

**Title: The Role of Occupational Therapy in Post-Acute Care**

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**Abstract:**

Patients who become stable in the acute phase are often worried about the care after returning home and would request longer stay in the hospital. The decreased care intensity, or the phenomenon of clients seeking admission to large hospitals for further rehabilitation reflect the need of improving medical services quality and the efficiency of resource use. Therefore, from 2014, the National Health Insurance Administration in Taiwan has implemented the Post-acute Care (PAC) Service programs. This post-acute integrated care model has been established through payment reform to improve the care quality. It includes 6 sub-programs: (1) Stroke, (2) Burn, (3) Traumatic Neurological Injury, (4) Specific Fracture (5) Heart Failure, (6) Aging Frailty. A total of 277 hospitals joined the PAC program, 217 of them provide stroke PAC, 29 provide burn PAC, 149 provide traumatic neurological injury PAC, 189 provide Specific fracture PAC, 149 provide aging frailty PAC, and 35 provide heart failure PAC.

In each sub-program professional assessment of daily living functions are emphasized. As a profession that long focused on an individual's participation in daily occupation, occupational therapists(OT) play a very important role in helping patients in the PAC program in gaining as much independence as possible. OT working in the PAC programs assist patients to reach their full potential during the prime period hoping to restore life function and reduce the impact of disability. OT design individualized therapeutic tasks according to the client's needs to promote active movements that lead to smooth performance of functional tasks. In the PAC programs, occupational therapy service emphasizes more on motor skills relearning, prevention of disability and home environment assessment and modification. We hope to reduce the psychological damage caused by disease, and enhance patients' quality of life.

Through proper selection of appropriate patients and high-intensity training, patients can make significant progress in Post-Acute Care programs. Provision of active and integrated PAC care is efficient in function restoration or reduction of the degree of disability. It also helps to reduce subsequent medical expenses of re-hospitalization.

急性病患往往對出院返家感到很焦慮，而希望能延長住院。而照護強度不足，或為復健入住大型醫院之情形，對於醫療服務品質與資源使用效率都需要改善。台灣中央健康保險署自 2014 年起，辦理全民健康保險急性後期整合照護計畫(PAC)。故透過支付改革，建構急性後期照護模式與病人垂直整合轉銜系統。計畫包含六個子項目：(1) 腦中風，(2) 燒燙傷，(3) 創傷性神經損傷，(4) 脆弱性骨折，(5) 心臟衰竭，(6) 衰弱高齡病患。全台目前共計 277 所醫院有提供急性後期照護計畫，其中 217 家醫院提供腦中風急性後期照護，29 家醫院提供燒燙傷急性後期照護，149 家提供創傷性神經損傷急性後期照護計畫，189 家提供脆弱性骨折急性後期照護計畫，149 家提供衰弱高齡病患急性照護計畫，35 家提供心臟衰竭急性後期照護計畫。

每個子計畫中的專業化評估工具都相當強調日常生活功能。因此職能治療師在治療病人、協助他們盡可能獨立上扮演相當重要的角色。職能治療師使患者能夠在黃金時期充分發揮其潛力，以恢復生活功能並減少殘障狀況的存在。職能治療師根據病患的需要設計治療任務，促進主動動作，順利執行功能任務。在 PAC 計畫中，職能治療服務更強調在：動作再學習技巧、失能防治介入以及居家環境評估與改造。我們要減少疾病帶來的心理傷害，提高患者的生活品質。

通過適當選擇合適的患者和高強度訓練的結果，患者可以在急性後期照護計劃中獲得明顯進步。透過此項提供主動且整合性的照護服務，病人可以恢復功能或減低殘障，並減少後續的再住院醫療費用。