

## · 综述 ·

# 失能老人照护需求及质量评价体系的研究进展

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**【摘要】** 随着老龄化程度的加深, 全国失能、半失能老年人口数量日趋庞大。如何更好地对丧失生活自理能力的老年人提供满足其身体或精神需求的照护服务, 是近年来全社会研究的重点。本文综述了近年来国内外失能老人照护需求及质量评价体系的概况。

**【关键词】** 老年人; 失能; 照护; 需求

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## Progress in research on care demand and quality evaluation system for disabled elderly

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**【Abstract】** The rising of aged tendency of the population results in a huge number of the disabled and semi-disabled elderly people in China. It has become a focus of the whole society how to provide better services to meet the physical or mental needs for the elderly who lose their self-care ability. This article summarizes the demand for care and quality evaluation system for the disabled elderly at home and abroad in recent years.

**【Key words】** aged; disable; care; demand

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世界人口迅速老龄化, 到2050年, 60岁以上的老人预计将达到20亿。中国老龄化进程明显快于世界其他中低收入国家, 截至2018年底, 我国60岁及以上人口为24949万<sup>[1-3]</sup>。失能老人是指因为慢性疾病、躯体损伤、心理功能障碍等造成功能缺失的老年人<sup>[4]</sup>。国际上采用通用日常生活活动能力(activities of daily living, ADL)量表来界定失能程度<sup>[5]</sup>。世界上不同国家及地区对失能老人的照护提供者、照护政策及评价方面进行了实践探索。

## 1 失能老人照护需求研究进展

### 1.1 照护提供者

1.1.1 护理院照护 Agotnes等<sup>[6]</sup>在德国、挪威和美国等国家进行了护理院长期照护的实践, 挪威从法律层面要求医师参与护理院的医疗服务。2016年, 美国有15452个注册护理院, 联邦法律规定护理院中每位居民必须均由对应的医师照顾。医师、医师

助理、执业护士或临床护理专家必须及时满足居民的护理和需求。2015年, 德国约有13600个护理院, 在服务过程中特别强调居民的自治权, 居住在护理院中和居住在家中的居民享有相同的医疗服务, 可以自由选择医师。我国的护理院较国外兴起晚, 但在近年来得到迅速发展。国家卫健委在《护理院基本标准(2011版)》中指出, 鼓励和引导社会资本举办营利性或非营利性护理院, 满足人民群众多层次、多元化的医疗护理服务需求。赵庆华等<sup>[7]</sup>在上海、江苏和重庆3所护理院进行了失能老人照护需求的相关研究。

1.1.2 社区机构照护 有研究以中国南京105个社区为基础进行失能横断面调查, 指出生活在社区中的失能老人在生理和精神方面的需求均未得到满足<sup>[8]</sup>。俞群等<sup>[9]</sup>以漕河泾街道社区卫生服务中心的失能老人为对象, 研究社区失能老人现状及医疗照护需求, 为开展“三老联动”一体化照护服务提供依据。

1.1.3 家庭照护 日本学者 Naruse 等<sup>[10]</sup>报道,由专业护理人员访视家庭失能老人的服务可达性较强。洪燕等<sup>[11]</sup>也提出,由专业的护理人员参与失能老人的居家护理,可以更好地满足照护需求。当然,依照中国目前的国情,失能老人的照护提供者还是集中在传统的家庭成员<sup>[12]</sup>。

## 1.2 照护政策及模式

台湾照护政策经历了从选择性到普惠性,从机构式照顾为主到社区、居家照护优先,从政府主导到民营化,从碎片化到尝试整合化,从社会救助为主到多元筹资的发展<sup>[13]</sup>。日本在考虑老年人健康政策时,将国家医疗保健系统和长期护理保险系统的数据连接起来,创建小组数据以探讨影响健康保险成本的风险因素<sup>[14]</sup>。德国在提供长期照护时,重视失能老人对正式和非正式照护的选择偏好<sup>[15]</sup>。韩国政府正在逐步开展各项行动,以保证失能人口的医疗保健服务,如医院、诊所专门为残疾人士设立问讯处;政府机构运营残疾人健康信息网站,为失能老人提供健康信息;卫生和福利部、韩国医学协会等11个医疗保健相关协会为照护人士提供专业培训,制定客观、可行、可持续监测的绩效指标<sup>[16]</sup>。Bright等<sup>[17]</sup>指出,应从加大辅助设备投入、提供专业医疗服务等方面为中低等收入国家的失能老人提供康复机会。目前国内的养老模式在中国特色社会养老体系的基础上,还增加了长期照护<sup>[7,8]</sup>、社区照护<sup>[8]</sup>、医养结合模式<sup>[11]</sup>、类家庭模式<sup>[18]</sup>、喘息服务介入失能照护<sup>[19]</sup>等多种模式。

# 2 失能老人照护需求质量评价体系

## 2.1 国外照护需求评价研究现状

美国是世界上最早根据 ADL 量表和工具性日常生活活动 (instrumental activity of daily living, IADL) 量表评估老年人失能情况的国家,根据障碍项目的类别及数量将老年人长期照护需求分级<sup>[20]</sup>。法国研究者提出,老年人受限程度与照护等级关联性强,并依据老年人受限程度进行分级照护<sup>[21]</sup>。Lee 等<sup>[16]</sup>在韩国开展了3次德尔菲访谈,创建出绩效指标,用以保证失能老人的健康权利和医疗保健的可及性。英国皇家护理学院以老年人的主观表达和护理效果为依据,评估老年人的照护需求<sup>[22]</sup>。

## 2.2 国内照护需求评价研究现状

南京军区总医院以 Katz 日常生活活动指数作为评估失能老人的金标准,应用 Barthel 指数、照护依赖量表、照护依赖量表修正版,对养老院、康复医院和综合医院老年病房失能老年人的自我照护能

力进行评估<sup>[23]</sup>。Chen 等<sup>[8]</sup>认为,国内护理人员往往只考虑满足失能老人的生理需求,而忽视了其精神需求。因此,改变照护人员的态度,为他们提供更专业的培训以满足失能老人精神层面的需求十分重要。林婷等<sup>[24]</sup>从疾病护理、生活护理、心理护理和临终护理4个方面对福州市养老机构老年人护理需求进行了调查,指出养老机构中的老年人对护理需求较高,影响护理需求的因素主要有性别、收支情况及入住时间长短等。重庆医科大学附属第一医院利用德尔菲技术,通过半结构式访谈确立初级评价指标,再进行专家遴选和函询,最终拟定了一系列护理院失能老年人长期照护需求评估指标,包括一级指标5项,二级指标40项<sup>[7]</sup>。江西科技学院编制了社区居家失能老人长期照护服务需求调查问卷,用以评估社区及居家失能老人的照护需求<sup>[25]</sup>。

# 3 思考与展望

目前,国内外对失能老人照护提供者开展长期照护进行了大量研究,并通过界定失能老人功能障碍程度来确定照护等级,运用量表开发程序研制了适用于各种失能老人群体需求的评价工具,用以指导失能老人照护实践。国内外学者在失能老人照护需求及评估方面已取得了许多重要研究成果,但仍存在以下问题。

## 3.1 所涉及失能老人群体缺乏个性化

现有研究多将总群体失能老人作为一个对象进行研究,也有部分研究是针对患有糖尿病、心血管、精神障碍等慢性疾病的失能老人,但是针对急性病引起失能的老人的相关研究很少。以老年骨折为例,老年人由于骨骼、肌肉和关节的健康状况恶化,发生骨折的风险极高,一旦发生骨折,往往直接导致生活自理能力丧失或下降。急性失能不仅会给患者带来躯体和认知功能的损害,同时对其心理也会产生极大冲击。世界卫生组织指出,不同类型的失能患者存在多样性和异质性,健康、个人和环境因素相互作用导致的失能差别很大<sup>[4]</sup>。所以,在关注失能老人总群体的同时,还需重视不同失能老人群体的个性化特点。

## 3.2 大型医疗机构作为失能老人服务提供者时,缺乏可参考实践

现有报道形成了以护理院、社区机构、家庭作为照护提供者时的需求评价体系。大型医疗机构在收治失能老人时,往往停留在对疾病本身的治疗和护理,对失能老人的需求关注较少且不全面。现有的医护工作模式无法完全满足急性失能老人的照护需

求,亟需构建适用于大型医疗机构失能老人照护需求的评价指标和分级标准,用以满足失能老人照护需求,为医联体背景下的分级转诊提供可借鉴依据。

### 3.3 长短期照护衔接,更好满足照护需求

近年来,随着国家政策出台,全国各地区对于“医养结合”服务新模式构建的关注度逐渐提高。英国和美国也提出并成功实践了医院和社区、家庭之间无缝对接的“翻转出院”模式<sup>[26]</sup>。在现有长期照护的基础上,仍需关注短期照护,以满足失能老人照护的全面性、整体性和连续性,真正落实医养结合。

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(编辑: 吕青远)

## 致“一带一路”沿线国家和地区医学机构

《中华老年多器官疾病杂志》是由中国工程院院士、老年心脏病专家王士雯教授于2002年创办的全世界惟一一本以老年心脏病和老年心脏病合并其他器官疾病为主要内容的杂志,月刊,由中国人民解放军总医院老年心血管病研究所主办。杂志已被“中国科技论文统计源期刊”(中国科技核心期刊)收录。本杂志的摘要、图表和参考文献,均为中、英文双语对照,方便国外读者顺利阅读。为促进中国与“一带一路”沿线国家和地区的医学及文化交流,本刊将免费刊登其来稿,并赠送当期杂志。欢迎“一带一路”沿线国家和地区的老年心脏病和老年病学医生、学者踊跃投稿。

## To medical academic institutions of all countries along the Belt and Road

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