

平成 23 年に実施する医療施設調査 新旧対照表 (案)

- ・ 静態調査 病院票
- ・ 静態調査 一般診療所票
- ・ 静態調査 歯科診療所票
- ・ 動態調査票

厚生労働省

【病院票】

| 新・23年調査(案) | 旧・20年調査 | 変更理由等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>(4) 開設者</p> <p>(4) 開設者 01～28のあてはまるものひとつに○ * の開設者のうち、医育機関は29にも○</p> <table border="1"> <tr><td>01</td><td>厚生労働省</td><td rowspan="4">}</td><td rowspan="4">国</td></tr> <tr><td>02</td><td>独立行政法人国立病院機構</td></tr> <tr><td>03</td><td>国立大学法人 *</td></tr> <tr><td>04</td><td>独立行政法人労働者健康福祉機構</td></tr> <tr><td>05</td><td>国立高度専門医療研究センター</td><td></td><td></td></tr> <tr><td>06</td><td>その他</td><td></td><td></td></tr> <tr><td>07</td><td>都道府県 *</td><td></td><td></td></tr> <tr><td>08</td><td>市町村 *</td><td></td><td></td></tr> <tr><td>09</td><td>地方独立行政法人 *</td><td></td><td></td></tr> <tr><td>10</td><td>日赤</td><td></td><td></td></tr> <tr><td>11</td><td>済生会</td><td></td><td></td></tr> <tr><td>12</td><td>北海道社会事業協会</td><td></td><td></td></tr> <tr><td>13</td><td>厚生連</td><td></td><td></td></tr> <tr><td>14</td><td>国民健康保険団体連合会</td><td></td><td></td></tr> <tr><td>15</td><td>全国社会保険協会連合会</td><td></td><td></td></tr> <tr><td>16</td><td>厚生年金事業振興団</td><td></td><td></td></tr> <tr><td>17</td><td>船員保険会</td><td></td><td></td></tr> <tr><td>18</td><td>健康保険組合及びその連合会</td><td></td><td></td></tr> <tr><td>19</td><td>共済組合及びその連合会</td><td></td><td></td></tr> <tr><td>20</td><td>国民健康保険組合</td><td></td><td></td></tr> <tr><td>21</td><td>公益法人</td><td></td><td></td></tr> <tr><td>22</td><td>医療法人</td><td></td><td></td></tr> <tr><td>23</td><td>私立学校法人 *</td><td></td><td></td></tr> <tr><td>24</td><td>社会福祉法人</td><td></td><td></td></tr> <tr><td>25</td><td>医療生協</td><td></td><td></td></tr> <tr><td>26</td><td>会社</td><td></td><td></td></tr> <tr><td>27</td><td>その他の法人</td><td></td><td></td></tr> <tr><td>28</td><td>個人</td><td></td><td></td></tr> <tr><td>29</td><td>医育機関(再掲)</td><td></td><td></td></tr> </table> | 01 | 厚生労働省 | } | 国 | 02 | 独立行政法人国立病院機構 | 03 | 国立大学法人 * | 04 | 独立行政法人労働者健康福祉機構 | 05 | 国立高度専門医療研究センター | | | 06 | その他 | | | 07 | 都道府県 * | | | 08 | 市町村 * | | | 09 | 地方独立行政法人 * | | | 10 | 日赤 | | | 11 | 済生会 | | | 12 | 北海道社会事業協会 | | | 13 | 厚生連 | | | 14 | 国民健康保険団体連合会 | | | 15 | 全国社会保険協会連合会 | | | 16 | 厚生年金事業振興団 | | | 17 | 船員保険会 | | | 18 | 健康保険組合及びその連合会 | | | 19 | 共済組合及びその連合会 | | | 20 | 国民健康保険組合 | | | 21 | 公益法人 | | | 22 | 医療法人 | | | 23 | 私立学校法人 * | | | 24 | 社会福祉法人 | | | 25 | 医療生協 | | | 26 | 会社 | | | 27 | その他の法人 | | | 28 | 個人 | | | 29 | 医育機関(再掲) | | | <p>(4) 開設者</p> <p>(4) 開設者 01～27のあてはまるものひとつに○ * の開設者のうち、医育機関は28にも○</p> <table border="1"> <tr><td>01</td><td>厚生労働省</td><td rowspan="4">}</td><td rowspan="4">国</td></tr> <tr><td>02</td><td>独立行政法人国立病院機構</td></tr> <tr><td>03</td><td>国立大学法人 *</td></tr> <tr><td>04</td><td>独立行政法人労働者健康福祉機構</td></tr> <tr><td>05</td><td>その他</td><td></td><td></td></tr> <tr><td>06</td><td>都道府県 *</td><td></td><td></td></tr> <tr><td>07</td><td>市町村 *</td><td></td><td></td></tr> <tr><td>08</td><td>地方独立行政法人 *</td><td></td><td></td></tr> <tr><td>09</td><td>日赤</td><td></td><td></td></tr> <tr><td>10</td><td>済生会</td><td></td><td></td></tr> <tr><td>11</td><td>北海道社会事業協会</td><td></td><td></td></tr> <tr><td>12</td><td>厚生連</td><td></td><td></td></tr> <tr><td>13</td><td>国民健康保険団体連合会</td><td></td><td></td></tr> <tr><td>14</td><td>全国社会保険協会連合会</td><td></td><td></td></tr> <tr><td>15</td><td>厚生年金事業振興団</td><td></td><td></td></tr> <tr><td>16</td><td>船員保険会</td><td></td><td></td></tr> <tr><td>17</td><td>健康保険組合及びその連合会</td><td></td><td></td></tr> <tr><td>18</td><td>共済組合及びその連合会</td><td></td><td></td></tr> <tr><td>19</td><td>国民健康保険組合</td><td></td><td></td></tr> <tr><td>20</td><td>公益法人</td><td></td><td></td></tr> <tr><td>21</td><td>医療法人</td><td></td><td></td></tr> <tr><td>22</td><td>私立学校法人 *</td><td></td><td></td></tr> <tr><td>23</td><td>社会福祉法人</td><td></td><td></td></tr> <tr><td>24</td><td>医療生協</td><td></td><td></td></tr> <tr><td>25</td><td>会社</td><td></td><td></td></tr> <tr><td>26</td><td>その他の法人</td><td></td><td></td></tr> <tr><td>27</td><td>個人</td><td></td><td></td></tr> <tr><td>28</td><td>医育機関(再掲)</td><td></td><td></td></tr> </table> | 01 | 厚生労働省 | } | 国 | 02 | 独立行政法人国立病院機構 | 03 | 国立大学法人 * | 04 | 独立行政法人労働者健康福祉機構 | 05 | その他 | | | 06 | 都道府県 * | | | 07 | 市町村 * | | | 08 | 地方独立行政法人 * | | | 09 | 日赤 | | | 10 | 済生会 | | | 11 | 北海道社会事業協会 | | | 12 | 厚生連 | | | 13 | 国民健康保険団体連合会 | | | 14 | 全国社会保険協会連合会 | | | 15 | 厚生年金事業振興団 | | | 16 | 船員保険会 | | | 17 | 健康保険組合及びその連合会 | | | 18 | 共済組合及びその連合会 | | | 19 | 国民健康保険組合 | | | 20 | 公益法人 | | | 21 | 医療法人 | | | 22 | 私立学校法人 * | | | 23 | 社会福祉法人 | | | 24 | 医療生協 | | | 25 | 会社 | | | 26 | その他の法人 | | | 27 | 個人 | | | 28 | 医育機関(再掲) | | | <p>国立高度専門医療センターの独立行政法人化に伴い、開設者の区分に「05 国立高度専門医療研究センター」を加える。</p> |
| 01 | 厚生労働省 | } | | | 国 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 | 独立行政法人国立病院機構 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 | 国立大学法人 * | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 | 独立行政法人労働者健康福祉機構 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 | 国立高度専門医療研究センター | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | 都道府県 * | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | 市町村 * | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 | 地方独立行政法人 * | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 日赤 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 済生会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 北海道社会事業協会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 厚生連 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 国民健康保険団体連合会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 全国社会保険協会連合会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 厚生年金事業振興団 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 船員保険会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 健康保険組合及びその連合会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 共済組合及びその連合会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 国民健康保険組合 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | 公益法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | 医療法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | 私立学校法人 * | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | 社会福祉法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | 医療生協 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | 会社 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | その他の法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | 個人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | 医育機関(再掲) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | 厚生労働省 | } | 国 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 | 独立行政法人国立病院機構 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 | 国立大学法人 * | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 | 独立行政法人労働者健康福祉機構 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 | その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | 都道府県 * | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | 市町村 * | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | 地方独立行政法人 * | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 | 日赤 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 済生会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 北海道社会事業協会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 厚生連 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 国民健康保険団体連合会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 全国社会保険協会連合会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 厚生年金事業振興団 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 船員保険会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 健康保険組合及びその連合会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 共済組合及びその連合会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 国民健康保険組合 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 公益法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | 医療法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | 私立学校法人 * | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | 社会福祉法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | 医療生協 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | 会社 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | その他の法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | 個人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | 医育機関(再掲) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>(5) 許可病床数</p> <p>(5) 許可病床数</p> <table border="1"> <tr><td>精神病床</td><td>床</td></tr> <tr><td>感染症病床</td><td>床</td></tr> <tr><td>結核病床</td><td>床</td></tr> <tr><td>療養病床</td><td>床</td></tr> <tr><td>一般病床</td><td>床</td></tr> <tr><td>合計</td><td>床</td></tr> </table> | 精神病床 | 床 | 感染症病床 | 床 | 結核病床 | 床 | 療養病床 | 床 | 一般病床 | 床 | 合計 | 床 | <p>(5) 許可病床数</p> <p>(5) 許可病床数等</p> <table border="1"> <tr><td>精神病床</td><td>床</td></tr> <tr><td>感染症病床</td><td>床</td></tr> <tr><td>結核病床</td><td>床</td></tr> <tr><td>療養病床</td><td>床</td></tr> <tr><td>介護保険適用分(再掲)</td><td>床</td></tr> <tr><td>一般病床</td><td>床</td></tr> <tr><td>合計</td><td>床</td></tr> <tr><td>回復期リハビリテーション病棟(再掲)</td><td>一般病床</td><td>床</td></tr> <tr><td></td><td>療養病床</td><td>床</td></tr> <tr><td>認知症病棟(再掲)</td><td></td><td>床</td></tr> <tr><td>介護保険移行準備病棟(再掲)</td><td></td><td>床</td></tr> <tr><td>老人性認知症疾患療養病棟(再掲)</td><td></td><td>床</td></tr> <tr><td>経過型介護療養型医療施設(再掲)</td><td></td><td>床</td></tr> </table> | 精神病床 | 床 | 感染症病床 | 床 | 結核病床 | 床 | 療養病床 | 床 | 介護保険適用分(再掲) | 床 | 一般病床 | 床 | 合計 | 床 | 回復期リハビリテーション病棟(再掲) | 一般病床 | 床 | | 療養病床 | 床 | 認知症病棟(再掲) | | 床 | 介護保険移行準備病棟(再掲) | | 床 | 老人性認知症疾患療養病棟(再掲) | | 床 | 経過型介護療養型医療施設(再掲) | | 床 | <p>「介護保険適用分(再掲)」「回復期リハビリテーション病棟(再掲)一般病床」「回復期リハビリテーション病棟(再掲)療養病床」「認知症病棟(再掲)」「介護保険移行準備病棟(再掲)」「老人性認知症疾患療養病棟(再掲)」「経過型介護療養型医療施設(再掲)」については、診療報酬の施設基準の届出等※で把握できるため、記入者負担を考慮し削除する。</p> <p>※ 療養病床 介護保険適用分・・・病院報告 回復期リハビリテーション病棟、認知症病棟、 介護保険移行準備病棟・・・診療報酬の施設基準の届出 老人性認知症疾患療養病棟・・・介護サービス施設・事業所調査 経過型介護療養型医療施設・・・介護サービス施設・事業所調査(施設数のみ)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 回復期リハビリテーション病棟(再掲) | 一般病床 | 床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 認知症病棟(再掲) | | 床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 介護保険移行準備病棟(再掲) | | 床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 老人性認知症疾患療養病棟(再掲) | | 床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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【病院票】

新・23年調査(案)

旧・20年調査

変更理由等

(8) 診療科目

| (8) 診療科目 | | | | あてはまるものすべてに○ |
|----------|-----------|---------------------|---|--------------|
| 標ぼう | 9月 休診中 | 9月 の 特定 日の | 標ぼうしている科目と、9月中休診して いた科目、特定の曜日のみ開設して いる科目に○をつけてください。 | |
| 01 | 01 | 01 | 内科 | |
| 02 | 02 | 02 | 呼吸器内科 | |
| 03 | 03 | 03 | 循環器内科 | |
| 04 | 04 | 04 | 消化器内科(胃腸内科) | |
| 05 | 05 | 05 | 腎臓内科 | |
| 06 | 06 | 06 | 神経内科 | |
| 07 | 07 | 07 | 糖尿病内科(代謝内科) | |
| I | 08 | 08 | 血液内科 | |
| | 09 | 09 | 皮膚科 | |
| | 10 | 10 | アレルギー科 | |
| | 11 | 11 | リウマチ科 | |
| | 12 | 12 | 感染症内科 | |
| | 13 | 13 | 小児科 | |
| | 14 | 14 | 精神科 | |
| | 15 | 15 | 心療内科 | |
| | 16 | 16 | 外科 | |
| | 17 | 17 | 呼吸器外科 | |
| | 18 | 18 | 心臓血管外科 | |
| | 19 | 19 | 乳腺外科 | |
| | 20 | 20 | 気管食道外科 | |
| | 21 | 21 | 消化器外科(胃腸外科) | |
| | 22 | 22 | 泌尿器科 | |
| | 23 | 23 | 肛門外科 | |
| II | 24 | 24 | 脳神経外科 | |
| | 25 | 25 | 整形外科 | |
| | 26 | 26 | 形成外科 | |
| | 27 | 27 | 美容外科 | |
| | 28 | 28 | 眼科 | |
| | 29 | 29 | 耳鼻いんこう科 | |
| | 30 | 30 | 小児外科 | |
| | 31 | 31 | 産婦人科 | |
| | 32 | 32 | 産科 | |
| | 33 | 33 | 婦人科 | |
| | 34 | 34 | リハビリテーション科 | |
| | 35 | 35 | 放射線科 | |
| | 36 | 36 | 麻酔科 | |
| | 37 | 37 | 病理診断科 | |
| III | 38 | 38 | 臨床検査科 | |
| | 39 | 39 | 救急科 | |
| | 40 | 40 | 歯科 | |
| | 41 | 41 | 矯正歯科 | |
| | 42 | 42 | 小児歯科 | |
| | 43 | 43 | 歯科口腔外科 | |

(6) 診療科目

| (6) 診療科目 | | | | あてはまるものすべてに○ |
|----------|-----------|---------------------|---|--------------|
| 標ぼう | 9月 休診中 | 9月 の 特定 日の | 標ぼうしている科目と、9月中休診して いた科目、特定の曜日のみ開設して いる科目に○をつけてください。 | |
| 01 | 01 | 01 | 内科 | |
| 02 | 02 | 02 | 呼吸器内科 | |
| 03 | 03 | 03 | 循環器内科 | |
| 04 | 04 | 04 | 消化器内科(胃腸内科) | |
| 05 | 05 | 05 | 腎臓内科 | |
| 06 | 06 | 06 | 神経内科 | |
| 07 | 07 | 07 | 糖尿病内科(代謝内科) | |
| I | 08 | 08 | 血液内科 | |
| | 09 | 09 | 皮膚科 | |
| | 10 | 10 | アレルギー科 | |
| | 11 | 11 | リウマチ科 | |
| | 12 | 12 | 感染症内科 | |
| | 13 | 13 | 小児科 | |
| | 14 | 14 | 精神科 | |
| | 15 | 15 | 心療内科 | |
| | 16 | 16 | 外科 | |
| | 17 | 17 | 呼吸器外科 | |
| | 18 | 18 | 循環器外科(心臓・血管外科) | |
| | 19 | 19 | 乳腺外科 | |
| | 20 | 20 | 気管食道外科 | |
| | 21 | 21 | 消化器外科(胃腸外科) | |
| | 22 | 22 | 泌尿器科 | |
| | 23 | 23 | 肛門外科 | |
| II | 24 | 24 | 脳神経外科 | |
| | 25 | 25 | 整形外科 | |
| | 26 | 26 | 形成外科 | |
| | 27 | 27 | 美容外科 | |
| | 28 | 28 | 眼科 | |
| | 29 | 29 | 耳鼻いんこう科 | |
| | 30 | 30 | 小児外科 | |
| | 31 | 31 | 産婦人科 | |
| | 32 | 32 | 産科 | |
| | 33 | 33 | 婦人科 | |
| | 34 | 34 | リハビリテーション科 | |
| | 35 | 35 | 放射線科 | |
| | 36 | 36 | 麻酔科 | |
| | 37 | 37 | 病理診断科 | |
| III | 38 | 38 | 臨床検査科 | |
| | 39 | 39 | 救急科 | |
| | 40 | 40 | 歯科 | |
| | 41 | 41 | 矯正歯科 | |
| | 42 | 42 | 小児歯科 | |
| | 43 | 43 | 歯科口腔外科 | |

心臓血管外科の標ぼうは医療法で認められていたところであり、循環器外科は、平成20年4月1日から標ぼう可能な診療科目が柔軟な方式に変更されたことによりできた診療科目である。よって平成19年度以前から標ぼう可能であった「心臓血管外科」での標ぼうが多数である実態に合わせ、表記を「心臓血管外科」と変更する。

【病院票】

| 新・23年調査(案) | 旧・20年調査 | 変更理由等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>(10) 科目別医師数</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>(8) 科目別医師数(常勤換算) 小数点以下第2位四捨五入 1人の医師又は歯科医師に、該当する診療科目が複数ある場合には、主たる診療科目に計上してください。</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #00FF00;"> <th colspan="5">男性医師</th> <th colspan="5">女性医師</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> </div> | 男性医師 | | | | | 女性医師 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <p>(8) 科目別医師数</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>(8) 科目別の医師数 (常勤換算) 小数点以下第2位四捨五入</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #00FF00;"> <th colspan="2">男性医師</th> <th colspan="2">女性医師</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> </div> | 男性医師 | | 女性医師 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <p>1人の医師が複数の診療科を担当している場合、標ぼう科目ごとに振り分けることが困難な施設が多くみられることから、記入者負担を考慮し、主たる診療科目に計上するよう、把握の方法を変更する。</p> |
| 男性医師 | | | | | 女性医師 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 緊急入院した患者の延数(再掲) | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 乳幼児(3歳未満)の延数(再掲) | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

【病院票】

| 新・23年調査(案) | 旧・20年調査 | 変更理由等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (12) 処方状況等 | | 9月中の実施状況 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 院外処方せん交付数 | | 回 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医療用麻薬の処方 | 1 有 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内服薬処方せんにおける分量の記載方法の規定 | | いずれかひとつに○ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1回量を処方の基本単位としている | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 1日量を処方の基本単位としている | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 1回量と1日量の併記としている | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 規定なし | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (34) 薬剤管理指導・処方状況 | | | | 9月中の実施状況 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院患者への薬剤管理指導(9月中の薬剤管理指導料の回数) | | | | 回 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 外来患者への処方数 (9月中の延回数) | 院内処方数 | | | 回 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 院外処方せん交付数 | | | 回 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医療用麻薬の処方 | 1 有 | 2 無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>削除</p> | <p>(11) 承認等の状況</p> <table border="1"> <tr> <td colspan="4">(11) 承認等の状況</td> <td colspan="2">あてはまるものすべてに○</td> </tr> <tr> <td>1</td> <td>地域医療支援病院</td> <td>4</td> <td>在宅療養支援病院</td> <td colspan="2"></td> </tr> <tr> <td>2</td> <td>災害拠点病院</td> <td>5</td> <td>該当なし</td> <td colspan="2"></td> </tr> <tr> <td>3</td> <td>開放型病院</td> <td colspan="4"></td> </tr> </table> | (11) 承認等の状況 | | | | あてはまるものすべてに○ | | 1 | 地域医療支援病院 | 4 | 在宅療養支援病院 | | | 2 | 災害拠点病院 | 5 | 該当なし | | | 3 | 開放型病院 | | | | | <p>行政記録からの情報を利用し結果表を作成するため、調査項目からは削除する。</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (11) 承認等の状況 | | | | あてはまるものすべてに○ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 地域医療支援病院 | 4 | 在宅療養支援病院 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 災害拠点病院 | 5 | 該当なし | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 開放型病院 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (14) 診療録管理専任従事者 | | いる場合は10月1日現在の人数を記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | いる () 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | いない | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (15) 定期的な臨床病理学的症例検討会(CPC)の実施 | | いずれかに○ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | している | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | していない | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2 | いない | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 小数点以下第2位四捨五入 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | いる | 保育士数(常勤換算) | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | いない | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

【病院票】

| 新・23年調査(案) | 旧・20年調査 | 変更理由等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>(7) 救急告示の有無</p> <table border="1" data-bbox="296 147 623 262"> <tr> <td colspan="2">(7) 救急告示の有無</td> </tr> <tr> <td>1</td> <td>有</td> </tr> <tr> <td>2</td> <td>無</td> </tr> </table> <p>(17) 救急医療体制</p> <table border="1" data-bbox="296 378 979 1113"> <tr> <td colspan="6">(17) 救急医療体制 各項目について、いずれかひとつに○</td> </tr> <tr> <td>救急医療体制</td> <td>1</td> <td colspan="4">初期(初期救急医療体制)</td> </tr> <tr> <td></td> <td>2</td> <td colspan="4">二次(入院を要する救急医療体制)</td> </tr> <tr> <td></td> <td>3</td> <td colspan="4">三次(救命救急センター)</td> </tr> <tr> <td></td> <td>4</td> <td colspan="4">体制なし</td> </tr> <tr> <td>夜間(深夜も含む)救急対応の可否</td> <td>ほぼ毎日可能</td> <td>週3~5日可能</td> <td>週1~2日可能</td> <td>ほとんど不可能</td> <td></td> </tr> <tr> <td>内科</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> </tr> <tr> <td>小児科</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> </tr> <tr> <td>外科</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> </tr> <tr> <td>脳神経外科</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> </tr> <tr> <td>産科</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> </tr> <tr> <td>多発外傷への対応</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> </tr> <tr> <td>精神科救急医療体制</td> <td>1</td> <td colspan="4">体制あり</td> </tr> <tr> <td></td> <td>2</td> <td colspan="4">体制なし</td> </tr> <tr> <td>夜間(深夜も含む)救急対応の可否</td> <td>ほぼ毎日可能</td> <td>週3~5日可能</td> <td>週1~2日可能</td> <td>ほとんど不可能</td> <td></td> </tr> <tr> <td>精神科</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> </tr> </table> | (7) 救急告示の有無 | | 1 | 有 | 2 | 無 | (17) 救急医療体制 各項目について、いずれかひとつに○ | | | | | | 救急医療体制 | 1 | 初期(初期救急医療体制) | | | | | 2 | 二次(入院を要する救急医療体制) | | | | | 3 | 三次(救命救急センター) | | | | | 4 | 体制なし | | | | 夜間(深夜も含む)救急対応の可否 | ほぼ毎日可能 | 週3~5日可能 | 週1~2日可能 | ほとんど不可能 | | 内科 | 1 | 2 | 3 | 4 | | 小児科 | 1 | 2 | 3 | 4 | | 外科 | 1 | 2 | 3 | 4 | | 脳神経外科 | 1 | 2 | 3 | 4 | | 産科 | 1 | 2 | 3 | 4 | | 多発外傷への対応 | 1 | 2 | 3 | 4 | | 精神科救急医療体制 | 1 | 体制あり | | | | | 2 | 体制なし | | | | 夜間(深夜も含む)救急対応の可否 | ほぼ毎日可能 | 週3~5日可能 | 週1~2日可能 | ほとんど不可能 | | 精神科 | 1 | 2 | 3 | 4 | | <p>(17) 救急医療体制</p> <table border="1" data-bbox="1038 147 1721 882"> <tr> <td colspan="6">(17) 救急医療体制 各項目について、いずれかひとつに○</td> </tr> <tr> <td colspan="6">救急告示の有無</td> </tr> <tr> <td colspan="2">1 有</td> <td colspan="4">2 無</td> </tr> <tr> <td colspan="6">救急医療体制</td> </tr> <tr> <td colspan="2">1 初期救急医療体制</td> <td colspan="4">2 入院を要する救急医療体制</td> </tr> <tr> <td colspan="2">3 救命救急センター</td> <td colspan="4">4 体制なし</td> </tr> <tr> <td>夜間(深夜も含む)救急対応の可否</td> <td>ほぼ毎日可能</td> <td>週3~5日可能</td> <td>週1~2日可能</td> <td>ほとんど不可能</td> <td></td> </tr> <tr> <td>内科</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> </tr> <tr> <td>小児科</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> </tr> <tr> <td>外科</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> </tr> <tr> <td>脳神経外科</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> </tr> <tr> <td>産科</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> </tr> <tr> <td>多発外傷への対応</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> </tr> <tr> <td colspan="6">精神科救急医療体制</td> </tr> <tr> <td colspan="2">1 体制あり</td> <td colspan="4">2 体制なし</td> </tr> <tr> <td>夜間(深夜も含む)救急対応の可否</td> <td>ほぼ毎日可能</td> <td>週3~5日可能</td> <td>週1~2日可能</td> <td>ほとんど不可能</td> <td></td> </tr> <tr> <td>精神科</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> </tr> </table> | (17) 救急医療体制 各項目について、いずれかひとつに○ | | | | | | 救急告示の有無 | | | | | | 1 有 | | 2 無 | | | | 救急医療体制 | | | | | | 1 初期救急医療体制 | | 2 入院を要する救急医療体制 | | | | 3 救命救急センター | | 4 体制なし | | | | 夜間(深夜も含む)救急対応の可否 | ほぼ毎日可能 | 週3~5日可能 | 週1~2日可能 | ほとんど不可能 | | 内科 | 1 | 2 | 3 | 4 | | 小児科 | 1 | 2 | 3 | 4 | | 外科 | 1 | 2 | 3 | 4 | | 脳神経外科 | 1 | 2 | 3 | 4 | | 産科 | 1 | 2 | 3 | 4 | | 多発外傷への対応 | 1 | 2 | 3 | 4 | | 精神科救急医療体制 | | | | | | 1 体制あり | | 2 体制なし | | | | 夜間(深夜も含む)救急対応の可否 | ほぼ毎日可能 | 週3~5日可能 | 週1~2日可能 | ほとんど不可能 | | 精神科 | 1 | 2 | 3 | 4 | | <p>○救急告示の有無 病院においての基本項目であり、プレプリントが可能な他の項目と同様、一面に移動させる。 調査事項に変更なし。</p> <p>○救急医療体制 「初期救急医療体制」「入院を要する救急医療体制」「救命救急センター」の表記を、より分かりやすく「初期(初期救急医療体制)」「二次(入院を要する救急医療体制)」「三次(救命救急センター)」に修正。 調査事項に変更なし。</p> |
| (7) 救急告示の有無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 有 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (17) 救急医療体制 各項目について、いずれかひとつに○ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 救急医療体制 | 1 | 初期(初期救急医療体制) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 | 二次(入院を要する救急医療体制) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 | 三次(救命救急センター) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 | 体制なし | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 夜間(深夜も含む)救急対応の可否 | ほぼ毎日可能 | 週3~5日可能 | 週1~2日可能 | ほとんど不可能 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内科 | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 小児科 | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 外科 | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 脳神経外科 | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 産科 | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 多発外傷への対応 | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 精神科救急医療体制 | 1 | 体制あり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 | 体制なし | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 夜間(深夜も含む)救急対応の可否 | ほぼ毎日可能 | 週3~5日可能 | 週1~2日可能 | ほとんど不可能 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 精神科 | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (17) 救急医療体制 各項目について、いずれかひとつに○ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 救急告示の有無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 有 | | 2 無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 救急医療体制 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 初期救急医療体制 | | 2 入院を要する救急医療体制 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 救命救急センター | | 4 体制なし | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 夜間(深夜も含む)救急対応の可否 | ほぼ毎日可能 | 週3~5日可能 | 週1~2日可能 | ほとんど不可能 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内科 | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 小児科 | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 外科 | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 脳神経外科 | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 産科 | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 多発外傷への対応 | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 精神科救急医療体制 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 体制あり | | 2 体制なし | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 夜間(深夜も含む)救急対応の可否 | ほぼ毎日可能 | 週3~5日可能 | 週1~2日可能 | ほとんど不可能 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 精神科 | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>削除</p> | <p>(16) 健診・保健指導</p> <table border="1" data-bbox="1038 1186 1721 1417"> <tr> <td colspan="2">(16) 健診・保健指導 実施している場合は、あてはまるものすべてに○</td> </tr> <tr> <td>生活習慣病に関連する健診</td> <td>生活習慣病に関連する保健指導</td> </tr> <tr> <td>1 実施している</td> <td>1 実施している</td> </tr> <tr> <td> <ul style="list-style-type: none"> ┌ 1 医療保険者からの委託による └ 2 その他 </td> <td> <ul style="list-style-type: none"> ┌ 1 医療保険者からの委託による └ 2 その他 </td> </tr> <tr> <td>2 実施していない</td> <td>2 実施していない</td> </tr> </table> | (16) 健診・保健指導 実施している場合は、あてはまるものすべてに○ | | 生活習慣病に関連する健診 | 生活習慣病に関連する保健指導 | 1 実施している | 1 実施している | <ul style="list-style-type: none"> ┌ 1 医療保険者からの委託による └ 2 その他 | <ul style="list-style-type: none"> ┌ 1 医療保険者からの委託による └ 2 その他 | 2 実施していない | 2 実施していない | <p>社会保険診療報酬支払基金の届出で把握できるため、記入者負担を考慮し削除する。</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (16) 健診・保健指導 実施している場合は、あてはまるものすべてに○ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 生活習慣病に関連する健診 | 生活習慣病に関連する保健指導 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 実施している | 1 実施している | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> ┌ 1 医療保険者からの委託による └ 2 その他 | <ul style="list-style-type: none"> ┌ 1 医療保険者からの委託による └ 2 その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 実施していない | 2 実施していない | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>(18) 専門外来の設置</p> <table border="1" data-bbox="296 1491 979 1606"> <tr> <td colspan="2">(18) 専門外来の設置 あてはまるものすべてに○</td> </tr> <tr> <td>1</td> <td>禁煙外来</td> </tr> <tr> <td>2</td> <td>助産師外来</td> </tr> </table> | (18) 専門外来の設置 あてはまるものすべてに○ | | 1 | 禁煙外来 | 2 | 助産師外来 | <p>新規</p> | <p>○禁煙外来 旧(21)禁煙外来等の「禁煙外来の有無」を引き続き調査する。</p> <p>○助産師外来 妊婦の多様なニーズに応え、助産師を積極的に活用し、産科医師の負担の軽減を図る観点から普及を推進しているものであり、その状況を把握するため調査項目に追加する。</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (18) 専門外来の設置 あてはまるものすべてに○ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 禁煙外来 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 助産師外来 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

【病院票】

| 新・23年調査(案) | 旧・20年調査 | 変更理由等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|----------------|---------------|------------|------------|---------|---------|---|------------|------------|---------|--------|---------------|----------------|--------------|-----------|-------|--|--------------------------|------|---|------------|------------|---------|------|---|------------|------------|---------|--------|---------------|----------------|--------------|-----------|-------|-------------|---------------|-------------|------------|-----------|---------------------|----------------|-------------|---|---|---|---|---|-----|---|---|---|---|---|---|---|-----|---|---|---|---|---|---|---|----|---|---|---|---|---|---|---|---|--|----|----|-------|----------------|---|---|-------------|----------------|---|---|-------------|----------------|---|---|-------------|----------------|---|---|-------------|-----|---|---|-------------|-----|---|---|-------------|----|---|---|-------------|---|
| <p>(20)表示診療時間の状況</p> <p>(20)表示診療時間の状況</p> <p>通常の1週間の診療時間</p> <p>合計は時間単位とし、01～59分の分単位は全て0.5時間とみなし記入してください。</p> <p>表示診療時間 通常診療している時間帯すべてに○をつけてください。</p> <table border="1"> <thead> <tr> <th>曜日</th> <th>午前</th> <th>午後</th> <th>18時～19時</th> <th>19時～20時</th> <th>20時～21時</th> <th>21時～22時</th> <th>22時以降</th> </tr> </thead> <tbody> <tr><td>月曜日</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>火曜日</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>水曜日</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>木曜日</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>金曜日</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>土曜日</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>日曜日</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>休日</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> </tbody> </table> | 曜日 | 午前 | 午後 | 18時～19時 | 19時～20時 | 20時～21時 | 21時～22時 | 22時以降 | 月曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 火曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 水曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 木曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 金曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 土曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 日曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 休日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | <p>(18)表示診療時間の状況</p> <p>(18)表示診療時間の状況</p> <p>通常の1週間の診療時間 (時間)</p> <p>表示診療時間 通常診療している時間帯に○をつけ、「3」に○をつけた場合は、括弧内に18時以降の表示診療時間を記入してください。</p> <p>平日は、診療時間が同じ曜日に○をつけ、まとめて記入してください。</p> <table border="1"> <thead> <tr> <th></th> <th>午前</th> <th>午後</th> <th>18時以降</th> </tr> </thead> <tbody> <tr> <td>平日 (月・火・水・木・金)</td> <td>1</td> <td>2</td> <td>3 (時 分 迄)</td> </tr> <tr> <td>平日 (月・火・水・木・金)</td> <td>1</td> <td>2</td> <td>3 (時 分 迄)</td> </tr> <tr> <td>平日 (月・火・水・木・金)</td> <td>1</td> <td>2</td> <td>3 (時 分 迄)</td> </tr> <tr> <td>平日 (月・火・水・木・金)</td> <td>1</td> <td>2</td> <td>3 (時 分 迄)</td> </tr> <tr> <td>土曜日</td> <td>1</td> <td>2</td> <td>3 (時 分 迄)</td> </tr> <tr> <td>日曜日</td> <td>1</td> <td>2</td> <td>3 (時 分 迄)</td> </tr> <tr> <td>休日</td> <td>1</td> <td>2</td> <td>3 (時 分 迄)</td> </tr> </tbody> </table> | | 午前 | 午後 | 18時以降 | 平日 (月・火・水・木・金) | 1 | 2 | 3 (時 分 迄) | 平日 (月・火・水・木・金) | 1 | 2 | 3 (時 分 迄) | 平日 (月・火・水・木・金) | 1 | 2 | 3 (時 分 迄) | 平日 (月・火・水・木・金) | 1 | 2 | 3 (時 分 迄) | 土曜日 | 1 | 2 | 3 (時 分 迄) | 日曜日 | 1 | 2 | 3 (時 分 迄) | 休日 | 1 | 2 | 3 (時 分 迄) | <p>記入者に分かりやすいよう、18時以降の表示診療時間について、記入から時間帯に○をつける方式に変更し、平日の曜日については、○をつける方式からそれぞれの曜日ごとに記入欄を設けるよう変更する。</p> |
| 曜日 | 午前 | 午後 | 18時～19時 | 19時～20時 | 20時～21時 | 21時～22時 | 22時以降 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 午前 | 午後 | 18時以降 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>削除</p> | <p>(21)禁煙外来等</p> <p>(21)禁煙外来等 各項目について、いずれかひとつに○</p> <table border="1"> <thead> <tr> <th>禁煙外来の有無</th> <th>ニコチン依存症管理料の算定</th> </tr> </thead> <tbody> <tr> <td>1 有</td> <td>1 有</td> </tr> <tr> <td>2 無</td> <td>2 無</td> </tr> </tbody> </table> | 禁煙外来の有無 | ニコチン依存症管理料の算定 | 1 有 | 1 有 | 2 無 | 2 無 | <p>○禁煙外来の有無 新設項目の「(18)専門外来の設置」で把握する。</p> <p>○ニコチン依存症管理料の算定 診療報酬の施設基準の届出等で把握できるため、記入者負担を考慮し削除する。</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 有 | 1 有 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 無 | 2 無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 1 有 2 無 | 1 有 2 無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3 していない | 施設の利用者 | 1 自施設の医師・歯科医師 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | 3 その他の自施設の職員 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 4 併設施設の職員 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 5 その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 院内の施設を利用 2 院外の施設を利用 | 夜間保育 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 有 2 無 | 1 有 2 無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 していない | 病児保育 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 有 2 無 | 1 有 2 無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 していない | 施設の利用者 | 1 自施設の医師・歯科医師 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 2 自施設の看護師・准看護師 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3 その他の自施設の職員 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 4 併設施設の職員 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 5 その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 男性職員の育児時間 | 5 再就業する職員への研修 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 男性職員の出産休暇 | 6 フレックスタイム | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 代替職員の配置 | 7 始業・終業時刻の繰り上げ・繰り下げ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 休業中の職員への情報提供 | 8 育児費用の援助措置 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

【病院票】

| 新・23年調査(案) | 旧・20年調査 | 変更理由等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------|--------------|--------------|-------------------|-----------|---------------|--------------|--------------|--------|-------|----|--------------|---|--------|----|--------------|----------|----------|----|---|-------------------|---------|--------|-------------------|---|---------------|--------------|----------|--------------|--|-----|--------|--------------|--------|-------|--------|--------------|----------|-----|---|--------------|--------|-------|----|-------------|--|-----|--|--|--|
| <p>(24) 電子カルテシステムの導入状況</p> <p>(24)電子カルテシステムの導入状況</p> <table border="1"> <tr> <td>1 医療機関全体として導入している</td> <td rowspan="3">活用状況の範囲</td> <td>1 自施設内</td> </tr> <tr> <td>2 医療機関内の一部に導入している</td> <td>2 患者へ情報提供</td> </tr> <tr> <td>3 具体的な導入予定がある</td> <td>3 他の医療機関等と連携</td> </tr> <tr> <td rowspan="4">4 導入予定なし</td> <td colspan="2">導入予定時期</td> </tr> <tr> <td>1</td> <td>平成23年度</td> </tr> <tr> <td>2</td> <td>平成24年度</td> </tr> <tr> <td>3</td> <td>平成25年度</td> </tr> <tr> <td>4</td> <td>平成26年度以降</td> <td></td> </tr> </table> | 1 医療機関全体として導入している | 活用状況の範囲 | 1 自施設内 | 2 医療機関内の一部に導入している | 2 患者へ情報提供 | 3 具体的な導入予定がある | 3 他の医療機関等と連携 | 4 導入予定なし | 導入予定時期 | | 1 | 平成23年度 | 2 | 平成24年度 | 3 | 平成25年度 | 4 | 平成26年度以降 | | <p>(24) 電子カルテシステムの導入状況</p> <p>(24) 電子カルテシステムの導入状況</p> <table border="1"> <tr> <td>1 医療機関全体として導入している</td> <td rowspan="3">活用状況の範囲</td> <td>1 自施設内</td> </tr> <tr> <td>2 医療機関内の一部に導入している</td> <td>2 患者へ情報提供</td> </tr> <tr> <td>3 具体的な導入予定がある</td> <td>3 他の医療機関等と連携</td> </tr> <tr> <td rowspan="4">4 導入予定なし</td> <td colspan="2">導入予定時期</td> </tr> <tr> <td>1</td> <td>平成20年度</td> </tr> <tr> <td>2</td> <td>平成21年度</td> </tr> <tr> <td>3</td> <td>平成22年度</td> </tr> <tr> <td>4</td> <td>平成23年度以降</td> <td></td> </tr> </table> | 1 医療機関全体として導入している | 活用状況の範囲 | 1 自施設内 | 2 医療機関内の一部に導入している | 2 患者へ情報提供 | 3 具体的な導入予定がある | 3 他の医療機関等と連携 | 4 導入予定なし | 導入予定時期 | | 1 | 平成20年度 | 2 | 平成21年度 | 3 | 平成22年度 | 4 | 平成23年度以降 | | <p>調査時期にあわせた導入予定時期を変更する。 調査事項に変更なし。</p> | | | | | | | | | | |
| 1 医療機関全体として導入している | 活用状況の範囲 | | 1 自施設内 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 医療機関内の一部に導入している | | | 2 患者へ情報提供 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 具体的な導入予定がある | | 3 他の医療機関等と連携 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 導入予定なし | 導入予定時期 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 平成23年度 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 | 平成24年度 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 | 平成25年度 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 平成26年度以降 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 医療機関全体として導入している | 活用状況の範囲 | 1 自施設内 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 医療機関内の一部に導入している | | 2 患者へ情報提供 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 具体的な導入予定がある | | 3 他の医療機関等と連携 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 導入予定なし | 導入予定時期 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 平成20年度 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 | 平成21年度 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 | 平成22年度 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 平成23年度以降 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>(25) 遠隔医療システムの導入状況</p> <p>(25)遠隔医療システムの導入状況 10月1日現在の数を記入してください。</p> <table border="1"> <tr> <td>遠隔画像診断</td> <td>1 有 →</td> <td>受信</td> <td>依頼元施設数 (施設)</td> </tr> <tr> <td></td> <td>2 無</td> <td>送信</td> <td>依頼先施設数 (施設)</td> </tr> <tr> <td>遠隔病理診断</td> <td>1 有 →</td> <td>受信</td> <td>依頼元施設数 (施設)</td> </tr> <tr> <td></td> <td>2 無</td> <td>送信</td> <td>依頼先施設数 (施設)</td> </tr> <tr> <td>遠隔在宅療養支援</td> <td>1 有 →</td> <td>受信</td> <td>依頼元患者数 (人)</td> </tr> <tr> <td></td> <td>2 無</td> <td></td> <td></td> </tr> </table> | 遠隔画像診断 | 1 有 → | 受信 | 依頼元施設数 (施設) | | 2 無 | 送信 | 依頼先施設数 (施設) | 遠隔病理診断 | 1 有 → | 受信 | 依頼元施設数 (施設) | | 2 無 | 送信 | 依頼先施設数 (施設) | 遠隔在宅療養支援 | 1 有 → | 受信 | 依頼元患者数 (人) | | 2 無 | | | <p>(25) 遠隔医療システムの導入状況</p> <p>(25) 遠隔医療システムの導入状況</p> <table border="1"> <tr> <td>遠隔画像診断</td> <td>1 有 →</td> <td>受信</td> <td>依頼元施設数 (施設)</td> </tr> <tr> <td></td> <td>2 無</td> <td>送信</td> <td>依頼先施設数 (施設)</td> </tr> <tr> <td>遠隔病理診断</td> <td>1 有 →</td> <td>受信</td> <td>依頼元施設数 (施設)</td> </tr> <tr> <td></td> <td>2 無</td> <td>送信</td> <td>依頼先施設数 (施設)</td> </tr> <tr> <td>在宅療養支援</td> <td>1 有 →</td> <td>受信</td> <td>依頼元患者数 (人)</td> </tr> <tr> <td></td> <td>2 無</td> <td></td> <td></td> </tr> </table> | 遠隔画像診断 | 1 有 → | 受信 | 依頼元施設数 (施設) | | 2 無 | 送信 | 依頼先施設数 (施設) | 遠隔病理診断 | 1 有 → | 受信 | 依頼元施設数 (施設) | | 2 無 | 送信 | 依頼先施設数 (施設) | 在宅療養支援 | 1 有 → | 受信 | 依頼元患者数 (人) | | 2 無 | | | <p>「在宅療養支援」について、遠隔医療システムを使用しているものであることが分かりやすいよう、「遠隔在宅療養支援」と表記を変更する。 調査事項に変更なし。</p> |
| 遠隔画像診断 | 1 有 → | 受信 | 依頼元施設数 (施設) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 無 | 送信 | 依頼先施設数 (施設) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 遠隔病理診断 | 1 有 → | 受信 | 依頼元施設数 (施設) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 無 | 送信 | 依頼先施設数 (施設) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 遠隔在宅療養支援 | 1 有 → | 受信 | 依頼元患者数 (人) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 遠隔画像診断 | 1 有 → | 受信 | 依頼元施設数 (施設) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 無 | 送信 | 依頼先施設数 (施設) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 遠隔病理診断 | 1 有 → | 受信 | 依頼元施設数 (施設) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 在宅療養支援 | 1 有 → | 受信 | 依頼元患者数 (人) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

【病院票】

| 新・23年調査(案) | 旧・20年調査 | 変更理由等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------------------|----------|------------|------------|-------------------------------------|--------|---------|-----|--------------|----|---|-----|---------------|----|---|---|-------------------|----|---|---|---------------|------|-----|-----|---------|--------|--------|-----|---------|------------|---|---|---|---|---|---|------------------|----|---|----------|---------------------------------------|---|---|---|-----------------|----|---|---|---------------|----------|---|---|---------------|----|---|---|-----|----|---|---------|--|-------------|---|-----|------------|---|--|--|--|-------------------|----|---|---|-----------------|----|---|---|-----------------|----|---|---------|---------------------|----|---|---|---------------------|----|---|---|----------------|-----|---|---|---------------|----|---|---|-----------------|----|----------------------|---|-----------|----|---|---|-----------|----|---|---|---|------|--|---|-------|--|---|---------|--|--|---|-------|--|---|-------|--|--|--|--|--|------------------|--|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|--|--|---|------|--|---|---------|--|---|-----|--|--|---------|--|--|--|--|--|--|--|--|--|---|------|--|---|---------|--|---|-----|--|--|---------------|--|--|--|--|--|--|--|--|--|---|---|--|---|---|--|--|--|--|--|--|----------------------------------|--|--|--|--|--|--|--|--|--|----------------|------------|----------|----------|---------|----|---|---|---|---|------|---|---|---|---|-----|---|---|---|---|-----|---|---|---|---|---------|---|---|---|--|--------|---|---|---|--|--------|---|---|---|--|-----|---|---|--|--|---------|---|---|--|--|---------|---|---|---|---|----|---|---|---|---|------------------------|--|--|---|--|----------------------|--|--|--|--|---|------|--|---|-------|--|---|---------|--|---|-------|--|---|-------|--|--|--|--|------------------|--|--|--|--|---------|--|--|--|--|---|------|--|---|---------|--|---|-----|--|---------|--|--|--|--|---|------|--|---|---------|--|---|-----|--|---------------|--|--|--|--|---|---|--|---|---|--|--|--|--|---|
| <p>(26) 医療安全体制</p> <table border="1"> <tr> <th colspan="10">(26)医療安全体制 各項目について、あてはまるものひとつに○</th> </tr> <tr> <th rowspan="2"></th> <th colspan="9">責任者</th> </tr> <tr> <th>医師</th> <th>歯科医師</th> <th>薬剤師</th> <th>看護師</th> <th>診療放射線技師</th> <th>臨床検査技師</th> <th>臨床工学技士</th> <th>その他</th> <th>配置していない</th> </tr> <tr> <td>医療安全体制(全般)</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> </tr> <tr> <td>院内感染防止対策</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> </tr> <tr> <td>医療機器安全管理</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td></td> <td></td> </tr> <tr> <td>医薬品安全管理</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="10">院内感染防止対策の専任担当者の状況</td> </tr> <tr> <td>1</td> <td colspan="9">いる (人)</td> </tr> <tr> <td>2</td> <td colspan="9">いない</td> </tr> <tr> <td colspan="10">院内感染防止対策のための施設内回診の頻度</td> </tr> <tr> <td>1</td> <td colspan="2">ほぼ毎日</td> <td>2</td> <td colspan="2">週1回以上</td> <td>3</td> <td colspan="3">月2～3回程度</td> </tr> <tr> <td>4</td> <td colspan="2">月1回程度</td> <td>5</td> <td colspan="3">月1回未満</td> <td colspan="3"></td> </tr> <tr> <td colspan="10">医療機器安全体制の保守計画の管理</td> </tr> <tr> <td colspan="10">保守計画の策定</td> </tr> <tr> <td>1</td> <td colspan="2">一括管理</td> <td>2</td> <td colspan="2">病棟・部門ごと</td> <td>3</td> <td colspan="3">その他</td> </tr> <tr> <td colspan="10">保守計画の実施</td> </tr> <tr> <td>1</td> <td colspan="2">一括管理</td> <td>2</td> <td colspan="2">病棟・部門ごと</td> <td>3</td> <td colspan="3">その他</td> </tr> <tr> <td colspan="10">患者相談担当者の配置の有無</td> </tr> <tr> <td>1</td> <td colspan="2">有</td> <td>2</td> <td colspan="3">無</td> <td colspan="3"></td> </tr> </table> | (26)医療安全体制 各項目について、あてはまるものひとつに○ | | | | | | | | | | | 責任者 | | | | | | | | | 医師 | 歯科医師 | 薬剤師 | 看護師 | 診療放射線技師 | 臨床検査技師 | 臨床工学技士 | その他 | 配置していない | 医療安全体制(全般) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 院内感染防止対策 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 医療機器安全管理 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | 医薬品安全管理 | 1 | 2 | 3 | 4 | | | | | | 院内感染防止対策の専任担当者の状況 | | | | | | | | | | 1 | いる (人) | | | | | | | | | 2 | いない | | | | | | | | | 院内感染防止対策のための施設内回診の頻度 | | | | | | | | | | 1 | ほぼ毎日 | | 2 | 週1回以上 | | 3 | 月2～3回程度 | | | 4 | 月1回程度 | | 5 | 月1回未満 | | | | | | 医療機器安全体制の保守計画の管理 | | | | | | | | | | 保守計画の策定 | | | | | | | | | | 1 | 一括管理 | | 2 | 病棟・部門ごと | | 3 | その他 | | | 保守計画の実施 | | | | | | | | | | 1 | 一括管理 | | 2 | 病棟・部門ごと | | 3 | その他 | | | 患者相談担当者の配置の有無 | | | | | | | | | | 1 | 有 | | 2 | 無 | | | | | | <p>(26) 医療安全体制</p> <table border="1"> <tr> <th colspan="5">(26) 医療安全体制 各項目について、あてはまるものひとつに○</th> </tr> <tr> <th colspan="5">* 医療安全に関する体制の責任者について、専任・兼務の別を記入してください。</th> </tr> <tr> <th>責任者の資格と専任・兼務の別</th> <th>医療安全体制(全般)</th> <th>院内感染防止対策</th> <th>医療機器安全管理</th> <th>医薬品安全管理</th> </tr> <tr> <td>医師</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>歯科医師</td> <td>2</td> <td>2</td> <td>2</td> 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| | | 1 | ほぼ毎日 | | 2 | 週1回以上 | | 3 | 月2～3回程度 | | 4 | 月1回程度 | | 5 | 月1回未満 | | | | | 医療機器安全体制の保守計画の管理 | | | | | 保守計画の策定 | | | | | 1 | 一括管理 | | 2 | 病棟・部門ごと | | 3 | その他 | | 保守計画の実施 | | | | | 1 | 一括管理 | | 2 | 病棟・部門ごと | | 3 | その他 | | 患者相談担当者の配置の有無 | | | | | 1 | 有 | | 2 | 無 | | | | | <p>○責任者の資格と専任・兼務の別 記入者に分かりやすいよう、表頭と表側の配置を変更する。 責任者の専任・兼務の別については、一定の傾向が把握できたため、記入者負担を考慮し削除する。</p> <p>○院内感染防止対策の専任担当者の状況 医療施設の組織的な感染対策への取り組みを示すものとして、専任担当者数を含めた実態を把握するため追加する。</p> |
| (26)医療安全体制 各項目について、あてはまるものひとつに○ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 責任者 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 医師 | 歯科医師 | 薬剤師 | 看護師 | 診療放射線技師 | 臨床検査技師 | 臨床工学技士 | その他 | 配置していない | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医療安全体制(全般) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 院内感染防止対策 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医療機器安全管理 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医薬品安全管理 | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 院内感染防止対策の専任担当者の状況 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | いる (人) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 院内感染防止対策のための施設内回診の頻度 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | ほぼ毎日 | | 2 | 週1回以上 | | 3 | 月2～3回程度 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 月1回程度 | | 5 | 月1回未満 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医療機器安全体制の保守計画の管理 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 患者相談担当者の配置の有無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (26) 医療安全体制 各項目について、あてはまるものひとつに○ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * 医療安全に関する体制の責任者について、専任・兼務の別を記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 責任者の資格と専任・兼務の別 | 医療安全体制(全般) | 院内感染防止対策 | 医療機器安全管理 | 医薬品安全管理 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 看護師 | 4 | 4 | 4 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診療放射線技師 | 5 | 5 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 臨床検査技師 | 6 | 6 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 配置していない | 9 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * 専任・兼務 | 1 | 1 | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 医療機器と医薬品安全管理責任者を兼務(再掲) | | | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 院内感染防止対策のための施設内回診の頻度 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | ほぼ毎日 | | 2 | 週1回以上 | | 3 | 月2～3回程度 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 月1回程度 | | 5 | 月1回未満 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医療機器安全体制の保守計画の管理 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 | 一括管理 | | 2 | 病棟・部門ごと | | 3 | その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 保守計画の実施 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 一括管理 | | 2 | 病棟・部門ごと | | 3 | その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 患者相談担当者の配置の有無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 有 | | 2 | 無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>(28) 特殊診療設備</p> <table border="1"> <tr> <th colspan="2">(28) 特殊診療設備</th> <th>病床数</th> <th>9月中の取扱患者延数</th> </tr> <tr> <td colspan="4">01～06はそれぞれの診療報酬上の施設基準又は要件を満たすもののみ記入</td> </tr> <tr> <td>ICU(特定集中治療室)</td> <td>01</td> <td>床</td> <td>人</td> </tr> <tr> <td>SCU(脳卒中集中治療室)</td> <td>02</td> <td>床</td> <td>人</td> </tr> <tr> <td>MFICU(母体・胎児集中治療室)</td> <td>03</td> <td>床</td> <td>人</td> </tr> <tr> <td>無菌治療室(手術室は除く)</td> <td>04</td> <td>床</td> <td>人</td> </tr> <tr> <td>放射線治療病室</td> <td>05</td> <td>床</td> <td>人</td> </tr> <tr> <td>外来化学療法室</td> <td>06</td> <td>床</td> <td>人</td> </tr> <tr> <td colspan="4">07は新生児特定集中治療室管理料の施設基準を満たすものに加え、総合周産期特定集中治療室管理料の施設基準を満たすものを含む。</td> </tr> <tr> <td>NICU(新生児特定集中治療室)</td> <td>07</td> <td>床</td> <td>人</td> </tr> <tr> <td colspan="4">08～11は診療報酬上の施設基準又は要件を満たさず満たさないに関わらず記入</td> </tr> <tr> <td>CCU(心臓内科系集中治療室)</td> <td>08</td> <td>床</td> <td>人</td> </tr> <tr> <td>GCU(新生児治療回復室)</td> <td>09</td> <td>床</td> <td>人</td> </tr> <tr> <td>PICU(小児集中治療室)</td> <td>10</td> <td>床</td> <td>人</td> </tr> <tr> <td>陰圧室</td> <td>11</td> <td>床</td> <td>人</td> </tr> </table> | (28) 特殊診療設備 | | 病床数 | 9月中の取扱患者延数 | 01～06はそれぞれの診療報酬上の施設基準又は要件を満たすもののみ記入 | | | | ICU(特定集中治療室) | 01 | 床 | 人 | SCU(脳卒中集中治療室) | 02 | 床 | 人 | MFICU(母体・胎児集中治療室) | 03 | 床 | 人 | 無菌治療室(手術室は除く) | 04 | 床 | 人 | 放射線治療病室 | 05 | 床 | 人 | 外来化学療法室 | 06 | 床 | 人 | 07は新生児特定集中治療室管理料の施設基準を満たすものに加え、総合周産期特定集中治療室管理料の施設基準を満たすものを含む。 | | | | NICU(新生児特定集中治療室) | 07 | 床 | 人 | 08～11は診療報酬上の施設基準又は要件を満たさず満たさないに関わらず記入 | | | | CCU(心臓内科系集中治療室) | 08 | 床 | 人 | GCU(新生児治療回復室) | 09 | 床 | 人 | PICU(小児集中治療室) | 10 | 床 | 人 | 陰圧室 | 11 | 床 | 人 | <p>(28) 特殊診療設備</p> <table border="1"> <tr> <th colspan="2">(28) 特殊診療設備</th> <th>病床数</th> <th>9月中の取扱患者延数</th> </tr> <tr> <td colspan="4">* 施設基準を満たすもののみ記入 ** 総合周産期特定集中治療室管理料の施設基準に掲げられるものを含む。</td> </tr> <tr> <td>特定集中治療室(ICU) *</td> <td>01</td> <td>床</td> <td>人</td> </tr> <tr> <td>脳卒中集中治療室(SCU) *</td> <td>02</td> <td>床</td> <td>人</td> </tr> <tr> <td>心臓内科系集中治療室(CCU)</td> <td>03</td> <td>床</td> <td>人</td> </tr> <tr> <td>新生児特定集中治療室(NICU) **</td> <td>04</td> <td>床</td> <td>人</td> </tr> <tr> <td>母体・胎児集中治療室(MFICU) *</td> <td>05</td> <td>床</td> <td>人</td> </tr> <tr> <td>広範囲熱傷特定集中治療室 *</td> <td>06</td> <td>床</td> <td>人</td> </tr> <tr> <td>小児集中治療室(PICU)</td> <td>07</td> <td>床</td> <td>人</td> </tr> <tr> <td>無菌治療室(手術室は除く) *</td> <td>08</td> <td>床</td> <td>人</td> </tr> <tr> <td>放射線治療病室 *</td> <td>09</td> <td>床</td> <td>人</td> </tr> <tr> <td>外来化学療法室 *</td> <td>10</td> <td>床</td> <td>人</td> </tr> </table> | (28) 特殊診療設備 | | 病床数 | 9月中の取扱患者延数 | * 施設基準を満たすもののみ記入 ** 総合周産期特定集中治療室管理料の施設基準に掲げられるものを含む。 | | | | 特定集中治療室(ICU) * | 01 | 床 | 人 | 脳卒中集中治療室(SCU) * | 02 | 床 | 人 | 心臓内科系集中治療室(CCU) | 03 | 床 | 人 | 新生児特定集中治療室(NICU) ** | 04 | 床 | 人 | 母体・胎児集中治療室(MFICU) * | 05 | 床 | 人 | 広範囲熱傷特定集中治療室 * | 06 | 床 | 人 | 小児集中治療室(PICU) | 07 | 床 | 人 | 無菌治療室(手術室は除く) * | 08 | 床 | 人 | 放射線治療病室 * | 09 | 床 | 人 | 外来化学療法室 * | 10 | 床 | 人 | <p>○「特定集中治療室(ICU)」、「脳卒中集中治療室(SCU)」、「心臓内科系集中治療室(CCU)」、「新生児特定集中治療室(NICU)」、「母体・胎児集中治療室(MFICU)」について、より実態に即した表記、「ICU(特定集中治療室)」、「SCU(脳卒中集中治療室)」、「CCU(心臓内科系集中治療室)」、「NICU(新生児特定集中治療室)」、「MFICU(母体・胎児集中治療室)」へと、それぞれ変更する。</p> <p>○GCU(新生児治療回復室) 平成22年診療報酬改定で新生児治療回復室入院医療管理料が新設されたところであるが、施設基準を満たさないものも調査し、実態を把握することが必要であることから、追加する。</p> <p>○陰圧室 これまで、感染症病床、結核病床において設置されていたが、近年では一般病床にも陰圧室を設置することを認めている。 今後、陰圧室を整備した施設数及びその数について、病床区分ごとに継続的に把握していくことは、感染症に対する適切な医療を提供する観点から意義が大きいため、追加する。</p> <p>○広範囲熱傷特定集中治療室 広範囲熱傷特定集中治療室管理料については、これまで専用の治療室を用いることを要件としていたが、要件を緩和して特定集中治療室管理料及び救命救急入院料の一項目として評価を行うこととなったため、削除する。</p> <p>○施設基準を満たすもののみ、満たしていないものを含む、等が分かりやすいよう、それぞれをまとめた配置に変更する。</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (28) 特殊診療設備 | | 病床数 | 9月中の取扱患者延数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01～06はそれぞれの診療報酬上の施設基準又は要件を満たすもののみ記入 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ICU(特定集中治療室) | 01 | 床 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCU(脳卒中集中治療室) | 02 | 床 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MFICU(母体・胎児集中治療室) | 03 | 床 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 無菌治療室(手術室は除く) | 04 | 床 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 放射線治療病室 | 05 | 床 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 外来化学療法室 | 06 | 床 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07は新生児特定集中治療室管理料の施設基準を満たすものに加え、総合周産期特定集中治療室管理料の施設基準を満たすものを含む。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NICU(新生児特定集中治療室) | 07 | 床 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CCU(心臓内科系集中治療室) | 08 | 床 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GCU(新生児治療回復室) | 09 | 床 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PICU(小児集中治療室) | 10 | 床 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 陰圧室 | 11 | 床 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (28) 特殊診療設備 | | 病床数 | 9月中の取扱患者延数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 特定集中治療室(ICU) * | 01 | 床 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 脳卒中集中治療室(SCU) * | 02 | 床 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 心臓内科系集中治療室(CCU) | 03 | 床 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 新生児特定集中治療室(NICU) ** | 04 | 床 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 母体・胎児集中治療室(MFICU) * | 05 | 床 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 広範囲熱傷特定集中治療室 * | 06 | 床 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 小児集中治療室(PICU) | 07 | 床 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 無菌治療室(手術室は除く) * | 08 | 床 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 放射線治療病室 * | 09 | 床 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 外来化学療法室 * | 10 | 床 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

【病院票】

| 新・23年調査(案) | 旧・20年調査 | 変更理由等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (31)手術等の実施状況 | | 9月中の実施件数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全身麻酔(静脈麻酔は除く) | 01 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内視鏡下消化管手術 | 02 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 悪性腫瘍手術 | 03 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 部 位 | 肺(再掲) | 04 | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 胃(再掲) | 05 | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 肝臓(再掲) | 06 | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 大腸(再掲) | 07 | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 前立腺(再掲) | 08 | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 乳房(再掲) | 09 | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 子宮(再掲) | 10 | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 人工透析 (人工透析装置の台数) | 11 | | 台 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 分娩(正常分娩を含む) | 12 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 帝王切開娩出術(再掲) | 13 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 分娩の取扱 小数点以下第2位四捨五入 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 取り扱っている | 担当医師数(常勤換算) | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 担当助産師数(常勤換算) | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 取り扱っていない | 院内助産所の有無 | 1 有 | 2 無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 内視鏡下消化管手術 | 02 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 悪性腫瘍手術 | 03 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 食道がん(再掲) | 04 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 肺がん(再掲) | 05 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 胃がん(再掲) | 06 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 肝臓がん(再掲) | 07 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 胆嚢がん(再掲) | 08 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 膵臓がん(再掲) | 09 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 大腸がん(再掲) | 10 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 腎がん(再掲) | 11 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 前立腺がん(再掲) | 12 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 乳がん(再掲) | 13 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 子宮がん(再掲) | 14 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 人工透析 (人工透析装置の台数) | 15 | | 台 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 分娩(正常分娩を含む) | 16 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 帝王切開娩出術(再掲) | 17 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 分娩の取扱 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 取り扱っている | 担当医師数(常勤換算) | (. 人) | 小数点以下第2位四捨五入 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 担当助産師数(常勤換算) | (. 人) | 第2位四捨五入 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | LDRの有無 | 1 有(床) | 2 無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 取り扱っていない | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>(33)歯科設備</p> <table border="1"> <thead> <tr> <th colspan="4">(33)歯科設備 保有しているものすべてに○</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>歯科診療台</td> <td>(台)</td> <td></td> </tr> <tr> <td>2</td> <td>デンタルX線装置(アナログ)</td> <td>6</td> <td>ポータブル歯科ユニット</td> </tr> <tr> <td>3</td> <td>デンタルX線装置(デジタル)</td> <td>7</td> <td>オートクレーブ</td> </tr> <tr> <td>4</td> <td>パノラマX線装置(アナログ)</td> <td>8</td> <td>吸入鎮静装置</td> </tr> <tr> <td>5</td> <td>パノラマX線装置(デジタル)</td> <td></td> <td></td> </tr> </tbody> </table> | (33)歯科設備 保有しているものすべてに○ | | | | 1 | 歯科診療台 | (台) | | 2 | デンタルX線装置(アナログ) | 6 | ポータブル歯科ユニット | 3 | デンタルX線装置(デジタル) | 7 | オートクレーブ | 4 | パノラマX線装置(アナログ) | 8 | 吸入鎮静装置 | 5 | パノラマX線装置(デジタル) | | | <p>(33) 歯科設備</p> <table border="1"> <thead> <tr> <th colspan="4">(33) 歯科設備 保有しているものすべてに○</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>歯科診療台</td> <td>(台)</td> <td></td> </tr> <tr> <td>2</td> <td>パノラマX線装置</td> <td>5</td> <td>超音波歯石除去器</td> </tr> <tr> <td>3</td> <td>オートクレーブ</td> <td>6</td> <td>口腔内画像処理システム</td> </tr> <tr> <td>4</td> <td>生体モニター</td> <td>7</td> <td>吸入鎮静装置</td> </tr> </tbody> </table> | (33) 歯科設備 保有しているものすべてに○ | | | | 1 | 歯科診療台 | (台) | | 2 | パノラマX線装置 | 5 | 超音波歯石除去器 | 3 | オートクレーブ | 6 | 口腔内画像処理システム | 4 | 生体モニター | 7 | 吸入鎮静装置 | <p>○「パノラマX線装置」、「生体モニター」、「超音波歯石除去器」、「口腔内画像処理システム」については、おおまかな傾向が把握できたため削除する。</p> <p>○「デンタルX線装置(アナログ)」、「デンタルX線装置(デジタル)」、「パノラマX線装置(アナログ)」、「パノラマX線装置(デジタル)」、「ポータブル歯科ユニット」について、行政としてより実態を把握する必要性が高いものを追加する。</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (33)歯科設備 保有しているものすべてに○ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 歯科診療台 | (台) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | デンタルX線装置(アナログ) | 6 | ポータブル歯科ユニット | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | デンタルX線装置(デジタル) | 7 | オートクレーブ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | パノラマX線装置(アナログ) | 8 | 吸入鎮静装置 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | パノラマX線装置(デジタル) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (33) 歯科設備 保有しているものすべてに○ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 歯科診療台 | (台) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | パノラマX線装置 | 5 | 超音波歯石除去器 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | オートクレーブ | 6 | 口腔内画像処理システム | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 生体モニター | 7 | 吸入鎮静装置 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

【病院票】

| 新・23年調査(案) | 旧・20年調査 | 変更理由等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>(35) 新人看護職員研修の状況</p> <p>(35) 新人看護職員研修の状況</p> <p>1 新人看護職員がいる</p> <ul style="list-style-type: none"> 1 新人看護職員研修ガイドラインに沿った研修を実施している 2 新人看護職員研修ガイドラインに沿わない研修を実施している 3 新人看護職員研修を実施していない <p>2 新人看護職員がいない</p> | <p>新規</p> | <p>看護職員の新人研修については、平成22年度より新人看護職員研修ガイドラインに沿った研修の普及を進めてきており、その実態を把握するため、調査項目に追加する。</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>(36) 病棟における看護職員の勤務体制</p> <p>(36) 病棟における看護職員の勤務体制</p> <p>施設内すべての病棟における看護師、准看護師の勤務体制を記入 複数の看護単位を有する施設においては、合算した数を記入してください。</p> <table border="1" data-bbox="296 573 973 1108"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">時間帯 (シフト)</th> <th rowspan="2">配置人数 (看護師・准看護師)</th> <th colspan="3">看護単位数</th> </tr> <tr> <th>1人</th> <th>2人</th> <th>3人以上</th> </tr> </thead> <tbody> <tr> <td rowspan="6">三交代制</td> <td rowspan="3">準夜勤</td> <td>1人配置</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2人配置</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3人以上配置</td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="3">深夜勤</td> <td>1人配置</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2人配置</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3人以上配置</td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="3">二交代制</td> <td rowspan="3">夜勤</td> <td>1人配置</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2人配置</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3人以上配置</td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="3">当直制・他</td> <td rowspan="3">夜勤</td> <td>1人配置</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2人配置</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3人以上配置</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>記入例 三交代の体制をとる病棟に、1看護単位(準夜勤 3人、深夜勤 2人)で看護している場合</p> <table border="1" data-bbox="350 1146 928 1455"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">時間帯 (シフト)</th> <th rowspan="2">配置人数 (看護師・准看護師)</th> <th colspan="3">看護単位数</th> </tr> <tr> <th>1人</th> <th>2人</th> <th>3人以上</th> </tr> </thead> <tbody> <tr> <td rowspan="6">三交代制</td> <td rowspan="3">準夜勤</td> <td>1人配置</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2人配置</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3人以上配置</td> <td></td> <td></td> <td>1</td> </tr> <tr> <td rowspan="3">深夜勤</td> <td>1人配置</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2人配置</td> <td></td> <td></td> <td>1</td> </tr> <tr> <td>3人以上配置</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | 時間帯 (シフト) | 配置人数 (看護師・准看護師) | 看護単位数 | | | 1人 | 2人 | 3人以上 | 三交代制 | 準夜勤 | 1人配置 | | | | 2人配置 | | | | 3人以上配置 | | | | 深夜勤 | 1人配置 | | | | 2人配置 | | | | 3人以上配置 | | | | 二交代制 | 夜勤 | 1人配置 | | | | 2人配置 | | | | 3人以上配置 | | | | 当直制・他 | 夜勤 | 1人配置 | | | | 2人配置 | | | | 3人以上配置 | | | | | 時間帯 (シフト) | 配置人数 (看護師・准看護師) | 看護単位数 | | | 1人 | 2人 | 3人以上 | 三交代制 | 準夜勤 | 1人配置 | | | | 2人配置 | | | | 3人以上配置 | | | 1 | 深夜勤 | 1人配置 | | | | 2人配置 | | | 1 | 3人以上配置 | | | | <p>(36) 病棟における看護職員の勤務体制</p> <p>(36) 病棟における看護職員の勤務体制</p> <p>看護師、准看護師の勤務体制を病棟別に記入 複数種類の病床を有する病棟は、一番多い病床に該当する病棟に記入</p> <table border="1" data-bbox="1041 573 1724 1146"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">配置している 看護師・ 准看護師</th> <th rowspan="2">時間帯 (シフト)</th> <th colspan="3">看護単位数 (看護師・准看護師の人数別)</th> </tr> <tr> <th>1人</th> <th>2人</th> <th>3人以上</th> </tr> </thead> <tbody> <tr> <td rowspan="3">一般 病棟</td> <td rowspan="3">三交代制</td> <td>準夜勤</td> <td></td> <td></td> <td></td> </tr> <tr> <td>深夜勤</td> <td></td> <td></td> <td></td> </tr> <tr> <td>夜勤</td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="3">療養 病棟</td> <td rowspan="3">三交代制</td> <td>準夜勤</td> <td></td> <td></td> <td></td> </tr> <tr> <td>深夜勤</td> <td></td> <td></td> <td></td> </tr> <tr> <td>夜勤</td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="3">結核 精神 病棟</td> <td rowspan="3">三交代制</td> <td>準夜勤</td> <td></td> <td></td> <td></td> </tr> <tr> <td>深夜勤</td> <td></td> <td></td> <td></td> </tr> <tr> <td>夜勤</td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="3">当直制・他</td> <td rowspan="3">二交代制</td> <td>夜勤</td> <td></td> <td></td> <td></td> </tr> <tr> <td>三交代制</td> <td></td> <td></td> <td></td> </tr> <tr> <td>当直制・他</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>記入例 三交代の体制をとる病棟に、20人の看護師・准看護師を配置し、1看護単位(準夜勤 3人、深夜勤 2人)で看護している場合</p> <table border="1" data-bbox="1092 1220 1700 1377"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">配置している 看護師・准看護師</th> <th rowspan="2">時間帯 (シフト)</th> <th colspan="3">看護単位数 (看護師・准看護師の人数別)</th> </tr> <tr> <th>1人</th> <th>2人</th> <th>3人以上</th> </tr> </thead> <tbody> <tr> <td rowspan="2">三交代制</td> <td rowspan="2">20人</td> <td>準夜勤</td> <td></td> <td></td> <td>1</td> </tr> <tr> <td>深夜勤</td> <td></td> <td>1</td> <td></td> </tr> </tbody> </table> | | 配置している 看護師・ 准看護師 | 時間帯 (シフト) | 看護単位数 (看護師・准看護師の人数別) | | | 1人 | 2人 | 3人以上 | 一般 病棟 | 三交代制 | 準夜勤 | | | | 深夜勤 | | | | 夜勤 | | | | 療養 病棟 | 三交代制 | 準夜勤 | | | | 深夜勤 | | | | 夜勤 | | | | 結核 精神 病棟 | 三交代制 | 準夜勤 | | | | 深夜勤 | | | | 夜勤 | | | | 当直制・他 | 二交代制 | 夜勤 | | | | 三交代制 | | | | 当直制・他 | | | | | 配置している 看護師・准看護師 | 時間帯 (シフト) | 看護単位数 (看護師・准看護師の人数別) | | | 1人 | 2人 | 3人以上 | 三交代制 | 20人 | 準夜勤 | | | 1 | 深夜勤 | | 1 | | <p>○「配置している看護師・准看護師」と、「一般病棟」、「療養病棟」、「精神・結核病棟」ごとの調査について、記入者負担を考慮し削除する。</p> <p>○「看護単位数(看護師・准看護師の人数別)」について、記入者に分かりやすいよう項目の配置を変更する。 調査項目に変更なし。</p> |
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| | 時間帯 (シフト) | 配置人数 (看護師・准看護師) | 看護単位数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | 3人以上配置 | | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 深夜勤 | 1人配置 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 2人配置 | | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3人以上配置 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 配置している 看護師・ 准看護師 | 時間帯 (シフト) | 看護単位数 (看護師・准看護師の人数別) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 1人 | 2人 | 3人以上 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 一般 病棟 | 三交代制 | 準夜勤 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 深夜勤 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 夜勤 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 療養 病棟 | 三交代制 | 準夜勤 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 深夜勤 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 夜勤 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 結核 精神 病棟 | 三交代制 | 準夜勤 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 深夜勤 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 夜勤 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 当直制・他 | 二交代制 | 夜勤 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 三交代制 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 当直制・他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 配置している 看護師・准看護師 | 時間帯 (シフト) | 看護単位数 (看護師・准看護師の人数別) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 1人 | 2人 | 3人以上 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 三交代制 | 20人 | 準夜勤 | | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 深夜勤 | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

【一般診療所票】

| 新・23年調査(案) | 旧・20年調査 | 変更理由等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>(4) 開設者</p> <p>(4) 開設者 あてはまるものひとつに○</p> <table border="1"> <tr><td>01</td><td>厚生労働省</td><td rowspan="5">}</td><td rowspan="5">国</td></tr> <tr><td>02</td><td>独立行政法人国立病院機構</td></tr> <tr><td>03</td><td>国立大学法人</td></tr> <tr><td>04</td><td>独立行政法人労働者健康福祉機構</td></tr> <tr><td>05</td><td>国立高度専門医療研究センター</td></tr> <tr><td>06</td><td>その他</td><td rowspan="23">}</td><td rowspan="23">国</td></tr> <tr><td>07</td><td>都道府県</td></tr> <tr><td>08</td><td>市町村</td></tr> <tr><td>09</td><td>地方独立行政法人</td></tr> <tr><td>10</td><td>日赤</td></tr> <tr><td>11</td><td>済生会</td></tr> <tr><td>12</td><td>北海道社会事業協会</td></tr> <tr><td>13</td><td>厚生連</td></tr> <tr><td>14</td><td>国民健康保険団体連合会</td></tr> <tr><td>15</td><td>全国社会保険協会連合会</td></tr> <tr><td>16</td><td>厚生年金事業振興団</td></tr> <tr><td>17</td><td>船員保険会</td></tr> <tr><td>18</td><td>健康保険組合及びその連合会</td></tr> <tr><td>19</td><td>共済組合及びその連合会</td></tr> <tr><td>20</td><td>国民健康保険組合</td></tr> <tr><td>21</td><td>公益法人</td></tr> <tr><td>22</td><td>医療法人</td></tr> <tr><td>23</td><td>私立学校法人</td></tr> <tr><td>24</td><td>社会福祉法人</td></tr> <tr><td>25</td><td>医療生協</td></tr> <tr><td>26</td><td>会社</td></tr> <tr><td>27</td><td>その他の法人</td></tr> <tr><td>28</td><td>個人</td></tr> </table> | 01 | 厚生労働省 | } | 国 | 02 | 独立行政法人国立病院機構 | 03 | 国立大学法人 | 04 | 独立行政法人労働者健康福祉機構 | 05 | 国立高度専門医療研究センター | 06 | その他 | } | 国 | 07 | 都道府県 | 08 | 市町村 | 09 | 地方独立行政法人 | 10 | 日赤 | 11 | 済生会 | 12 | 北海道社会事業協会 | 13 | 厚生連 | 14 | 国民健康保険団体連合会 | 15 | 全国社会保険協会連合会 | 16 | 厚生年金事業振興団 | 17 | 船員保険会 | 18 | 健康保険組合及びその連合会 | 19 | 共済組合及びその連合会 | 20 | 国民健康保険組合 | 21 | 公益法人 | 22 | 医療法人 | 23 | 私立学校法人 | 24 | 社会福祉法人 | 25 | 医療生協 | 26 | 会社 | 27 | その他の法人 | 28 | 個人 | <p>(4) 開設者</p> <p>(4) 開設者 あてはまるものひとつに○</p> <table border="1"> <tr><td>01</td><td>厚生労働省</td><td rowspan="5">}</td><td rowspan="5">国</td></tr> <tr><td>02</td><td>独立行政法人国立病院機構</td></tr> <tr><td>03</td><td>国立大学法人</td></tr> <tr><td>04</td><td>独立行政法人労働者健康福祉機構</td></tr> <tr><td>05</td><td>その他</td></tr> <tr><td>06</td><td>都道府県</td><td rowspan="23">}</td><td rowspan="23">国</td></tr> <tr><td>07</td><td>市町村</td></tr> <tr><td>08</td><td>地方独立行政法人</td></tr> <tr><td>09</td><td>日赤</td></tr> <tr><td>10</td><td>済生会</td></tr> <tr><td>11</td><td>北海道社会事業協会</td></tr> <tr><td>12</td><td>厚生連</td></tr> <tr><td>13</td><td>国民健康保険団体連合会</td></tr> <tr><td>14</td><td>全国社会保険協会連合会</td></tr> <tr><td>15</td><td>厚生年金事業振興団</td></tr> <tr><td>16</td><td>船員保険会</td></tr> <tr><td>17</td><td>健康保険組合及びその連合会</td></tr> <tr><td>18</td><td>共済組合及びその連合会</td></tr> <tr><td>19</td><td>国民健康保険組合</td></tr> <tr><td>20</td><td>公益法人</td></tr> <tr><td>21</td><td>医療法人</td></tr> <tr><td>22</td><td>私立学校法人</td></tr> <tr><td>23</td><td>社会福祉法人</td></tr> <tr><td>24</td><td>医療生協</td></tr> <tr><td>25</td><td>会社</td></tr> <tr><td>26</td><td>その他の法人</td></tr> <tr><td>27</td><td>個人</td></tr> </table> | 01 | 厚生労働省 | } | 国 | 02 | 独立行政法人国立病院機構 | 03 | 国立大学法人 | 04 | 独立行政法人労働者健康福祉機構 | 05 | その他 | 06 | 都道府県 | } | 国 | 07 | 市町村 | 08 | 地方独立行政法人 | 09 | 日赤 | 10 | 済生会 | 11 | 北海道社会事業協会 | 12 | 厚生連 | 13 | 国民健康保険団体連合会 | 14 | 全国社会保険協会連合会 | 15 | 厚生年金事業振興団 | 16 | 船員保険会 | 17 | 健康保険組合及びその連合会 | 18 | 共済組合及びその連合会 | 19 | 国民健康保険組合 | 20 | 公益法人 | 21 | 医療法人 | 22 | 私立学校法人 | 23 | 社会福祉法人 | 24 | 医療生協 | 25 | 会社 | 26 | その他の法人 | 27 | 個人 | <p>国立高度専門医療センターの独立行政法人化に伴い、開設者の区分に「05 国立高度専門医療研究センター」を加える。</p> |
| 01 | 厚生労働省 | } | | | 国 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 | 独立行政法人国立病院機構 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 | 国立大学法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 | 独立行政法人労働者健康福祉機構 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 | 国立高度専門医療研究センター | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | その他 | } | 国 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | 都道府県 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | 市町村 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 | 地方独立行政法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 日赤 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 済生会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 北海道社会事業協会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 厚生連 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 国民健康保険団体連合会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 全国社会保険協会連合会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 厚生年金事業振興団 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 船員保険会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 健康保険組合及びその連合会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 共済組合及びその連合会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 国民健康保険組合 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | 公益法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | 医療法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | 私立学校法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | 社会福祉法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | 医療生協 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | 会社 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | その他の法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | 個人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | 厚生労働省 | } | 国 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 | 独立行政法人国立病院機構 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 | 国立大学法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 | 独立行政法人労働者健康福祉機構 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 | その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | 都道府県 | } | 国 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | 市町村 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | 地方独立行政法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 | 日赤 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 済生会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 北海道社会事業協会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 厚生連 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 国民健康保険団体連合会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 全国社会保険協会連合会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 厚生年金事業振興団 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 船員保険会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 健康保険組合及びその連合会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 共済組合及びその連合会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 国民健康保険組合 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 公益法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | 医療法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | 私立学校法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | 社会福祉法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | 医療生協 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | 会社 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | その他の法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | 個人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>(5) 許可病床数</p> <p>(5) 許可病床数</p> <table border="1"> <tr><td>療養病床</td><td>床</td></tr> <tr><td>一般病床</td><td>床</td></tr> <tr><td>合計</td><td>床</td></tr> </table> | 療養病床 | | | 床 | 一般病床 | 床 | 合計 | 床 | <p>(5) 許可病床数</p> <p>(5) 許可病床数</p> <table border="1"> <tr><td>療養病床</td><td>床</td></tr> <tr><td>介護保険適用分(再掲)</td><td>床</td></tr> <tr><td>一般病床</td><td>床</td></tr> <tr><td>合計</td><td>床</td></tr> </table> | 療養病床 | 床 | 介護保険適用分(再掲) | 床 | 一般病床 | 床 | 合計 | 床 | <p>「介護保険適用分(再掲)」については、病院報告で把握できるため、記入者負担を考慮し削除する。</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 療養病床 | 床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 一般病床 | 床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 合計 | 床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 療養病床 | 床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 介護保険適用分(再掲) | 床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 一般病床 | 床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 合計 | 床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

【一般診療所票】

| 新・23年調査(案) | | 旧・20年調査 | 変更理由等 |
|--------------------------|----------------|--------------------------|---|
| (8) 診療科目 | | (8) 診療科目 | |
| (8) 診療科目 あてはまるものすべてに○ | | (8) 診療科目 あてはまるものすべてに○ | |
| I | 01 内科 | 01 内科 | <p>心臓血管外科の標ぼうは医療法で認められていたところであり、循環器外科は、平成20年4月1日から標ぼう可能な診療科目が柔軟な方式に変更されたことによりできた診療科目である。よって平成19年度以前から標ぼう可能であった「心臓血管外科」での標ぼうが多数である実態に合わせ、表記を「心臓血管外科」と変更する。</p> |
| | 02 呼吸器内科 | 02 呼吸器内科 | |
| | 03 循環器内科 | 03 循環器内科 | |
| | 04 消化器内科(胃腸内科) | 04 消化器内科(胃腸内科) | |
| | 05 腎臓内科 | 05 腎臓内科 | |
| | 06 神経内科 | 06 神経内科 | |
| | 07 糖尿病内科(代謝内科) | 07 糖尿病内科(代謝内科) | |
| | 08 血液内科 | 08 血液内科 | |
| | 09 皮膚科 | 09 皮膚科 | |
| | 10 アレルギー科 | 10 アレルギー科 | |
| | 11 リウマチ科 | 11 リウマチ科 | |
| | 12 感染症内科 | 12 感染症内科 | |
| | 13 小児科 | 13 小児科 | |
| | 14 精神科 | 14 精神科 | |
| | 15 心療内科 | 15 心療内科 | |
| II | 16 外科 | 16 外科 | |
| | 17 呼吸器外科 | 17 呼吸器外科 | |
| | 18 心臓血管外科 | 18 循環器外科(心臓・血管外科) | |
| | 19 乳腺外科 | 19 乳腺外科 | |
| | 20 気管食道外科 | 20 気管食道外科 | |
| | 21 消化器外科(胃腸外科) | 21 消化器外科(胃腸外科) | |
| | 22 泌尿器科 | 22 泌尿器科 | |
| | 23 肛門外科 | 23 肛門外科 | |
| | 24 脳神経外科 | 24 脳神経外科 | |
| | 25 整形外科 | 25 整形外科 | |
| | 26 形成外科 | 26 形成外科 | |
| | 27 美容外科 | 27 美容外科 | |
| | 28 眼科 | 28 眼科 | |
| | 29 耳鼻いんこう科 | 29 耳鼻いんこう科 | |
| | 30 小児外科 | 30 小児外科 | |
| | 31 産婦人科 | 31 産婦人科 | |
| | 32 産科 | 32 産科 | |
| | 33 婦人科 | 33 婦人科 | |
| III | 34 リハビリテーション科 | 34 リハビリテーション科 | |
| | 35 放射線科 | 35 放射線科 | |
| | 36 麻酔科 | 36 麻酔科 | |
| | 37 病理診断科 | 37 病理診断科 | |
| | 38 臨床検査科 | 38 臨床検査科 | |
| | 39 救急科 | 39 救急科 | |
| | 40 歯科 | 40 歯科 | |
| | 41 矯正歯科 | 41 矯正歯科 | |
| | 42 小児歯科 | 42 小児歯科 | |
| | 43 歯科口腔外科 | 43 歯科口腔外科 | |

【一般診療所票】

| 新・23年調査(案) | 旧・20年調査 | 変更理由等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>(9) 診療状況</p> <table border="1"> <tr> <th colspan="2">(9) 診療状況</th> </tr> <tr> <td>9月30日の在院患者数</td> <td>人</td> </tr> <tr> <td>9月中に新たに入院した患者数</td> <td>人</td> </tr> <tr> <td>9月中の退院患者数</td> <td>人</td> </tr> <tr> <td>9月中の外来患者延数</td> <td>人</td> </tr> <tr> <td>初診の患者の数(再掲)</td> <td>人</td> </tr> <tr> <td>診療時間外に受診した患者の延数(再掲)</td> <td>人</td> </tr> <tr> <td>診療時間外に受診した患者のうち、乳幼児(3歳未満)の延数(再掲)</td> <td>人</td> </tr> </table> | (9) 診療状況 | | 9月30日の在院患者数 | 人 | 9月中に新たに入院した患者数 | 人 | 9月中の退院患者数 | 人 | 9月中の外来患者延数 | 人 | 初診の患者の数(再掲) | 人 | 診療時間外に受診した患者の延数(再掲) | 人 | 診療時間外に受診した患者のうち、乳幼児(3歳未満)の延数(再掲) | 人 | <p>(9) 診療状況</p> <table border="1"> <tr> <th colspan="2">(9) 診療状況</th> </tr> <tr> <td>9月30日の在院患者数</td> <td>人</td> </tr> <tr> <td>9月中に新たに入院した患者数</td> <td>人</td> </tr> <tr> <td>9月中の退院患者数</td> <td>人</td> </tr> <tr> <td>9月中の外来患者延数</td> <td>人</td> </tr> <tr> <td>初診の患者の数(再掲)</td> <td>人</td> </tr> <tr> <td>診療時間外に受診した患者の延数(再掲)</td> <td>人</td> </tr> <tr> <td>うち乳幼児(3歳未満)の延数</td> <td>人</td> </tr> </table> | (9) 診療状況 | | 9月30日の在院患者数 | 人 | 9月中に新たに入院した患者数 | 人 | 9月中の退院患者数 | 人 | 9月中の外来患者延数 | 人 | 初診の患者の数(再掲) | 人 | 診療時間外に受診した患者の延数(再掲) | 人 | うち乳幼児(3歳未満)の延数 | 人 | <p>「乳幼児(3歳未満)の延数(再掲)」について、診療時間外に受診した患者のうちの再掲であることが分かりやすいよう、「診療時間外に受診した患者のうち、乳幼児(3歳未満)の延数(再掲)」と変更する。 調査事項に変更なし。</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (9) 診療状況 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9月30日の在院患者数 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9月中に新たに入院した患者数 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9月中の退院患者数 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9月中の外来患者延数 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 初診の患者の数(再掲) | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診療時間外に受診した患者の延数(再掲) | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診療時間外に受診した患者のうち、乳幼児(3歳未満)の延数(再掲) | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (9) 診療状況 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9月30日の在院患者数 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9月中に新たに入院した患者数 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9月中の退院患者数 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9月中の外来患者延数 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 初診の患者の数(再掲) | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診療時間外に受診した患者の延数(再掲) | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| うち乳幼児(3歳未満)の延数 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>削除</p> | <p>(12) 健診・保健指導</p> <table border="1"> <tr> <th colspan="2">(16) 健診・保健指導 実施している場合は、あてはまるものすべてに○</th> </tr> <tr> <td>生活習慣病に関連する健診</td> <td>生活習慣病に関連する保健指導</td> </tr> <tr> <td> 1 実施している 1 医療保険者からの委託による 2 その他 2 実施していない </td> <td> 1 実施している 1 医療保険者からの委託による 2 その他 2 実施していない </td> </tr> </table> | (16) 健診・保健指導 実施している場合は、あてはまるものすべてに○ | | 生活習慣病に関連する健診 | 生活習慣病に関連する保健指導 | 1 実施している 1 医療保険者からの委託による 2 その他 2 実施していない | 1 実施している 1 医療保険者からの委託による 2 その他 2 実施していない | <p>社会保険診療報酬支払基金の届出で把握できるため、記入者負担を考慮し削除する。</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (16) 健診・保健指導 実施している場合は、あてはまるものすべてに○ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 生活習慣病に関連する健診 | 生活習慣病に関連する保健指導 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 実施している 1 医療保険者からの委託による 2 その他 2 実施していない | 1 実施している 1 医療保険者からの委託による 2 その他 2 実施していない | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>(16) 表示診療時間の状況</p> <table border="1"> <tr> <th colspan="8">(16) 表示診療時間の状況</th> </tr> <tr> <td colspan="8">通常の1週間の診療時間</td> </tr> <tr> <td colspan="8">合計は時間単位とし、01～59分の分単位は全て0. 5時間とみなし記入してください。</td> </tr> <tr> <td colspan="8">表示診療時間 通常診療している時間帯すべてに○をつけてください。</td> </tr> <tr> <th>曜日</th> <th>午前</th> <th>午後</th> <th>18時 ～ 19時</th> <th>19時 ～ 20時</th> <th>20時 ～ 21時</th> <th>21時 ～ 22時</th> <th>22時 以降</th> </tr> <tr> <td>月曜日</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> </tr> <tr> <td>火曜日</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> </tr> <tr> <td>水曜日</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> </tr> <tr> <td>木曜日</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> </tr> <tr> <td>金曜日</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> </tr> <tr> <td>土曜日</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> </tr> <tr> <td>日曜日</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> </tr> <tr> <td>休日</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> </tr> </table> | (16) 表示診療時間の状況 | | | | | | | | 通常の1週間の診療時間 | | | | | | | | 合計は時間単位とし、01～59分の分単位は全て0. 5時間とみなし記入してください。 | | | | | | | | 表示診療時間 通常診療している時間帯すべてに○をつけてください。 | | | | | | | | 曜日 | 午前 | 午後 | 18時 ～ 19時 | 19時 ～ 20時 | 20時 ～ 21時 | 21時 ～ 22時 | 22時 以降 | 月曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 火曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 水曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 木曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 金曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 土曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 日曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 休日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | <p>(14) 表示診療時間の状況</p> <table border="1"> <tr> <th colspan="4">(14) 表示診療時間の状況</th> </tr> <tr> <td colspan="4">通常の1週間の診療時間 (時間)</td> </tr> <tr> <td colspan="2">表示診療時間</td> <td colspan="2">通常診療している時間帯に○をつけ、「3」に○をつけた場合は、括弧内に18時以降の表示診療時間を記入してください。</td> </tr> <tr> <td colspan="2">平日は、診療時間が同じ曜日に○をつけ、まとめて記入してください。</td> <td>午前</td> <td>午後 18時以降</td> </tr> <tr> <td rowspan="5">平日</td> <td>(月・火・水・木・金)</td> <td>1</td> <td>2 3 (時 分 迄)</td> </tr> <tr> <td>(月・火・水・木・金)</td> <td>1</td> <td>2 3 (時 分 迄)</td> </tr> <tr> <td>(月・火・水・木・金)</td> <td>1</td> <td>2 3 (時 分 迄)</td> </tr> <tr> <td>(月・火・水・木・金)</td> <td>1</td> <td>2 3 (時 分 迄)</td> </tr> <tr> <td>(月・火・水・木・金)</td> <td>1</td> <td>2 3 (時 分 迄)</td> </tr> <tr> <td>土曜日</td> <td>1</td> <td>2</td> <td>3 (時 分 迄)</td> </tr> <tr> <td>日曜日</td> <td>1</td> <td>2</td> <td>3 (時 分 迄)</td> </tr> <tr> <td>休日</td> <td>1</td> <td>2</td> <td>3 (時 分 迄)</td> </tr> </table> | (14) 表示診療時間の状況 | | | | 通常の1週間の診療時間 (時間) | | | | 表示診療時間 | | 通常診療している時間帯に○をつけ、「3」に○をつけた場合は、括弧内に18時以降の表示診療時間を記入してください。 | | 平日は、診療時間が同じ曜日に○をつけ、まとめて記入してください。 | | 午前 | 午後 18時以降 | 平日 | (月・火・水・木・金) | 1 | 2 3 (時 分 迄) | (月・火・水・木・金) | 1 | 2 3 (時 分 迄) | (月・火・水・木・金) | 1 | 2 3 (時 分 迄) | (月・火・水・木・金) | 1 | 2 3 (時 分 迄) | (月・火・水・木・金) | 1 | 2 3 (時 分 迄) | 土曜日 | 1 | 2 | 3 (時 分 迄) | 日曜日 | 1 | 2 | 3 (時 分 迄) | 休日 | 1 | 2 | 3 (時 分 迄) | <p>記入者に分かりやすいよう、18時以降の表示診療時間について、記入から時間帯に○をつける方式に変更し、平日の曜日については、○をつける方式からそれぞれの曜日ごとに記入欄を設けるよう変更した。</p> |
| (16) 表示診療時間の状況 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の1週間の診療時間 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 表示診療時間 通常診療している時間帯すべてに○をつけてください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 曜日 | 午前 | 午後 | 18時 ～ 19時 | 19時 ～ 20時 | 20時 ～ 21時 | 21時 ～ 22時 | 22時 以降 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 月曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 火曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 水曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 木曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 金曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 土曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 日曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 休日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (14) 表示診療時間の状況 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の1週間の診療時間 (時間) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 表示診療時間 | | 通常診療している時間帯に○をつけ、「3」に○をつけた場合は、括弧内に18時以降の表示診療時間を記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 平日は、診療時間が同じ曜日に○をつけ、まとめて記入してください。 | | 午前 | 午後 18時以降 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 平日 | (月・火・水・木・金) | 1 | 2 3 (時 分 迄) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 土曜日 | 1 | 2 | 3 (時 分 迄) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 日曜日 | 1 | 2 | 3 (時 分 迄) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 休日 | 1 | 2 | 3 (時 分 迄) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

【一般診療所票】

| 新・23年調査(案) | 旧・20年調査 | 変更理由等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------------|-----------|-------------------|-----------|--|--------------|----------|--------|--|--|--|----------|--|--|----------|--|--|------------|---|-------------------|---------|--------|-------------------|-----------|---------------|--------------|----------|--------|----------|--|--|----------|--|--|----------|--|--|------------|---|
| <p>(17) 専門外来の設置</p> <p>(17) 専門外来の設置 あてはまるものすべてに○</p> <table border="1"> <tr> <td>1</td> <td>禁煙外来</td> </tr> <tr> <td>2</td> <td>助産師外来</td> </tr> </table> | 1 | 禁煙外来 | 2 | 助産師外来 | <p>新規</p> | <p>○禁煙外来 旧(17)禁煙外来等の「禁煙外来の有無」を引き続き調査する。</p> <p>○助産師外来 妊婦の多様なニーズに応え、助産師を積極的に活用し、産科医師の負担の軽減を図る観点から普及を推進しているものであり、その状況を把握するため調査項目に追加する。</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 禁煙外来 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 助産師外来 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>削除</p> | <p>(17) 禁煙外来等</p> <p>(17) 禁煙外来等 各項目について、いずれかひとつに○</p> <p>禁煙外来の有無</p> <table border="1"> <tr> <td>1</td> <td>有</td> </tr> <tr> <td>2</td> <td>無</td> </tr> </table> <p>ニコチン依存症管理料の算定</p> <table border="1"> <tr> <td>1</td> <td>有</td> </tr> <tr> <td>2</td> <td>無</td> </tr> </table> | 1 | 有 | 2 | 無 | 1 | 有 | 2 | 無 | <p>○禁煙外来の有無 新設項目の「(17) 専門外来の設置」で把握する。</p> <p>○ニコチン依存症管理料の算定 診療報酬の施設基準の届出等で把握できるため、記入者負担を考慮し削除する。</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 有 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 有 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>(20) 電子カルテシステムの導入状況</p> <p>(20) 電子カルテシステムの導入状況</p> <table border="1"> <tr> <td>1 医療機関全体として導入している</td> <td rowspan="3">活用状況の範囲</td> <td>1 自施設内</td> </tr> <tr> <td>2 医療機関内の一部に導入している</td> <td>2 患者へ情報提供</td> </tr> <tr> <td>3 具体的な導入予定がある</td> <td>3 他の医療機関等と連携</td> </tr> <tr> <td>4 導入予定なし</td> <td>導入予定時期</td> <td>1 平成23年度</td> </tr> <tr> <td></td> <td></td> <td>2 平成24年度</td> </tr> <tr> <td></td> <td></td> <td>3 平成25年度</td> </tr> <tr> <td></td> <td></td> <td>4 平成26年度以降</td> </tr> </table> | 1 医療機関全体として導入している | 活用状況の範囲 | 1 自施設内 | 2 医療機関内の一部に導入している | 2 患者へ情報提供 | 3 具体的な導入予定がある | 3 他の医療機関等と連携 | 4 導入予定なし | 導入予定時期 | 1 平成23年度 | | | 2 平成24年度 | | | 3 平成25年度 | | | 4 平成26年度以降 | <p>(20) 電子カルテシステムの導入状況</p> <p>(20) 電子カルテシステムの導入状況</p> <table border="1"> <tr> <td>1 医療機関全体として導入している</td> <td rowspan="3">活用状況の範囲</td> <td>1 自施設内</td> </tr> <tr> <td>2 医療機関内の一部に導入している</td> <td>2 患者へ情報提供</td> </tr> <tr> <td>3 具体的な導入予定がある</td> <td>3 他の医療機関等と連携</td> </tr> <tr> <td>4 導入予定なし</td> <td>導入予定時期</td> <td>1 平成20年度</td> </tr> <tr> <td></td> <td></td> <td>2 平成21年度</td> </tr> <tr> <td></td> <td></td> <td>3 平成22年度</td> </tr> <tr> <td></td> <td></td> <td>4 平成23年度以降</td> </tr> </table> | 1 医療機関全体として導入している | 活用状況の範囲 | 1 自施設内 | 2 医療機関内の一部に導入している | 2 患者へ情報提供 | 3 具体的な導入予定がある | 3 他の医療機関等と連携 | 4 導入予定なし | 導入予定時期 | 1 平成20年度 | | | 2 平成21年度 | | | 3 平成22年度 | | | 4 平成23年度以降 | <p>調査時期にあわせた導入予定時期を変更する。 調査事項に変更なし。</p> |
| 1 医療機関全体として導入している | 活用状況の範囲 | | 1 自施設内 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 医療機関内の一部に導入している | | | 2 患者へ情報提供 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 具体的な導入予定がある | | 3 他の医療機関等と連携 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 導入予定なし | 導入予定時期 | 1 平成23年度 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 2 平成24年度 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3 平成25年度 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 4 平成26年度以降 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 医療機関全体として導入している | 活用状況の範囲 | 1 自施設内 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3 具体的な導入予定がある | | 3 他の医療機関等と連携 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 導入予定なし | 導入予定時期 | 1 平成20年度 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | 3 平成22年度 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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【一般診療所票】

| 新・23年調査(案) | 旧・20年調査 | 変更理由等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 在宅療養支援 | 1 有 → | 受信 | 依頼元患者数 (人) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>(22)医療安全体制</p> <p>(22)医療安全体制 各項目について、あてはまるものひとつに○</p> <table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="9">責 任 者</th> </tr> <tr> <th>医師</th> <th>歯科医師</th> <th>薬剤師</th> <th>看護師</th> <th>診療放射線技師</th> <th>臨床検査技師</th> <th>臨床工学技士</th> <th>その他</th> <th>配置していない</th> </tr> </thead> <tbody> <tr> <td>医療安全体制(全般)</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> </tr> <tr> <td>院内感染防止対策</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> </tr> <tr> <td>医療機器安全管理</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td></td> <td></td> </tr> <tr> <td>医薬品安全管理</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | 責 任 者 | | | | | | | | | 医師 | 歯科医師 | 薬剤師 | 看護師 | 診療放射線技師 | 臨床検査技師 | 臨床工学技士 | その他 | 配置していない | 医療安全体制(全般) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 院内感染防止対策 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 医療機器安全管理 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | 医薬品安全管理 | 1 | 2 | 3 | 4 | | | | | | <p>(22) 医療安全体制</p> <p>(22) 医療安全体制 各項目について、あてはまるものひとつに○</p> <p>* 医療安全に関する体制の責任者について、専任・兼務の別を記入してください。</p> <table border="1"> <thead> <tr> <th>責任者の資格と専任・兼務の別</th> <th>医療安全体制(全般)</th> <th>院内感染防止対策</th> <th>医療機器安全管理</th> <th>医薬品安全管理</th> </tr> </thead> <tbody> <tr> <td>医師</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>歯科医師</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>薬剤師</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>看護師</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> </tr> <tr> <td>診療放射線技師</td> <td>5</td> <td>5</td> <td>5</td> <td></td> </tr> <tr> <td>臨床検査技師</td> <td>6</td> <td>6</td> <td>6</td> <td></td> </tr> <tr> <td>臨床工学技士</td> <td>7</td> <td>7</td> <td>7</td> <td></td> </tr> <tr> <td>その他</td> <td>8</td> <td>8</td> <td></td> <td></td> </tr> <tr> <td>配置していない</td> <td>9</td> <td>9</td> <td></td> <td></td> </tr> <tr> <td>* 専任・兼務</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>専任</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>兼務</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td colspan="3">医療機器と医薬品安全管理責任者を兼務(再掲)</td> <td colspan="2">3</td> </tr> <tr> <td colspan="5">院内感染防止対策のための施設内回診の頻度</td> </tr> <tr> <td>1</td> <td>ほぼ毎日</td> <td>2</td> <td>週1回以上</td> <td>3</td> <td>月2~3回程度</td> </tr> <tr> <td>4</td> <td>月1回程度</td> <td>5</td> <td>月1回未満</td> <td></td> <td></td> </tr> <tr> <td colspan="5">患者相談担当者の配置の有無</td> </tr> <tr> <td>1</td> <td>有</td> <td>2</td> <td>無</td> <td></td> </tr> </tbody> </table> | 責任者の資格と専任・兼務の別 | 医療安全体制(全般) | 院内感染防止対策 | 医療機器安全管理 | 医薬品安全管理 | 医師 | 1 | 1 | 1 | 1 | 歯科医師 | 2 | 2 | 2 | 2 | 薬剤師 | 3 | 3 | 3 | 3 | 看護師 | 4 | 4 | 4 | 4 | 診療放射線技師 | 5 | 5 | 5 | | 臨床検査技師 | 6 | 6 | 6 | | 臨床工学技士 | 7 | 7 | 7 | | その他 | 8 | 8 | | | 配置していない | 9 | 9 | | | * 専任・兼務 | | | | | 専任 | 1 | 1 | 1 | 1 | 兼務 | 2 | 2 | 2 | 2 | 医療機器と医薬品安全管理責任者を兼務(再掲) | | | 3 | | 院内感染防止対策のための施設内回診の頻度 | | | | | 1 | ほぼ毎日 | 2 | 週1回以上 | 3 | 月2~3回程度 | 4 | 月1回程度 | 5 | 月1回未満 | | | 患者相談担当者の配置の有無 | | | | | 1 | 有 | 2 | 無 | | <p>○責任者の資格と専任・兼務の別 記入者に分かりやすいよう、表頭と表側の配置を変更する。 責任者の専任・兼務の別については、一定の傾向が把握できたため、記入者負担を考慮し削除する。</p> <p>○院内感染防止対策のための施設内回診の頻度 一定の傾向が把握できたため、記入者負担を考慮し削除する。</p> <p>○患者相談担当者の配置の有無 一定の傾向が把握できたため、記入者負担を考慮し削除する。</p> |
| | | 責 任 者 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 医師 | 歯科医師 | 薬剤師 | 看護師 | 診療放射線技師 | 臨床検査技師 | 臨床工学技士 | その他 | 配置していない | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医療安全体制(全般) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 院内感染防止対策 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医療機器安全管理 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医薬品安全管理 | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 責任者の資格と専任・兼務の別 | 医療安全体制(全般) | 院内感染防止対策 | 医療機器安全管理 | 医薬品安全管理 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医師 | 1 | 1 | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 歯科医師 | 2 | 2 | 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 薬剤師 | 3 | 3 | 3 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 看護師 | 4 | 4 | 4 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診療放射線技師 | 5 | 5 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 臨床検査技師 | 6 | 6 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 臨床工学技士 | 7 | 7 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他 | 8 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 配置していない | 9 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * 専任・兼務 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 専任 | 1 | 1 | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 兼務 | 2 | 2 | 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医療機器と医薬品安全管理責任者を兼務(再掲) | | | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 院内感染防止対策のための施設内回診の頻度 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | ほぼ毎日 | 2 | 週1回以上 | 3 | 月2~3回程度 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 月1回程度 | 5 | 月1回未満 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 患者相談担当者の配置の有無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 有 | 2 | 無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

【一般診療所票】

| 新・23年調査(案) | | 旧・20年調査 | | 変更理由等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|------------------------------|---|---|--|------------------------------|-------------|---------------|------------|---|----------------|-----------|----------------|---|----------------|--------|----------------|------------|-------------|-------|---------|---|--------|---|----|-----------|---|---------------|----|---|------------|--------|----------|---|---------|---------|--------|---|----------|--------|-------------|---|--------|--------|----|--|---|--------|----|--|---|---------------------|----|--|---|----------------------------|----------|--|---|--|--|---------------|--|----------|--|---------------|----|--|---|-----------|----|--|---|--------|----|--|---|---------|----|--|---|----------|----|--|---|----------|----|--|---|-----------|----|--|---|---------|----|--|---|----------|----|--|---|--------|----|--|---|---------------------|----|--|---|----------------------------|----------|--|---|
| (25) 手術等の実施状況 | | (26) 手術等の実施状況 | | <p>○悪性腫瘍手術 記入者負担を考慮し、悪性腫瘍手術については、5大がん(肺、胃、肝臓、大腸、乳房)及び行政として動向をフォローすべき子宮、前立腺に絞り把握する。 また、それぞれの表記から「がん」を削除し、部位ごとの表記に変更する。 なお、悪性腫瘍手術の件数については、「社会診療行為別調査」において診療行為別に把握が可能である。</p> <p>○院内助産所の有無 安全・安心なお産の場を確保するとともに、正常分娩を助産師が担うことで産科医師の負担の軽減を目的とする「院内助産所」について、その設置状況を体系的・網羅的に把握するため、追加する。</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 内視鏡下消化管手術 | 02 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 悪性腫瘍手術 | 03 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 肺(再掲) | 04 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 肝臓(再掲) | 06 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 大腸(再掲) | 07 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 前立腺(再掲) | 08 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 外来化学療法 | 11 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 人工透析 (人工透析装置の台数) | 12 | | 台 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 分娩(正常分娩を含む) 帝王切開娩出術(再掲) | 13 14 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 全身麻酔(静脈麻酔は除く) | 01 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内視鏡下消化管手術 | 02 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 悪性腫瘍手術 | 03 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 胃がん(再掲) | 04 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 大腸がん(再掲) | 06 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 乳がん(再掲) | 08 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 子宮がん(再掲) | 09 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 外来化学療法 | 10 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 人工透析 (人工透析装置の台数) | 11 | | 台 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 分娩(正常分娩を含む) 帝王切開娩出術(再掲) | 12 13 | | 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 担当助産師数(常勤換算) | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2 取り扱っていない | | 2 | 無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 取り扱っている | 担当医師数(常勤換算) (. 人) 小数点以下第2位四捨五入 担当助産師数(常勤換算) (. 人) 四捨五入 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 取り扱っていない | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (27) 歯科設備 | | (23) 歯科設備 | | <p>○「パノラマX線装置」、「生体モニター」、「超音波歯石除去器」、「口腔内画像処理システム」については、おおまかな傾向が把握できたため削除する。</p> <p>○「デンタルX線装置(アナログ)」、「デンタルX線装置(デジタル)」、「パノラマX線装置(アナログ)」、「パノラマX線装置(デジタル)」、「ポータブル歯科ユニット」、について、行政としてより実態を把握する必要性が高いものを追加する。</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th colspan="2">(27) 歯科設備</th> <th colspan="2">歯科診療を行っている場合には、保有しているものすべてに○</th> </tr> </thead> <tbody> <tr><td>1</td><td>歯科診療台 (台)</td></tr> <tr><td>2</td><td>デンタルX線装置(アナログ)</td></tr> <tr><td>3</td><td>デンタルX線装置(デジタル)</td></tr> <tr><td>4</td><td>パノラマX線装置(アナログ)</td></tr> <tr><td>5</td><td>パノラマX線装置(デジタル)</td></tr> <tr><td>6</td><td>ポータブル歯科ユニット</td></tr> <tr><td>7</td><td>オートクレーブ</td></tr> <tr><td>8</td><td>吸入鎮静装置</td></tr> </tbody> </table> | | (27) 歯科設備 | | | | 歯科診療を行っている場合には、保有しているものすべてに○ | | 1 | 歯科診療台 (台) | 2 | デンタルX線装置(アナログ) | 3 | デンタルX線装置(デジタル) | 4 | パノラマX線装置(アナログ) | 5 | パノラマX線装置(デジタル) | 6 | ポータブル歯科ユニット | 7 | オートクレーブ | 8 | 吸入鎮静装置 | <table border="1"> <thead> <tr> <th colspan="2">(23) 歯科設備</th> <th colspan="2">保有しているものすべてに○</th> </tr> </thead> <tbody> <tr><td>1</td><td>歯科診療台 (台)</td></tr> <tr><td>2</td><td>パノラマX線装置</td></tr> <tr><td>3</td><td>オートクレーブ</td></tr> <tr><td>4</td><td>生体モニター</td></tr> <tr><td>5</td><td>超音波歯石除去器</td></tr> <tr><td>6</td><td>口腔内画像処理システム</td></tr> <tr><td>7</td><td>吸入鎮静装置</td></tr> </tbody> </table> | | (23) 歯科設備 | | 保有しているものすべてに○ | | 1 | 歯科診療台 (台) | 2 | パノラマX線装置 | 3 | オートクレーブ | 4 | 生体モニター | 5 | 超音波歯石除去器 | 6 | 口腔内画像処理システム | 7 | 吸入鎮静装置 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (27) 歯科設備 | | 歯科診療を行っている場合には、保有しているものすべてに○ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 歯科診療台 (台) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | デンタルX線装置(アナログ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | デンタルX線装置(デジタル) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | パノラマX線装置(アナログ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | パノラマX線装置(デジタル) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | ポータブル歯科ユニット | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | オートクレーブ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 吸入鎮静装置 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (23) 歯科設備 | | 保有しているものすべてに○ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 歯科診療台 (台) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | パノラマX線装置 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | オートクレーブ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 生体モニター | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 超音波歯石除去器 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 口腔内画像処理システム | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 吸入鎮静装置 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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【一般診療所票】

| 新・23年調査(案) | | | | | | | | | | 旧・20年調査 | | | | | | | | | | 変更理由等 |
|--------------------------------|-----------|----|--|--|--|--|--|--|-----|--------------------------------|-----------|-----------|----|--|--|--|--|--|-----|--|
| (28) 従事者数 | | | | | | | | | | (29) 従事者数 | | | | | | | | | | <p>○介輔(沖縄県のみ) 「沖縄の復帰に伴う特別措置に関する法律」により存続された資格であるが、平成20年10月をもって有資格者が計上されなくなったため、削除する。</p> <p>○保育士 医療施設に在籍する保育士については、近年その役割が目されているが、その数は把握されていないことから、調査項目として追加する。</p> <p>○義肢装具士～栄養士までの項目順について、病院報告の従事者票に合わせた項目順に変更する。</p> |
| (28) 従事者数 (常勤換算は小数点以下第2位を四捨五入) | | | | | | | | | | (29) 従事者数 (常勤換算は小数点以下第2位を四捨五入) | | | | | | | | | | |
| 医師 | 常勤 | 01 | | | | | | | 人 | 医師 | 常勤 | 01 | | | | | | | 人 | |
| | 非常勤(常勤換算) | 02 | | | | | | | . 人 | | 非常勤(常勤換算) | 02 | | | | | | | . 人 | |
| 歯科医師 | 常勤 | 03 | | | | | | | 人 | 歯科医師 | 常勤 | 03 | | | | | | | 人 | |
| | 非常勤(常勤換算) | 04 | | | | | | | . 人 | | | 非常勤(常勤換算) | 04 | | | | | | . 人 | |
| 薬剤師 | (常勤換算) | 05 | | | | | | | . 人 | 介輔(沖縄県のみ) | (常勤換算) | 05 | | | | | | | . 人 | |
| 保健師 | 実人員 | 06 | | | | | | | 人 | 薬剤師 | (常勤換算) | 06 | | | | | | | . 人 | |
| | (常勤換算) | 07 | | | | | | | . 人 | 保健師 | 実人員 | 07 | | | | | | | 人 | |
| 助産師 | 実人員 | 08 | | | | | | | 人 | | (常勤換算) | 08 | | | | | | | . 人 | |
| | (常勤換算) | 09 | | | | | | | . 人 | 助産師 | 実人員 | 09 | | | | | | | 人 | |
| 看護師 | 実人員 | 10 | | | | | | | 人 | | (常勤換算) | 10 | | | | | | | . 人 | |
| | (常勤換算) | 11 | | | | | | | . 人 | 看護師 | 実人員 | 11 | | | | | | | 人 | |
| 准看護師 | 実人員 | 12 | | | | | | | 人 | | (常勤換算) | 12 | | | | | | | . 人 | |
| | (常勤換算) | 13 | | | | | | | . 人 | 准看護師 | 実人員 | 13 | | | | | | | 人 | |
| 看護業務補助者 | (常勤換算) | 14 | | | | | | | . 人 | | (常勤換算) | 14 | | | | | | | . 人 | |
| 理学療法士 | (常勤換算) | 15 | | | | | | | . 人 | 看護業務補助者 | (常勤換算) | 15 | | | | | | | . 人 | |
| 作業療法士 | (常勤換算) | 16 | | | | | | | . 人 | 理学療法士 | (常勤換算) | 16 | | | | | | | . 人 | |
| 視能訓練士 | (常勤換算) | 17 | | | | | | | . 人 | 作業療法士 | (常勤換算) | 17 | | | | | | | . 人 | |
| 言語聴覚士 | (常勤換算) | 18 | | | | | | | . 人 | 視能訓練士 | (常勤換算) | 18 | | | | | | | . 人 | |
| 義肢装具士 | (常勤換算) | 19 | | | | | | | . 人 | 義肢装具士 | (常勤換算) | 19 | | | | | | | . 人 | |
| 歯科衛生士 | (常勤換算) | 20 | | | | | | | . 人 | 歯科衛生士 | (常勤換算) | 20 | | | | | | | . 人 | |
| 歯科技工士 | (常勤換算) | 21 | | | | | | | . 人 | 歯科技工士 | (常勤換算) | 21 | | | | | | | . 人 | |
| 診療放射線技師 | (常勤換算) | 22 | | | | | | | . 人 | 社会福祉士 | (常勤換算) | 22 | | | | | | | . 人 | |
| 診療エックス線技師 | (常勤換算) | 23 | | | | | | | . 人 | 介護福祉士 | (常勤換算) | 23 | | | | | | | . 人 | |
| 臨床検査技師 | (常勤換算) | 24 | | | | | | | . 人 | 言語聴覚士 | (常勤換算) | 24 | | | | | | | . 人 | |
| 衛生検査技師 | (常勤換算) | 25 | | | | | | | . 人 | 精神保健福祉士 | (常勤換算) | 25 | | | | | | | . 人 | |
| 臨床工学技士 | (常勤換算) | 26 | | | | | | | . 人 | 診療放射線技師 | (常勤換算) | 26 | | | | | | | . 人 | |
| あん摩マッサージ指圧師 | (常勤換算) | 27 | | | | | | | . 人 | 診療エックス線技師 | (常勤換算) | 27 | | | | | | | . 人 | |
| 柔道整復師 | (常勤換算) | 28 | | | | | | | . 人 | 臨床検査技師 | (常勤換算) | 28 | | | | | | | . 人 | |
| 栄養士 | (常勤換算) | 29 | | | | | | | . 人 | 衛生検査技師 | (常勤換算) | 29 | | | | | | | . 人 | |
| 精神保健福祉士 | (常勤換算) | 30 | | | | | | | . 人 | 臨床工学技士 | (常勤換算) | 30 | | | | | | | . 人 | |
| 社会福祉士 | (常勤換算) | 31 | | | | | | | . 人 | あん摩マッサージ指圧師 | (常勤換算) | 31 | | | | | | | . 人 | |
| 介護福祉士 | (常勤換算) | 32 | | | | | | | . 人 | 柔道整復師 | (常勤換算) | 32 | | | | | | | . 人 | |
| 保育士 | (常勤換算) | 33 | | | | | | | . 人 | 栄養士 | (常勤換算) | 33 | | | | | | | . 人 | |
| その他の技術員 | (常勤換算) | 34 | | | | | | | . 人 | その他の技術員 | (常勤換算) | 34 | | | | | | | . 人 | |
| 医療社会事業従事者 | (常勤換算) | 35 | | | | | | | . 人 | 医療社会事業従事者 | (常勤換算) | 35 | | | | | | | . 人 | |
| 事務職員 | (常勤換算) | 36 | | | | | | | . 人 | 事務職員 | (常勤換算) | 36 | | | | | | | . 人 | |
| その他の職員 | (常勤換算) | 37 | | | | | | | . 人 | その他の職員 | (常勤換算) | 37 | | | | | | | . 人 | |

【歯科診療所票】

| 新・23年調査(案) | 旧・20年調査 | 変更理由等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>(4) 開設者</p> <p>(4) 開設者 あてはまるものひとつに○</p> <table border="1"> <tr><td>01</td><td>厚生労働省</td><td rowspan="6">}</td><td rowspan="6">国</td></tr> <tr><td>02</td><td>独立行政法人国立病院機構</td></tr> <tr><td>03</td><td>国立大学法人</td></tr> <tr><td>04</td><td>独立行政法人労働者健康福祉機構</td></tr> <tr><td>05</td><td>国立高度専門医療研究センター</td></tr> <tr><td>06</td><td>その他</td></tr> <tr><td>07</td><td>都道府県</td><td></td><td></td></tr> <tr><td>08</td><td>市町村</td><td></td><td></td></tr> <tr><td>09</td><td>地方独立行政法人</td><td></td><td></td></tr> <tr><td>10</td><td>日赤</td><td></td><td></td></tr> <tr><td>11</td><td>済生会</td><td></td><td></td></tr> <tr><td>12</td><td>北海道社会事業協会</td><td></td><td></td></tr> <tr><td>13</td><td>厚生連</td><td></td><td></td></tr> <tr><td>14</td><td>国民健康保険団体連合会</td><td></td><td></td></tr> <tr><td>15</td><td>全国社会保険協会連合会</td><td></td><td></td></tr> <tr><td>16</td><td>厚生年金事業振興団</td><td></td><td></td></tr> <tr><td>17</td><td>船員保険会</td><td></td><td></td></tr> <tr><td>18</td><td>健康保険組合及びその連合会</td><td></td><td></td></tr> <tr><td>19</td><td>共済組合及びその連合会</td><td></td><td></td></tr> <tr><td>20</td><td>国民健康保険組合</td><td></td><td></td></tr> <tr><td>21</td><td>公益法人</td><td></td><td></td></tr> <tr><td>22</td><td>医療法人</td><td></td><td></td></tr> <tr><td>23</td><td>私立学校法人</td><td></td><td></td></tr> <tr><td>24</td><td>社会福祉法人</td><td></td><td></td></tr> <tr><td>25</td><td>医療生協</td><td></td><td></td></tr> <tr><td>26</td><td>会社</td><td></td><td></td></tr> <tr><td>27</td><td>その他の法人</td><td></td><td></td></tr> <tr><td>28</td><td>個人</td><td></td><td></td></tr> </table> | 01 | 厚生労働省 | } | 国 | 02 | 独立行政法人国立病院機構 | 03 | 国立大学法人 | 04 | 独立行政法人労働者健康福祉機構 | 05 | 国立高度専門医療研究センター | 06 | その他 | 07 | 都道府県 | | | 08 | 市町村 | | | 09 | 地方独立行政法人 | | | 10 | 日赤 | | | 11 | 済生会 | | | 12 | 北海道社会事業協会 | | | 13 | 厚生連 | | | 14 | 国民健康保険団体連合会 | | | 15 | 全国社会保険協会連合会 | | | 16 | 厚生年金事業振興団 | | | 17 | 船員保険会 | | | 18 | 健康保険組合及びその連合会 | | | 19 | 共済組合及びその連合会 | | | 20 | 国民健康保険組合 | | | 21 | 公益法人 | | | 22 | 医療法人 | | | 23 | 私立学校法人 | | | 24 | 社会福祉法人 | | | 25 | 医療生協 | | | 26 | 会社 | | | 27 | その他の法人 | | | 28 | 個人 | | | <p>(4) 開設者</p> <p>(4) 開設者 あてはまるものひとつに○</p> <table border="1"> <tr><td>01</td><td>厚生労働省</td><td rowspan="6">}</td><td rowspan="6">国</td></tr> <tr><td>02</td><td>独立行政法人国立病院機構</td></tr> <tr><td>03</td><td>国立大学法人</td></tr> <tr><td>04</td><td>独立行政法人労働者健康福祉機構</td></tr> <tr><td>05</td><td>その他</td></tr> <tr><td>06</td><td>都道府県</td></tr> <tr><td>07</td><td>市町村</td><td></td><td></td></tr> <tr><td>08</td><td>地方独立行政法人</td><td></td><td></td></tr> <tr><td>09</td><td>日赤</td><td></td><td></td></tr> <tr><td>10</td><td>済生会</td><td></td><td></td></tr> <tr><td>11</td><td>北海道社会事業協会</td><td></td><td></td></tr> <tr><td>12</td><td>厚生連</td><td></td><td></td></tr> <tr><td>13</td><td>国民健康保険団体連合会</td><td></td><td></td></tr> <tr><td>14</td><td>全国社会保険協会連合会</td><td></td><td></td></tr> <tr><td>15</td><td>厚生年金事業振興団</td><td></td><td></td></tr> <tr><td>16</td><td>船員保険会</td><td></td><td></td></tr> <tr><td>17</td><td>健康保険組合及びその連合会</td><td></td><td></td></tr> <tr><td>18</td><td>共済組合及びその連合会</td><td></td><td></td></tr> <tr><td>19</td><td>国民健康保険組合</td><td></td><td></td></tr> <tr><td>20</td><td>公益法人</td><td></td><td></td></tr> <tr><td>21</td><td>医療法人</td><td></td><td></td></tr> <tr><td>22</td><td>私立学校法人</td><td></td><td></td></tr> <tr><td>23</td><td>社会福祉法人</td><td></td><td></td></tr> <tr><td>24</td><td>医療生協</td><td></td><td></td></tr> <tr><td>25</td><td>会社</td><td></td><td></td></tr> <tr><td>26</td><td>その他の法人</td><td></td><td></td></tr> <tr><td>27</td><td>個人</td><td></td><td></td></tr> </table> | 01 | 厚生労働省 | } | 国 | 02 | 独立行政法人国立病院機構 | 03 | 国立大学法人 | 04 | 独立行政法人労働者健康福祉機構 | 05 | その他 | 06 | 都道府県 | 07 | 市町村 | | | 08 | 地方独立行政法人 | | | 09 | 日赤 | | | 10 | 済生会 | | | 11 | 北海道社会事業協会 | | | 12 | 厚生連 | | | 13 | 国民健康保険団体連合会 | | | 14 | 全国社会保険協会連合会 | | | 15 | 厚生年金事業振興団 | | | 16 | 船員保険会 | | | 17 | 健康保険組合及びその連合会 | | | 18 | 共済組合及びその連合会 | | | 19 | 国民健康保険組合 | | | 20 | 公益法人 | | | 21 | 医療法人 | | | 22 | 私立学校法人 | | | 23 | 社会福祉法人 | | | 24 | 医療生協 | | | 25 | 会社 | | | 26 | その他の法人 | | | 27 | 個人 | | | <p>国立高度専門医療センターの独立行政法人化に伴い、開設者の区分に「05 国立高度専門医療研究センター」を加える。</p> |
| 01 | 厚生労働省 | } | | | 国 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 | 独立行政法人国立病院機構 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 | 国立大学法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 | 独立行政法人労働者健康福祉機構 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 | 国立高度専門医療研究センター | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | 都道府県 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | 市町村 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 | 地方独立行政法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 日赤 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 済生会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 北海道社会事業協会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 厚生連 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 国民健康保険団体連合会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 全国社会保険協会連合会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 厚生年金事業振興団 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 船員保険会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 健康保険組合及びその連合会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 共済組合及びその連合会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 国民健康保険組合 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | 公益法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | 医療法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | 私立学校法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | 社会福祉法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | 医療生協 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | 会社 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | その他の法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | 個人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | 厚生労働省 | } | 国 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 | 独立行政法人国立病院機構 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 | 国立大学法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 | 独立行政法人労働者健康福祉機構 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 | その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | 都道府県 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | 市町村 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | 地方独立行政法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 | 日赤 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 済生会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 北海道社会事業協会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 厚生連 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 国民健康保険団体連合会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 全国社会保険協会連合会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 厚生年金事業振興団 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 船員保険会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 健康保険組合及びその連合会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 共済組合及びその連合会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 国民健康保険組合 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 公益法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | 医療法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | 私立学校法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | 社会福祉法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | 医療生協 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | 会社 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | その他の法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | 個人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

【歯科診療所票】

| 新・23年調査(案) | 旧・20年調査 | 変更理由等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>(12) 表示診療時間の状況</p> <div style="background-color: #00FF00; padding: 2px; margin-bottom: 5px;">(12)表示診療時間の状況</div> <p>通常の1週間の診療時間 時間</p> <p>合計は時間単位とし、01～59分の分単位は全て0.5時間とみなし記入してください。</p> <p>表示診療時間 通常診療している時間帯すべてに○をつけてください。</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>曜日</th> <th>午前</th> <th>午後</th> <th>18時 ～ 19時</th> <th>19時 ～ 20時</th> <th>20時 ～ 21時</th> <th>21時 ～ 22時</th> <th>22時 ～ 23時</th> <th>23時 ～ 24時</th> <th>24時 以降</th> </tr> </thead> <tbody> <tr><td>月曜日</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>火曜日</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>水曜日</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>木曜日</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>金曜日</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>土曜日</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>日曜日</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>休日</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </tbody> </table> | 曜日 | 午前 | 午後 | 18時 ～ 19時 | 19時 ～ 20時 | 20時 ～ 21時 | 21時 ～ 22時 | 22時 ～ 23時 | 23時 ～ 24時 | 24時 以降 | 月曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 火曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 水曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 木曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 金曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 土曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 日曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 休日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | <p>(11) 表示診療時間の状況</p> <div style="background-color: #00FF00; padding: 2px; margin-bottom: 5px;">(11)表示診療時間の状況</div> <p>通常の1週間の診療時間 (時間)</p> <p>表示診療時間 通常診療している時間帯に○をつけ、「3」に○をつけた場合は、括弧内に18時以降の表示診療時間を記入してください。</p> <p>平日は、診療時間が同じ曜日に○をつけ、まとめて記入してください。</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>午前</th> <th>午後</th> <th>18時以降</th> </tr> </thead> <tbody> <tr> <td>平日 (月・火・水・木・金)</td> <td>1</td> <td>2</td> <td>3 (時 分 迄)</td> </tr> <tr> <td>平日 (月・火・水・木・金)</td> <td>1</td> <td>2</td> <td>3 (時 分 迄)</td> </tr> <tr> <td>平日 (月・火・水・木・金)</td> <td>1</td> <td>2</td> <td>3 (時 分 迄)</td> </tr> <tr> <td>平日 (月・火・水・木・金)</td> <td>1</td> <td>2</td> <td>3 (時 分 迄)</td> </tr> <tr> <td>平日 (月・火・水・木・金)</td> <td>1</td> <td>2</td> <td>3 (時 分 迄)</td> </tr> <tr> <td>土曜日</td> <td>1</td> <td>2</td> <td>3 (時 分 迄)</td> </tr> <tr> <td>日曜日</td> <td>1</td> <td>2</td> <td>3 (時 分 迄)</td> </tr> <tr> <td>休日</td> <td>1</td> <td>2</td> <td>3 (時 分 迄)</td> </tr> </tbody> </table> | | 午前 | 午後 | 18時以降 | 平日 (月・火・水・木・金) | 1 | 2 | 3 (時 分 迄) | 平日 (月・火・水・木・金) | 1 | 2 | 3 (時 分 迄) | 平日 (月・火・水・木・金) | 1 | 2 | 3 (時 分 迄) | 平日 (月・火・水・木・金) | 1 | 2 | 3 (時 分 迄) | 平日 (月・火・水・木・金) | 1 | 2 | 3 (時 分 迄) | 土曜日 | 1 | 2 | 3 (時 分 迄) | 日曜日 | 1 | 2 | 3 (時 分 迄) | 休日 | 1 | 2 | 3 (時 分 迄) | <p>記入者に分かりやすいよう、18時以降の表示診療時間について、記入から時間帯に○をつける方式に変更し、平日の曜日については、○をつける方式からそれぞれの曜日ごとに記入欄を設けるよう変更した。</p> |
| 曜日 | 午前 | 午後 | 18時 ～ 19時 | 19時 ～ 20時 | 20時 ～ 21時 | 21時 ～ 22時 | 22時 ～ 23時 | 23時 ～ 24時 | 24時 以降 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 月曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 火曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 水曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 木曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 金曜日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 休日 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 午前 | 午後 | 18時以降 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 平日 (月・火・水・木・金) | 1 | 2 | 3 (時 分 迄) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 休日 | 1 | 2 | 3 (時 分 迄) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | 責 任 者 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 医療安全体制(全般) | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 院内感染防止対策 | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医療機器安全管理 | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医薬品安全管理 | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 責任者の資格と 専任・兼務の別 | 医療安全 体制 (全般) | 院内感染 防止対策 | 医療機器 安全管理 | 医薬品 安全管理 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 責任者 | 歯科医師 | 1 | 1 | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 医師 | 2 | 2 | 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 薬剤師 | 3 | 3 | 3 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 看護師 | 4 | 4 | 4 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 歯科衛生士 | 5 | 5 | 5 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 診療放射線技師 | 6 | 6 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 臨床検査技師 | 7 | 7 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | その他 | 8 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * 専任・ 兼務 | 配置していない | 9 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 兼務 | 2 | 2 | 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医療機器と医薬品安全管理責任者を兼務(再掲) | | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 患者相談担当者の配置の有無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 有 | | 2 無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

【歯科診療所票】

| 新・23年調査(案) | 旧・20年調査 | 変更理由等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-----------------|-----------------|----|---------|---|---|--------|-----------|----------------|---|----------|---|----------------|---|----|----|----------------|--|--|---|-------------|---|-----------|----|---------|--|--|---|--------|-----|--------|---|---|-------|-----|----|---|----------|----|----|---|---------|--|--|---|-----------|----|--|---|----------|--|---|-------|-------------|----|--|---|--------|--|---|---|----|--|--|--|--|---|-----|-----|----|--|--|--|--|---|--------|----|--|--|--|--|---|------|-----|----|--|--|--|--|---|--------|----|--|--|--|--|---|---------|--------|----|--|--|--|--|---|------|--------|----|--|--|--|--|---|--------|--------|----|--|--|--|--|---|---|------|----|----|--|--|--|--|---|-----------|----|--|--|--|--|---|----|----|----|--|--|--|--|---|-----------|----|--|--|--|--|---|-----|--------|----|--|--|--|--|---|-------|--------|----|--|--|--|--|---|-------|--------|----|--|--|--|--|---|-----|-----|----|--|--|--|--|---|--------|----|--|--|--|--|---|------|-----|----|--|--|--|--|---|--------|----|--|--|--|--|---|---------|--------|----|--|--|--|--|---|------|--------|----|--|--|--|--|---|--------|--------|----|--|--|--|--|---|--|
| <p>(17) 歯科設備</p> <p>(17) 歯科設備 保有しているものすべてに○</p> <table border="1"> <tr> <td>1</td> <td>歯科診療台</td> <td>()</td> <td>台)</td> </tr> <tr> <td>2</td> <td>デンタルX線装置(アナログ)</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>デンタルX線装置(デジタル)</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>パノラマX線装置(アナログ)</td> <td></td> <td></td> </tr> <tr> <td>5</td> <td>パノラマX線装置(デジタル)</td> <td></td> <td></td> </tr> <tr> <td>6</td> <td>ポータブル歯科ユニット</td> <td></td> <td></td> </tr> <tr> <td>7</td> <td>オートクレープ</td> <td></td> <td></td> </tr> <tr> <td>8</td> <td>吸入鎮静装置</td> <td></td> <td></td> </tr> </table> | 1 | 歯科診療台 | () | 台) | 2 | デンタルX線装置(アナログ) | | | 3 | デンタルX線装置(デジタル) | | | 4 | パノラマX線装置(アナログ) | | | 5 | パノラマX線装置(デジタル) | | | 6 | ポータブル歯科ユニット | | | 7 | オートクレープ | | | 8 | 吸入鎮静装置 | | | <p>(16) 歯科設備</p> <p>(16) 歯科設備 保有しているものすべてに○</p> <table border="1"> <tr> <td>1</td> <td>歯科診療台</td> <td>()</td> <td>台)</td> </tr> <tr> <td>2</td> <td>パノラマX線装置</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>オートクレープ</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>生体モニター</td> <td></td> <td></td> </tr> <tr> <td>5</td> <td>超音波歯石除去器</td> <td></td> <td></td> </tr> <tr> <td>6</td> <td>口腔内画像処理システム</td> <td></td> <td></td> </tr> <tr> <td>7</td> <td>吸入鎮静装置</td> <td></td> <td></td> </tr> </table> | 1 | 歯科診療台 | () | 台) | 2 | パノラマX線装置 | | | 3 | オートクレープ | | | 4 | 生体モニター | | | 5 | 超音波歯石除去器 | | | 6 | 口腔内画像処理システム | | | 7 | 吸入鎮静装置 | | | <p>○「パノラマX線装置」、「生体モニター」、「超音波歯石除去器」、「口腔内画像処理システム」については、おおまかな傾向が把握できたため削除する。</p> <p>○「デンタルX線装置(アナログ)」、「デンタルX線装置(デジタル)」、「パノラマX線装置(アナログ)」、「パノラマX線装置(デジタル)」、「ポータブル歯科ユニット」について、行政としてより実態を把握する必要性が高いものを追加する。</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 歯科診療台 | () | 台) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | デンタルX線装置(アナログ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | デンタルX線装置(デジタル) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | パノラマX線装置(アナログ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | パノラマX線装置(デジタル) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | ポータブル歯科ユニット | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | オートクレープ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 吸入鎮静装置 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2 | パノラマX線装置 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | オートクレープ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 生体モニター | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 超音波歯石除去器 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 口腔内画像処理システム | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 吸入鎮静装置 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>削除</p> | <p>(17) 歯みがき指導室</p> <p>(17) 歯みがき指導室 いずれかに○</p> <table border="1"> <tr> <td>1</td> <td>有</td> </tr> <tr> <td>2</td> <td>無</td> </tr> </table> | 1 | 有 | 2 | 無 | <p>おおまかな傾向が把握できたため削除する。</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 有 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>(19) インプラント手術の実施状況</p> <p>(19) インプラント手術の実施状況 いずれかに○</p> <table border="1"> <tr> <td>1</td> <td>実施している</td> <td rowspan="2">9月中の実施件数 () 件)</td> </tr> <tr> <td>2</td> <td>実施していない</td> </tr> </table> | 1 | 実施している | 9月中の実施件数 () 件) | 2 | 実施していない | <p>(19) 手術等の実施状況</p> <p>(19) 手術等の実施状況 9月中に実施したものとすべてに○</p> <table border="1"> <tr> <td>1</td> <td>歯周外科手術</td> </tr> <tr> <td>2</td> <td>骨折・顎骨腫瘍手術等</td> </tr> <tr> <td>3</td> <td>インプラント手術</td> </tr> <tr> <td>4</td> <td>していない</td> </tr> </table> | 1 | 歯周外科手術 | 2 | 骨折・顎骨腫瘍手術等 | 3 | インプラント手術 | 4 | していない | <p>社会診療行為別調査で手術件数の把握が可能な「歯周外科手術」、「骨折・顎骨腫瘍手術等」について削除し、保険外手術で実態を把握する必要がある「インプラント手術」については引き続き調査し、9月中の実施件数について追加する。</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 実施している | 9月中の実施件数 () 件) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 実施していない | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 歯周外科手術 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 骨折・顎骨腫瘍手術等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | インプラント手術 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | していない | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>(21) 従事者数</p> <p>(21) 従事者数 (常勤換算は小数点以下第2位を四捨五入)</p> <table border="1"> <tr> <td rowspan="2">歯科医師</td> <td>常勤</td> <td>01</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td>非常勤(常勤換算)</td> <td>02</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td rowspan="2">医師</td> <td>常勤</td> <td>03</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td>非常勤(常勤換算)</td> <td>04</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td>薬剤師</td> <td>(常勤換算)</td> <td>05</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td rowspan="2">歯科衛生士</td> <td>常勤</td> <td>06</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td>非常勤(常勤換算)</td> <td>07</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td rowspan="2">歯科技工士</td> <td>常勤</td> <td>08</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td>非常勤(常勤換算)</td> <td>09</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td rowspan="2">看護師</td> <td>実人員</td> <td>10</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td>(常勤換算)</td> <td>11</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td rowspan="2">准看護師</td> <td>実人員</td> <td>12</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td>(常勤換算)</td> <td>13</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td>歯科業務補助者</td> <td>(常勤換算)</td> <td>14</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td>事務職員</td> <td>(常勤換算)</td> <td>15</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td>その他の職員</td> <td>(常勤換算)</td> <td>16</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> </table> | 歯科医師 | 常勤 | 01 | | | | | 人 | 非常勤(常勤換算) | 02 | | | | | 人 | 医師 | 常勤 | 03 | | | | | 人 | 非常勤(常勤換算) | 04 | | | | | 人 | 薬剤師 | (常勤換算) | 05 | | | | | 人 | 歯科衛生士 | 常勤 | 06 | | | | | 人 | 非常勤(常勤換算) | 07 | | | | | 人 | 歯科技工士 | 常勤 | 08 | | | | | 人 | 非常勤(常勤換算) | 09 | | | | | 人 | 看護師 | 実人員 | 10 | | | | | 人 | (常勤換算) | 11 | | | | | 人 | 准看護師 | 実人員 | 12 | | | | | 人 | (常勤換算) | 13 | | | | | 人 | 歯科業務補助者 | (常勤換算) | 14 | | | | | 人 | 事務職員 | (常勤換算) | 15 | | | | | 人 | その他の職員 | (常勤換算) | 16 | | | | | 人 | <p>(22) 従事者数</p> <p>(22) 従事者数 (常勤換算は小数点以下第2位を四捨五入)</p> <table border="1"> <tr> <td rowspan="2">歯科医師</td> <td>常勤</td> <td>01</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td>非常勤(常勤換算)</td> <td>02</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td rowspan="2">医師</td> <td>常勤</td> <td>03</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td>非常勤(常勤換算)</td> <td>04</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td>薬剤師</td> <td>(常勤換算)</td> <td>05</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td>歯科衛生士</td> <td>(常勤換算)</td> <td>06</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td>歯科技工士</td> <td>(常勤換算)</td> <td>07</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td rowspan="2">看護師</td> <td>実人員</td> <td>08</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td>(常勤換算)</td> <td>09</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td rowspan="2">准看護師</td> <td>実人員</td> <td>10</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td>(常勤換算)</td> <td>11</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td>歯科業務補助者</td> <td>(常勤換算)</td> <td>12</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td>事務職員</td> <td>(常勤換算)</td> <td>13</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> <tr> <td>その他の職員</td> <td>(常勤換算)</td> <td>14</td> <td></td> <td></td> <td></td> <td></td> <td>人</td> </tr> </table> | 歯科医師 | 常勤 | 01 | | | | | 人 | 非常勤(常勤換算) | 02 | | | | | 人 | 医師 | 常勤 | 03 | | | | | 人 | 非常勤(常勤換算) | 04 | | | | | 人 | 薬剤師 | (常勤換算) | 05 | | | | | 人 | 歯科衛生士 | (常勤換算) | 06 | | | | | 人 | 歯科技工士 | (常勤換算) | 07 | | | | | 人 | 看護師 | 実人員 | 08 | | | | | 人 | (常勤換算) | 09 | | | | | 人 | 准看護師 | 実人員 | 10 | | | | | 人 | (常勤換算) | 11 | | | | | 人 | 歯科業務補助者 | (常勤換算) | 12 | | | | | 人 | 事務職員 | (常勤換算) | 13 | | | | | 人 | その他の職員 | (常勤換算) | 14 | | | | | 人 | <p>「歯科衛生士」、「歯科技工士」について、歯科診療所での詳細な従事者数を把握する必要から、それぞれ常勤・非常勤ごとの常勤換算に変更する。</p> |
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| | 非常勤(常勤換算) | 02 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医師 | 常勤 | 03 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 非常勤(常勤換算) | 04 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 薬剤師 | (常勤換算) | 05 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 歯科衛生士 | 常勤 | 06 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 非常勤(常勤換算) | 07 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 歯科技工士 | 常勤 | 08 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 非常勤(常勤換算) | 09 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 看護師 | 実人員 | 10 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (常勤換算) | 11 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 准看護師 | 実人員 | 12 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (常勤換算) | 13 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 歯科業務補助者 | (常勤換算) | 14 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事務職員 | (常勤換算) | 15 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他の職員 | (常勤換算) | 16 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 歯科医師 | 常勤 | 01 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 非常勤(常勤換算) | 02 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医師 | 常勤 | 03 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 非常勤(常勤換算) | 04 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 薬剤師 | (常勤換算) | 05 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 歯科衛生士 | (常勤換算) | 06 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 歯科技工士 | (常勤換算) | 07 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 看護師 | 実人員 | 08 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (常勤換算) | 09 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 准看護師 | 実人員 | 10 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (常勤換算) | 11 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 歯科業務補助者 | (常勤換算) | 12 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事務職員 | (常勤換算) | 13 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他の職員 | (常勤換算) | 14 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 新(平成23年10月分から) | 旧(平成23年9月分まで) | 変更理由等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------|-----------------|----------|----------|-----------------|---------|---------|-----------------|-----------|--------|-----------|----------|----------|--------|--------|---------|---|-------|----------|-----------|---------|-----------|---|-----------------|---------|---------|-------------|---------|---------|---------|-------|------------|---------|---------|-------|--------|---------------|---------|--------|----------|-----|----------|--------|-------|---------|---------|-----------|---|---|-------|----------|----------|-----------------|---------|---------|-----------------|-----------|--------|-----------|----------|----------|--------|--------|---------|---|-------|----------|-------------------|---------|-----------|---|-----------------|---------|---------|-------------|---------|---------|---------|-------|------------|---------|---------|-------|--------|---------------|---------|--------|----------|-----|----------|--------|-------|---------|---------|-----------|---|
| <p>(10) 診療科目</p> <table border="1"> <tr><td rowspan="15">診</td><td>01 内科</td></tr> <tr><td>02 呼吸器内科</td></tr> <tr><td>03 循環器内科</td></tr> <tr><td>04 消化器内科 (胃腸内科)</td></tr> <tr><td>05 腎臓内科</td></tr> <tr><td>06 神経内科</td></tr> <tr><td>07 糖尿病内科 (代謝内科)</td></tr> <tr><td>I 08 血液内科</td></tr> <tr><td>09 皮膚科</td></tr> <tr><td>10 アレルギー科</td></tr> <tr><td>11 リウマチ科</td></tr> <tr><td>12 感染症内科</td></tr> <tr><td>13 小児科</td></tr> <tr><td>14 精神科</td></tr> <tr><td>15 心療内科</td></tr> <tr><td rowspan="15">療</td><td>16 外科</td></tr> <tr><td>17 呼吸器外科</td></tr> <tr><td>18 心臓血管外科</td></tr> <tr><td>19 乳腺外科</td></tr> <tr><td>20 気管食道外科</td></tr> <tr><td rowspan="15">科</td><td>21 消化器外科 (胃腸外科)</td></tr> <tr><td>22 泌尿器科</td></tr> <tr><td>23 肛門外科</td></tr> <tr><td>II 24 脳神経外科</td></tr> <tr><td>25 整形外科</td></tr> <tr><td>26 形成外科</td></tr> <tr><td>27 美容外科</td></tr> <tr><td>28 眼科</td></tr> <tr><td>29 耳鼻いんこう科</td></tr> <tr><td>30 小児外科</td></tr> <tr><td>31 産婦人科</td></tr> <tr><td>32 産科</td></tr> <tr><td>33 婦人科</td></tr> <tr><td>34 リハビリテーション科</td></tr> <tr><td>35 放射線科</td></tr> <tr><td>36 麻酔科</td></tr> <tr><td>37 病理診断科</td></tr> <tr><td rowspan="7">III</td><td>38 臨床検査科</td></tr> <tr><td>39 救急科</td></tr> <tr><td>40 歯科</td></tr> <tr><td>41 矯正歯科</td></tr> <tr><td>42 小児歯科</td></tr> <tr><td>43 歯科口腔外科</td></tr> </table> | 診 | 01 内科 | 02 呼吸器内科 | 03 循環器内科 | 04 消化器内科 (胃腸内科) | 05 腎臓内科 | 06 神経内科 | 07 糖尿病内科 (代謝内科) | I 08 血液内科 | 09 皮膚科 | 10 アレルギー科 | 11 リウマチ科 | 12 感染症内科 | 13 小児科 | 14 精神科 | 15 心療内科 | 療 | 16 外科 | 17 呼吸器外科 | 18 心臓血管外科 | 19 乳腺外科 | 20 気管食道外科 | 科 | 21 消化器外科 (胃腸外科) | 22 泌尿器科 | 23 肛門外科 | II 24 脳神経外科 | 25 整形外科 | 26 形成外科 | 27 美容外科 | 28 眼科 | 29 耳鼻いんこう科 | 30 小児外科 | 31 産婦人科 | 32 産科 | 33 婦人科 | 34 リハビリテーション科 | 35 放射線科 | 36 麻酔科 | 37 病理診断科 | III | 38 臨床検査科 | 39 救急科 | 40 歯科 | 41 矯正歯科 | 42 小児歯科 | 43 歯科口腔外科 | <p>(10) 診療科目</p> <table border="1"> <tr><td rowspan="15">診</td><td>01 内科</td></tr> <tr><td>02 呼吸器内科</td></tr> <tr><td>03 循環器内科</td></tr> <tr><td>04 消化器内科 (胃腸内科)</td></tr> <tr><td>05 腎臓内科</td></tr> <tr><td>06 神経内科</td></tr> <tr><td>07 糖尿病内科 (代謝内科)</td></tr> <tr><td>I 08 血液内科</td></tr> <tr><td>09 皮膚科</td></tr> <tr><td>10 アレルギー科</td></tr> <tr><td>11 リウマチ科</td></tr> <tr><td>12 感染症内科</td></tr> <tr><td>13 小児科</td></tr> <tr><td>14 精神科</td></tr> <tr><td>15 心療内科</td></tr> <tr><td rowspan="15">療</td><td>16 外科</td></tr> <tr><td>17 呼吸器外科</td></tr> <tr><td>18 心臓血管外科 (循環器外科)</td></tr> <tr><td>19 乳腺外科</td></tr> <tr><td>20 気管食道外科</td></tr> <tr><td rowspan="15">科</td><td>21 消化器外科 (胃腸外科)</td></tr> <tr><td>22 泌尿器科</td></tr> <tr><td>23 肛門外科</td></tr> <tr><td>II 24 脳神経外科</td></tr> <tr><td>25 整形外科</td></tr> <tr><td>26 形成外科</td></tr> <tr><td>27 美容外科</td></tr> <tr><td>28 眼科</td></tr> <tr><td>29 耳鼻いんこう科</td></tr> <tr><td>30 小児外科</td></tr> <tr><td>31 産婦人科</td></tr> <tr><td>32 産科</td></tr> <tr><td>33 婦人科</td></tr> <tr><td>34 リハビリテーション科</td></tr> <tr><td>35 放射線科</td></tr> <tr><td>36 麻酔科</td></tr> <tr><td>37 病理診断科</td></tr> <tr><td rowspan="6">III</td><td>38 臨床検査科</td></tr> <tr><td>39 救急科</td></tr> <tr><td>40 歯科</td></tr> <tr><td>41 矯正歯科</td></tr> <tr><td>42 小児歯科</td></tr> <tr><td>43 歯科口腔外科</td></tr> </table> | 診 | 01 内科 | 02 呼吸器内科 | 03 循環器内科 | 04 消化器内科 (胃腸内科) | 05 腎臓内科 | 06 神経内科 | 07 糖尿病内科 (代謝内科) | I 08 血液内科 | 09 皮膚科 | 10 アレルギー科 | 11 リウマチ科 | 12 感染症内科 | 13 小児科 | 14 精神科 | 15 心療内科 | 療 | 16 外科 | 17 呼吸器外科 | 18 心臓血管外科 (循環器外科) | 19 乳腺外科 | 20 気管食道外科 | 科 | 21 消化器外科 (胃腸外科) | 22 泌尿器科 | 23 肛門外科 | II 24 脳神経外科 | 25 整形外科 | 26 形成外科 | 27 美容外科 | 28 眼科 | 29 耳鼻いんこう科 | 30 小児外科 | 31 産婦人科 | 32 産科 | 33 婦人科 | 34 リハビリテーション科 | 35 放射線科 | 36 麻酔科 | 37 病理診断科 | III | 38 臨床検査科 | 39 救急科 | 40 歯科 | 41 矯正歯科 | 42 小児歯科 | 43 歯科口腔外科 | <p>心臓血管外科の標ぼうは医療法で認められていたところであり、循環器外科は、平成20年4月1日から標ぼう可能な診療科目が柔軟な方式に変更されたことによりできた診療科目である。よって平成19年度以前から標ぼう可能であった「心臓血管外科」での標ぼうが多数である実態に合わせ、表記を「心臓血管外科」と変更する。</p> |
| 診 | | 01 内科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 02 呼吸器内科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 03 循環器内科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 04 消化器内科 (胃腸内科) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 05 腎臓内科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 06 神経内科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 07 糖尿病内科 (代謝内科) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | I 08 血液内科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 09 皮膚科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 10 アレルギー科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 11 リウマチ科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 12 感染症内科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 13 小児科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 14 精神科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 15 心療内科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 療 | 16 外科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 17 呼吸器外科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 18 心臓血管外科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 19 乳腺外科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 20 気管食道外科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 科 | 21 消化器外科 (胃腸外科) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 22 泌尿器科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 23 肛門外科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | II 24 脳神経外科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 25 整形外科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 26 形成外科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 27 美容外科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 28 眼科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 29 耳鼻いんこう科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 30 小児外科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 産婦人科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32 産科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 婦人科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34 リハビリテーション科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 放射線科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 麻酔科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 病理診断科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| III | 38 臨床検査科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 39 救急科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 40 歯科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 41 矯正歯科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 42 小児歯科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 43 歯科口腔外科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 診 | 01 内科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 呼吸器内科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 循環器内科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 消化器内科 (胃腸内科) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 腎臓内科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 神経内科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 糖尿病内科 (代謝内科) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I 08 血液内科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 皮膚科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 アレルギー科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 リウマチ科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 感染症内科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 小児科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 精神科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 心療内科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 療 | 16 外科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 17 呼吸器外科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 18 心臓血管外科 (循環器外科) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 19 乳腺外科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 20 気管食道外科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 科 | 21 消化器外科 (胃腸外科) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 22 泌尿器科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 23 肛門外科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | II 24 脳神経外科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 25 整形外科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 26 形成外科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 27 美容外科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 28 眼科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 29 耳鼻いんこう科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 30 小児外科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 産婦人科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32 産科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 婦人科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34 リハビリテーション科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 放射線科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 麻酔科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 病理診断科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| III | 38 臨床検査科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 39 救急科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 40 歯科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 41 矯正歯科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 42 小児歯科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 43 歯科口腔外科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |