

## 出國報告(出國類別：其他)

# 第 28 屆病人分類系統國際研討會

服務機關：長期照護保險籌備小組

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派赴國家：法國 亞維農

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## 摘要

2012 年國際病人分類系統學會 (Patient Classification System International, PCSI)於 10 月 17-19 日在法國亞維農召開為期 3 天的第 28 屆國際研討會。PCSI 創立多年，目的在集合產官學之菁英，探討病人分類系統(如疾病診斷關聯群(DRGs) 之研究發展、分析與運用(特別在保險支付)，為該領域國際最重要的學會。

本年度研討會主題為“病例組合之現在與未來(Case mix from present to future)”，匯集來自五大洲三十個國家的專家學者，探討病例組合的發展與趨勢，特別著重在國際病例組合分類系統(international grouper)的研發，各國在臨床管理、分類實務、新保險支付或預算分配制度引進等之研究與經驗、遭遇的問題、以及解決之道之交流。內容包括 case mix 的編碼與分類、臨床管理、成本財務分析、國際病例組合發展、非急性照護病例組合、新的支付制度運用經驗、健康照護政策、初級照護等相關議題。共有 6 場工作坊(Workshops)、4 場演講(Plenary Keynote)、87 場口頭報告(Oral presentation)及 23 篇海報展示(Posters presentation)。

本報告針對長期照案例組合之發展加以說明。目前已有許多國家發展亞急性照護或長期照護病例組合，每個國家之服務目標族群與規範未盡相同。

日本兩篇報告指出：目前日本長照保險評估工具題目主要依據 ADL/IADL 共分七級，工具太過複雜冗長，耗費行政成本過高，未能詳盡將心智功能障礙納入評估，而且係以機構案例組合套用在社區及居家服務上，且用於給付長照個案。作者也認為美國的資源使用群 (Resource Utilization Groups, RUGs) 工具也過於複雜，且解釋力低；因此建議採用日本圖文版老化分類系統(Typology of the aged with illustration ,TAI)為亞急性照護案例組合，並連結部分國際功能、失能與健康分類系統(ICF)之項目，提高評估工具之信度與解釋力到 0.62。

澳洲的亞急性與非急性照護病人分類系統 (AN-SNAP) 已發展多年，可適用於五大類型機構(復健、安寧緩和醫療，老人評估與管理，老人心理、維護)不同型態之服務，2013 年將正式用於機構之支付。AN-SNAP 在復健方面依據年齡與獨立功能評估量表分類 (FIM)，在生理功能方面採用

RUG-ADL 分類，總共分類為 100 類可解釋 58%的變異量。該研究發現 RUG-ADL 亦可適用於住院精神疾患之分類。

荷蘭檢視不同類型的焦慮症診斷是否會因病患及照護提供者特質而影響精神住院患者，治療長度與強度。結果發現患有焦慮症、有一個以上次診斷、有心理社會狀況及起始 GAF(Global Assessment of Functioning)低的病人顯著需要更長時間的治療，可供長照參考。

本次參加研討會，正值我國規劃長期照護保險時期；參加會議，可汲取各國發展長期照護案例組合之經驗，做為建立我國長期照護保險案例組合～給付等級之參考依據。雖然短短三天資訊有限但能可學習到下列經驗：1.學習澳洲建立長期照護服務長期之長期資料庫，卑建立基礎資料做為評估照護結果、定期修改長期照護評估工具與案例組合等之參考。2 在發展. 台灣版長期照護資源使用群時，a.我國在建構台灣長期照護資源使用群(案例組合)過程，除學習美國的 RUGs 與居家服務個案分類系統外，亦可學習澳洲 AN-SNAP 依據不同類型的服務分層，建立不同的案例組合，避免日本以機構案例組合套用到社區及居家式給付之問題。b.可參考 RUG-ADL(四項)建立照顧服務以及精神疾患給付分類。c. 可參考 AN-SNAP 採用年齡與 FIM 評估物理治療需要。d. 其餘分類變項，請參考附錄二 AN-SNAP 第三版之分類結果。3.在精神疾患之分類可評估焦慮症診斷、心理社會狀況等之影響 4. 審慎評估連結日本 TAI 與 ICF 做為長照分類系統之可行性。

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## 壹、 目的：

國際病人分類系統組織(Patient Classification Systems International, PSCI)創立多年，每一年的 9 月至 11 月間舉行國際研討會，目的在集合產官學之菁英，探討病人分類系統(如疾病診斷關聯群(DRGs)之研究發展、分析與運用(特別在保險支付)議題，為該領域國際最重要的學會。

2012 年國際病人分類系統學會 (Patient Classification System International, PCSI)於 10 月 17-19 日在法國亞維農召開為期 3 天的第 28 屆國際研討會。本年度研討會主題為“病例組合之現在與未來(Case mix from present to future)”，匯集來自五大洲三十個國家的專家學者，包括醫師、經濟學家、政府衛生部門代表、公共衛生及長期照護等專家，探討病例組合的發展與趨勢，特別著重在國際病例組合分類系統(international grouper)的研發，各國在臨床管理、分類實務、新保險支付或預算分配制度引進等之研究與經驗、遭遇的問題、以及解決之道之交流。內容包括 case mix 的編碼與分類、臨床管理、成本財務分析、資源管理與計畫及照護路徑等等、國際病例組合發展、非急性照護病例組合、新的支付制度運用經驗、健康照護政策、初級照護等相關議題。

本次研討會共舉辦 6 場工作坊(Workshops)、4 場演講(Plenary Keynote)、87 場口頭報告(Oral presentation)及 23 篇海報展示(Posters presentation)。研討會主要包括下列四個主題：

- (1) Case mix 的編碼問題(Coding is always issue)：編碼一直是個問題，如確定執行項目的編碼品質、編碼的評估或調查、研究編碼對 case mix 結果的影響等問題。
- (2) 分類系統發展(Classification development)：探討有哪些新的病人分類發展，如門診、復健、心理衛生、長期照護、跨部門的照護或其他。
- (3) Case mix 的成本核算(Costing for Case Mix)：探討 case mix 實施後其單位成本、邊際成本及利潤，與開創資金的機制、連接 case mix 的信息、臨床結果和支付、使用 case mix 的管理和計畫、以及使用 case mix 的情況下，如何與流行病學、衛生經濟及健康服務的研究結合。
- (4) 國際比較：藉由各國執行 case mix 的經驗，可學習並探討自身國家的規範，或提供他國參考。

上述四大主題，以工作坊、主題演講、口頭報告及海報作為呈現。

## 貳、 過程：

### 一、研討會主要議程：

2012 年第 28 屆 PSCI 國際研討會，共舉辦三天，主辦單位安排 6 場工作坊(Workshops)、4 場全體會議(Plenary Keynote)、87 場口頭報告(Oral presentation)及 23 篇海報展示(Posters presentation)。大會議程概述如下：

#### (一) 10 月 17 日

##### **9:00-10:30 Workshop：**

Workshop 1：Case-mix systems used for subacute and long-term care.

*/ J. Okochi, J. Green*

Workshop 2：Costing Patient Care Services –Clinical Costing workshop.

*/N. Michell, P. Power*

Workshop 3：A Smooth Introduction to Case Mix for new comers/

Introduction en douceur a la methodologie des systemes dits “Casemix”pour les nouveaux venus./  
*J.M. Rodrigues, B. Trombert, T. Jackson*

##### **10:30-11:00 Posters presentation**

##### **11:00-12:30 Workshop：**

Workshop 4：Innovation Profile on Drugs, Devices and Implant. */Jacob*

*Hofdijk, C. Hay*

Workshop 5：Advances in Predictive Modelling: Informing the Decision Making  
Process. */K. Kinder, S. Sutch*

Workshop 6：Quality based funding. */P.E. Hansen, J. Shah*

##### **13:30-15:00 Opening session：**

*Chair: P.E. Hansen, Denmark*

Department of Health presentations DGOS, DREES, ATIH

*Keynote 1: Chair J.M. Rodrigues France G. Vincent French Hospitals Federation CEO France*

##### **15:00-15:30 Posters presentation**

##### **15:30-17:00 Oral presentation：**

##### **Session 1 (Coding)：**

*Chair: J. Shah*

(1) Classifications, casemix and registers used in record linkage – a Nordic example. */G. Bjorling, L. Wilhelmsen, A. Bjornberg, A. Oden, L. Welin*

(2) Coding Audit and Data Quality; Faster, Stronger, Better. */J. Curley*

(3) Development & innovation of Irish clinical coder training in challenging times. */M. Glynn*

(4) The expansion of CC coding and their impact in the hospital data set for the last 10 years. Impact of

changes on funding and grouping. /A. Patris, P. De May, S. Gomez

(5) CIHI's New Data Quality Initiative: Using Analytics to Support Ontario's Health Based Allocation Model. /C. Willemse, M. Kelly

(6) Measuring the Coding Quality of the Hospital Discharge Data Set in Belgium. /A.J. Orban, L. Belmans

### **Session 2 (French Speaking Track 1) :**

**Chair: G. Declerck**

(1) Cout en personnel soignant d'un passage aux urgences. /M. Pirson, L. Di Pierdomenico, C. Delo, D. Martins, P. Leclercq

(2) Peut-on identifier les medecins qui prescrivent trop cher a partir du cout de leurs ordonnances? Une analyse sur les donnees de l'EPPM. /R. Legal, C. Pilorge

(3) Les determinants de la rentabilite economique des etablissements de sante. /E. Yilmaz, F. Evain

(4) Pertinence medicale des cooccurrences diagnostic-acte dans les resumes standardises de sortie. /N. Griffon, P. Massari, S.J. Darmoni, M. Joubert, P.M. Staccini

(5) Catalogue specifique des actes de reeducation et readaptation, le CSARR, une nouvelle nomenclature d'actes. /A. Scherer, N. Melin, G. Robert

### **Session 3 (Case mix groupers developments) :**

**Chair: S.M. Aljunid**

(1) Belgium: APR-DRG™ v15 versus v28. /P. Heirman

(2) Development of the Dutch Mental Health Care DBC System (The effect of patient and care providers' characteristics on the length and intensity of anxiety treatment. A statistical analysis.) /R. Meijer, R. Boxem

(3) Obstetrical and neonatal modifications in the French DRG. /S. Gomez, A. Patris, L. Voisin, F. Megas, S. Messai

(4) Reducing creeping effects of complications and comorbidities in the Thai Diagnosis Related Group version 5. /S. Pannarunothai

(5) IR-DRG Classification Review –Adoption for use in Hospital Authority, Hong Kong. /T.K. Yeung, K. Fan, Y.S. Choi, L.F. Tai, L. Lau, G. Lam

### **17:00-18:00 Posters presentation**

(二) 10月18日 :

#### **9:00-10:00 Plenary keynote**

*Chair: B. Trombert France. Dr F. Heimig*

#### **10:00-10:30 Posters presentation**

#### **10:30-12:00 Oral presentation :**

### **Session 4 (New implementations)**

**Chair: Ph. Oberlin**

(1) Casemix For Providers' Payment in Indonesia: Knowledge, Experience and Perception of

Healthcare Workers in Public Hospitals. /S.M. Aljunid, A.M. Nur, S. Ezat WP, S. Sulong, A.M. Nur, Z. Ahmed, S.M. Hamzah

- (2) Case Mix Funding in Ireland: From Retrospective to Prospective? Progress since 2011 with “Money Follows the Patient”. /B. Donovan
- (3) Analysis of Breast Cancer Patients Care delivery organisation in 2 European regions: Rhone-Alpes (France) and Transylvania (Romania) by Case Mix databases. /B. Trombert Paviot, J.M Rodrigues, E. Burduja, B. Boureille
- (4) DBC-registration provides a moral legitimation for innovations (DBC’s may facilitate the introduction and implementation of promising innovations). /I.van Dijke
- (5) Testing if a Patient Classification System (PCS) can explain Hospital Costs: Is the PCS going to work ? /C.W. Aisbett

### **Session 5 (Clinical management)**

**Chair: P. Metral**

- (1) The Development of a Case Mix Index Using Defined Daily Doses to Support Antibiotic Stewardship. /S.E. Smith, G. Kantor, J. Crawford, A. Bunn, C. Nel
- (2) Comparative Analysis of the use of Wait Lists for Total Hip Replacement between Western Australia and Pays de Loire France to manage access, enhance quality and contain costs. /L. Dubourg, A. Ling
- (3) Use of the readmission rate by the clinicians: analysis of feasibility. /C. Beguin, A. Luyckx, S. Regout
- (4) Retrospective study on five DRG follow-up in French casemix 2009 analysis for the determination of quality indicators in P4O reforms. /P. Garassus
- (5) Criteria for inpatient admission and discharge of patients- a decision support system. /C. Costa, T. Magalhaes

### **Session 6 (Costing)**

**Chair: J. Hatcher**

- (1) Comparative Analysis of Aortic Valve Replacement DRGs. /R. Aggarwal, R. Busca
- (2) Measuring Health System Performance in a Meaningful Way for Activity-Based Funding: Concepts and Theory. /H.A. Richards
- (3) Do different cost distribution methodologies result in cost compression in the Canadian data? /S. Bonnell, B. Nielsen, G. Zinck
- (4) Inspiring health costing excellence with a quality assurance framework. /P. Power, G. Barnett, A. McBride
- (5) Factors Explaining Cost Variation in Finnish Cost per Patient Data in Central and University Hospitals. /P. Kokko, T. Pitkaranta, K. Kahur

### **13:00-14:00 Plenary keynote**

**Chair: M. Fieschi FRANCE Pr Alan Rector**

### **14:00-15:30 Oral presentation :**



## **Session 7 (Terminology ontology)**

**Chair: C. Bousquet**

- (1) Analyzing terms of a narrative family medicine guidelines using ICPC, ICD, SNOMED-CT and UMLS. /M. Jamouille, R.H. Vander Stichele, E. Cardillo, J. Roumier
- (2) Is the International Classification of Healthcare Procedures (ICHI) a critical point for the implementation of an International Case mix grouper? /J.M. Rodrigues, B. Trombert, R. Madden, S. Hanser
- (3) The Orphanet nomenclature of rare diseases: an International effort to make patients with rare diseases visible in health information systems. /A. Rath, A. Olry, B. Bellet, B. Urbero, M. Hanauer, S. Ayme
- (4) Ontology Disambiguation of Health Care Terminologies. /J. Souvignet, B. Trombert, C. Bousquet, J.M. Rodrigues
- (5) The complexity of morbidity over time – how to be described and how to be handled? A 30 years follow-up in Sweden. /L. Carlsson

## **Session 8 (Clinical management)**

**Chair: M. Pirson**

- (1) Assessment of hospital discharge forms across the European continent. /Y. Zhang, R. Busca
- (2) Licit prescription drug use in a Swedish population according to age, gender and socioeconomic status after adjusting for level of multimorbidity. /A. Halling, K. Thorell, A. Zielinski, L. Borgquist
- (3) Comparison of several methods for estimating needed capacity for intensive and intermediate neonatal care as a tool in the decision-making process. E. Safran, B. Rorive Feytmans, C. Breant, S. Loiseau, R. Pfister, M. Bloch
- (4) High risk patient care-management in the South African private healthcare sector: Predictive modelling and financial outcomes analysis. /S. Strydom, L.O. Walters, W. Daly, L. Walters, T. Dunne
- (5) Classification, hospital funding, and tariff-driven: Can funding measures possibly influence medical practice? With regards to ambulatory surgery. /M. Brami, J. Dubois

## **Session 9 (French Speaking Track 2)**

**Chair: N. Griffon**

- (1) Controle de la qualite du codage medical : Experience en Suisse. /P. Weber, A. Marazzi
- (2) OntoADR: une version OWL-DL de MedDRA pour le regroupement semantique d'effets indesirables medicamenteux. /G. Declerck, C. Bousquet, E. Sadou, J. Souvignet, M.C. Jaulent
- (3) Recueil d'activite dans les structures sanitaires et medicosociales de psychiatrie: faisabilite et analyse comparative des nomenclatures d'actes. /C. Bourdais-Mannone
- (4) Analyse spatiale des trajectoires de prise en charge du cancer colorectal en region Bourgogne. A. Roussot, /G. Nuemi, C. Quantin, E. Combiere, J. Amat-Roze
- (5) Codage CIM-10 des causes de brulures: une nouveaute meconnue. /P. Vercherin, J. Latarjet, B. Trombert-Paviot, F. Ravat, A. Scherer, A. Rigou, B. Thelot

**15:30-16:00 Posters presentation**

## **16:00-17:00 PCSI general assembly**

(三) 10月19日

### **9:00-10:00 Plenary keynote**

*Chair: J. Hofdijk Pr J.P. Moatti*

### **10:00-10:30 Posters presentation**

### **10:30-12:00 Oral presentation :**

#### **Session 10 (Workshop7)**

Reference international case mix grouper. / *J.M. Rodrigues, S. Aljunid, R. Marshall, M. Berlinguet, B. Ruff*

#### **Session 11 (Terminology ontology)**

*Chair: Ph. Massari*

- (1) Making a Commercial Terminology Server Product Publicly Available. /*M. Berlinguet, K. Poon, K. Vogel, O. Weiser*
- (2) Using international classifications to organise data set for mental disease patients in hospitals and long term care. /*C. Bourdais-Mannone, P. Staccini*
- (3) OntoADR: an OWL-DL representation of MedDRA for semantic grouping of Adverse Drug Reaction terms. /*G. Declerck, C. Bousquet, E. Sadou, J. Souvignet, M.C. Jaulent*
- (4) CSARR, a new physiotherapy and rehabilitation procedures nomenclature. /*A. Scherer, N. Melin, G. Robert*
- (5) Method for Grouping MedDRA Terms Related to the Same Medical Condition. /*C. Bousquet, J.M. Rodrigues, B. Trombert, G. Declerck, J. Souvignet, M.C. Jaulent*

#### **Session 12 (Health care policies)**

*Chair: J. Okochi*

- (1) Medicines and Diagnostics: Role in Pushing Care Seekers to Impoverishment. /*R.T. Rajan, P. Thomaskutty*
- (2) Population Based Case Mix: past, present, future. /*K. Kinder, J. Weiner, C. Abrams*
- (3) Impact of ABF on equitable access to public hospital allied health services. /*J. Scuteri*
- (4) Casemix Information Uses and Health Services Sustainability: A Few Examples From Current Spanish Economic Downturn. /*M. Casas, C. Illa*
- (5) Quality, cost and complications of care in Portuguese hospitals. /*S. Lopes, C. Costa*

### **13:00-14:30 Oral presentation :**

#### **Session 13 (Case mix in primary care)**

*Chair: J. Green*

- (1) Expenditure variation in primary care delivered in Danish general practice units: A multi-level approach using diagnostic markers, multi-morbidity, and general practice characteristics. / *T.*

*Kristensen, K. Rose Olsen, A. Halling*

- (2) Usage and practical applications for the ACG Case. /*M. Lindvall, A. Johansson*
- (3) Outpatient activity - comparing apples to oranges or maybe banana's! /*L. Fodero, J. Scuteri, D. McKay*
- (4) Continuing Care Patient Level Cost Data in Canada: Initial Exploration. /*C. German, R. Zhang, B. Nielsen, S. Bonnell*
- (5) A population-based study of health care costs for patients and partners with lung cancer in Sweden. /*B. Attner, T. Lithman, D. Noreen, H. Olsson, K. Sjoval, S. Ewers, H. Olsson, L. Ek*

#### **Session 14 (New implementations)**

**Chair: P. Weber**

- (1) AR DRG implementation in Croatia and BIH-different approaches and same vision. /*K. Kalanj, K. Karol*
- (2) Directing efficient use of health care with the second generation Dutch DBC-system (DOT). /*Y. Waterreus, J.E. Stam*
- (3) Implementing DRG: problems in Vilnius University Hospital. /*E. Jureviciene, D. Maniusiene*
- (4) Applying the Johns Hopkins ACG Casemix System to a Retrospective Electronic Database: A 5-year Study at Buddhachinaraj Hospital. /*N. Upakdee*
- (5) Data quality related to Ungroupable cases: A pilot study for pre-implementation of casemix system in Hospital Universiti Sains Malaysia. /*R. Mohamed, S. Sulong, Z. Ahmed, S. Aljunid, A. Nur*

*Session 15 (Clinical management)*

**Chair: I. Bohlin**

- (1) Reflecting Complexity - Multiple Procedures and Diagnoses. /*J. Cockrill*
- (2) Hospital-acquired diagnoses in high volume CMGs. /*T. Jackson, B. Bohlouli*
- (3) Do the Japanese cancer patients receive an appropriate psychiatric support at the acute care hospitals? - an evaluation trial based of DPC data. /*S. Matsuda, K. Muramatsu, K. Hayashida, T. Kubo, Y. Fujino, K. Fujimori, K. Fushimi*
- (4) Using clinical tools to understand the experience of cardiovascular patients in the Discovery Health population of South Africa. /*T. Michas, J. Bruwer, B. Ruff*
- (5) Validation of medico- administrative databases use to monitor ischemic stroke patients- the ischemic stroke PMSI study, Lyon, France. /*J. Haesebaert, A. Termoz, A. Schott, C. Mouchoux, L. Mechtouff*

**14:30-15:00 Posters presentation**

**15:00-16:00 PCSI general assembly**

**16:00-17:30 Oral presentation :**

#### **Session 16 (Case mix for non acute care inpatients)**

**Chair: R. Mohamed**

- (1) A simple case-mix system for post-acute care system based on the ICF. /*J. Okochi, T. Takahashi, K. Takamuku*
- (2) It's Not Just About Funding - More Than a Decade of AN-SNAP in Australia. / *J. Green*

- (3) Recurring Clinic Visits - Bundled Care Services Reporting Adopted by Hospitals. /P. Weeks
- (4) Building bundles in Canada: Examining regional variation in total joint replacement using an episode of care lens. /E. Hellsten, K. Yu, J.M. Sutherland
- (5) Episodes of care and the Austrian DRG system. /C. Kobel

### **Session 17 (Clinical management)**

**Chair: O. Steinum**

- (1) Tracheostomy or ventilation >95 hours: causes and consequences of the variability of length of stay in Romanian hospitals. /N.D. Chiriac, S.N. Musat, C. Vladescu
- (2) The enhanced use of primary care, ambulatory hospital data to identify patients for case management programs in England. /S. Sutch, A. Thompson, S. Scotney
- (3) Early identification of patients at risk for 30-day readmission: A prediction model based on electronic health record data available prior to the index admission. /E. Shadmi, N. Flaks-Manov, M. Low, O. Goldman, M. Hoshen, D. Aronsky, H. Bitterman, R.D. Balicer
- (4) Calculating the “X point” – splitting patient admissions to support care-phased funding. /P. Monteith
- (5) The Importance of Ambulance Utilization in the Administration of Tissue Plasminogen Activator to Acute Ischemic Stroke Patients. /S. Kunisawa, J. Lee, T. Otsubo, H. Ikai, Y. Imanaka

### **Session 18 (Costing)**

**Chair: K. Kahur**

- (1) National DRG Cost Weights in Finland. /T. Pitkaranta, P. Kokko
- (2) Using Hospital Payments to Encourage the Cost-Effective Use of Health Technology. /C. Mateus, M. Drummond, C. Sorenson, A. Torbica, G. Callea
- (3) Patient Safety as driver for implantation cost databases. /B. Hojgaard
- (4) Patient-level costing in a French surgery department. /G. Mercier, P. Aubas, G. Naro
- (5) Alternative Statistical Models for Analyzing Hospitalization Cost Records with an Extremely Skewed Distribution. /M. Liu, A. Fong, S. Dean, C. DeCoster, T. Briggs, T. Jackson, S. Fan, H. Quan, N. Jette

### **17:30-18:00 Closing session-PCSI 2013 Helsinki**

本次會議議程及摘要，大會已置於大會網頁，提供參閱及下載，網址為：

[http://pcsinternational.org/events/annual\\_conference/#ue](http://pcsinternational.org/events/annual_conference/#ue)

## 二、會議紀要：

本次會議演講及報告場次眾多，僅以亞急性、非急性與長期照護病例組合為題，整理重要內容如下：

(一) Case mix systems(CMS)於日本長期照護保險之應用(Okochi,J)：

Okochi,J. Case-mix systems used for sub-acute and long-term care.

Okochi指出：日本的案例組合只用在長期照護，未用於亞急性照護，原來的分類系統主要依據日

常/工具性日常生活功能量表(ADL/IADL)等85個項目進行評估，依據電腦決策樹軟體共分爲七級，分類結果配合醫師診斷由給付委員會決定給付等級。其適用對象是65歲以上老人或40-64歲有罹患老化特定疾病，如類風濕性關節炎、腦血管疾患及關節變形等爲主。病例組合決策樹之預測力(predictive power)在1996年2896個個案的研究爲0.527，2001年4478個個案的研究爲0.627。作者認爲:日本介護保險CMS分類系統有如下之限制:(1)量表題目太多，達85題，導致行政管理成本過高;(2)無法測量改變狀況。(3)只評估依賴程度(dependency)，未能評估需照護者的功能(functioning)也未能充分反應失智者之照護需求;(4)復健評估無法區分第3級與第4級(min help vs. observation);(5)運用機構的個案發展的病例組合，未必適用於社區與居家個案給付等級之決定。

## (二) 日本結合 TAI 與 ICF 發展亞急性照護病例組合

Okochi,J, Takahashi,JT, Takamuku,K. A simple case-mix system for post-acute care system based on the ICF.

Okochi,Takahashi& Takamuku 在研討會另一篇報告中，先以文獻回顧美國的資源使用群組(Resource Utilization Groups, RUGs)的發展方法，主要方法以機構各類服務人員依薪資加權的服務時間爲依變項，個案的需要評估(如 ADL)資料爲自變項，執行分類分析時，各分組至少要有 40 個個案，新分組至少能減少資源使用(時間)1%的變異量，RUGI 只依 ADL 分 9 組，RUGII 分 16 組，作者認爲評估工具複雜費時，工作人員測量一致性的信度與整體的預測力(RUGI 爲 34%)不高，因此作者以日本自行發展的老化圖型分類表(Typology of the aged with illustration, TAI)當作亞急性照護病例組合之分類。TAI 的優點是很簡潔，只用五個變項就可解釋 61%的變異量，而 ICF 是由健康照護相關團隊，一同評估個案環境因子、身體功能、行動和參與及身體結構等面項，其分類層次分明，且能通用國際，也許能對目前亞急性照護及長照的病例組合系統的分類問題提供解決的路徑。因此作者將 TAI 的分類變項加上照顧地點(clinical setting)與世界衛生組織(WHO)國際功能、失能與健康分類(International Classification of Functioning, disability and Health, ICF)做連結，可減化評估、減輕評估與被評估者負擔，並可解釋更高的變異量。

## (三) 澳洲的 AN-SNAP study(Australia sub-acute and non-acute care patient classification)(Green,J)

Green J. Case-mix systems used for sub-acute and long-term care. PCSI: 28<sup>th</sup> Patient Classification Systems International Conference. 17-19 October, 2012. Avignon, France.

澳洲在 1997 年發展 AN-SNAP，共分爲五類型的服務：復健、安寧緩和醫療，老人評估與管理，老人心理、維護 (rehabilitation, palliative care, geriatric evaluation and management, psychogeriatrics and maintenance) 針對在不同照護地點(settings，住院、門診、社區)被照顧者以療程(episode)，而非以訪視次數爲單位加以分類。第三版的 AN-SNAP 在 2012 年年初公告，預計 2013 年九月將用於支付亞急性與非急性照護、照顧結果測量與報告以及品質改善計畫。AN-SNAP 第三版(見附錄二)爲分類病人，在三個月內動員 15000 醫師、115 位協調人員，104 位醫院、社區、及健康中心人員，收集服務人員服務時間(區分直間接服務，個人與團體服務)及財務成本資料(包括核心與非核心服務)。其中 ADL 採用 RUG-ADL，復健係以年齡與獨立功能量表(Functional Independence Measurement, FIM)來分類骨科病人；結果共分有 100 個分類，解釋力爲 57.99%。特別發現 RUG-ADL 對精神病人之分類還算適用。MMSE 可用於篩選病人，但無法解釋資源投入之差異。爲收集照護結果資料，澳洲還建立兩個資料收集系統(包括復健結果、安寧照護結果)，以長期監控與分析照護結果。

#### (四) 各國亞急性與長期照護案利組合發展經驗討論：

1. 澳洲代表認爲 ICF 需花費三小時評估，並不認爲其爲適當的病例組合，日本代表則回覆指選擇少數項目。
2. 德國亞急性與長期照護病人混在一起，主要由醫師決定何時轉診。建議要訂定一個切點(如 6 個月)才能區隔兩者責任。
3. 泰國正在研究 SNAP 之可行性，尚未用於支付機構費用。
4. 法國在機構與居家長期照護採用不同的分類系統。
5. 英國亞急性照護系在醫院提供，另有安寧亞急性照護，只要依據疾病分類，功能的測量仍待改善。目前有考慮 FIM。

#### (五) 荷蘭精神照護體系病例組合(Dutch Mental Health Care DBC System)發展

*Meijer, R., Boxem, R.* Development of the Dutch Mental Health Care DBC System-the effect of patient and care providers' characteristics on the length and intensity of anxiety treatment. A statistical analysis.

荷蘭(Meijer & Boxem)以以 2008-2011 的 DBC (荷蘭的 DRGs 結合住院與專科醫師之資料)資料中於 2009 年開始治療而於 2011 年前結束治療的 27,061 位焦慮症患者爲研究樣本，篩選出主診斷爲恐慌

症伴隨廣場恐懼症障礙及創傷後壓力症候群(PTSD) 者，共計 10,338人。檢視不同類型的焦慮症診斷是否會因病患及照護提供者特質而影響治療長度與強度。

結果發現患有焦慮症、有一個以上次診斷、有心理社會狀況及起始 GAF 低的病人顯著需要更長時間的治療。另外在醫院的精神醫療部門照顧的病人，花費在急性醫療部門兩倍(50 % vs. 26%) 的資源。因此次診斷中存有心理社會狀況以及起始 GAF 的程度，較主診斷更能預測焦慮症治療的強度及成本。本研究雖非針對長期照護，但可供發展長期照護案利組合參考。

## 參、心得與建議：

本次參加研討會，正值我國規畫長期照護保險時期；參加會議，可汲取各國發展長期照護案例組合之經驗，做為建立我國長期照護保險案例組合～給付等級之參考依據。雖然短短三天資訊有限但學習到下列經驗：

1. 學習澳洲建立長期照護結果之追蹤資料庫，以建立基礎資料做為評估照護結果、定期修改長期照護評估工具、案例組合或給付等級等之參考。
2. 台灣目前正發展「台灣版長期照護資源使用群」時，除學習美國的 RUGs 與居家服務個案分類系統外，亦可學習澳洲 AN-SNAP(其分類結果件附錄(University of Wollongong, 2012):
  - a.學習澳洲依據不同類型的服務分層，建立不同的案例組合，避免日本以機構案例組合分析結果，套用到社區及居家給付之問題。
  - b.可參考 RUG-ADL(四項)建立照顧服務以及精神疾患給付分類。
  - c. 可參考 AN-SNAP 採用年齡與 FIM 評估物理治療需要。
  - d. 其餘分類變項，請參考附錄二 AN-SNAP 第三版之分類結果。
3. 在精神疾患之分類可評估焦慮症診斷、心理社會狀況等之影響
4. 未來可審慎評估連結日本 TAI 與 ICF 做為長照分類系統之可行性。

## 參考資料:

1. Okochi,J. Case-mix systems used for sub-acute and long-term care. PCSI: 28<sup>th</sup> Patient Classification Systems International Conference. 17-19 October, 2012.Avignon, France.
2. Okochi,J, Takahashi,JT, Takamuku,K. A simple case-mix system for post-acute care system based on

the ICF. PCSI: 28<sup>th</sup> Patient Classification Systems International Conference. 17-19 October, 2012. Avignon, France.

3. Green J. Case-mix systems used for sub-acute and long-term care. PCSI: 28th Patient Classification Systems International Conference. 17-19 October, 2012. Avignon, France.
4. Green J. It's Not Just About Funding - More Than a Decade of AN-SNAP in Australia. PCSI: 28th Patient Classification Systems International Conference. 17-19 October, 2012. Avignon, France.
5. Meijer, R., Boxem, R. Development of the Dutch Mental Health Care DBC System-the effect of patient and care providers' characteristics on the length and intensity of anxiety treatment. A statistical analysis. PCSI: 28th Patient Classification Systems International Conference. 17-19 October, 2012. Avignon, France.
6. University of Wollongong 2012. Australian National Subacute and Non-Acute Patient classification (AN-SNAP) Version 3. University of Wollongong, Wollongong. Viewed 26 September 2012, <http://ahsri.uow.edu.au/chsd/ansnap/index.html>



## 附錄一：活動照片



圖一： 研討會場地外觀



圖二： 研討會入口



圖三 研討會會議室之一

## 附錄二：AN-SNAP Version 3

The intellectual property associated with the AN-SNAP classification is owned by the University of Wollongong. However, the University has placed AN-SNAP in the public domain and is happy for others to use it without modification or development. AN-SNAP cannot be modified or developed without the consent of the University.

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Class	Episode Type	Description
3-101	Overnight Palliative Care	Palliative care, admit for assessment only
3-102	Overnight Palliative Care	Stable phase, RUG-ADL 4
3-103	Overnight Palliative Care	Stable phase, RUG-ADL 5-17
3-104	Overnight Palliative Care	Stable phase, RUG-ADL 18
3-105	Overnight Palliative Care	Unstable phase, RUG-ADL 4-17
3-106	Overnight Palliative Care	Unstable phase, RUG-ADL 18
3-107	Overnight Palliative Care	Deteriorating phase, RUG-ADL 4-14
3-108	Overnight Palliative Care	Deteriorating phase, RUG-ADL 15-18, age <=52
3-109	Overnight Palliative Care	Deteriorating phase, RUG-ADL 15-18, age >=53
3-110	Overnight Palliative Care	Terminal phase, RUG-ADL 4-16
3-111	Overnight Palliative Care	Terminal phase, RUG-ADL 17-18
3-112	Overnight Palliative Care	Bereavement phase
3-151	All ambulatory Palliative Care	Medical only
3-152	All ambulatory Palliative Care	Therapies only
3-153	All ambulatory Palliative Care	Stable phase, multidisciplinary
3-154	All ambulatory Palliative Care	Stable phase, nursing only, Palliative Care Problem Severity Score (PCPSS) <=6, RUG-ADL 4, age >=67
3-155	All ambulatory Palliative Care	Stable phase, nursing only, PCPSS <=6, RUG-ADL 4, age <=66
3-156	All ambulatory Palliative Care	Stable phase, nursing only, PCPSS <=6, RUG-ADL 5-18
3-157	All ambulatory Palliative Care	Stable phase, nursing only, PCPSS >=7
3-158	All ambulatory Palliative Care	Unstable phase, multidisciplinary, RUG-ADL 4, PCPSS <=7
3-159	All ambulatory Palliative Care	Unstable phase, multidisciplinary, RUG-ADL 4, PCPSS >=8

Class	Episode Type	Description
3-160	All ambulatory Palliative Care	Unstable phase, multidisciplinary, RUG-ADL 5-18
3-161	All ambulatory Palliative Care	Unstable phase, nursing only, RUG-ADL <=14, age>=60
3-162	All ambulatory Palliative Care	Unstable phase, nursing only, RUG-ADL <=14, age<=59
3-163	All ambulatory Palliative Care	Unstable phase, nursing only, RUG-ADL >=15
3-164	All ambulatory Palliative Care	Deteriorating phase, multidisciplinary, PCPSS <=6
3-165	All ambulatory Palliative Care	Deteriorating phase, multidisciplinary, PCPSS >=7, RUG<=10
3-166	All ambulatory Palliative Care	Deteriorating phase, multidisciplinary, PCPSS >=7, RUG>=11
3-167	All ambulatory Palliative Care	Deteriorating phase, nursing only, RUG-ADL 4
3-168	All ambulatory Palliative Care	Deteriorating phase, nursing only, RUG-ADL 5-18
3-169	All ambulatory Palliative Care	Terminal phase, multidisciplinary
3-170	All ambulatory Palliative Care	Terminal phase, nursing only
3-171	All ambulatory Palliative Care	Bereavement phase, age >=45
3-172	All ambulatory Palliative Care	Bereavement phase, age <=44
3-201	Overnight Rehabilitation	Rehabilitation, admit for assessment only
3-202	Overnight Rehabilitation	Brain, Neurological, Spinal & Major Multiple Trauma, FIM motor 13
3-203	Overnight Rehabilitation	All other impairments, FIM motor 13
3-204	Overnight Rehabilitation	Stroke, FIM motor 63-91, FIM cognition 20-35
3-205	Overnight Rehabilitation	Stroke, FIM motor 63-91, FIM cognition 5-19
3-206	Overnight Rehabilitation	Stroke, FIM motor 47-62, FIM cognition 16-35
3-207	Overnight Rehabilitation	Stroke, FIM motor 47-62, FIM cognition 5-15
3-208	Overnight Rehabilitation	Stroke, FIM motor 14-46, age>=75
3-209	Overnight Rehabilitation	Stroke, FIM motor 14-46, age<=74
3-210	Overnight Rehabilitation	Brain Dysfunction, FIM motor 56-91, FIM cognition 32-35
3-211	Overnight Rehabilitation	Brain Dysfunction, FIM motor 56-91, FIM cognition 24-31
3-212	Overnight Rehabilitation	Brain Dysfunction, FIM motor 56-91, FIM cognition 20-23
3-213	Overnight Rehabilitation	Brain Dysfunction, FIM motor 56-91, FIM cognition 5-19
3-214	Overnight Rehabilitation	Brain Dysfunction, FIM motor 24-55
3-215	Overnight Rehabilitation	Brain Dysfunction, FIM motor 14-23
3-216	Overnight Rehabilitation	Neurological, FIM motor 63-91
3-217	Overnight Rehabilitation	Neurological, FIM motor 49-62
3-218	Overnight Rehabilitation	Neurological, FIM motor 18-48

Class	Episode Type	Description
3-219	Overnight Rehabilitation	Neurological, FIM motor 14-17
3-220	Overnight Rehabilitation	Spinal Cord Dysfunction, FIM motor 81-91
3-221	Overnight Rehabilitation	Spinal Cord Dysfunction, FIM motor 47-80
3-222	Overnight Rehabilitation	Spinal Cord Dysfunction, FIM motor 14-46, age>=33
3-223	Overnight Rehabilitation	Spinal Cord Dysfunction, FIM motor 14-46, age<=32
3-224	Overnight Rehabilitation	Amputation of limb, FIM motor 72-91
3-225	Overnight Rehabilitation	Amputation of limb, FIM motor 14-71
3-226	Overnight Rehabilitation	Pain Syndromes
3-227	Overnight Rehabilitation	Orthopaedic conditions, fractures, FIM motor 58-91
3-228	Overnight Rehabilitation	Orthopaedic conditions, fractures, FIM motor 48-57
3-229	Overnight Rehabilitation	Orthopaedic conditions, fractures, FIM motor 14-47, FIM cognition 19-35
3-230	Overnight Rehabilitation	Orthopaedic conditions, fractures, FIM motor 14-47, FIM cognition 5-18
3-231	Overnight Rehabilitation	Orthopaedic conditions, replacement, FIM motor 72-91
3-232	Overnight Rehabilitation	Orthopaedic conditions, replacement, FIM motor 49-71
3-233	Overnight Rehabilitation	Orthopaedic conditions, replacement, FIM motor 14-48
3-234	Overnight Rehabilitation	Orthopaedic conditions, all other, FIM motor 68-91
3-235	Overnight Rehabilitation	Orthopaedic conditions, all other, FIM motor 53-67
3-236	Overnight Rehabilitation	Orthopaedic conditions, all other, FIM motor 14-52
3-237	Overnight Rehabilitation	Cardiac
3-238	Overnight Rehabilitation	Major Multiple Trauma, FIM total 101-126
3-239	Overnight Rehabilitation	Major Multiple Trauma, FIM total 74-100 or Burns
3-240	Overnight Rehabilitation	Major Multiple Trauma, FIM total 44-73
3-241	Overnight Rehabilitation	Major Multiple Trauma, FIM total 19-43
3-242	Overnight Rehabilitation	All other impairments, FIM motor 67-91
3-243	Overnight Rehabilitation	All other impairments, FIM motor 53-66
3-244	Overnight Rehabilitation	All other impairments, FIM motor 25-52
3-245	Overnight Rehabilitation	All other impairments, FIM motor 14-24
3-251	Same Day Rehabilitation	Brain, Major Multiple Trauma & Pulmonary
3-252	Same Day Rehabilitation	Burns, Cardiac, Pain, Spine, & Neurological
3-253	Same Day Rehabilitation	All other impairments
3-254	Outpatient & Community Rehabilitation	Outpatient and community rehabilitation, medical assessment only

Class	Episode Type	Description
3-255	Outpatient & Community Rehabilitation	Outpatient and community rehabilitation, multidisciplinary assessment
3-256	Outpatient & Community Rehabilitation	Outpatient and community rehabilitation, medical treatment only
3-257	Outpatient & Community Rehabilitation	Amputation
3-258	Outpatient & Community Rehabilitation	Brain Injury and Major Multiple Trauma
3-259	Outpatient & Community Rehabilitation	Spinal Injury
3-260	Outpatient & Community Rehabilitation	Stroke and Development Disability, sole practitioner
3-261	Outpatient & Community Rehabilitation	Stroke and Development Disability, multidisciplinary, FIM motor <=80
3-262	Outpatient & Community Rehabilitation	Stroke and Development Disability, multidisciplinary, FIM motor >=81
3-263	Outpatient & Community Rehabilitation	All other impairments, sole practitioner
3-264	Outpatient & Community Rehabilitation	All other impairments, multidisciplinary, FIM motor <=80
3-265	Outpatient & Community Rehabilitation	All other impairments, multidisciplinary, FIM motor >=81
3-301	Overnight Psychogeriatric	Psychogeriatric, admit for assessment only
3-302	Overnight Psychogeriatric	HoNOS 65+ Overactive behaviour 3,4
3-303	Overnight Psychogeriatric	HoNOS 65+ Overactive behaviour 1,2 HoNOS 65+ ADL 4
3-304	Overnight Psychogeriatric	HoNOS 65+ Overactive behaviour 1,2 HoNOS 65+ ADL 0-3
3-305	Overnight Psychogeriatric	HoNOS 65+ Overactive behaviour 0 HoNOS 65+ total >=18
3-306	Overnight Psychogeriatric	HoNOS 65+ Overactive behaviour 0 HoNOS 65+ total <=17
3-307	Overnight Psychogeriatric	Long term care
3-351	Outpatient Psychogeriatric	Outpatient psychogeriatric assessment only
3-352	Community Psychogeriatric	Assessment Only
3-353	All ambulatory Psychogeriatric	Treatment, Focus of Care=acute
3-354	All ambulatory Psychogeriatric	Treatment, Focus of Care=not acute, HoNOS 65+ total <=8
3-355	All ambulatory Psychogeriatric	Treatment, Focus of Care=not acute, HoNOS 65+ total 9-13
3-356	All ambulatory Psychogeriatric	Treatment, Focus of Care=not acute, HoNOS 65+ total >=14, HoNOS 65+ Overactive 0,1
3-357	All ambulatory Psychogeriatric	Treatment, Focus of Care=not acute, HoNOS 65+ total >=14, HoNOS 65+ Overactive 2,3,4
3-401	Overnight GEM	GEM admit for assessment only
3-402	Overnight GEM	FIM cognition <=15, FIM motor 13-43
3-403	Overnight GEM	FIM cognition <=15, FIM motor 44-91, age >=84
3-404	Overnight GEM	FIM cognition <=15, FIM motor 44-91, age <=83
3-405	Overnight GEM	FIM cognition 16-35, FIM motor 13-50
3-406	Overnight GEM	FIM cognition 16-35, FIM motor 51-77

Class	Episode Type	Description
3-407	Overnight GEM	FIM cognition 16-35, FIM motor 78-91
3-451	Same Day GEM	Same day GEM, assessment Only
3-452	Outpatients & Community GEM	Outpatient and community GEM, medical assessment only
3-453	Outpatients & Community GEM	Outpatient and community GEM, multidisciplinary assessment
3-454	Same Day GEM	All same day admitted GEM
3-455	Outpatients & Community GEM	FIM motor <=40
3-456	Outpatients & Community GEM	FIM motor 41-56
3-457	Outpatients & Community GEM	FIM motor>=57, sole practitioner
3-458	Outpatients & Community GEM	FIM motor>=57, multidisciplinary
3-501	Overnight Maintenance	Respite, RUG-ADL 15-18
3-502	Overnight Maintenance	Respite, RUG-ADL 5-14
3-503	Overnight Maintenance	Respite, RUG-ADL 4
3-504	Overnight Maintenance	Nursing Home Type, RUG-ADL 11-18
3-505	Overnight Maintenance	Nursing Home Type, RUG-ADL 4-10
3-506	Overnight Maintenance	Convalescent care
3-507	Overnight Maintenance	Other maintenance, RUG-ADL 14-18
3-508	Overnight Maintenance	Other maintenance, RUG-ADL 4-13
3-509	Overnight Maintenance	Long term care, RUG-ADL 17-18
3-510	Overnight Maintenance	Long term care, RUG-ADL 10-16
3-511	Overnight Maintenance	Long term care, RUG-ADL 4-9
3-551	All ambulatory Maintenance	Medical only
3-552	All ambulatory Maintenance	Ambulatory maintenance, nursing assessment only
3-553	All ambulatory Maintenance	Ambulatory maintenance, psychosocial assessment
3-554	All ambulatory Maintenance	Ambulatory maintenance, physical therapy assessment
3-555	Same Day & Community Maintenance	Same day and community maintenance, multidisciplinary
3-556	Outpatient Maintenance	Outpatient maintenance, multidisciplinary assessment
3-557	All ambulatory Maintenance	Maintenance and support, nursing, age>=37, RUG-ADL>=5
3-558	All ambulatory Maintenance	Maintenance and support, nursing, age>=37, RUG-ADL 4
3-559	All ambulatory Maintenance	Maintenance and support, nursing, age<=36, RUG-ADL>=5
3-560	All ambulatory Maintenance	Maintenance and support, nursing, age<=36, RUG-ADL 4
3-561	All ambulatory Maintenance	Maintenance and support, physical therapy, RUG-ADL>=6

Class	Episode Type	Description
3-562	All ambulatory Maintenance	Maintenance and support, physical therapy, RUG-ADL 4,5
3-563	Community Maintenance	Community maintenance and support, multidisciplinary, age>=27, RUG-ADL 4-11
3-564	All ambulatory Maintenance	Maintenance and support, multidisciplinary, age>=27, RUG-ADL>=12
3-565	Outpatient Maintenance	Outpatient maintenance and support, multidisciplinary, age>=27, RUG-ADL 4-11
3-566	All ambulatory Maintenance	Maintenance and support, multidisciplinary, <=26 yrs
Error classes		
3-901	Overnight Palliative Care ungroupable	Data error - ungroupable
3-902	Overnight Rehabilitation ungroupable	Data error - ungroupable
3-903	Overnight GEM ungroupable	Data error - ungroupable
3-904	Overnight Psychogeriatric ungroupable	Data error - ungroupable
3-905	Overnight Maintenance ungroupable	Data error - ungroupable
3-906	All other subacute care ungroupable	Data error - ungroupable

## 出國報告審核表

出國報告名稱：第 28 屆病人分類系統國際研討會		
出國人姓名（2 人以上，以 1 人為代表）	職稱	服務單位
李玉春	總顧問	長期照護保險籌備小組
出國類別	<input type="checkbox"/> 考察 <input type="checkbox"/> 進修 <input type="checkbox"/> 研究 <input type="checkbox"/> 實習 <input checked="" type="checkbox"/> 其他 <u>國際會議</u> （例如國際會議、國際比賽、業務接洽等）	
出國期間：	101 年 10 月 12 日至 101 年 10 月 20 日	報告繳交日期：102 年 1 月 18 日
計 畫 主 辦 機 關 審 核 意 見	<input type="checkbox"/> 1.依限繳交出國報告 <input type="checkbox"/> 2.格式完整（本文必須具備「目的」、「過程」、「心得及建議事項」） <input type="checkbox"/> 3.無抄襲相關出國報告 <input type="checkbox"/> 4.內容充實完備 <input type="checkbox"/> 5.建議具參考價值 <input type="checkbox"/> 6.送本機關參考或研辦 <input type="checkbox"/> 7.送上級機關參考 <input type="checkbox"/> 8.退回補正，原因： <input type="checkbox"/> 不符原核定出國計畫 <input type="checkbox"/> 以外文撰寫或僅以所蒐集外文資料為內容 <input type="checkbox"/> 內容空洞簡略或未涵蓋規定要項 <input type="checkbox"/> 抄襲相關出國報告之全部或部分內容 <input type="checkbox"/> 電子檔案未依格式辦理 <input type="checkbox"/> 未於資訊網登錄提要資料及傳送出國報告電子檔 <input type="checkbox"/> 9.本報告除上傳至出國報告資訊網外，將採行之公開發表： <input type="checkbox"/> 辦理本機關出國報告座談會（說明會），與同仁進行知識分享。 <input type="checkbox"/> 於本機關業務會報提出報告 <input type="checkbox"/> 其他_____	
審核人	一級單位主管	機關首長或其授權人員

- 說明：
- 一、各機關可依需要自行增列審核項目內容，出國報告審核完畢本表請自行保存。
  - 二、審核作業應儘速完成，以不影響出國人員上傳出國報告至「政府出版資料回應網公務出國報告專區」為原則。