Types of Medical Institutions

Overview Types of Medical Institutions

1. Hospitals, Clinics
The Medical Care Law restricts the sites of medical practice to hospitals and clinics. Hospitals and clinics are classified in such a way that hospitals are those with 20 or more beds and clinics are those without beds or with 19 or less beds.

Hospitals are required to provide truly scientific and appropriate treatment to injured or sick people and are expected to have substantial facilities. There is no strict regulation on facilities for clinics with 19 or less beds compared to hospitals.

2. Types of Hospitals
The Medical Care Law provides requirements (staff deployment standards, facility standards, responsibilities of managers, etc.) that are different from general hospitals for hospitals with special functions (special functioning hospitals, regional medical care support hospitals) and accepts hospitals that satisfy requirements to use the name.

In addition, separate staff deployment standards and facility standards are provided for some beds in consideration of differences in subjects of patients (patients with psychiatric disorders or tuberculosis).

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Medical institutions

- Hospitals (20 or more beds)
  - Clinics (0 to 19 beds)
    - Clinics with beds (1 to 19 beds)
    - Clinics without beds (0 beds)

Hospitals

- General hospitals
- Special functioning hospitals (providing advanced medical treatments)
- Regional medical care support hospitals (supporting family doctors and family dentists who are taking roles of local medical treatments)
- Psychiatric hospitals (hospitals with psychiatric wards only) (subject: psychiatric disorders)
- Tuberculosis hospitals (hospitals with tuberculosis wards only) (subject: patients with tuberculosis)
Detailed Information 1  Special Functioning Hospitals

Purpose
As part of efforts to systematize medical facility functions, the Minister of Health, Labour and Welfare approves individual hospitals having capabilities of providing advanced medical care, development of advanced medical technologies, and conducting advanced medical care training.

Roles
- Provide advanced medical care
- Develop/evaluate advanced medical technologies
- Conduct advanced medical care training

Requirements for Approval
- Having capabilities of providing, developing, evaluating, and conducting training of advanced medical care
- Providing medical care to patients who are referred to by other hospitals and clinics
- Number of beds .......... Must have 400 or more beds
- Staff deployment
  - Doctors .................. About twice of ordinary hospitals, etc.
- Facilities .................. Must have intensive care units, sterile rooms, and drug information management rooms etc.

* The number of approved hospitals (as of March 31, 2007) ... 81 hospitals

Detailed Information 2  Regional Medical Care Support Hospitals (since 1997)

Purpose
Prefectural governors approve individual hospitals that are competent enough to secure regional medical care having capabilities of supporting family doctors who are taking roles of providing regional medical care.

Roles
- Provide medical care to patients on referral (including the reverse case in which patients are referred to family doctors)
- Implement joint use of medical devices
- Provide emergency medical care
- Conduct training for regional medical professionals

Requirements for Approval
- In principle, national government, prefectures, municipalities, special medical corporations, public medical institutions, non-profit medical corporations, etc.
- Provide medical care mainly to patients on referral
  - Percentage of patients on referral exceeds 80%, etc.
- Capable of providing emergency medical care
- Secure a system in which regional doctors, etc. can use buildings, facilities, and devices
- Provide education to regional medical professionals
- In principle, have 200 or more beds and facilities that are considered sufficient for a regional medical support

* The number of approved hospitals (as of March 31, 2007) ... 135 hospitals

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**Detailed Information 3**  
**Revision of Bed Classification**

[In the Beginning (from 1948)]

<table>
<thead>
<tr>
<th>Other beds</th>
<th>Psychiatric hospital beds</th>
<th>Epidemic hospital beds</th>
<th>Tuberculosis hospital beds</th>
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</thead>
</table>

- Progress of aging
- Changes in disease structure

[Introduction of Special Permission Elderly Hospital Beds (1983)]

<table>
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<tr>
<th>Other beds</th>
<th>Special permission elderly hospital beds</th>
<th>Psychiatric hospital beds</th>
<th>Epidemic hospital beds</th>
<th>Tuberculosis hospital beds</th>
</tr>
</thead>
</table>

- In order to cope with aging progress and disease structure change, it was necessary to create facilities to provide medical care not only for elderly but for "patients requiring long-term care" in genera

[Creation of Sanatorium Type Wards System (1992)]

<table>
<thead>
<tr>
<th>Other beds</th>
<th>Special permission elderly hospital beds</th>
<th>Sanatorium type wards</th>
<th>Psychiatric hospital beds</th>
<th>Infectious disease hospital beds</th>
<th>Tuberculosis hospital beds</th>
</tr>
</thead>
</table>

- The number of requiring long-term care is increasing due to changes in disease structure caused by rapid progression of birthrate decline and aging. Although various systems have been created including the system of sanatorium type wards, patients with various symptoms are still mixed.

[Creation of General Beds and Long-Term Care Beds (2000)]

<table>
<thead>
<tr>
<th>Provide medical care that is suitable for patients' symptoms</th>
<th>General beds</th>
<th>Long-term care beds</th>
<th>Psychiatric hospital beds</th>
<th>Infectious disease hospital beds</th>
<th>Tuberculosis hospital beds</th>
</tr>
</thead>
</table>

- Patients requiring long-term care