⑨ All medical records and images in principle must be archived as digital data and reviewable on the terminals.

⑩ The schedule management system must have the comprehensive functions which manage the inpatient and outpatient schedules of the patient including the community medicine.

⑪ The system should provide the function of browsing patient information and searching it easily as required.

⑫ The system must have a function of clinical decision support by preventing contraindicated treatments and guiding appropriate treatments. The system must have an approval function (including on exhaustive checker) of the senior doctor for the instructions of the resident. It also must have an aiding function of putting doctors' instructions into practice without error, contributing to patient safety.

⑬ The system must connect with the existing instruments and systems, and exchange the required data.

⑭ The system must have a function of analyzing stored data and counting objective data contributing to clinical evaluations and clinical studies while taking sufficient security countermeasures. Especially, the system can extract quality indicator from not only electrical medical record system but also section systems. The contractor has the obligation to support the hospital staff at the phase of making the template, and training in order that the staff can use the system and analyze the data at the timing of go alive day of the system.

⑮ The system must have a server which holds data of individual users to construct a portal site where all the users can manage their schedules and have mutual correspondence between users.

⑯ The system must have a comprehensive logistics and management system of medical goods. It should also link with the finance and accounting system and the management accounting system in order to calculate management control indicators.

⑰ The system must prevent omission of charges and guide appropriate medical billing. It must also have a function of semi-automatic calculation of medical billing using the data entered on the spot.

⑱ The system must work non-disruptively. Even when the main system is down, the clinical data must be available using the alternative system.

⑲ The requested system and its constructs must assure the stable connection to the current hospital network. Adequate directions and managements by supplier are also required in each stage of introducion such as system planning, equipment renewal, test, or rehearsal.

⑳ The system must prevent hacking from outside of the network and take sufficient countermeasures against virus infection.

㉑ A framework of maintenance management and operation training of the entire requested system must be set up.

㉒ The information about data set, data structure and coding scheme required for the system must be provided.

㉓ The contractor must transfer the clinical data and master data within the current system to the new system to enable the reuse of the existing data. University extracts and provides the clinical data and master data from the existing system.

㉔ All system must be energy-saving and low environmental impact.

㉕ In case it is necessary to transfer data from the requested system to another, the data must be extracted from the system by order of the hospital.

㉖ The equipments must ensure low error rates and stable operation. The devices are required to assure quick response and smooth operability.

㉗ The equipments that need supplies such as printer must ensure low running costs.

㉘ A secure network architecture must be created in such a way as VDI (Virtual Desktop Infrastructure) or other method.

㉙ The wait times information system and the patient calling system must have accessible design contributes to patient hospitality services.

㉚ The devices must have a push notification function to give patients necessary information such as diagnostic aid or medical safety.

⑸ Time limit for the submission of the requested material : 17 : 00　7 December, 2018

⑹ Contact point for the notice : Junko Ochi, Procurement Section, Accounting Division, Shiga University of Medical Science, Setatsukinowa-cho Otsu-shi 520―2192 Japan, TEL 077―548―2039

資料提供招請に関する公表

次のとおり物品の導入を予定していますので、当該導入に関して資料等の提供を招請します。

平成30年10月22日

国立大学法人京都大学長　山極　壽一

◎調達機関番号　415　◎所在地番号　26

○第８号

1　調達内容

⑴　品目分類番号　22、31

⑵　導入計画物品及び数量　人工呼吸器　一式

⑶　調達方法　購入等

⑷　導入予定時期　平成31年度11月以降

⑸　調達に必要とされる基本的な要求要件

A　汎用人工呼吸器、集中治療室用人工呼吸器及び新生児用人工呼吸器などから構成され、各人工呼吸器は内蔵又は外部のバッテリーにより駆動が可能なこと。

B　汎用人工呼吸器、集中治療室用人工呼吸器

a　新生児から成人の患者に使用可能な換気モード機能を有すること。

b　調節呼吸は、ボリュームコントロール、プレッシャーコントロールなどの換気モードを有すること。

c　補助呼吸は、プレッシャーサポート、ボリュームサポートなどを有すること。

d　調節呼吸中に患者の自発呼吸を感知した場合に、補助呼吸に移行するオートモードを有すること。

e　空気または酸素のどちらかが遮断した場合でも、遮断されていない片側のガスだけで動作すること。

f　ボリュームコントロールの設定換気量は、分時換気量もしくは一回換気量で設定できること。

g　トリガ検出に関しては圧方式やフロー方式の機能を有すること。

h　呼気分時換気量、吸気一回換気量、呼気一回換気量、呼吸回数、酸素濃度、最高気道内圧、平均気道内圧、プラトー圧、ＰＥＥＰなどのモニタリングする機能を有すること。

i　アラーム要因の重要度により色分けされ、表示する機能を有すること。

j　アラームの発生内容を記憶し、アラーム履歴機能を有すること。

C　新生児用人工呼吸器

a　新生児に使用可能な換気モードを有すること。

b　トリガ検出に関してはフロー方式の機能を有すること。

c　ＨＦＯ（高頻度振動換気）モードを有すること。

d　ＨＦＯの振動数が設定可能であること。

e　ＨＦＯを強制換気時の吸気呼気両方もしくは呼気相で併用することができること。

f　吸入酸素濃度を常に実測表示が可能であること。

g　ディスプレイに波形の圧、フロー、１回換気量、分時換気量、トレンドが表示できること。

h　高圧圧、低ベース圧、低１回換気量、低分時換気量、高分時換気量、無呼吸、リークなどの警報を有すること。