

Using the Team Resource Management (TRM) Model to Establish the Surveillance and Management Mechanism of Pulmonary Tuberculosis Infection in Respiratory Care Center

Background

Tuberculosis is an ancient disorder that has been in human disease history for more than 5,000 years. Even in developed countries, tuberculosis still has a chance to spread out again. Moreover, living environment has deteriorated recently due to reasons of densely populated cities, increasing international contacts, and the introduction of foreign workers, the increasing rate for the cases of tuberculosis patients have started to growth. Consequently, the epidemic prevention work remains to be reinforced.

Purpose

Since medical workers are exposed to biohazard environment directly and responsible for taking care of patients, the risk of suffering tuberculosis is higher than other people. As a result, nosocomial infections of tuberculosis should be paid particular attention to. An outbreak of serious nosocomial infections of tuberculosis might develop easily if healthcare workers are not well-trained, air-conditioning systems are poor, isolation wards are insufficient, or infection control measures are not strictly

followed. Therefore, we hope to establish an in-unit monitoring and management measure for front line workers to reduce the possibility of nosocomial infections.

Methods

1. All patients were required to carry out three consecutive sets of sputum acid-resistance smear screening; 2. A method of closed sputum suction were applied to these patients; 3. New staffs were required to finish cognitive questionnaires and attend on-the-job training about tuberculosis as they reported for duty on their first working day; 4. An implementation of maintenance and management on negative pressure isolation wards; 5. Mask manufacturers were invited to test the fitness of masks; 6. Annual chest X-ray screening for employees.

Results

The results indicate an effective control measures of tuberculosis infection should be grounded on the framework of three basic compoenets of administrative management, environmental control, and respiratory protection, among the three administrative management is the most vital part. This suggests that working in line with government policy on preventing the treatment of latent tuberculosis infections is a core policy for avoiding cluster infections among hospitals.

Keywords: Team Resource Management(TRM). Respiratory Care Center.

Management Mechanism.

利用團隊資源管理(TRM)模式建立亞急性呼吸照護病房

肺結核感染監控與管理機制

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Background

結核病是一種古老的疾病，在人類疾病裡已超過五千年之久。即使是在先進國家，結核病仍可能有反撲的趨勢。近年來，因生活環境的劣質化，人口多集中於都市、國際間往來的頻繁、外籍勞工的引進等因素，結核病患者有增加的趨勢，因此防疫工作仍待加強。

Purpose

醫護人員因暴露於生物危害的環境中且直接照護病人，罹患肺結核的危險性高於一般民眾，因此肺結核的院內感染更受到重視。如果醫護人員對結核病沒有足夠警覺性、空調系統不完善、隔離病房不足夠、或未遵循感染管制措施，將導致肺結核爆發嚴重的院內感染。因此希望透過建立一套單位內監控與管理機制給第一線人員參考，減少院內肺結核的傳播。

Methods

1. 所有入住的病人需進行連續三套痰液耐酸性塗片篩檢；
2. 入住病人一律使用密閉式抽痰系統；
3. 新進員工於到職時填寫認知問卷；
4. 進行肺結核相關教育訓練；
5. 落實負壓隔離病房維護及管理；
6. 每年邀請廠商辦理口罩配戴密合度測試；
7. 每年進行員工胸部X光篩檢。

Results

有效的肺結核感染管制措施應建立在行政管理、環境控制、呼吸道防護等三個基本架構，其中行政管理最為重要。因此配合國家政策推行預防潛伏肺結核感染者的治療，是避免醫療院所群聚感染的重要政策。

關鍵字: 團隊資源管理，呼吸照護中心，管理機制。

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會議報告

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全球各地不斷出現大規模的天災人禍，舉凡：台灣發生 921 大地震、美國 911 恐怖攻擊事件、SARS、大陸四川大地震、H1N1 新流感等，災難事件常是突發、不可預期，且不同類型的災難事件，難以相同模式介入救災。緊急救災過程中，醫療人員是不可或缺的，無論是國內跨區救助或國際援助，在在考驗了當地政府救災能力，同樣也考驗著來自四面八方的災難救助團體，含政府與非政府組織的專業人員或志工，護理人員更是救災中重要的一環，護理人員具備災難護理的專業技能已是國際災難護理的趨勢，因此想藉由此次機會讓自己參與，讓自己去多感受，災難護理的核心，該具備對災難護理的態度、系統性的評估及災難護理照護的提供、弱勢族群與家屬的照護、災難情境的照護管理與護理的專業發展等。後續心理問題亦是不容忽視的環節，此次參與國際型態的會議發現，跨國援助除了由不同國家專業人員組成工作團隊，彼此溝通合作外，克服各國語言障礙、還需對受難國家的文化有概略認識及瞭解，以期在當地救助過程能以當地居民可接受的方式進行救援，培養文化能力是目前各國跨國服務救助最基本的，宗教、經濟等因素也可能影響跨國救援其任務，此次會議讓我增

廣見聞，不同地形、氣候、國家、文化、種族等面對災難的處理態度、解決方法及後續相關心理問題的追蹤都不盡相同，聽著不個國家分享不同疾病或災難處理，彷彿身歷其境；近年天氣變遷，氣候異常，常有突發且意外的事件發生，撇除人為因素外，大自然的影響其實真的很無常，該把握每個當下，努力活得精采。