



# 新竹馬偕門診



MISSION

VALUE



# 門診樓層及科別介紹

福音樓一樓：神經內、外科及兒童血友病門診

福音樓二樓：胸腔外科、腎臟科、風濕科、整形外科、骨科及成人血液科

福音樓二樓：腸胃科、心臟科、感染科、胸腔內科、內分泌科

平安樓二樓：皮膚科、眼科及家庭醫學科

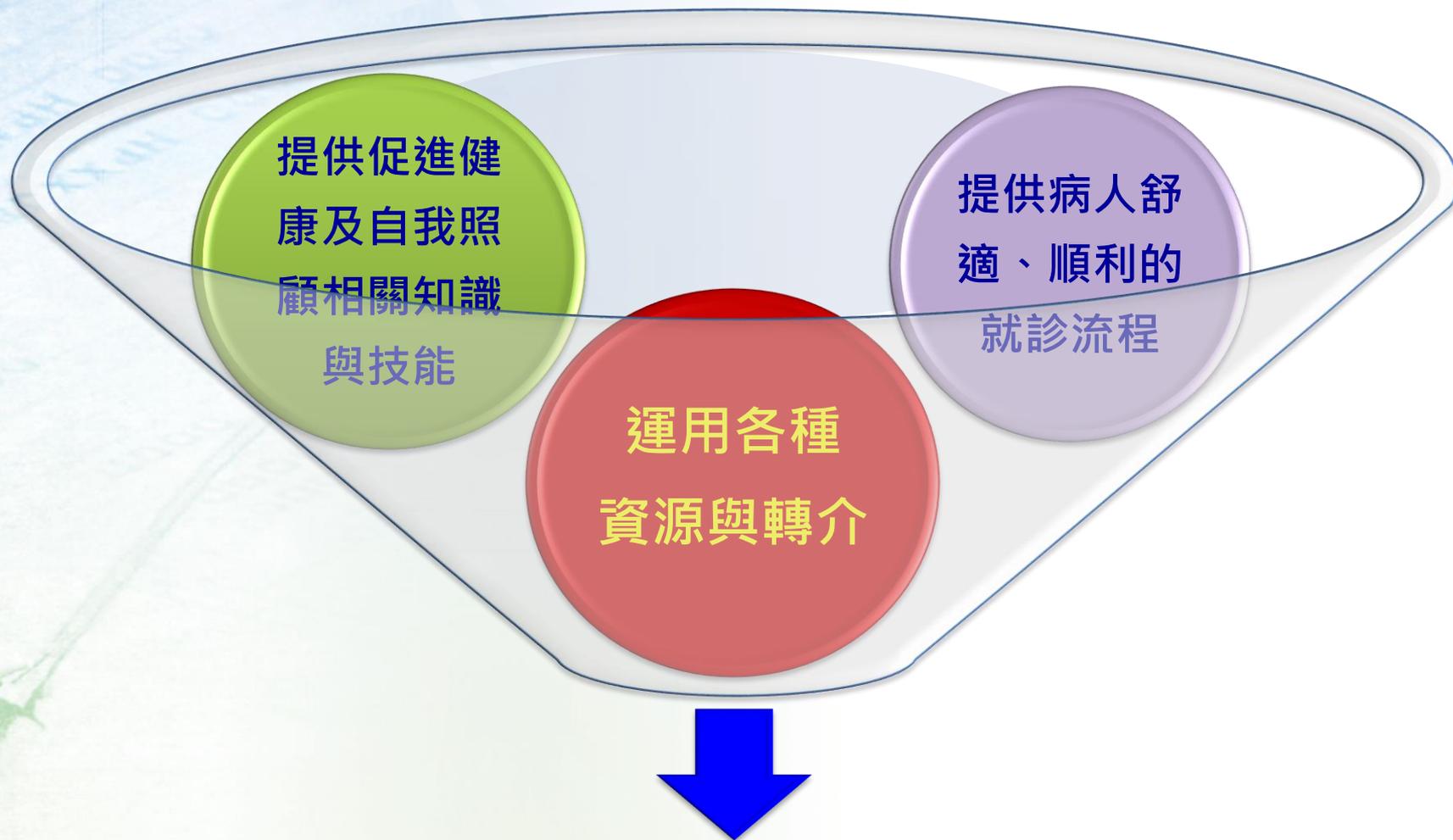
平安樓三樓：心臟外科、一般外科及乳房外科

平安樓五樓：身心科及復健科

獨立衛教室：內科衛教室、戒菸衛教室



# 服務目標



**完整的醫療照護達到身、心、靈健康**



# 門診醫療團隊

## 護理人員

- 每個診間皆配置1~2名護理人員協助跟診，落實民眾就醫身份的正确性、維護就醫之隱私權、並依病情個別性不同，提供適切性及個別化之衛教。
- 依據本單位專科特性，培育門診護理師參與戒菸衛教師、殘障鑑定、預立醫療照護諮商訓練、長者健康整合式功能評估等專科訓練。





# 門診醫療團隊

## 主治醫師

全數來自醫學中心的醫療團隊，  
每位均具專科醫師資格。  
依照病人之病情需求，協助轉介  
其他專科醫師共同照護。

## 專業醫事人員

愛滋個管師、氣喘個管師、糖尿病共同照護護理師、肝炎個管師、  
結核個管師、營養師、腎臟病防治護理師、居家照護護理師、  
癌症個管師、社工師、院牧關懷師。



門診管理中心主任



# 安全的設備環境-貼心空間

- ◎ 寬敞、明亮、溫馨的候診空間
- ◎ 候診區候診設有自動血壓計、身高體重計、坐式體重計





# 安全的設備環境- 貼心空間

- ◎ 平安樓二樓設有哺集乳室：提供哺集乳期婦女舒適又隱私的獨立空間
- ◎ 設有親子廁所：內有尿布台及壁掛式孩童座椅，協助攜帶幼兒如廁



哺集乳室：環境舒適、安全



親子廁所：設有大小便器、  
尿布台及壁掛式孩童座椅

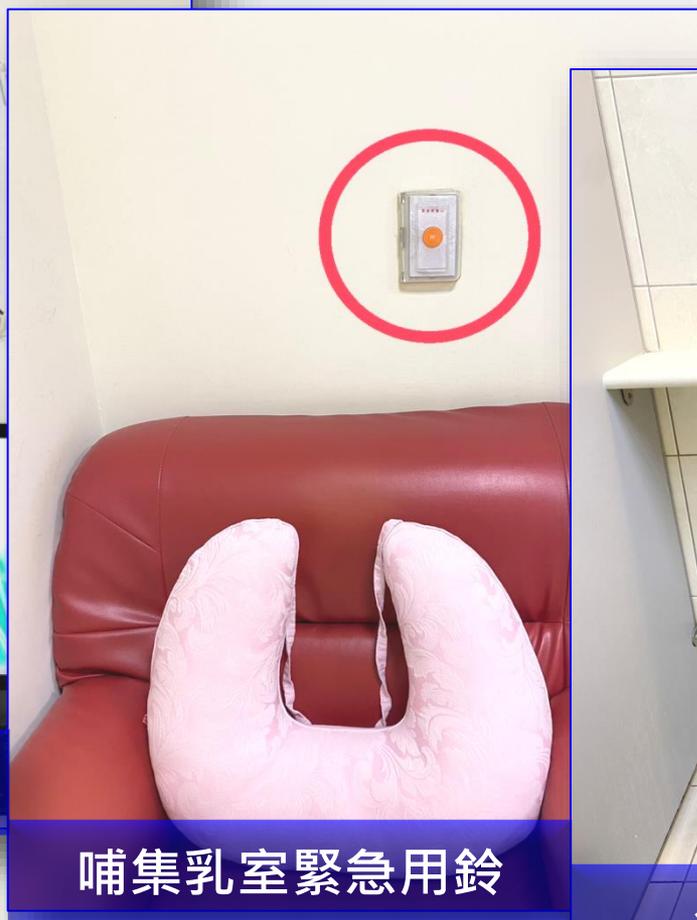


# 安全的設備環境-緊急鈴

◎ 特殊門診、哺集乳室及公共廁所設置緊急用鈴



身心科門診緊急用鈴



哺集乳室緊急用鈴



公共廁所緊急用鈴



# 服務特色之看診進度查詢

- 查詢看診進度：網路、語音、院內掛號機、馬偕行動掛號APP，皆可查詢目前看診號碼及未看診人數。

新竹馬偕紀念醫院  
Hsinchu MacKay Memorial Hospital

馬偕首頁 院區

關於馬偕 就醫服務

新竹市東區光復路二段690號  
03-688 9595

民眾服務

COVID-19 防疫門診、採檢

科別掛號 醫師 電話掛號

**看診進度** 預約慢箋 查詢掛號

用藥諮詢 交通指引 即時訊息

電腦網頁之民眾服務中提供【看診進度】查詢

14:21 4G 91

新竹馬偕

最新消息 行動掛號

掛號查詢 本機紀錄

**看診進度** 交通指引

馬偕行動掛號APP提供【看診進度】查詢

病症參考 醫指付

住院查詢 分級醫療

其他事項 健康存摺



# 服務特色之特別門診

- ① 「預立醫療照護諮商門診」由預立醫療團隊提供專業諮詢，讓民眾做出符合自己意願的決定，並簽署「預立醫療決定書」
- ② 「長者健康整合式功能評估」由ICOPE醫療團隊提供專業評估、轉介





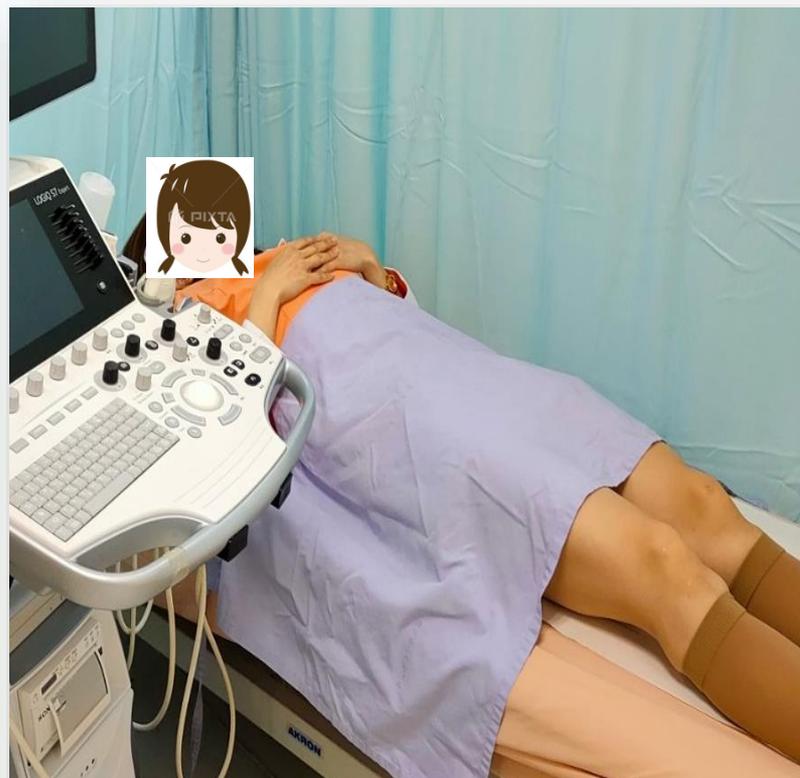


# 維護門診就診之隱私

- ◎ 看診診間均為單一診間
- ◎ 診間內設有隔簾、診察床設有圍簾，病人檢查中有被單覆蓋，供醫護人員、病人使用，檢查中必有護理人員在旁協助與維護隱私。



門診為獨立診間，看診以單進單出模式進行環境保護，保障其隱私及權利



病人檢查中有被單覆蓋  
檢查中~必有護理人員在旁協助與維護隱私





# 門診個別性之護理指導與諮詢

設有個別護理衛教室，依病人及家屬需求提供個別諮詢及護理指導。

## ④ 內科衛教室：

肺結核、氣喘、糖尿病、高血壓、高血脂、高尿酸血症、戒菸、胃鏡、大腸鏡等特殊檢查前注意事項。

## ④ 戒菸衛教室：

戒菸諮詢及門診戒菸個案管理。



獨立空間衛教室，提供諮詢與指導



# 門診團體護理指導

- ◎ 配合衛生署疾管局及福衛部之衛生宣導，依據病人及季節變化，每月安排2-3場不同主題團體護理指導。
- ◎ 每天於內科、外科、身心科候診區播放衛教影片。
- ◎ 針對病人個別需求，配合使用護理指導單張提供相關衛教。



安排不同主題團體護理指導

**顏面神經麻痺護理指導**

2001.01 制定  
2023.06 修訂

造成顏面神經麻痺的原因很多，其中最常見的是「特發性」亦稱「貝爾氏麻痺」。它是一種急性顏面神經麻痺，其原因不明，染引起，大部份因急性神經發炎、腫脹受擠壓而引起單側顏面麻痺。患者麻痺通常會產生(1)麻或是僵硬感(2) 眼瞼閉合不攏(3) 眼睛乾澀發紅(4) 嘴巴歪斜(5) 口水滴漏(6) 耳後痛.....等症狀。

恢復時間大部份需要3-6週，有時甚至要拖到6個月。一般在發病初期，短期會口服高劑量的類固醇，其他的輔助藥物包括維他命B6及B12、人工淚液。除了依醫囑服用藥物之外，居家自我照顧極為重要，目的在減輕肌肉僵硬感，維持肌肉張力，防止肌肉萎縮，促進臉部的對稱性恢復改善。

1. 居家自我照顧

- (1) **局部熱敷**—請用熱毛巾，溫度約45℃，每次15分，促進血液循環。
- (2) **臉部按摩**—用手掌由鼻側至太陽穴、嘴角至耳中、下頰至耳下向外按摩，用拇指由眉毛至髮際向上按摩。

鼻側至太陽穴	嘴角至耳中	下頰至耳下	眉毛至髮際

(3) **臉部肌肉訓練**—請務必面對「鏡子」執行，眨眼、眉毛上提、皺眉、張口微笑、嘟嘴鼓氣、緊縮嘴唇、抿嘴鼓氣等動作(一天3次，每個動作8次，並持續3秒)及字母練習(發出a、e、i、o音，每個音持續5秒)，平時亦可增加吹口哨、吹氣球、嚼口香糖。

Form : OPD - 版05

護理指導單張，定期審視及修訂



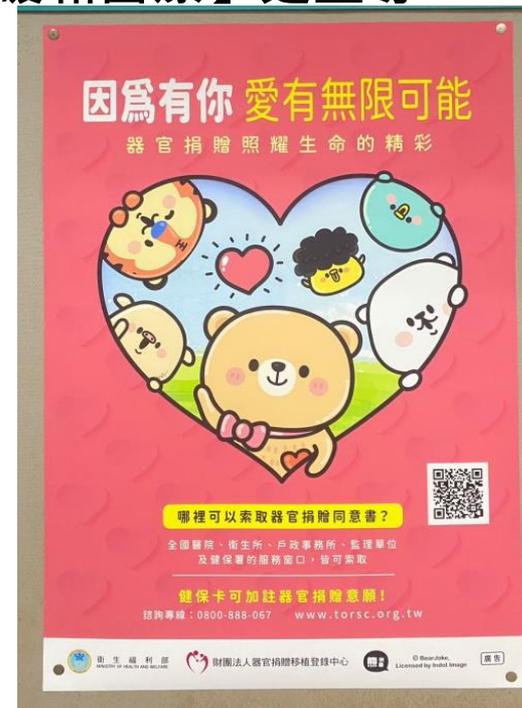
# 門診照護之健康促進宣導

## ◎ 提供四大癌症免費篩檢服務

門診區設有癌症資源中心及篩檢轉介窗口，以便就近提供癌症篩檢服務及後續相關門診之追蹤。

## ◎ 提供安寧療護服務

設有預立醫療諮商門診；一樓服務台提供器官捐贈及安寧緩和的意願書；候診區進行【器官捐贈】及【安寧緩和醫療】之宣導。





# 提升門診醫療品質成果

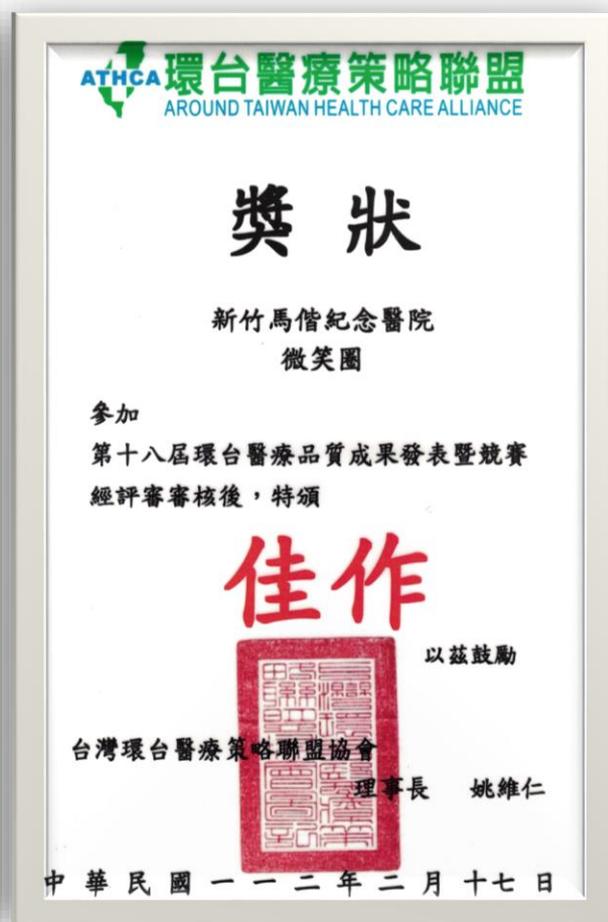
2020年10月 第十五屆  
醫策會醫療品質成果競賽  
榮獲【金獎】



2021年8月本院  
第十二屆實證醫學競賽  
榮獲【第一名】



2023年2月 第十八屆  
醫策會醫療品質成果競賽  
榮獲【佳作】





# 門診專業學術發表成果



2018年李金玲護理師  
環台醫療策略聯盟  
學術海報發表

### Enhance the satisfaction of the medical environment for the elderly in the medical clinic

Chia-Ling Hsieh, Hsiang-Tsen Chen, Hui-Yu Hisao  
Hsinchu Mackay Memorial Hospital in Taiwan(R.O.C)

**Purpose of the Study**  
It is estimated that Taiwan will change from an aging society to a super-aged society in 2025, and the proportion of the elderly population will be increased up to 20%. The problem that most elderly people seek medical treatment alone will be a derivative in the aging society. The elderly are not clear about the order of the consultation and the complicated inspection procedures, unable to stand for a long time, heavy hearing, and blurred vision. Outpatient workflow was interrupted by the treatment of the elderly problem mentioned above and resulting in communication errors and complaints between the two parties. It is the goal of the hospital that how to build the safety of the elderly and improve the hardware and software equipment of the hospital. It can improve satisfaction of the medical environment for the elderly in the outpatient clinic.

**Analysis/Method**  
The respondents are elderly people aged 65 or above or family members of the elderly. The average is 1.7% of the questionnaire on the "Safety satisfaction survey for the healthcare environment for elderly." It was low in satisfaction with the medical environment in the outpatient waiting area. Exploring the reasons: Firstly, the indicators problems: the medical map and the location of the blood pressure machine are not clear. Secondly, the service problem: The volume of the medical staff is too small to hear clearly, the facts of the health education documents are too small. Thirdly, the insufficient equipment: The chair is not enough in the waiting area and people don't know where to borrow the auxiliaries.  
Project improvement: adding the priority seat, hanging blood pressure measurement place indication, adding "card magnifier" and "Presbyopic glasses", making multimedia videos to introduce the hospital environment, adding auxiliary communication devices and promoting the auxiliaries borrowing locations to improve the medical environment and healthcare quality for the elderly.

**Results**  
After the implementation of the project, the questionnaire was issued to the patients over 65 years old who have been treated for more than 2 times, or the families of the elders. A total of 200 questionnaires were distributed, and the recovery rate was 100%. The average satisfaction rate was increased from 1.7% to 4.5%, reaching a target of 4.19%.

**Conclusion**  
The following are the difficulties encountered in improving the satisfaction of the elderly in the medical care environment: because the medical outpatients are mostly elderly, their bodies are irreversible, such as degeneration, presbyopia, deafness, etc., so that some elderly people expressed a willingness to fill out the satisfaction questionnaire. Therefore, it is difficult to know the patient's opinion. However, after the implementation of various improvements, the use of medical auxiliaries can improve the communication between doctors, nurses and patients and avoid endangering patient safety due to medical information errors. For the elderly who came to the hospital first time need to ask around because of no multimedia film on the first floor lobby to introduce the "hospital environment". This is the biggest resistance for the elderly. After improvement, the volunteer service courier can provide information to the elderly in time. It is recommended to promote the improvement of the medical safety environment to various clinics in the future, so as to successfully create a high-quality, comfortable and safe outpatient medical environment for the elderly, increase the satisfaction and loyalty of the elderly to the hospital and achieve sustainable development finally.

Item	Before	After
1. Introduction to the "Auxiliary Borrowing Location" video	11	48
2. Add "Priority Seat"	11	48
3. Add "Auxiliary Equipment Borrowing Location" video	11	48
4. Add "Priority Seat"	11	48
5. Add "Auxiliary Equipment Borrowing Location" video	11	48
6. Add "Priority Seat"	11	48
7. Add "Auxiliary Equipment Borrowing Location" video	11	48
8. Add "Priority Seat"	11	48
9. Add "Auxiliary Equipment Borrowing Location" video	11	48
10. Add "Priority Seat"	11	48

2019年謝佳伶組長  
HPH海報發表

### Failure Mode and Effect Analysis of Electrical Safety Measures Implemented by Medical Staff

Tzu-Chun Liu<sup>1</sup>, Pei-Fang Leo<sup>2</sup>, Hsiao-Ling Hsiao<sup>3</sup>

<sup>1</sup>Hsinchu Mackay Memorial Hospital, Hsinchu City, Head Nurse of Nursing Department  
<sup>2</sup>Hsinchu Mackay Memorial Hospital, Hsinchu City, Supervisor of Nursing Department  
<sup>3</sup>Hsinchu Mackay Memorial Hospital, Hsinchu City, Nurse of Nursing Department

**Abstract**  
**Purpose:** The aims of this study were to enhance the safety environment in a hospital. We applied failure mode and effect analysis (FMEA) to evaluate risk factors and took precautions in high-risk procedures.  
**Methods:** Hazard analysis was employed to assess the potential causes of environmental failure and impact factors. On the basis of these factors, actions were taken, for example launching of training to promote environmental awareness, emotion, and belief, the integration of equipment systems, the development of an equipment maintenance system, and regular review of the audit work of security management.  
**Results:** Before risk priority coefficient determination, we received a test score of 2595 points. After improvements, the test score was 479 points and our overall decline in effectiveness was 95%. Our tracking safety management completion rate was 99.79%–100%, and the effect was maintained at 99.9%.  
**Conclusions:** Environmental risk factors were identified using FMEA structural system analysis, and preventive risk management measures then ensured that our hospitals were deemed to be safe and were zero-risk environments.

**Key words:** Patient Safety, FMEA, Electrical Safety

2019年劉姿均護理長  
醫療品質雜誌刊登  
第13卷第3期

### Effectiveness of Topical Tranexamic Acid Administration on Blood Loss and Blood Transfusion after Knee Arthroplasty

Hsiao-Chuan Lin, Hsin-Yi Lin, Si-Xuan Li  
Mackay Memorial Hospital

**Background**  
Blood transfusions are frequently required following total knee arthroplasty (TKA). Tranexamic acid (TXA) is a synthetic anti-fibrinolytic agent that inhibits fibrinolytic and plasmin generation to achieve hemostasis and has been shown to reduce blood loss and transfusion requirements.

**Purpose**  
We aimed whether TKA administration could reduce blood loss and blood transfusion requirements after TKA.

**Methods**  
The study included the patients diagnosed as unicompartmental arthroplasty with TKA using the medical record review method from January 1, 2015 to December 31, 2015. The experimental group received oral doses of 1500 mg (500 mg TKA + 500 mg normal saline [NS]) and the control group received no TXA (500 mg normal saline). The total blood loss, the mean drop of hemoglobin, the average output on day 1, day 2 and total drainage output, the number of units transfused and the number of units transfused were compared.

**Results**  
One hundred and forty six patients were included. Total drainage output was 486.0 (SD 204) in TKA group, 785.0 (SD 326) in control group. Differences in total average output between the TKA group and the control group were statistically significant (p<0.05). There were also significant difference in reducing the number of patients transfused (p<0.05) and units transfused (p<0.05). 18 patients (12.7%) in the experimental group received 26 units of blood, 56 patients (62.7%) in the control group received a total of 160 units of blood. No significant difference in mean drop of hemoglobin, total blood loss, and drainage output on day 1 and day 2 in both groups.

**Conclusion**  
Oral administration of TXA is effective in reducing total drainage output, the number of patients and units transfused. Results of this study are recommended after TKA.

2019年林小絹護理師  
ICN海報發表