

1. 職探課程期間，兼顧課程的多元化與實用性。

青少年職業訓練課程，本來就需要活潑、互動性強的元素以增加青少年投入課程的專注度，然而職訓班的本質仍是「職業訓練」，因此除了持續訓練課程的多元化，核心課程的效能仍有增強的空間，以提升少年未來進入職場前的就業準備力。

2. 工作見習期前後，社工與店家釐清彼此期待。

在媒合弱勢青少年就業時，主要突顯出兩個問題：現場沒有適合帶領青少年的工作人員，以及店家對少年核心能力的提醒不足。以餐飲業、飲料店、美容美髮業來說，這些工作需要大量人際互動之行業，僱主可能會因不了解弱勢青少年特性而產生管理上的衝突。因此社工透過事前將方案脈絡、少年背景清楚解釋，釐清彼此期待，好創造少年與店家雙贏局面。

實然，弱勢青少年職涯準備計畫的職業探索、自我實現及職業見習等課程，對雙失少年而言，即是在過渡時期被給予「多個機會」，這些機會包括接觸各行各業的機會、自我探索的機會，以及直接進入職場學習的機會。即使最後是否能夠成功就業因人而異，然而少年普遍因為參加這計劃對其未來人生產生正面的影響，這部分值得肯定與期待。

I. Integrate diversity and practicality into the vocational exploration courses

It is essential to design courses for the teenagers with interesting activities and interactive elements to grab their attention. However, the essence of vocational training is "job training". Therefore, in addition to diversity, there is still room for improvement on the effectiveness of the core competency courses since such courses prepare the teenagers for the workplaces.

II. Social workers should clarify the expectations on both sides before and after the internship

When matching the disadvantaged teenagers for employment, we encountered two problems- there was no suitable persons to lead the teenagers at work and the employer did not take sufficient effort to refresh the teenagers of their core competency training. Especially in the food, beverage, and beauty industries, the workers need to interact with the customers frequently. In some cases, conflicts arise between the employers and the disadvantaged teenagers because they do not know these teenagers very well. The social worker should explain to the teenagers with clear rules before employment and clarify the expectations of both sides, so that they can work up to each other's expectation and create win-win relationships.

In fact, when the disadvantaged teenagers enter the program with multiple courses in vocational exploration, self-exploration, and internship, they are given "multiple opportunities" to help them go through the transitional period. These opportunities include the chances to explore the various vocations and industries, the chances to explore themselves, and the chances to learn directly at the workplace through the internship program. Some people were successful and some failed. Even so, they all walked away with a positive influence in their lives. This alone is commendable and more stories that are successful can be expected.

聯勸贊助倡議型公益團體推動制度變革之成功案例分享--號召民眾參與發掘社區用藥風險暨監督藥局品質計畫

Successful Cases of United Way Sponsored Advocacy Groups and Campaigns for System Reform: Calling on the public to get involved in disclosing medication risks and pharmacy quality watch in the community

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摘要

聯合勸募多年來在台灣贊助公益團體推動各種直接服務方案、社福產業創新計畫，促成許多社會實質改變與進步。隨著台灣第三部門所展現的社會力蓬勃壯大，不少公益團體進而積極藉由調查揭露、監督及倡議、觸發民意及媒體關注等方式，促成制度與政策改革，以產生更實質的改變以解決社會問題。但這類調查與倡議型的方案，不似直接服務容易支持到社會資源贊助；為維持倡議的獨立與客觀，更不適合接受政府或利益團體補助。因此，透過聯勸資源贊助，往往成為促成社會變革的關鍵力量。醫改會2012年監督藥局方案，就是個成功範例。

台灣因缺乏社區用藥把關機制，導致重複用藥及交互作用率偏高，任意購藥、囤積藥品未服用等問題；有心增進社區民眾用藥健康的社區組織與社福機構，也無從有效聯結優質社區藥事資源。為解決此社會問題，醫改會申請聯勸2012年研究與調查補助計畫，採「行動研究法」方式，號召志工及社區民眾以神秘客方式調查藥局品質。

結果發現藥局違規率竟達七成三，且四成專業諮詢沒到位。醫改會進而召開「揭露健保藥局五大『藥』命指數」記者會，計有31家媒體採訪、43則報導，有效引起輿論、醫藥團體、立委及政府重視，促成社區藥局評鑑、優良藥局資訊公開及強化違規查核等制度變革；透過媒體大幅報導，也讓大眾更進一步認識聯勸贊助倡議調查的貢獻。醫改會也透過與社福團體召開圓桌論壇、宣導講座、影音網頁，教民眾如何發掘社區用藥風險；相關成果亦可作為聯勸推動「樂齡360高齡服務」參考。

Abstract

Over the years, United Way has sponsored numerous non-profit organizations to launch direct service programs and innovative development plans for the social welfare industry. Directly and indirectly, United Way has contributed substantially to the progress and growth of the society. The growing social force manifested in the actions of the third sector in Taiwan brought many non-profit organizations to actively investigate, expose, monitor, advocate, and initiate discussions of issues in the society and media system, and such active public attention has brought about substantial changes and resolved social issues in the society through system and policy reform. However, such investigation and advocacy programs do not gain as much support of social resources as direct services. To maintain independence and impartiality, it is also inappropriate for the advocates to receive grants from the government or profit-seeking

groups. Therefore, United Way sponsorship often becomes the key force in the campaigns for social reform. The pharmacy watch program initiated by the Taiwan Health Reform Foundation (THRF) in 2012 is a good example of successful advocacy campaign.

A checking mechanism has been missing in the community pharmacy system in Taiwan, and therefore the problems of repeated and interfering medication have persistently existed in the communities. People purchase drugs without prescriptions and stock up on drugs. Community/social welfare organizations advocating public health have been unable to connect the public to quality community pharmaceutical resources. To solve this social issue, the THRF made a request to United Way in 2012 for sponsorship to its research and investigation plan. This plan was conducted through action research; in which, volunteers and community residents were engaged as anonymous customers to investigate the quality of the pharmacies.

From this research, THRF discovered that 73% of the pharmacies violated relevant regulations and 40% of them did not provide professional consultancy. THRF called for a press conference and disclosed of the five deadly indicators of National Health Insurance pharmacies. This press conference attracted the attention of 31 media and achieved wide exposure of 43 entries of news reports, which effectively initiated public discussion and grabbed the attention of the medical care groups, legislators, and the government. The campaign successful brought about system reform. Public grievances prompted the authorities to set up an accreditation system for community pharmacies, make the information of quality pharmacies available to the public, and strengthen law enforcement to prevent illegal pharmacy practices. In addition, nationwide media reports made the contribution of United Way sponsored advocacy known to the public, and the THRF was given an opportunity to educate the public on how to discover medication risks in the community through round table conferences with social welfare groups, seminars, and website audio/video resources. The information provided by this research was also used a reference for United Way's "LOHAS 360 Service for the Elderly" program.

前言

台灣因缺乏家醫制度與社區健康用藥把關機制，導致重複用藥率高、藥品交互作用率高，受廣告影響任意購藥、囤積藥品未服用等問題十分嚴重，進而造成國內藥費支出比例偏高、因藥害而導致洗腎比率偏高等嚴重社會問題。

但由於我國尚未落實醫藥分業制度，大醫院開立慢性病連續處方箋讓民眾就近在社區藥局領藥比率不高，導致民眾對於善用社區藥局資源解決健康與用藥問題的機會與認知都顯不足；有心增進社區民眾用藥健康的社區組織與社福機構也無從有效聯結優質社區藥事資源。

醫改會就接過這樣的申訴求助電話：陳伯伯患有攝護腺肥大，固定看泌尿科吃藥改善排尿。最近因為不舒服去看另家醫院的心臟科門診，醫師想開降血壓藥，並仔細詢問陳伯伯是否有吃別的藥，但陳伯伯記不起來泌尿科開的藥名，只記得顏色與形狀。陳伯伯很擔心藥物交互作用或重複，但看診的醫師、醫院藥師也忙得像戰鬥陀螺般沒空回答；想回家詢問厝邊的藥局，卻又擔心會不會不夠專業？會不會藉機推銷產品……？只好回家後先吃藥看看再說。回去吃藥後，隔天洗臉時卻突然頭暈摔倒，撞到洗手台而頭破血流。最後才發現開的是同一成分的藥，既可降血壓也可幫助排尿，加上不同醫院採用的廠牌不同所以顏色不一樣，老翁誤認是不同藥品而重複用藥，導致低血壓而暈眩跌倒。陳伯伯心想，當初如果有個信任的藥局可以幫忙把關，這樣的悲劇應該就不會發生了。

醫改會也接過許多慢性病患的申訴與求助，醫院開給的慢性病連續處方箋，因為找不到專業信任的健保藥局可以調劑領藥(例如擔心被換藥)，只好每月舟車勞頓跑回醫院排隊領藥，費時又傷荷包。也有年輕小姐反映，當初因為生理痛直接到藥局購買消炎止痛的處方藥，不料服用後發生嚴重過敏傷害，後來才發現因為是自行購買處方藥而不符藥害

Introduction

Taiwan has relatively underdeveloped family medicine and mechanisms for community pharmacy watch. Therefore, repeating and conflicting medication was quite serious. People buy over-the-counter drugs from infomercials and stock up on drugs without professional advice. Such uncontrolled practices have pushed domestic expenditure on drugs to the ceiling. Unsupervised medication has driven the percentage of kidney failure (dialysis patients) to a relatively high mark.

The system of separation of hospital and pharmacy is not mature in Taiwan. Therefore, the percentage of hospitals giving continuous prescriptions for medicine dispensed at community pharmacies is still quite low. This has caused the public to have inadequate opportunities, as well as the awareness, to utilize community pharmacies to solve their health and medication problems. Community and social welfare organizations advocating medication safety have no way to establish effective links between the community residents and quality pharmacies.

The THRF has received many phone calls seeking help. Mr. Chen has prostate hypertrophy, so he is on regular medication to improve his urination problem. Recently, he felt ill and went to a cardiology clinic at another hospital. The doctor wanted to prescribe blood pressure control medicine for him, so he asked Mr. Chen whether he was taking other medicine. Mr. Chen could not remember the name of the medicine prescribed for his prostate problem, except for the color and shape. Mr. Chen was concerned whether he was getting the same drugs or whether the new prescription would interfere with his other medication, but the doctor and pharmacist at the hospital were too busy to answer his questions. He wanted to ask the neighborhood pharmacy, but he was worried that the pharmacist was not professional enough or would try to sell something to him. He decided to go home first and try the new prescription. So, he went home and took his medicine. The next morning when he was washing his face, he felt dizzy and fell on the washbasin. The doctor at the hospital found that he was prescribed the same medicine, which simultaneously controls the blood pressure and improves urination problems; only the color is different because different manufacturers made them. Mr. Chen did not know they were the same medicine, so he took both, and the result was he fainted because of low blood pressure. Mr. Chen thought to himself that such incident would not have happened if there were a trusted pharmacy in the neighborhood to double check the prescription for him.

The THRF has also received many complaints and inquiries from patients of chronic diseases because they could not find trusted National Health Insurance pharmacies to refill their continuous prescriptions (they worry that the pharmacist at the neighborhood pharmacies may swap

救濟資格，加上手上又無藥袋及收據可舉證，最後竟落得求償無門。

這些問題實有待公民監督團體以獨立性實證調查方式揭露相關問題，並喚起社區民眾意識與相關單位重視，並進一步協助有心增進社區民眾用藥健康的社區組織與社福機構，能夠有效聯結優質社區藥事資源，以彌補傳統直接服務的不足。但這類調查與倡議型的方案，不似直接服務容易支持到社會資源贊助；為維持倡議的獨立與客觀，更不適合接受政府或利益團體補助。因此，透過聯勸資源贊助，往往成為促成公益團體執行倡議型方案以帶動社會變革的關鍵力量。

方案簡介

醫改會自2001年成立以來，即設立專線接聽民眾就醫所遭遇之各類困境申訴，並從中發掘問題以推出相關議題與教育宣導方案。由醫改會接獲申訴統計發現，6-12%的醫糾申訴與用藥疏失有關；另依據醫院評鑑暨醫療品質策進會2010年的病安通報統計顯示，給錯事件占所有病人安全事件的31%，連續多年居醫療疏失的首號元兇，形成台灣社會嚴重問題。

參酌國際經驗與國內相關衛生論壇共識，指向喚起社會大眾的覺醒、強化社區藥事照護把關功能，是解決前述民眾用藥問題的重要策略。

因此醫改會申請2012年聯勸研究與調查補助計畫，採「行動研究法」方式，以強化社區藥局功能、培養社區民眾參與把關等兩大倡議主軸，透過神秘客方式號召民眾參與監督調查社區藥局品質，主動發掘基層藥事服務可能弊端與社區健康風險類型。並透過記者會揭露、小型圓桌論壇、網路與出版品宣導等方式，培力社區民眾及社福團體自我把關用藥安全的知能。本調查結果，亦可做為解決台灣社會用藥問題、規劃在地健康服務需求與社區健康營造方案之依據。

their medicine for cheaper alternatives), so they have to waste the money and time to travel back and forth to hospital every month. There was one case. A young woman went to a pharmacy to buy medicine for her menstruation pain and the pharmacy gave her some prescription drugs--a while later, she came down with a serious allergy. After the incident, she decided to seek legal remedy for her damages, only she found out that she was not eligible to take legal action because she bought prescription medicine without a prescription. She did not keep the packaging or receipt for evidence, so she was denied of any form of compensation.

Exposure of these problems relies on independent empirical investigations conducted by citizens watch groups to raise public awareness and the attention of the authorities. Successful campaigns will facilitate community and social welfare organizations advocating medication safety to connect quality pharmacies to the community. Community pharmacies supplement for the shortcomings in the traditional system of medicine dispensing directly at the hospital. However, such investigation and advocacy projects do not gain as much support of social resources as other community service programs, and to maintain independence and impartiality, it is rather inappropriate for the advocacy groups to receive sponsorships from the government or profit-seeking organizations. Therefore, sponsorship of United Way often becomes the key force in the initiative projects for social reform.

Introduction to the Project

Since its founding in 2001, the THRF has launched a hotline for complaints and inquiries concerning medical care services. The issues raised by the callers were consolidated into relevant investigations and public education programs. From the statistics of complaints received by the THRF, we discovered that 6 to 12% of the calls were related to medical care and medication disputes. Furthermore, according to the 2010 patient safety reporting statistics provided by the Taiwan Joint Commission on Hospital Accreditation (TJCHA), cases involving errors in medicine dispensing take up 31% of all reported cases, which has become the number cause of medical negligence and has brought serious problems to the society of Taiwan.

From international experiences and consensus reached in the relevant public health conferences, discussions on relevant issues suggested that the key strategy to solving the above issues is raising public awareness and reinforcing the role of community pharmacies as the frontier of medication safety.

Therefore, the THRF submitted application for United Way's research and investigation project in 2012. This project was conducted through action research, with the objectives to reinforce the functions of community pharmacies and involving the community residents into the actions of pharmacy watch. Community residents were engaged as anonymous customers to investigate the quality of community pharma-

策略及成效

1. 記者會揭露「藥命指數」促成藥局評鑑制度變革

醫改會於2012年3月針對五直轄市分層隨機抽樣七十家、經衛生署遴選為「正確用藥諮詢健保藥局」進行抽樣電訪，結果發現「違法賣處方藥」違規率竟達七成三，且四成專業諮詢沒到位；進一步派神秘客實地訪查20家台北市與新北市的健保藥局，居然可輕易買到抗生素、類固醇、強效消炎藥等處方藥。

醫改會於2012年4月召開記者會，「揭露健保藥局五大『藥』命指數」：

- (1) 處方用藥違法賣，藥局配藥藏玄機(73%的受訪藥局違法販賣處方藥)
- (2) 重複用藥沒「卡」住，健保規定沒法度
- (3) 真假藥師分不清，執業標示隨便掛
- (4) 「指示藥」販賣超商化，藥局一樣沒諮詢
- (5) 專業諮詢沒到位，健康促進沒在推(41%的受訪藥局未符專業標準)

這場記者會引起媒體與各界關注，包括：自由時報、蘋果日報、聯合晚報以大篇幅報導；華視、台視、民視、公視等新聞台亦相繼報導，記者會當日總計有31家媒體前來採訪；截至101年4月23日統計，共有43則相關新聞報導。

記者會後醫改會便持續進行倡議與政策改革遊說行動，後續得到藥師公會、健保局、衛生署、地方衛生局等單位的正面回應：藥師公會表示，將自清與整頓，並配合主管機關稽查開罰；健保局重申，民眾至藥局持慢性處方箋領藥，一定要出示健保卡以利核對，若有藥局未遵守，將通知限期改進或予以違約記點處分，同時鼓勵民眾檢舉，並承諾該局將參據醫改會之建議，儘速研訂特約藥局服務品質相關指標，後續建置於健保局網頁供外界參閱；衛生署則表示，今年終將透過公會展開「社區藥局評估考核計畫」，針對藥局是否空間明亮、比

cies and actively expose the ill practices in the base-level pharmacy services, as well as community health risks. The THRF also organized a press conference to disclose the results of this investigation, as well as organizing small roundtable forums and publishing information online and through hard copies to develop the knowledge and abilities for community medication watch through the residents and social welfare organizations. Results of this investigation also served as a significant basis for plans and strategies targeting to resolve the medication issues and develop localized health services and community health programs.

Strategies and Effectiveness

I. Press conference disclosing the deadly medication indicators brought reform to the pharmacy accreditation system

The THRF selected 70 pharmacies from the list of "National Health Insurance pharmacies providing accurate medication consultation services" published by the Department of Health through stratified random sampling and conducted telephone surveys in March 2012. Results of the surveys brought astonishing results: **73% of the surveyed pharmacies were selling prescription drugs illegally and 40% did not provide professional consultation.** In a further study, anonymous customers were dispatch to investigate 20 National Health Insurance pharmacies in Taipei City and New Taipei City and all of them were **able to purchase antibiotics, steroids, and high-strength anti-inflammatory drugs without efforts.**

The THRF called for a press conference in April 2012 to disclose the five "deadly medication indicators":

1. Illegal selling of prescription drugs is prevalent in pharmacies (73% of the surveyed pharmacies sold prescription drugs illegally).
2. Repeated prescription is not sanctioned by any health insurance regulations.
3. A standard for display of professional certificate is not in place, making it difficult for the customers to identify the pharmacist's qualification.
4. Behind-the-counter (BTWs) drugs are sold through chain pharmacies without consultation.
5. Insufficient professional consultation, community health promotion results in futile efforts.

This press conference attracted wide attention; the major printed and electronic media in Taiwan reported this event, including Liberty Times, Apple Daily, United Evening News, CTS, ETC, Formosa TV, and PTS. A total of 31 news media participated in this press conference and, up to April 23rd 2012, a total of 43 news disclosures reported this investigation.

After the press conference, the THRF continued their efforts through a series of advocacy and lobbying actions and received positive responses from the Taiwan Pharmacist Association, Bu-

對處方藥賣出量與處方箋數目等，了解有無違法販賣處方藥。

2. 多管齊下教育宣導，教民眾聰明就醫用藥

醫改會除了召開社區藥局用藥現況調查結果記者會，希望透過媒體報導，促使更多民眾體認到用藥問題的嚴重性，並有動力增加用藥安全之相關知能。後續我們更透過廣播節目專題採訪，教導社區民眾如何監督藥局品質與提升用藥安全。同時也把調查結果和相關用藥知能，刊登於醫改會的免費出版物：醫改電子報第95期(發行量為六千名)、醫改季刊第50期(發行量為兩萬兩千本，並公開擺放於台北各大捷運站及連鎖書局)。

另外，考量網際網路的影響力日增，也透過醫改會網站與臉書(facebook)粉絲頁發佈記者會新聞稿，並教導民眾如何辨識優良藥局、自我把關、索取處方箋與聰明用藥。醫改會也拍攝「如何聰明使用社區藥局」宣導短片，放置於網站供各界民眾上網觀看，並主動通知社福團體利用此教育資源；期待這些資訊能透過各社區社福團體的力量，切實解決用藥風險的問題。增加更多民眾的用藥知能，並可一同監督健保藥局。並提供民眾發現社區用藥風險事件的通報或違規檢舉管道。希望全民一同參與監督藥局品質。

3. 串聯各界動腦想解方，號召各界參與發掘社區用藥風險

醫改會後續並舉辦兩場圓桌論壇，邀請專家學者、社區藥局藥師、藥師公會代表、食品藥物管理局官方代表，以及關心用藥安全的民間團體(家庭照顧者關懷總會、景康基金會)和志工媽媽，希望各代表以自身之實務經驗、研究或用藥經驗，參與圓桌論壇討論，共同研擬改善社區藥局用藥風險之管理及政策，並將座談會討論紀錄與共識，提供給政府與醫藥界參考，期能共同面對藥局藥師在維持專業與守法上的實務困境，研商如何透過相關政策加以改善，促使藥局藥師專業自律，並加強民眾對社區藥局的監督、信賴與使用。

reau of National Health Insurance, Department of Health, and local health authorities. The Taiwan Pharmacist Association expressed that the association will carry out a full-scale reorganization and self-discipline actions in collaboration with the authorities. The Bureau of National Health Insurance reiterated the importance of counter-checking the continuous prescription with the National Health Insurance card at the pharmacy and violators will be demanded for improvement within a deadline or sanctioned with demerit points. The Bureau also encouraged the public to report illegal practices and made a commitment to establish a set of indicators for service quality evaluation on the National Health Insurance contracted pharmacies with reference to the recommendations of the THRF, which will also be published on the website of the Bureau of National Health Insurance. The Department of Health also disclosed that a "community pharmacy evaluation program" would be launched this year in collaboration with the Taiwan Pharmacist Association, which will evaluate pharmacies based on several criteria, including the environment, and audit the inventory of drugs against the number of prescriptions to fight against illegal selling of prescription drugs.

II. Multifaceted education teaches the public the smart way to medical care and safe medication

In addition to the press conference on community pharmacy practice, the THRF launched a series of actions to raise public awareness on medication safety and made the knowledge of safe medication available to the public. We taught the community residents how to monitor the quality of pharmacies and improve medication safety through radio broadcasts, and published the investigation results, as well as medication knowledge, in the free THRF publication: THRF e-News issue 95 (circulation 6,000) and THRF Quarterly issue 50 (circulation 22,000) and free newspapers distributed at Taipei MRT stations and chain bookstores.

In addition, with the powerful tool of the internet, the THRF also published the news release for the press conference on the THRF website and Facebook fans page. Rich information teaches the public how to identify quality pharmacies, counter-check their prescriptions, request for prescriptions, and use medicine smartly. The THRF also provided a short film, entitled "How to Use Community Pharmacies Smartly?" This film is now available to the public through the website, and relevant social welfare organizations were informed of this education resource. We expect that this information will help the public to minimize medication risks, develop the knowledge and abilities to smart medication, and monitor the National Health Insurance pharmacies through the forces of the community and social welfare organizations. The THRF provides the public a channel for reporting illegal pharmacy practice and calls upon all citizens to get involved in the actions of monitoring the quality of pharmacies.

III. Linking the society to brainstorm solutions and take actions to expose community medication risks

The THRF followed up the press conference with two roundtable

檢討與展望

回顧這為期一年的倡議行動方案，短、中、長期分別已經達成awareness、empowerment、change等目標，成果與影響總結如下：

1. 短期：Awareness

- (1) 帶動民眾參與訪查(有別於官方例行訪查與專業團體委託調查)，以更真實瞭解台灣社區藥局品質現況優劣、社區民眾用藥風險與常見問題。
- (2) 透過記者會媒體大量報導，將社區藥局用藥安全危機揭露出來，一方面促使民眾關注自身用藥問題，另一方面也增進民眾參與監督並提高對社區藥局的認識及利用。

2. 中期：Empowerment

- (1) 藉由民眾監督團體的調查督促社區藥局提升品質，並更重視社區民眾意見，有助社區藥局更積極參與社區健康營造，協助相關職務工作與直接服務團體之方案推動。
- (2) 督促藥師公會、社區藥局自律並提升品質。
- (3) 與藥師公會、社區藥局合作架設用藥守護神專網，不僅能對民眾教育宣傳，也能喚起醫藥界對社區藥局品質的重視，進而透過自律與品質競爭，改善專業品質並關懷社區健康問題。
- (4) 促使衛生署與健保局落實醫藥分業、慢箋開立讓民眾到社區藥局領藥、強化社區藥事資源相關政策；並倡議推動健保應訂立健保藥局品質監測指標與資訊公開。
- (5) 教育宣導與調查成果加值應用：拍攝教育宣導衛教短片，至於網站供各界民眾上網觀看並主動通知社福團體利用此教育資源，並供聯勸樂齡方案參考使用，並協助社區團體解決社區用藥風險問題。

3. 長期：Change

- (1) 成立模擬示範社區藥局，將好的諮詢服務表

conferences, inviting scholars and experts, community pharmacists, representatives from the Taiwan pharmacist association, official representatives from the food and drug administration, non-profit organizations advocating medication safety (Taiwan Association of Family Caregivers and Ching Kang Foundation for Pharmacy Promotion), and volunteers. In the roundtable conferences, the representatives shared their practice, research, or medication experiences and collaboratively drafted management strategies and policies for improvement of medication risks at community pharmacies. Records and consensus made in the conferences were forwarded to the government authority and pharmaceutical industry for reference, addressing the issues of professional and legal pharmacy practice, policies for improvement and pharmacist self-discipline, and reinforcement of public supervision, trust, and utilization of community pharmacies.

Review and Prospects

Looking back to the past year, we have achieved part of the short, medium, and long term goals of the initiatives- awareness, empowerment, and change. The following presents a summary of the achievements made in the past year:

I. Short-term: Awareness

1. The THRF involved the public in the actions of investigation (which is different from the routine investigations conducted by the officials and professional organizations), which provides the community users a true view on the quality of the community pharmacies in Taiwan and the associated risks exposed to the community residents.
2. The press conference and nationwide exposure disclosed the risks of medication bidding in the community pharmacies, which raised public awareness on their medication safety and involved the public to supervise, learn, and use the resources offered by community pharmacies.

II. Medium-term: Empowerment

1. Through investigation initiated by citizens watch groups, the public is involved in the supervision of community pharmacies; public opinions will bring the community pharmacies to participate in the development of healthy communities with a more active and implementation of direct service programs.
2. Public involvement supervised the Taiwan Pharmacist Association and community pharmacies to practice self-discipline.
3. The THRF coordinated with the Taiwan Pharmacist Association and community pharmacies to set up the Medication Guardian Net, which provides information for public education and calls on the community pharmacies to pay attention to the quality of services with aims to induce self-discipline and quality competition, as well as improving professional services and highlighting the issues of commu-

現模式公開，各個社區藥局將有參考、效仿之對象，進而持續提升服務品質，實質嘉惠、守護民眾健康。

- (2) 帶動社區藥事團體與社區服務團體合作，共同提升在地用藥安全環境與營造社區健康文化。
- (3) 藉由揭露社區藥局品質調查結果、模範藥局服務模式案例介紹，有助相關社區服務團體作為解決服務對象之健康與用藥問題之重要參考依據。相關社區用藥風險與常見用藥醫糾整理結果，也可供直接服務方案設計與執行時之參考。

對此結果，醫改會樂見相關單位動起來，建立專業考核項目促使有心的藥師有規則可依循，也讓好藥局得以出頭，民眾的用藥安全也將越來越有保障！

此外，透過媒體報導，除喚起大眾對健保藥局弊端的警覺，也促成政府及醫藥團體的回應，更成功地讓社會各界注意到聯合勸募贊助倡議型公益團體的影響力。未來建議聯合勸募可進一步擴大對倡議型調查行動方案之補助，或要求訂定更長期性的成效評量指標、追蹤制度變革上路後的實施成效，並落實更全面的教育宣導與資源連結，讓方案發揮更大的變革影響力，讓台灣社會更美好。

nity health.

4. The actions prompted the Department of Health and Bureau of National Health Insurance to implement a substantial hospital-pharmacy separation system, which enables the public to refill their continuous prescriptions at the community pharmacies and reinforce the policies relating to community pharmacy resources, and advocated establishment of a National Health Insurance pharmacy quality monitoring indicators, as well as information transparency.
5. Value-added application of the investigation results for public education: the THRF produced a health education film, which was launched online for public viewing; the social welfare organizations were also notified of these education resources. The related resources were also provided as reference for United Way LOHAS Program for the Elderly and helped the community groups solve problems associated with medication risks.

III. Long-term: Change

1. The THRF is planning to set up a model community pharmacy to demonstrate good consultation services. This model will be provided as a reference and emulator for community pharmacies and is expected to induce quality improvements that benefit and guard the health of the public.
2. Projects will be implemented to facilitate collaboration between community pharmacy groups and community service organizations, improvement of in-community medical service environment, and development of a healthy community culture.
3. Disclosure of the results of community pharmacy investigations, model pharmacy services, information of practical utilization of community pharmacies for public education will provide valuable references to the community service groups for development of solutions to the health and medication problems of their service subjects. Information associated with community medication risks and medical care/pharmacy disputes will be consolidated and published, providing references for design and implementation of direct service programs.

This project achieved substantial results and the THRF was glad that the authorities began to take actions to establish professional evaluations and setting standards for professional pharmacist practice. A good system will give quality pharmacies higher competitiveness and protect the safety of the public.

Furthermore, full-scale report through the mass media raised public awareness to the issues of National Health Insurance Pharmacies, prompted the government and medical care providers to respond, and successfully brought public attention to the influence of United Way sponsored public initiatives. Therefore, we recommend United Way to expand its sponsorship to investigation projects, initiatives that demands for establishment of long-term effectiveness evaluation indicators, projects tracking implementation issues of system reform, and implementation of comprehensive education and resource networks to maximize the influence of public projects in pursuit of the greater good of the society of Taiwan.

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