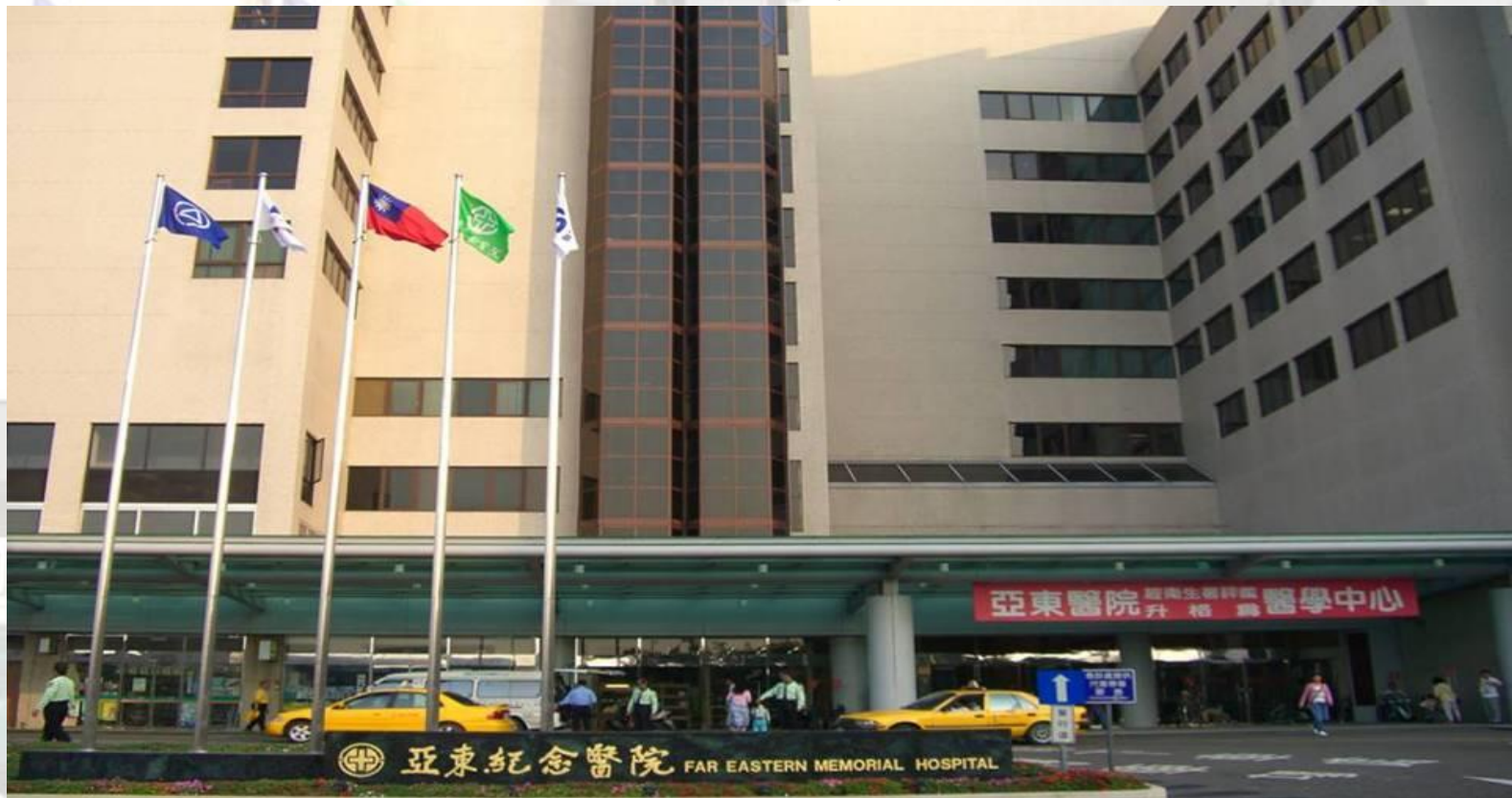


護生在職教育 醫院簡介



 亞東紀念醫院 FAR EASTERN MEMORIAL HOSPITAL

醫院的理念

- 宗旨：善盡社會醫療責任
- 使命：持續提升醫療品質
- 願景：成為民眾首選的醫學中心

護理部的理念

- 宗旨：全人照護、促進健康
培育菁英、專業創新
- 理念：依據Maslow理論、秉持關懷的心
運用護理過程、提供全人照護

樓層簡介-1

補充說明1:買餐卷的出納處在亞東會館B2
補充說明2:臨技中心在亞東會館B3

亞東會館 2F	● 圖書館
亞東會館 B2F	<ul style="list-style-type: none"> <li style="width: 25%;">● 品質管理中心 <li style="width: 25%;">● 社區健康發展中心 <li style="width: 25%;">● 企劃處 <li style="width: 25%;">● 人力資源處 <li style="width: 25%;">● 總務處 <li style="width: 25%;">● 稽核處 <li style="width: 25%;">● 會計處 <li style="width: 25%;">● 社區護理 <li style="width: 25%;">● 勞安處 <li style="width: 25%;">● 公關室

門診HB005~HB007 / 高階影像中心 / 健康管理中心 / 媒體中心 / 高壓氧中心 / 緊急災難應變中心	北棟	▶ B1	南棟	門診DB001-DB003 / 放射腫瘤科 / 臨床病理科 / 核子醫學科 / 解剖病理科 / 社工室 / 病歷室 / 藥學部 / 材物處 / 美食街 / 轉角咖啡
停車場		▶ B2		放射腫瘤治療中心
停車場		▶ B3		
停車場		▶ B4		
停車場		▶ B5		

樓層簡介-2

手術室 / 心血管加護病房 / 心導管室 / 血液透析中心 / 血庫	北棟	▶ 3F	南棟	手術室 / 恢復室 / 麻醉諮詢室
門診201~253 / 批價&掛號 / 神經生理檢查室 / 婦產科超音波 / 皮膚科治療室 / 門診護理站 / 眼科檢查室 / 泌尿科檢查室 / 門診治療室 / 糖尿病衛教室		▶ 2F		門診254-289 / 門診檢驗 / 青少年健康中心 / 高齡整合照護中心 / 影像醫學科
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樓層簡介-3

門診化療中心 / 亞東菁英健康管理中心 / 超音波暨內視鏡中心 / 形體美容醫學中心 / 階梯教室	北棟	▶ 6F	南棟	6A、6B、6D病房 / 教學部 / 醫學教育中心 / 共同研究室(二) / 資訊處 / 第六會議室
內科加護病房 / 外科加護病房 / 血液腹膜透析中心		▶ 5F		神經加護病房 / 燒燙傷中心 / 呼吸照護中心 / 共同研究室(一)
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樓層簡介-4

	北棟	▶ 14F	南棟	國際會議廳 / 營養科 / 員工休閒中心 / 第一教室
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- → 總務處（亞東會館B2）
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	應收票據														
	銀行存款		2 填寫金額												
			合計												
金額：新台幣				億	仟	佰	拾	萬	仟	伍	佰	零	拾	零	元整
說 明	餐卷：500 元（中餐）			3. 填寫內容：餐卷											
繳款日	97 年 1 月 28 日		繳款人	玫伶		代號	Z1401								
主 管	4. 填寫：繳款日		5. 請填寫：玫伶 (人名固定不變)		出納經	6. 請填寫：Z1401 (代號固定不變)									

學生權益

醫療看診：

- 凡在亞東紀念醫院之實習之學生，則享有看診免掛號費之優惠。
- 醫院自費部份則需視科別決定而定，實際費用以批價金額為主。

學生權益

停車優惠：

- 凡在亞東紀念醫院之實習學生，享有停機車免費之優待，汽車並不享有優待之福利。
- 學生需持「非編制內員工機車停車卡申請表」，填表後繳至人力資源處確認身份，憑表送停管中心辦理識別證到四川路口之票亭辦理手續，票亭人員將會提供IC卡給學生。
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- 學生可於實習時於櫃內置放私人物品，但不提供保管之則，故請將貴重物品隨身攜帶。
- 學生於實習結束時便不再提供使用置物櫃之權利。
- 使用密碼鎖置物櫃之學生，若忘記密碼號碼，可找護理部秘書借鑰匙開鎖。
- 若忘記密碼三次，則予以罰金新台幣100元整。

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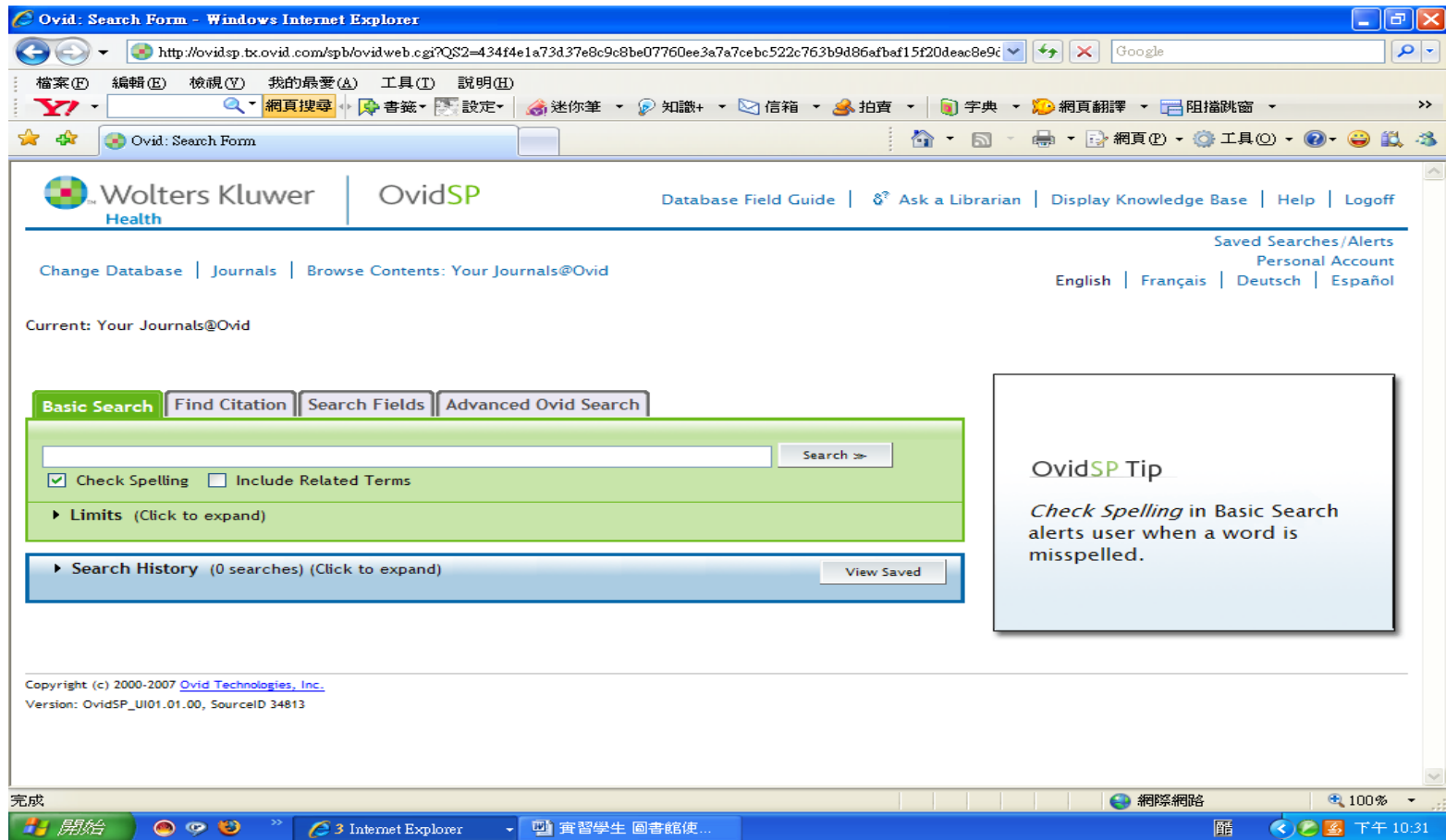
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J Am Coll Cardiol. 2016 Mar 29. pii: S0735-1097(16)32404-4. doi: 10.1016/j.jacc.2016.03.525. [Epub ahead of print]
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Opstad TB, Arnesen H, Pettersen AA, Seljeflot I.
Metab Syndr Relat Disord. 2016 Apr 9. [Epub ahead of print]

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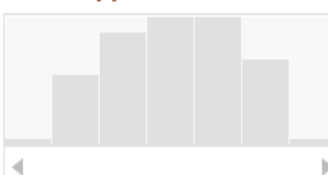
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Safer Prescribing--A Trial of Education, Informatics, and Financial Incentives.

Dreischulte T¹, Donnan P¹, Grant A¹, Hapca A¹, McCowan C¹, Guthrie B¹.

+ Author information

Abstract

BACKGROUND: High-risk prescribing and preventable drug-related complications are common in primary care. We evaluated whether the rates of high-risk prescribing by primary care clinicians and the related clinical outcomes would be reduced by a complex intervention.

METHODS: In this cluster-randomized, stepped-wedge trial conducted in Tayside, Scotland, we randomly assigned participating primary care practices to various start dates for a 48-week intervention comprising professional education, informatics to facilitate review, and financial incentives for practices to review patients' charts to assess appropriateness. The primary outcome was patient-level exposure to any of nine measures of high-risk prescribing of nonsteroidal antiinflammatory drugs (NSAIDs) or selected antiplatelet agents (e.g., NSAID prescription in a patient with chronic kidney disease or coprescription of an NSAID and an oral anticoagulant without gastroprotection). Prespecified secondary outcomes included the incidence of related hospital admissions. Analyses were performed according to the intention-to-treat principle, with the use of mixed-effect models to account for clustering in the data.

RESULTS: A total of 34 practices underwent randomization, 33 of which completed the study. Data were analyzed for 33,334 patients at risk at one or more points in the preintervention period and for 33,060 at risk at one or more points in the intervention period. Targeted high-risk prescribing was significantly reduced, from a rate of 3.7% (1102 of 29,537 patients at risk) immediately before the intervention to 2.2% (674 of 30,187) at the end of the intervention (adjusted odds ratio, 0.63; 95% confidence interval [CI], 0.57 to 0.68; $P < 0.001$). The rate of hospital admissions for gastrointestinal ulcer or bleeding was significantly reduced from the preintervention period to the intervention period (from 55.7 to 37.0 admissions per 10,000 person-years; rate ratio, 0.66; 95% CI, 0.51 to 0.86; $P = 0.002$), as was the rate of admissions for heart failure (from 707.7 to 513.5 admissions per 10,000 person-years; rate ratio, 0.73; 95% CI, 0.56 to 0.95; $P = 0.02$), but admissions for acute kidney injury were not (101.9 and 86.0 admissions per 10,000 person-years, respectively; rate ratio, 0.84; 95% CI, 0.68 to 1.09; $P = 0.19$).

CONCLUSIONS: A complex intervention combining professional education, informatics, and financial incentives reduced the

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Safer Prescribing — A Trial of Education, Informatics, and Financial Incentives

Tobias Dreischulte, Ph.D., Peter Donnan, Ph.D., Aileen Grant, Ph.D., Adrian Hapca, Ph.D., Colin McCowan, Ph.D., and Bruce Guthrie, M.B., B.Chir., Ph.D.

N Engl J Med 2016; 374:1053-1064 | [March 17, 2016](#) | DOI: 10.1056/NEJMsa1508955

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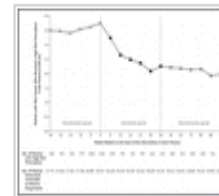
BACKGROUND

High-risk prescribing and preventable drug-related complications are common in primary care. We evaluated whether the rates of high-risk prescribing by primary care clinicians and the related clinical outcomes would be reduced by a complex intervention.

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SPECIAL ARTICLE

Safer Prescribing — A Trial of Education, Informatics, and Financial Incentives

Tobias Dreischulte, Ph.D., Peter Donnan, Ph.D., Aileen Grant, Ph.D.,
Adrian Hapca, Ph.D., Colin McCowan, Ph.D.,
and Bruce Guthrie, M.B., B.Chir., Ph.D.

ABSTRACT

BACKGROUND

High-risk prescribing and preventable drug-related complications are common in primary care. We evaluated whether the rates of high-risk prescribing by primary care clinicians and the related clinical outcomes would be reduced by a complex intervention.

METHODS

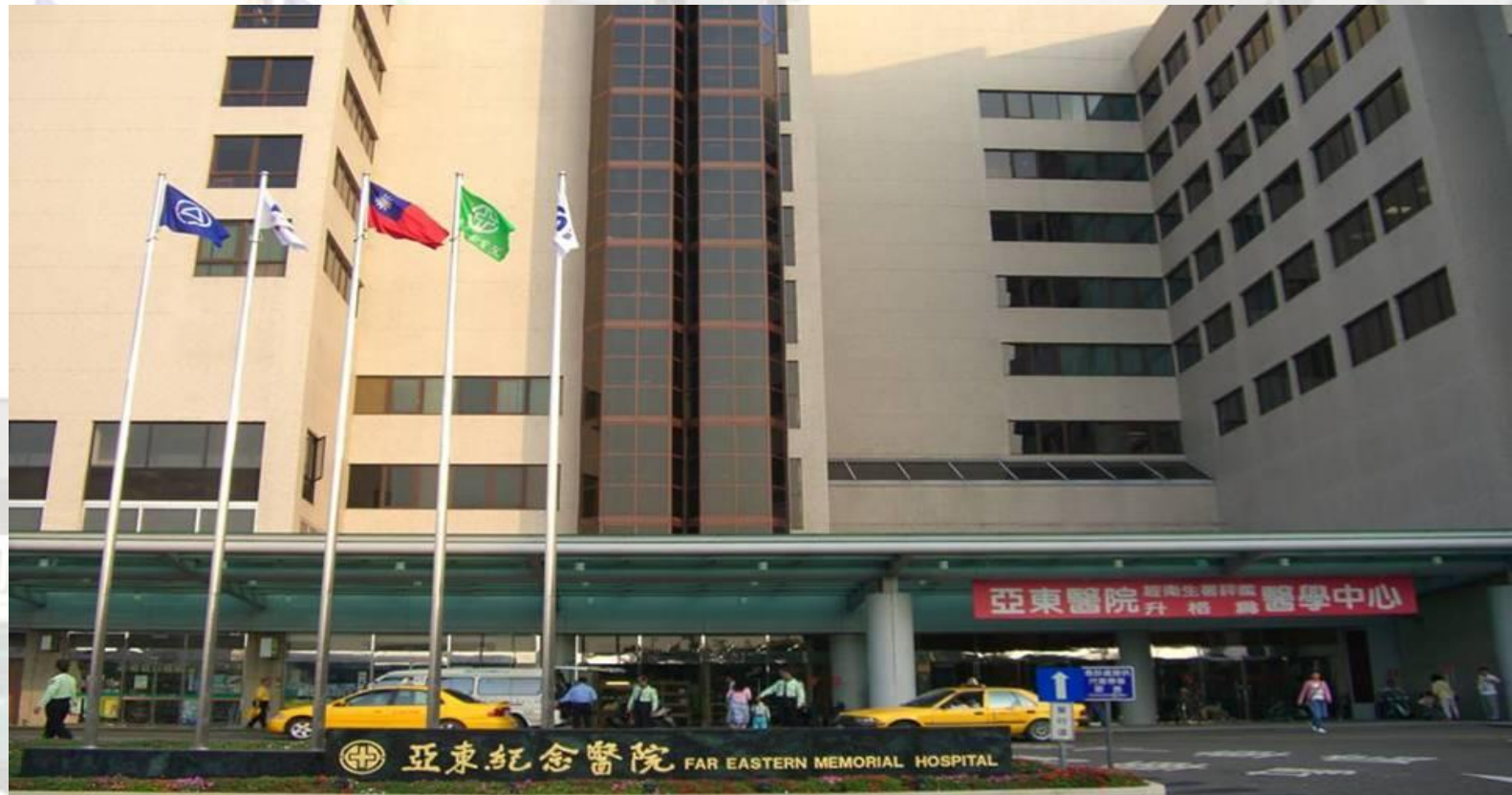
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From the Medicines Governance Unit, NHS Tayside (T.D.), and the Population Health Sciences Division, University of Dundee (P.D., A.H., B.G.), Dundee, the School of Health Sciences, University of Stirling, Stirling (A.G.), and the Robertson Centre for Biostatistics, University of Glasgow, Glasgow (C.M.) — all in Scotland. Address reprint requests to Dr. Guthrie at the University of Dundee, Mackenzie Bldg., Kirsty Semple Way, Dundee DD2 4BF, Scotland, or at b.guthrie@dundee.ac.uk.

N Engl J Med 2016;374:1053-64.
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