



Symposium 15

急診醫學在國家重要衛生政策所扮演的角色

The Role of Emergency Medicine in National Health Policy

時間：2026年6月27日(六) 09:00~10:10

會議室：402CD 會議廳

座長：張維典醫師(臺大醫院)、蔡適鴻醫師(三軍總醫院)

09:00~09:25 Role of Emergency Medicine in National Health Policy

主講人：Dr. L. Anthony Cirillo (American College of Emergency Physicians)

09:25~09:45 智慧資訊導航與多元培訓：急診醫學在健康台灣深耕計畫的實踐與展望

Intelligent Navigation and Multi-dimensional Training: The Practice and Vision of Emergency Medicine in the "Healthy Taiwan" Deep-cultivation Project

主講人：施宏謀醫師(台中市立老人復健綜合醫院)

09:45~10:05 急診醫學在韌性國家醫療政策的定位：從資源整合到團隊領導

The Positioning of Emergency Medicine in National Health Resilience Policy: From Resource Integration to Team Leadership

主講人：廖文翊醫師(三軍總醫院)

10:05~10:10 綜合討論

課程簡介

● Role of Emergency Medicine in National Health Policy

Across the globe, emergency physicians serve as the most highly trained experts in emergency medicine and leaders of the emergency department teams. Emergency physicians provide access to care on a 24/7/365 basis and always put the best interests of our patients first. In many countries, the emergency department, and especially emergency physicians, serve as the healthcare safety net in the various models of healthcare delivery. Given the unique and critical role that emergency physicians play in the healthcare delivery system, emergency physicians have unique insights into the strengths and weaknesses of the healthcare delivery system in which we practice.

With our unique perspectives, it is critically important that emergency physicians become strong and effective advocates for improving the healthcare system. Being an effective advocate requires utilizing clear and well-developed strategies and tactics as part of an overall advocacy campaign on behalf of our patients and our emergency department team colleagues.



- **智慧資訊導航與多元培訓：急診醫學在健康台灣深耕計畫的實踐與展望**

隨著高齡化社會與醫療需求劇增，台灣急診體系正面臨系統性超載與人才流失的嚴峻挑戰。本計畫由台灣急診醫學會提出，旨在實現急診照護的「典範轉移」，從被動的院內處置轉向主動的「智慧導航模式」。演講內容將聚焦於計畫的三大核心構面：1.即時急重症資訊整合平台：擴增整合區域內各醫院的壅塞指標、病床量能與特殊重症處置能力，解決轉診資訊不對稱之困境。2.智慧檢傷導航分流系統：導入 AI 技術協助民眾於院前進行初步評估，並依據即時數據引導至最適切的醫療場域(如急診、UCC 或遠距醫療)，落實分級醫療。3.多元人才培訓與留任計畫：結合能力導向醫學教育(CBME)，發展在宅急症(HAH)與遠距醫療等新興核心能力，並推動彈性工作模式以對抗職業耗竭。

- **急診醫學在韌性國家醫療政策的定位：從資源整合到團隊領導**

在國家安全與韌性醫療的政策框架下，急診醫療體系已超越單純的臨床單位，轉型為承接前線傷患與整合醫療資源的關鍵基石。面對大量傷患、資源受限及後送不確定性等極端挑戰，急診不僅負責初始檢傷與即時創傷復甦處置(如 MARCH 與 DCR 流程)，更需發揮醫療決策與指揮中樞之功能，有效調控手術室、加護病房及跨部門醫療量能。本演講將結合災難醫學實務與戰傷照護訓練經驗，說明急診於災難戰傷中的核心功能及能力建構方向，並進一步探討在「軍民整合」與「韌性國家醫療整備計畫」下，急診醫學如何引導關鍵物資調度(如血液供應機制)、地下醫療空間盤點及急救站設置規劃之政策制定。透過跨部會協作與資源整合，確立急診醫學在國家韌性醫療體系中不可或缺的定位。