Summary of the Survey

1 Objective

The objective of this survey is to obtain basic data for medical administration by clarifying the actual situation of patients who use hospitals and clinics (hereafter “medical institutions"), including their attributes, conditions at the time of visit or admission, and names of diagnoses, and also by estimating the number of patients in Japan by region.

2 Coverage and Subject of the Survey

The survey covered patients of medical institutions nationwide and the subjects were patients who used the medical institutions selected by random stratified sampling.

	Number of institutions covered by the survey	Sampling rate	Number of institutions from which the survey sheets were collected	Number of subjects tabulated	
				Inpatient/Outpatient	Discharged
Hospitals	6,284	Inpatients 7.6/10, Outpatients 4.1/10	6,185	1.806 million	1.033 million
Medical clinics	5,868	6.1/100	5,587	275,000	7,000
Dental clinics	1,277	1.9/100	1,217	26,000	·

Note: Only outpatients were surveyed at dental clinics.

3 Survey Period

The survey was conducted at hospitals on one designated date set for each hospital among the three days from October 20 (Tuesday) to 22 (Thursday), 2020, and at clinics, one designated date set for each clinic among the three days of October 20 (Tuesday), 21 (Wednesday), and 23 (Friday), 2020.

The discharged patients were surveyed for a period of one month, from September 1 to 30, 2020.

4 Items Surveyed

Sex, date of birth, address, date of admission (*1), date of discharge (*2), name of main diagnosis, name of secondary diagnosis, payment method of medical fee, etc., type of bed (*1), origin of referral (*3), destination after discharge (*2) were surveyed.

*1 Survey items for inpatients and discharged patients
*2 Survey items for discharged patients
*3 Survey items for inpatients and outpatients

5 Survey Method and System

Managers of medical institutions filled in the survey sheets.

Ministry of Health, Labour and Welfare —— Prefectures —— Public Health Centers —— Medical institutions

City with a Public Health Center
Special ward

6 Tabulation of results

Director-General for Statistics, Information Policy and Industrial Relations at MHLW tabulated the results.

2020 Patient Survey (Approximate numbers)

Figures: Approximate numbers

Tabulated by combining data (data linkage) with the 2020 Survey of Medical Facilities (static and dynamic) (approximate numbers as of October 1, 2020).

Announcement March 23, 2022

Summary Report of Patient Survey (Final Data) for 2020

Figures: Final data

Tabulated after data linkage with the 2020 Survey of Medical Facilities (Static and Dynamic) Survey (Final Data)

Announcement June 30, 2022

7 Definition of Terms

(1) Estimated number of patients (per day)

Estimated number of patients who received medical treatments at hospitals, medical clinics, and dental clinics on the dates surveyed

(2) Estimated number of discharged patients

Estimated number of patients who were discharged from hospitals and medical clinics during the period surveyed (September 1 to 30, 2020)

(3) Average length of stay of discharged patients

Average length of stay of patients who were discharged during the period surveyed (September 1 to 30, 2020)

(4) Estimated rate of patients (per day, per 100,000 population)

Estimated number of patients (per day) per 100,000 population

Estimated rate of patients (per day, per 100,000 population) = Estimated number of patients (per day) / census population x 100,000

(5) Estimated number of patients receiving medical treatment (estimated number by injury/disease)

The number of persons receiving continuous medical treatment as of the survey date (including those not receiving care at a medical facility on the survey date) is estimated using the following formula, based on the assumption that outpatients with a certain injury or disease return to the hospital at regular intervals. The figures are adjusted to take into account the days when medical facilities are open.

Estimated number of patients receiving medical treatment = Estimated number of inpatients + Estimated number of first-time outpatients + (Estimated number of returning outpatients x Average interval since last visit(*4) x Adjustment factor (6/7)

*4 The upper limit of the number of days from the date of the last visit to the date of the survey in the calculation of the average interval since last visit was changed in 2020. Calculation was made with the upper limit of 30 days (excluding 31 days or more) until 2017, but the limit was changed to 98 days (excluding 99 days or more) in 2020.

(6) Types of hospital beds

Psychiatric beds

Beds for inpatients with mental disorders

Infectious diseases beds

Beds for patients with Class I Infectious Diseases, Class II Infectious Diseases (excluding tuberculosis), Novel Influenza Infection, etc., Designated Infectious Disease, and New Infectious Disease as stipulated in the "Act on Prevention of Infectious Diseases and Medical Care for Patients Suffering Infectious Diseases" (Act No. 114, 1998)

Tuberculosis beds

Beds for inpatients with tuberculosis

Long-term care beds

Beds in hospitals (excluding psychiatric beds, infectious diseases beds, and tuberculosis beds) or medical clinics that are mainly used for patients who require long-term care

General beds

Beds other than psychiatric beds, infectious diseases beds, tuberculosis beds, and long-term care beds

8 Notes

(1) Classification of injuries/diseases in this survey comply with the "Statistical Classification of Diseases, Injuries and Causes of Death (ICD-10 (2013 version))," which is based on the International Statistical Classification of Diseases and Related Health Problems (ICD) published by World Health Organization (WHO). “COVID-19” is included in Chapter XXII of the “Statistical Classification of Diseases, Injuries and Causes of Death” (Special Purpose Code).(Related sections: Pages No. 6, 10, 13, 16, Statistics Tables 2, 3, 5, 7)

(2) Symbols used in the tables

Quantity zero	－
Unknown count or unsuitable for representation	…
Statistically not possible	・
Rounded results of estimates, ratios, etc., not reaching 1, which is the minimum digit for representation	0 or 0.0

(3) As the figures listed are rounded, the sum of the breakdown may not match the total.

(4) The population used in calculating the estimated rate of patients(per day, per 100,000 population)is the “Result with Imputation on 2020 Population Census (Reference Table)”(Statistics Bureau, Ministry of Internal Affairs and Communications).(“Population Used in Calculating the Estimated Rate of Patients (per day, per 100,000 population)” on Page No. 32)

(5) The figures by classification of injury/disease are for the main diagnosis (*5).

*5 "Main diagnosis": Inpatients - Injury/disease that was the cause of hospitalization at the date of survey

Outpatients - Injury/disease that was mainly treated or examined at the date of survey

Discharged patients - Injury/disease that was the cause of hospitalization at the time of discharge

(6) The survey of 2011 was not conducted in the medical institutions of Ishinomaki medical area and Kesennuma medical area of Miyagi Prefecture, and Fukushima Prefecture due to the impact of the Great East Japan Earthquake, and the tabulation was made excluding the data of these regions.

(7) In this survey, the date of admission and discharge are obtained, and the number of days in hospital is calculated based on these items.

For the date of hospitalization, the survey form requires the respondent to circle the Japanese era name (1: Reiwa, 2: Heisei, 3: Showa) and enter the date.

In the reviewing (data check) process of the 2020 survey, the number of hospital stays of 10,000 days (about 30 years) or longer was found to be higher than in the previous years. An examination of individual survey forms showed that there were more survey forms with admission dates of "1989" (Heisei 1) and "1990" (Heisei 2) than in any other year in recent years.

Although the Japanese era name selected by the entrant is considered essentially correct, the possibility that he/she circled the wrong number for the Japanese era, choosing “Reiwa 1” or “Reiwa 2” instead of “Heisei 1” or “Heisei 2”, was also considered. Therefore, the results were statistically inspected and processed using other information obtained from this survey, and the results were tabulated. In view of the above, the figures for average length of stay and length of hospital stay for discharged patients in the 2020 survey should be treated with caution. (Related sections: Pages No. 12-14, Statistics Tables 6 and 7)

See here for details.

“'Year of Hospitalization' in discharge sheet for 2020 Patient Survey”
https://www.mhlw.go.jp/toukei/list/dl/10-20-oshirase-2022-2-nyuuinnen.pdf

(8) The estimated number of patients (per day), average interval since last visit and adjustment factors are used to estimate the number of patients receiving medical treatment. The average interval since last visit is calculated by setting an upper limit to the “number of days between the date of the last visit and the date of the survey”, subject to the estimation, based on the idea that if the interval is shown to be extremely long, it is more appropriate to consider the visit as a first visit rather than a return visit, instead of continuous medical care.

This calculation method was determined by taking into account the treatment conditions when the data was first collected. However, the "Working Group on the Review of the Calculation Methods of Average Interval since Last Visit and Total Number of Patients in Patient Surveys" reviewed the method in light of developments in the treatment conditions due to the changing structure of diseases and improvements in medical technology in recent years. The Working Group revised the upper limit for number of days used in calculation from 30 days (31 days or more are excluded) that was used until the 2017 survey to 98 days (99 days or more are excluded) from the 2020 survey and thereafter.

See here for details.

"Method of revising the calculation method of ' average interval since last visit' and 'estimated number of patients receiving medical treatment' in the Patient Survey and the results of the 2011 to 2017 surveys, which were estimated using the same method as that used for the 2020 survey"
https://www.mhlw.go.jp/toukei/list/10-20-oshirase-2022-1.html

* Patient survey is a statistical survey to prepare "Patient Statistics", which is one of the fundamental statistics based on the Statistics Act.