

Epidemiology Bulletin

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Epidemiological Study of the Characteristics of Chronic Patients in Four Taipei Municipal Hospitals
(2)

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IV. Discussion

1. Limitations of Study

- 1) The study investigates only cardio-vascular-related chronic diseases, the results cannot apply to all chronic disease patients in all municipal hospitals.
- 2) The difference between interviewers in their interviewing practice is inevitable
- 3) Some parts of the questionnaire are relatively complicated, the results thus obtained may not be accurate enough.

2. Discussion

- 1) The 1,174 cases come . 32.1% from the Chung-hsing Hospital, 43% from the Jen-ai Hospital, 17.2% from the Ho-ping Hospital, and 7.7% from the Yang-ming Hospital. The medical ward and the OPD of the Ho-ping Hospital are under reconstruction, the Yang-ming Hospital is a newly established municipal hospital, the number of patients from these two hospitals, therefore, is relatively small.
- 2) 50.4% of these patients are self-paid. Of them, 38.7% have paid more than NT50,000

for their medical care. The average hospital days of stay (HDS's) for self-paid patients and patients on the dependent insurance scheme, thus, are shorter than those of patients on the government employee and the laborer's insurance schemes and patients on social welfare programs. Patients of these four chronic diseases require longer treatment and follow-up. The national health insurance program under planning will provide better medical care services to these self-paid patients.

- 3) Of the 735 patients interviewed, the major reason for selecting a certain hospital for hospitalization is proximity (59.1%). 72.9% of the patients live within a radius of 5.5 km from the hospital. These two findings correspond. Furthermore, it is found that most patients (95.2%) are admitted through emergency or OPD, only 4.1% are referred by other clinics or hospitals. These findings show that municipal hospitals 1) serve patients within a radius of 5 km, and 2) accept patients directly without referral. The four hospitals are classified as regional hospitals in the medical care network currently under implementation by the Department of Health. A poor referral system such as this needs the attention of the policy-makers.
- 4) 49.5% of the patients discharge themselves because they think they are cured. A possible reason is the discrepancy in the understanding of the disease between physicians and patients, and patients' families as well. A better communication could reduce the rate of self-discharge.
- 5) Most patients are positive and appreciative of the techniques of the physicians and the services of the physicians and the nurses. This finding is consistent regardless of the place of interview (hospital or residence). It seems the quality of medical care of municipal hospitals is highly regarded by many patients.
- 6) 53.7% of patients return to the original hospitals for treatment, only 1.1% visit the nearby health centers. Thus, 43.7% of them complain that there are too many patients and that the waiting takes too long. Why nearby health centers are not used by the discharged patients requires further study.
- 7) During the past year, 81.9% of the patients have been hospitalized once or more than once for the same disease, and 22.4% twice or more than twice. The rate of repeated hospitalization seems high among chronic patients.
- 8) By types of insurance programs, self-paid patients, patients on either the dependent insurance scheme or the government employee insurance scheme tend to stay in hospital shorter than patients on the laborer's insurance or on social welfare.
- 9) Patients with an average monthly income of less than NT\$10,000 tend to stay in hospital longer.
- 10) 68.1% of those interviewed request that adequate services be provided in health centers (38.5% for free periodic physical examination, 18.1% for home nursing care for the aged and the disabled patients, 11.5% for more information on the prevention and control of chronic diseases). 52.8% of them, however, do not know that these services have been provided by health centers. For the 656 discharged patients, 90.9% have been visited at homes by health center nurses. The role played by health centers in the medical care system is important, though their functions need improvement.

- 11) The average hospital days of stay by diseases are 21.73 days for CAV, 20.75 days for combined two or more diseases of the four, and less than average for either of DM, CHD, or HBP. Complication rates are 33.8% for CVA, 29.5% for combined two or more diseases. Thus, CVA patients and patients with two or more diseases tend to stay in hospitals longer.
- 12) The Jen-ai Hospital has the most CVA patients (37%), to be followed by the Chung-hsing Hospital (33.7%)

Table 1.

Sex	No	Average Hospital Day of Stay	Standard Day	Statistical Value
Male	555	19.06	24.40	0.64 > 0.05
Female	523	18.15	21.47	(T)

V. Conclusion and Recommendations

1. Conclusion

- 1) Of the 735 patients interviewed, more than a half (50.4%) are not medically insured. Of them, 38.7% have paid for their hospitalization more than NT\$50,000. A national health insurance program should be implemented soon.
- 2) In the past year, 81.9% of these patients have been hospitalized for once or more. The rate of repeated hospitalization is high among chronic patients.
- 3) 53.7% of the discharged patients return to the original hospitals for treatment. 16.5% of them visit general hospitals or clinics for out-patient treatment. Only 1.1% of them visit health centers for treatment.
- 4) Most requested services of the government are (multiple choices): 1) free periodic physical examination (38.5%), 2) funds and places for recreation (20.1%), 3) home nursing care for the aged and the disabled patients (18.7%), and 4) information on the prevention and control of chronic diseases (11.5%).
- 5) By stepwise logistic regression, it is found that the following factors are relevant to the hospital days of stay:
 - (1) age: the older the patient, the longer the hospital stay.
 - (2) disease: CVA and patients with more than two diseases stay longer.
 - (3) insurance: patients on laborer's insurance or social welfare stay longer, and
 - (4) paid special nurse: patient with paid special nurse during hospitalization stay longer.