (midwife / doctor / midwife or doctor) at the maternity clinic ask if you smoked cigarettes?

Int: This means smoking during the pregnancy.

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q60 = 1 go to Q61

Else go to Q63

Q61 Did you respond 'Yes' or 'No'?

Int: This means how did you respond when asked if you smoked

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q61 = 1 go to Q62

Else go to Q63

Q62 Did the (midwife / doctor / midwife or doctor) support you to stop smoking by...?

Int: Read out options 1 and 2, and tick all that apply

- 1 Telling you about the Quitline
- 2 Providing you with information
- 3 Neither of these
- 98 Don't know
- 99 Refused to answer

Q63 Did a (midwife / doctor / midwife or doctor) at the maternity clinic ask if you drink alcohol?

Int: This means drinking alcohol during the pregnancy

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q63 = 1 go to Q64

Else go to Q67

Q64 Did you respond 'Yes' or 'No'?

Int: This means how did you respond when asked if you drank alcohol

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q64 = 1 go to Q65

Else go to Q67

附件 17 昆士蘭州產科滿意度問卷-續

Q65 Did the (midwife / doctor / midwife or doctor) support you to not drink alcohol by ...?

Int: Read out options 1 and 2, and tick all that apply

- 1 Telling you about a relevant service
- 2 Providing you with information
- 3 Neither of these
- 98 Don't know
- 99 Refused to answer

Q66 Did the (midwife / doctor / midwife or doctor) tell you that not drinking alcohol during pregnancy and breastfeeding is safest for you and your baby?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

Q67 (Did a / Has a) (midwife / doctor / midwife or doctor) at the maternity clinic (monitor / monitored) your weight during your pregnancy?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

Q68 Did the (midwife / doctor / midwife or doctor) express concern about your weight?

Int: this includes both underweight and overweight concerns

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

*If Q68 = 1 go to Q69
Else go to Q70*

Q69 Did the (midwife / doctor / midwife or doctor) support you to eat a healthy diet by ...?

Int: Read out options 1 and 2, and tick all that apply

- 1 Referring you to a dietitian
- 2 Providing you with information
- 3 Neither of these
- 98 Don't know
- 99 Refused to answer

Q70 Did the (midwife / doctor / midwife or doctor) at the maternity clinic discuss breastfeeding with you?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

Read12 Next are some questions about your appointment/s overall.

Q71 Have you been given enough information about your pregnancy and birth (to date) by the maternity clinic?

- 1 Yes
- 2 No
- 3 I have not needed this type of information
- 98 Don't know
- 99 Refused to answer

Q72 (How often) Were you given enough privacy when being examined or treated? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 98 Don't know
- 99 Refused to answer

Q73 (How often) Were you involved as much as you wanted to be in decisions about your care and treatment? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 98 Don't know
- 99 Refused to answer

附件 17 昆士蘭州產科滿意度問卷-續

Q74 (How often) Did the (midwife / doctor / midwife or doctor) and/or staff ask you what was important to you in managing your pregnancy and birth? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 98 Don't know
- 99 Refused to answer

Q75 Did a doctor or midwife discuss with you options for your pregnancy care and birthing? Would you say...?

Int: This could be things like: maternity shared care, or a water birth for example, or other options.

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 98 Don't know
- 99 Refused to answer

Q76 Were medical students or midwifery students (ever) present when you were being treated or examined?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q76 = 1 go to Q77

Else go to Read13

Q77 (How often) Were you asked for permission for these students to be present? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 98 Don't know
- 99 Refused to answer

Read13 Next are some questions about information provided to you.

Q78 As far as you know, (how often) was your GP given all the necessary information about the advice or treatment that you received at your appointment? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 6 I don't have a GP
- 98 Don't know
- 99 Refused to answer

Q79 Before you left the clinic, (how often) did a staff member discuss with you what would happen next, for example whether you needed another maternity clinic appointment, to see your GP etc.? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 98 Don't know
- 99 Refused to answer

Q80 Did maternity clinic staff tell you who to contact if you were worried after you left the maternity clinic?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

Q81 Did you phone <facility name> because you had concerns about yourself or your baby?

Int: This means during this pregnancy (or since the birth)

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q81 > 1 go to Read14

Else go to Q82

附件 17 昆士蘭州產科滿意度問卷-續

Q82 How long did it take until you were put through to the right person? Would you say it took ...

- 1 Not more than a couple of minutes
- 2 3 or 4 minutes
- 3 5 to 10 minutes
- 4 More than 10 minutes
- 5 Never got through to the right person
- 6 Other (please specify)
- 98 Don't know
- 99 Refused to answer

*If Q82 = 5 go to Read14
Else go to Q83*

Q83 How many different people did you speak with before you got through to the right person?

Int: If R can't remember exactly, ask for her best guess

- 1 The right person answered the phone
- 2 (please specify) numeric
- 98 Don't know
- 99 Refused to answer

Q84 When you spoke with the right person, did you find their advice helpful? Would you say ...

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 98 Don't know
- 99 Refused to answer

*If Q84 = 2 or Q84 = 3 go to Q85
Else go to Read14*

Q85 Why wasn't the advice (entirely) helpful?

- 1 Told to go to Emergency Department
- 2 Told to go to maternity clinic
- 3 Told to go to GP / own doctor
- 4 Other (please specify)
- 98 Don't know
- 99 Refused to answer

Read14 Next are some questions about your overall impressions.

Q86 (How often) Did you feel you were treated with respect and dignity while you were in the maternity clinic? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 98 Don't know
- 99 Refused to answer

Q87 Now, thinking about emotional changes you may have experienced during your pregnancy (birthing, parenting,) and life changes ...

Did you feel that your emotional health was supported by staff at the maternity clinic? Would you say ...

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 98 Don't know
- 99 Refused to answer

Q88 (How often) Were your cultural needs respected by the staff of the maternity clinic, or did you not have particular cultural needs during your clinic (visit? / visits?) (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 6 I did not have particular cultural needs during the clinic visit/s
- 98 Don't know
- 99 Refused to answer

附件 17 昆士蘭州產科滿意度問卷-續

- Q89** Some patients might wish to give feedback such as compliments or complaints about the care they received. While at the maternity clinic were you told, or did you see a poster or brochure on how to do this?
- 1 Yes
2 No
98 Don't know / Can't remember
99 Refused to answer
- Read15** As I mentioned earlier, the information we collect will help the Department of Health in improving services.
- Q90** Was there anything particularly good about your visit/s to the maternity clinic that hasn't already been covered?
- 1 Yes (please specify)
2 No
98 Don't know
99 Refused to answer
- Q91** Was there anything about the maternity clinic that could have been improved that hasn't already been covered?
- 1 Yes (please specify)
2 No
98 Don't know
99 Refused to answer
- If <indig_status> = 9 (Indigenous status not known) go to Q92*
Else if <indig_status> = 1 (Aboriginal) or <indig_status> = 2 (Torres Strait Islander) or <indig_status> = 3 (both Aboriginal and Torres Strait Islander) go to Q94
Else if <indig_status> = 4 (non-Indigenous) and <askAge> = 1 (age not known) go to Q98
Else go to Closing
- Q92** Are you of Aboriginal or Torres Strait Islander origin?
- 1 Yes
2 No
98 Don't know
99 Refused to answer
- If Q92 = 1 go to Q93*
Else if Q92 > 1 and <askAge> = 1 (age not known) go to Q98
Else go to Closing
- Q93** Are you of Aboriginal origin, Torres Strait Islander origin or both?
- 1 Aboriginal
2 Torres Strait Islander
3 Both Aboriginal and Torres Strait Islander
98 Don't know
99 Refused to answer
- Q94** Some mothers might want to have cultural practices like boiling tea grass or eucalyptus leaves, having a smoking ceremony, full immersion in water, taking the placenta home, or other things.
- Did your (midwife / doctor / midwife or doctor) check if you required or wanted any specific cultural practices to be included in your birthing plan?
- 1 Yes
2 No
98 Don't know
99 Refused to answer
- Q95** Did the maternity clinic have any culturally appropriate resources, such as posters and pamphlets available?
- 1 Yes
2 No
98 Don't know
99 Refused to answer
- Q96** Were you offered support from an Aboriginal or Torres Strait Islander health worker or hospital liaison officer? Would you say...?
- 1 Yes
2 No, but I would have liked to be asked
3 No, but I didn't want or need to see one
98 Don't know
99 Refused to answer
- Q97** Would you recommend the <facility name> maternity clinic to your Aboriginal and Torres Strait Islander family and friends? Would you say...?
- 1 Yes, definitely
2 Yes, probably
3 No
4 There is no choice
98 Don't know
99 Refused to answer
- If <askAge> = 1 (age not known) go to Q98*
Else go to Closing

附件 17 昆士蘭州產科滿意度問卷-續

Q98 We don't appear to have your date of birth in our records. Would you mind providing your date of birth?

1 Gives date of birth (please specify)

99 Refused to answer

If Q98 = 99 go to Q99

Else go to Closing

Q99 Would you mind giving your age in years?

1 Gives age in years (please specify)

99 Refused to answer

Closing

Thanks. That concludes the survey.

Your responses are strictly confidential and no identifying information can be released to Queensland Health or any other body unless authorised or required by law. The information is being collected by the Queensland Government Statistician's Office and is protected by the Statistical Returns Act 1896. Your responses will be combined with those of other participants to compile aggregate information.

Thank you very much for your assistance.

附件 18 美國門診及門診手術問卷(未納入之題目)

題組	題目
COMMUNICATIONS ABOUT YOUR PROCEDURE (討論關於您的手術)	1. Did the doctors and nurses explain your procedure in a way that was easy to understand? 醫生和護士是否以易於理解的方式解釋了您的手術過程？
	2. Anesthesia is something that would make you feel sleepy or go to sleep during your procedure. Were you given anesthesia? 麻醉會使您在手術過程中感到困倦或入睡。 你有接受麻醉嗎？
	3. Did your doctor or anyone from the facility explain the process of giving anesthesia in a way that was easy to understand? 您的醫生或使用醫療設備的任何人員是否以易於理解的方式解釋了麻醉的過程？
	4. Did your doctor or anyone from the facility explain the possible side effects of the anesthesia in a way that was easy to understand? 您的醫生或使用醫療設備的任何人員是否以易於理解的方式解釋了麻醉的可能副作用？
	5. Discharge instructions include things like symptoms you should watch for after your procedure, instructions about medicines, and home care. Before you left the facility, did you get written discharge instructions? 出院說明包括您在手術後應注意的症狀，有關藥物說明以及家庭護理。在您離開醫療院所之前，您是否收到書面的出院說明？
YOUR RECOVERY (您的康復情況)	6. Did your doctor or anyone from the facility prepare you for what to expect during your recovery? 您的醫生或使用醫療設備的任何人員是否為您做好康復準備？
	7. Some ways to control pain include prescription medicine, over-the-counter pain relievers or ice packs. Did your doctor or anyone from the facility give you information about what to do if you had pain as a result of your procedure? 控制疼痛的一些方法包括處方藥，非處方止痛藥或冰袋。您的醫生使用醫療設備的任何人員是否向您提供了有關因操作而感到疼痛的處理方法的資訊？
	8. At any time after leaving the facility, did you have pain as a result of your procedure? 離開醫療院所後的任何時候，您是否因手術而感到疼痛？
	9. Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had nausea or vomiting? 在您離開醫療機構之前，您的醫生或醫療機構中的任何人員是否向您提供了有關噁心或嘔吐的資訊？
	10. At any time after leaving the facility, did you have nausea or vomiting as a result of either your procedure or the anesthesia? 離開機構後的任何時間，您是否由於手術或麻醉而感到噁心或嘔吐？
	11. Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had bleeding as a result of your procedure? 在您離開醫療機構之前，您的醫生或醫療機構中的任何人員是否向您提供了有關因手術而流血的方法？
	12. At any time after leaving the facility, did you have bleeding as a result of your procedure? 離開醫療院所後的任何時候，您是否因手術而流血？
	13. Possible signs of infection include fever, swelling, heat, drainage or redness. Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had possible signs of infection? 可能的感染跡象包括發燒，腫脹，發熱，引流或發紅。在您離開醫療院所之前，您的醫生或醫療院所中的任何人是否向您提供了有關可能感染跡象的處理方法的資訊？
	14. At any time after leaving the facility, did you have any signs of infection? 離開醫療院所後的任何時間，您是否有感染的跡象？

附件 19 南澳大利亞 住院問卷(未納入之題目)

題組：在醫院住院方面						
題目	Poor 較差的	Adequate 足夠的	Good 很棒	Excellent 優良的	No Opinion 沒意見	Doesn't Apply 不適用
The hospital parking 醫院停車場						
The signposting to help you get around the hospital 在醫院內有提供指引路標來幫助您						
The assistance provided to get into the hospital (e.g. wheelchair) 進入醫院提供的協助(例如輪椅)						
The quality of the food 食物的質量						
The range and appeal of menus 菜單的範圍和吸引力						
The temperature of the food 食物的溫度						
The quantity of food 食物數量						
The comfort of your bed 床的舒適度						
The position of the call for help button 呼叫幫助按鈕的位置						
The cleanliness of the surroundings 周圍環境整潔						
The temperature of the surroundings 環境溫度						
The noise level around the area 該地區周圍的噪音水平						

附件 20 昆士蘭州 產科問卷(未納入之題目)

題組	題目
Midwives 助產人員	1.(Do/Did) you see the same midwife whenever you went to the maternity clinic? [Q37] (做/沒有)每當您去產科診所時，您會看到同一個助產人員嗎？
	2. Was (that midwife/the midwife you saw at your maternity clinic appointment) present when you gave birth? [Q38] 分娩時(在產科診所見過的那個助產人員)是在場嗎？
	3. (How often) Did you have enough time to discuss your and your baby's health with the midwife?[Q51] (多久一次)您是否有足夠的時間與助產人員討論您和您的孩子的健康狀況？
	4. (How often) Did the midwife explain the reasons for any examinations, treatments, referrals and so on, in a way that you could understand? [Q52] (多久一次)助產人員是否以您能理解的方式解釋了進行任何檢查，治療，轉診等原因？
	5. (How often) Did the midwife listen to what you had to say? [Q53](多久一次)助產人員是否聽您說話？
	6. Did you feel comfortable to ask questions or discuss concerns with the midwife? [Q54] 您是否願意與助產人員提問或討論疑慮？
	7. whether/how often they got answers they could understand [to important questions they had to ask a midwife] [Q55] 您是否/多久獲得一次可以理解的答案(對於助產人員為重要的問題)
	8. (How often) Did you have confidence and trust in the midwife examining and treating you? [Q56] (多久一次)您對助產人員檢查和治療您有信心和信任嗎？
	9. (How often) Did the midwife discuss [your worries or fears about your condition or treatment] with you? [Q58] (多久一次)助產人員是否與您討論[您對自己的狀況或治療的擔心或恐懼]？
	10. (How often) Did you feel supported after discussing your worries or fears with the midwife? [Q59] (多久一次)與助產人員討論您的擔心或恐懼後，您獲得支持嗎？
Telephone support 電訪關心	1. How long did it take until you were put through to the right person? [Q82] 在找到合適的人之前花了多長時間？
	2. How many different people did you speak with before you got through to the right person? [Q83] 在找到合適的人之前，您與多少人交談過？
	3. When you spoke with the right person, did you find their advice helpful? [Q84] 當您與合適的人交談時，您發現他們的建議有用嗎？
	4. Why wasn't the advice (entirely) helpful? [Q85] 為什麼該建議(全部)沒有幫助？
Complaints 投訴	1. While at the maternity clinic were you told or did you see a poster or brochure on how to [give feedback such as complaints or compliments about the care received]?[Q89] 在產科診所時，您是否被告知或看到過有關如何[提供有關收到的護理的投訴或稱讚的反饋]的海報或小冊子？

附件 21 昆士蘭州 急診問卷(未納入之題目)

題組	題目
Pain 疼痛	1. Were you (child) ever in any pain while in the emergency department? [Q47] 您(孩子)在急診室時是否感到任何疼痛？
	2. Do you think the emergency department staff did everything they could to help manage your (child's) pain? 您是否認為急診室工作人員會盡一切可能幫助您緩解(孩子)的疼痛？ [Q50]
Complaints 投訴	1. While you were in the emergency department, were you told or did you see a poster or brochure on how to [give feedback about the care you (your child) received]? [Q79c] 當您在急診室時，是否被告知或看到過關於如何[提供有關您(您的孩子)所得到的護理的反饋]的海報或小冊子？

附件 22 英國 急診問卷(未納入之題目)

題組	題目
PAIN 疼痛	31. Were you in any pain while you were in A&E? 您在急症室期間是否感到疼痛？
	32. Do you think the hospital staff did everything they could to help control your pain? 您認為醫院工作人員會盡一切可能幫助您控制疼痛嗎？

附件 23 英國 住院問卷(未納入之題目)

題組	題目
THE ACCIDENT & EMERGENCY DEPARTMENT 急症室期間	2. When you arrived at the hospital, did you go to the A&E Department (also known as the Emergency Department, Casualty, Medical or Surgical Admissions unit)? 到達醫院後，您是否去過急症室(又稱為急診科，傷亡，醫療或外科住院科)?
	3. While you were in the A&E Department, how much information about your condition or treatment was given to you? 當您在急症室時，向您提供了多少有關您的病情或治療的資訊?
	4. Were you given enough privacy when being examined or treated in the A&E Department? 在急症室接受檢查或治療時，您是否有足夠的隱私權?
THE HOSPITAL & WARD 在醫院 住院方面-病房	10. While in hospital, did you ever stay in a critical care area (e.g. Intensive Care Unit, High Dependency Unit or Coronary Care Unit)? 在住院期間，您是否曾經住在重症監護區(例如重症監護室，高依賴病室或冠心病監護室)?
	11. While in hospital, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex? 在醫院期間，您是否曾經與異性患者共享睡眠區，例如房間或空間?
	12. Did you change wards at night? 你晚上有換病房嗎?
	13. Did the hospital staff explain the reasons for being moved in a way you could understand? 醫院工作人員是否以您能理解的方式解釋了換病房的原因?
	14. Were you ever bothered by noise at night from other patients? 您晚上是否被其他患者的噪音困擾?
	15. Were you ever bothered by noise at night from hospital staff? 您晚上是否被醫院工作人員的噪音困擾?
	16. In your opinion, how clean was the hospital room or ward that you were in? 您認為您所在的病房或病房有多乾淨?
	17. Did you get enough help from staff to wash or keep yourself clean? 您是否從工作人員那裡獲得了足夠的幫助以進行清洗或保持清潔?
	18. If you brought your own medication with you to hospital, were you able to take it when you needed to? 如果您將自己的藥物帶到醫院，是否可以在需要時服用?
	19. How would you rate the hospital food? 您如何評價醫院的食物?
	20. Were you offered a choice of food? 有提供食物選擇嗎?
	21. Did you get enough help from staff to eat your meals? 您用餐時是否從工作人員那裡得到足夠的幫助?
	22. During your time in hospital, did you get enough to drink? 在醫院期間，您是否喝足夠的水?

附件 24 英國 產科問卷(未納入之題目)

題組	題目
DATES AND YOUR BABY 嬰兒出生時間	A1. Did you give birth to a single baby, twins or more in your most recent pregnancy? 您最近一次懷孕時是否生了一個單胞胎，雙胞胎或更多？
	A2. Roughly how many weeks pregnant were you when your baby was born? 寶寶出生時大約懷孕了幾週？
CARE WHILE YOU WERE PREGNANT (ANTENATAL CARE) 在醫院的產前護理	B1. Who was the first health professional you saw when you thought you were pregnant? (Cross ONE only) 您在懷孕時見過的第一位衛生專業人員是誰？(單選)
	B2. Roughly how many weeks pregnant were you when you first saw this health professional about your pregnancy care? 當您第一次見到這位管理您懷孕護理的健康專業人員，大約懷孕了幾週？
	B3. Roughly how many weeks pregnant were you when you had your 'booking' appointment (the appointment where you were given access to your pregnancy notes)? 當您進行“預定”預約(可以取得懷孕的資訊)時，您大概懷孕了幾週？
	B4. Were you offered any of the following choices about where to have your baby? (Cross ALL that apply) 有提供以下那些生產的地點？(複選)
	B5. Before your baby was born, where did you plan to have your baby? 在您的孩子出生之前，您打算在哪裡生產？
	B6. Did you get enough information from either a midwife or doctor to help you decide where to have your baby? 您是否從助產士人員或醫生那裡獲得了足夠的資訊來幫助您決定在哪裡生產？
	B7. At your antenatal checks-ups, did you see the same midwife every time? 在您進行產前檢查時，您是否每次都看到同一個助產人員？
	B8. During your antenatal check-ups, did your midwives appear to be aware of your medical history? 在您進行產前檢查時，您是否每次都看到同一個助產人員？
	B9. During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy? 在產前檢查中，您是否有足夠的時間提問或討論懷孕？
	B10. During your antenatal check-ups, did your midwives listen to you? 在產前檢查中，助產人員是否有聽到您說話？
	B11. During your antenatal check-ups, did your midwife ask you about your mental health? 在產前檢查期間，助產人員是否問過您的心理健康？
	B12. During your pregnancy were you offered any antenatal classes or courses provided by the NHS? 在懷孕期間，您是否接受過 NHS 提供的任何產前課程或課程？
	B13. Did you find these classes or courses useful? 您覺得這些課程對我們有用嗎？
	B14. During your pregnancy, did you have a telephone number for a member of the midwifery team that you could contact? 在懷孕期間，您是否有可以聯繫的助產團隊成員的電話號碼？

附件 24 英國 產科問卷(未納入之題目)-續

題組	題目
CARE WHILE YOU WERE PREGNANT (ANTENATAL CARE) 在醫院的產前護理	B15. During your pregnancy, if you contacted a midwifery team, were you given the help you needed? 在懷孕期間，如果您聯繫了助產團隊，是否得到了需要的幫助？
	B16. Thinking about your antenatal care, were you spoken to in a way you could understand? 考慮到您的產前護理，您是否以可以理解的方式與之交談？
	B17. Thinking about your antenatal care, were you involved in decisions about your care? 考慮您的產前護理，您是否參與過護理決策？
	B18. During your pregnancy did midwives provide relevant information about feeding your baby? 在您懷孕期間，助產人員是否提供了有關餵養嬰兒的相關資訊？
YOUR LABOUR AND THE BIRTH OF YOUR BABY 您的分娩及嬰兒的出生	C1. At the start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital? 分娩開始時，您是否感到與助產士或醫院聯繫時得到了適當的建議和支持？
	C2. During your labour, did staff help to create a more comfortable atmosphere for you in a way you wanted? 在分娩期間，員工是否以您想要的方式幫助您為您創造了一個更加舒適的氛圍？
	C3. During your labour, what type of pain relief did you use? (Cross ALL that apply) 在分娩過程中，您使用了哪種類型的止痛藥？(複選)
	C4. Did the pain relief you used change from what you had originally wanted (before you went into labour)? 您使用的止痛藥是否與您最初想要的(在分娩前)
	C5. Why did you not use the pain relief that you had originally wanted (before you went into labour)? (Cross ALL that apply) 為什麼不使用原本想要的止痛藥(在分娩前)?(複選)
	C6. Where did you have your baby? 您的孩子在哪兒？
	C7. Thinking about the birth of your baby, was your labour induced? 考慮到您的嬰兒的出生，您的分娩是否為人工引產？
	C8. What type of birth did you have? (If you had twins or more than two babies this time, please fill in this question about the baby who was born first) 您的出生類型是什麼？(如果這次您有雙胞胎或兩個以上的嬰兒，請填寫有關第一個出生的嬰兒的問題)
	C9. Where did you give birth? (Cross ONE only) 你在哪裡生產？
	C10. What position were you in when your baby was born? (Cross ONE only) 嬰兒出生時您處於什麼位置？
	C11. Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth? 出生後不久，您是否與嬰兒皮膚接觸(裸露的嬰兒，直接放在胸部或腹部)？

附件 24 英國 產科問卷(未納入之題目)-續

題組	題目
YOUR LABOUR AND THE BIRTH OF YOUR BABY 您的分娩及嬰兒的出生	C12. If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted? 如果您的伴侶或您附近的其他人在分娩和生產過程中參與了您的護理，他們是否能夠按照自己的意願參與其中？
	C13. Did the staff treating and examining you introduce themselves? 對待和檢查您的工作人員是否自我介紹？
	C14. Had any of the midwives who cared for you been involved in your antenatal care? 照顧您的助產士有沒有參與過您的產前護理？
	C15. Were you (and / or your partner or a companion) left alone by midwives or doctors at a time when it worried you? (Cross ALL that apply) 當您(和/或您的伴侶或伴侶)在擔心您的時候被助產人員或醫生獨自留下嗎？(複選)
	C16. If you raised a concern during labour and birth, did you feel that it was taken seriously? 如果您在分娩時提出了擔憂，您是否認為這是認真的？
	C17. During labour and birth, were you able to get a member of staff to help you when you needed it? 在分娩期間，您是否可以聘請工作人員來幫助您？
	C18. Thinking about your care during labour and birth, were you spoken to in a way you could understand? 考慮到分娩時的護理，您是否以可以理解的方式與之交談？
	C19. Thinking about your care during labour and birth, were you involved in decisions about your care? 考慮到分娩期間的護理，您是否參與了有關護理的決定？
	C20. Thinking about your care during labour and birth, were you treated with respect and dignity? 考慮到您在分娩期間的照顧，您是否受到尊重和尊嚴的對待？
	C21. Did you have confidence and trust in the staff caring for you during your labour and birth? 您對分娩期間照顧您的員工有信心和信任嗎？
	C22. After your baby was born, did you have the opportunity to ask questions about your labour and the birth? 寶寶出生後，您是否有機會提出有關您的分娩和出生的問題？

附件 24 英國 產科問卷(未納入之題目)-續

題組	題目
CARE IN HOSPITAL AFTER THE BIRTH (POSTNATAL CARE) 在醫院的產後護理	D1. How long did you stay in hospital after your baby was born? 寶寶出生後您住院了多長時間?
	D2. On the day you left hospital, was your discharge delayed for any reason? 在您離開醫院的那一天，您的出院是否由於任何原因而延遲?
	D3. What was the main reason for the delay? (Cross ONE only) 延遲的主要原因是什麼?
	D4. If you needed attention while you were in hospital after the birth, were you able to get a member of staff to help you when you needed it? 如果您在分娩後住院期間需要注意，您是否可以在需要時找到一名工作人員來幫助您?
	D5. Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed? 考慮到嬰兒出生後在醫院接受的護理，您是否得到了所需的資訊或解釋?
	D6. Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding? 考慮到您在嬰兒出生後在醫院接受的護理，您是否得到了善意和諒解?
	D7. Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted? (Cross ALL that apply) 考慮到您住院的情況，如果您的伴侶或與您關係密切的其他人參與了您的護理，他們是否能夠按照您的意願陪伴您?
	D8. Thinking about your stay in hospital, how clean was the hospital room or ward you were in? 考慮到您住院的時間，您所在的醫院房間或病房的清潔程度如何?
FEEDING YOUR BABY 餵食您的嬰兒	E1. In the first few days after the birth how was your baby fed? 出生後的前幾天，您的寶寶是如何餵養的?
	E2. Were your decisions about how you wanted to feed your baby respected by midwives? 您是否決定要如何讓助產人員餵養嬰兒?
	E3. Did you feel that midwives and other health professionals took your personal circumstances into account when giving advice about feeding your baby? 在提供有關餵養嬰兒的建議時，您是否覺得助產人員和其他衛生專業人員考慮了您的個人情況?
	E4. Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby? 您是否覺得助產人員和其他衛生專業人員為您餵養嬰兒提供了積極的支持和鼓勵?

附件 24 英國 產科問卷(未納入之題目)-續

題組	題目
CARE AT HOME AFTER THE BIRTH 在家調理及照護	F1. Were you given a choice about where your postnatal care would take place? (Postnatal care is any contact with a midwife or other health professional after leaving hospital) 您是否可以選擇產後護理地點？(產後護理是指出院後與助產人員或其他衛生專業人員的任何接觸)
	F2. When you were at home after the birth of your baby, did you have a telephone number for a midwifery or health visiting team that you could contact? 嬰兒出生後在家時，您是否有可以聯繫的助產人員或健康訪問小組的電話號碼？
	F3. If you contacted a midwifery or health visiting team were you given the help you needed? 如果您聯繫了助產人員或健康訪問團隊，是否得到了所需的幫助？
	F4. Since your baby's birth have you been visited at home by a midwife? 自嬰兒出生以來，助產人員有沒有在家探過過您？
	F5. Did you see the same midwife every time? 每次都看到同一個助產人員嗎？
	F6. Would you have liked to have seen a midwife... 您有看過助產人員嗎？
	F7. Did the midwife or midwifery team that you saw appear to be aware of the medical history of you and your baby? 您看到的助產人員或助產團隊是否了解您和您的孩子的病史？
	F8. Did you feel that the midwife or midwifery team that you saw always listened to you? 您是否覺得看到的助產人員或助產士團隊一直在聽您說話？
	F9. Did the midwife or midwifery team that you saw take your personal circumstances into account when giving you advice? 您看到的助產人員或助產團隊在給您建議時是否考慮了您的個人情況？
	F10. Did you have confidence and trust in the midwife or midwifery team you saw after going home? 您對回家後看到的助產人員或助產士團隊充滿信心和信任嗎？
	F11. Had any midwives who cared for you postnatally also been involved in your labour and antenatal care? 產後照顧您的助產人員是否也參與過您的分娩和產前護理？
	F12. Did a midwife or health visitor ask you about your mental health? 助產人員或健康探訪者是否詢問過您的心理健康？
	F13. Were you given information about any changes you might experience to your mental health after having your baby? 您是否獲得了有關生完孩子後心理健康可能會發生變化的資訊？
	F14. Were you told who you could contact if you needed advice about any changes you might experience to your mental health after the birth? 您是否被告知如果您需要有關出生後心理健康方面的任何變化的建議，可以與誰聯繫？
	F15. Were you given information about your own physical recovery after the birth? 您是否獲得了有關自己出生後身體康復的資訊？
	F16. In the six weeks after the birth of your baby did you receive help and advice from a midwife or health visitor about feeding your baby? 在您的嬰兒出生後的六個星期內，您是否得到助產人員或健康訪問者的有關餵養嬰兒的幫助和建議？

附件 24 英國 產科問卷(未納入之題目)-續

題組	題目
CARE AT HOME AFTER THE BIRTH 在家調理及照護	F17. If, during evenings, nights or weekends, you needed support or advice about feeding your baby, were you able to get this? 如果在晚上，晚上或週末需要有關餵養嬰兒的支持或建議，您是否能夠得到？
	F18. In the six weeks after the birth of your baby did you receive help and advice from health professionals about your baby's health and progress? 在您的嬰兒出生後的六個星期內，您是否收到了健康專家的有關嬰兒健康和進步的幫助和建議？
	F19. At the postnatal check-up (around 6-8 weeks after the birth), did the GP spend enough time talking to you about your own physical health? 在產後檢查(出生後約 6-8 週)時，全科醫師是否花了足夠的時間與您談論自己的身體健康？
	F20. At the postnatal check-up (around 6-8 weeks after the birth), did the GP spend enough time talking to you about your own mental health? 在產後檢查(出生後約 6-8 週)時，全科醫師是否花了足夠的時間與您談論自己的心理健康？

附件 25 英國 青少年及兒童問卷(未納入之題目)

題組	題目
PAIN 疼痛	1.If you felt pain while you were at the hospital, do you think staff did everything they could to help you? 如果您在醫院時感到疼痛，您是否認為工作人員會盡力幫助您？

附件 26 英國 心理健康問卷(未納入之題目)

題組	題目
YOUR HEALTH AND SOCIAL CARE WORKERS 您的健康及社會照顧者	4.Were you given enough time to discuss your needs and treatment? 您是否有足夠的時間討論您的需求和治療方法？
	5.Did the person or people you saw understand how your mental health needs affect other areas of your life? 您看到的一個人或多個人是否了解您的心理健康需求如何影響您生活的其他方面？
	6.Did the person or people you saw appear to be aware of your treatment history? 您看到的一個或多個人是否似乎知道您的治療史？
CRISIS CARE 危險期的照護	16.Do you know who to contact out of office hours within the NHS if you have a crisis? 如果您遇到危機，您是否知道在 NHS 的非工作時間聯繫誰？
	17.In the last 12 months, did you get the help you needed when you tried contacting this person or team? 在過去的 12 個月中，您嘗試聯繫此人或團隊時獲得了所需的幫助嗎？
NHS therapies 國民健保制度的治療	25. In the last 12 months, have you received any NHS therapies for your mental health needs that do not involve medicines? 在過去的 12 個月中，您是否針對精神健康需要接受了不使用任何藥物的 NHS 治療？
	26. Were these NHS therapies explained to you in a way you could understand? 是否以您能理解的方式向您解釋了這些 NHS 療法？
	27. Were you involved as much as you wanted to be in deciding what NHS therapies to use? 在決定使用哪種 NHS 治療方法時，您是否參與了盡可能多的工作？
	28. Do you feel your NHS therapies have helped your mental health? 您覺得您的 NHS 療法對您的心理健康有所幫助嗎？
SUPPORT AND WELLBEING 支持與福利	29.In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs (this might be an injury, a disability, or a condition such as diabetes, epilepsy, etc)? 在過去的 12 個月中，NHS 精神健康服務是否向您提供任何幫助或建議，以尋求對身體健康需求的支持(這可能是受傷，殘疾或諸如糖尿病，癲癇病等病症)？
	30.In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits? 在過去的 12 個月中，NHS 精神衛生服務是否在尋求財務建議或利益支持方面為您提供任何幫助或建議？
	31.In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work? 在過去的 12 個月中，NHS 精神衛生服務是否為您找到工作或保持工作的支持提供了任何幫助或建議？
	32.In the last 12 months, has someone from NHS mental health services supported you in joining a group or taking part in an activity? 在過去的 12 個月中，NHS 精神衛生服務部門的某人是否支持您加入小組或參加活動？
	33.Have NHS mental health services involved a member of your family or someone else close to you as much as you would like? NHS 精神衛生服務是否已讓您的家人或您附近的其他人盡可能多地參與？
	34.Have you been given information by NHS mental health services about getting support from people who have experience of the same mental health needs as you? NHS 精神衛生服務是否向您提供了有關獲得與您具有相同精神衛生需求經驗的人的支持的資訊？