⑽ The power supply of the video control system should be able to be turned on and off all at once.

⑾ A monitor for confirming videos of the surgical field camera should be equipped.

⑿ An isolation power supply device should be installed to prevent electrical leakage in the operating room.

⒀ A video system rack should be installed in each room of the operating room.

B Server for the operating room patient image information system

(1) A new system should be built on an on-premises server.

(2) Videos from the operating room should be saved on the server using the hospital information network (MINET).

(3) The storage server should have sufficient capacity for storing existing recorded video, all SD quality recorded video for five years, and all HD quality recorded video for the last two months. Additionally, the storage server's capacity should be able to be expanded.

(4) A function for automatically deleting video data that exceeds the storage capacity should be present, starting with the oldest data.

(5) The recorded video should be able to be backed up to LTO tape. Library management should be set up so that the information of the tape location to which the backed-up LTO tape was written from the server is known.

(6) It should be possible to connect editing PCs installed at various locations within the hospital to this server and conduct editing.

(7) This system should be able to take over existing recorded video as well as the associated surgical information and patient information. This system should also be able to continuously confirm and edit video.

(8) The operating room patient image information system should be able to link with the university's anesthesia record system and be able to obtain patient information, surgical information, surgeon information.

(9) The operating room patient image information system should be able to automatically display entry information, start automatic recording, and stop automatic recording based on event information from the university's anesthesia record system.

⑽ The operating room patient image information system should be able to link with the university's HIS and obtain user master information, staff master information, password information.

⑾ The operating room patient image information system should be able to transfer still images created on the editing terminal to the university's image filing system.

⑿ The power supply should be duplicated.

⒀ An uninterruptible power supply should be installed, which should be able to supply power for at least 10 minutes in the event of power supply issues.

⒁ The equipment installed in the server room on the fourth floor of the outpatient building should be housed in a 19-inch 46U rack.

⒂ Racks should be prepared as necessary.

C Surveillance monitoring system

(1) Ceiling-mounted dome cameras should be installed in the operating room and corridor around the operating room.

(2) The ceiling-mounted dome camera should be an IP camera capable of night vision mode.

(3) Images from the ceiling-mounted dome camera in the operating room should also be input to the screen compositing device in each operating room.

(4) Images from the ceiling-mounted dome camera should be recorded 24 hours a day and stored on the camera server for 60 days.

(5) The camera server should have an uninterruptible power supply installed, which should be able to supply power for at least 10 minutes in the event of power supply issues.

(6) The surveillance monitoring system should be able to distribute videos from each ceiling-mounted dome camera, recorded video from the video recording and distribution device in each operating room, and videos from the biological information monitor.

(7) Real-time video distribution with multi-screen splitting should be enabled.

(8) It should be possible to easily switch between display contents by calling a preset registration.

(9) The large wall monitor that displays distributions should be able to continuously operate 24 hours a day.

⑽ The distribution terminal of the surveillance monitoring system should be able to withstand unexpected shutdowns.

D Operating room patient image information viewing and editing terminal

(1) The university's HIS should be installed on the operating room patient image information viewing and editing terminal.

(2) Videos after recording and editing should be able to be saved to external media.

(3) Surgical videos should be able to be viewed in real-time.

(4) It should be possible to edit videos stored on the operating room patient image information system server.

(5) Logs of users' video viewing and editing should be able to be saved on the server.

E Sharing software for viewing of operating room patient image information

(1) The viewing software should be able to be installed and operational on the university's HIS terminal.

(2) The number of simultaneous viewing access sessions from HIS terminals should be able to be limited based on the network load.

(3) Live video of the operating room should be able to be viewed.

(4) It should be possible to cut and edit videos and create still images stored in the operating room patient image information system server. However, the settings should be such that the videos can only be retrieved from the editing terminal, and the copying and pasting of still images from HIS should be enabled.

(5) The call start time should be able to be specified from the waveform image display of the university's anesthesia record system, and videos of the relevant patient stored in the operating room patient image information system server should also be able to be played.

F Pathological image rapid distribution system

(1) Microscope images or pathological diagnostic images from the pathology room should be able to be distributed to the operating room in real-time.

(2) It should be possible to select the operating room to which the distribution will be conducted in the pathology room, and two-way conversations should be possible between the pathology room and operating room.