

| No | 項目種別 | 項目 | ヒアリング先自治体の事故報告書 | | | | | | | | | | | | | | その他 | | |
|----|------------|--------------------|-----------------|-----------------|-----|-----------------------|----|-----|----|-----|-----|-----|-----|----|----|-----|-----|---------------------|--------------|
| | | | A市 | B県*重症・死亡・虐待事例のみ | | B県 (重症・死亡・虐待以外の事例) | C市 | D区 | E市 | F県 | | G県 | | H市 | I県 | J市 | | 介護施設 向け電子 カルテ | 医療事故 情報収集 |
| | | | | 第一報 | 第二報 | | | | | 第一報 | 第二報 | 第一号 | 第二号 | | | 第一報 | 報告書 | | |
| 1 | 事業所の 概要 | 事業所名 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ○ | | |
| 2 | | 事業所番号 | ● | | | | | | ● | | | | ● | ● | | ● | | | |
| 3 | | 所在地（電話番号等含む） | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | ● | | | |
| 4 | | 法人名 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | ● | | | |
| 5 | | 記載者職員氏名 | ● | ● | ● | ● | ● | | ● | ● | | | ● | ● | ● | ● | ● | | |
| 6 | | 管理者・施設長・責任者名 | | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | |
| 7 | | サービス種類 | ○ | ● | ● | ● | ○ | ● | ● | ● | ● | | | ○ | ○ | | ○ | ○ | |
| 8 | 対象者 | 氏名 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ○ | | |
| 9 | | 性別 | | ○ | ○ | ○ | ● | ○ | ○ | ● | | ○ | ○ | ○ | ● | ● | ○ | | |
| 10 | | 年齢 | 数 | 数 | | 数 | 数 | 数 | 数 | 数 | ● | 数 | 数 | 数 | 数 | 数 | 数 | | |
| 11 | | 住所 | ● | | | | ● | ● | ● | ● | | | | ● | | ● | | | |
| 12 | | 被保険者番号 | ● | | | | ● | ● | | ● | | | | ● | ● | ● | ● | | |
| 13 | | サービス提供開始日 | ● | | | | ● | | ● | ● | | | | ● | | | | | |
| 14 | | 要介護度（患者区分） | ● | 数 | | 数 | ○ | ● | ● | ● | | ○ | | ○ | ● | ● | | ○ | |
| 15 | | 日常生活自立度（障害・認知高齢者） | | | | | | | | ● | | | | ● | | | | | |
| 16 | 保険者名 | ● | ● | | ● | | ● | | ● | | | | | | | | | | |
| 17 | 事故概要 | 発生・発見日時 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ○ | ○ | |
| 18 | | 発生場所 | ● | ○ | | ○ | ● | ● | ● | ○ | | ○ | | ● | ● | ● | ● | ○ | |
| 19 | | 発生状況 | | ○ | | ○ | | | ● | ○ | | | | ● | | | ● | | |
| 20 | | 事故種別 | ○ | | | | ○ | | ○ | ○ | | ○ | | ○ | ○ | | ○ | ○ | |
| 21 | | 事故時の状況、経緯、対応 | ● | ● | | ● | ● | ● | | ● | | ● | | ● | ● | ● | ● | ○ | |
| 22 | | 事故の原因 | | ○ | | ○ | ● | | ● | ○ | | | | ● | | | | ○ | |
| 23 | | 死亡日 | | ● | | ● | ● | | | ● | | | | ● | ● | | | | |
| 24 | | 死因 | | ● | | ● | | | | | | | | ○ | ○ | | | | |
| 25 | | 事故前の利用者の状況 | | | | | | | | ● | | | | | | | ● | | |
| 26 | | 事故第一発見者 | | | | | | | | | | | | | | | | ○ | |
| 27 | 発生時の 対応 | 医療機関受診日 | | | | | | ● | | | | | ● | | | | | | |
| 28 | | 医療機関受診状況 | | | | | | | | | | | | | | | ● | | |
| 29 | | 緊急搬送の有無・時間 | | ○と● | | ○と● | | | ○ | | | | | | | | | | |
| 30 | | 受診した医療機関名 | ● | ● | | ● | ● | ● | ● | ● | | | | ● | ● | | ● | ● | |
| 31 | | 治療概要 | ● | | | | ● | | ● | ● | | | | ● | ● | | ● | ● | |
| 32 | | 関係機関への連絡（警察含む） | ● | ● | | ● | ● | | ● | ● | | | | ● | | | ○と● | | |
| 33 | | 対応内容・方法等 | | ● | | ● | | ● | | ● | | ● | | | | | ● | ● | |
| 34 | | 家族への説明状況、内容（発生時対応） | ● | ● | | ● | ● | ○と● | ● | ● | | ● | | | | | ○と● | | |
| 35 | | 家族の意見、指摘 | | ● | | ● | | | ● | ● | | | | | | | | | |
| 36 | 発生後の 対応 | 利用者の状況 | ● | | ● | | ● | ● | ● | ● | | ● | ● | | ● | ● | | | |
| 37 | | 対応の概要 | ● | | | | | ● | | | | | | ● | | | | | |
| 38 | | 診断結果 | | | | | | | | ● | | | | ● | | | ● | | |
| 39 | | 家族への連絡・説明（発生後対応） | ● | | ● | | | | | | | | | ● | ● | | ● | | |

| No | 項目種別 | 項目 | ヒアリング先自治体の事故報告書 | | | | | | | | | | | | | | その他 | | | |
|----|-------------------------|------------------------------------|----------------------|-----------------|-----|-----------------------|----|-----|----|-----|-----|-----|-----|----|----|-----|-----|---------------------|--------------|---|
| | | | A市 | B県*重症・死亡・虐待事例のみ | | B県 (重症・死亡・虐待以外の事例) | C市 | D区 | E市 | F県 | | G県 | | H市 | I県 | J市 | | 介護施設 向け電子 カルテ | 医療事故 情報収集 | |
| | | | | 第一報 | 第二報 | | | | | 第一報 | 第二報 | 第一号 | 第二号 | | | 第一報 | 報告書 | | | |
| 40 | | 損害賠償等の状況 | ● | | ○ | | | ○と● | ● | ○ | ○ | | | ○ | ● | | ○ | | | |
| 41 | | 家族等の反応 | | | | | | ● | ● | ● | ● | | | | | | | ● | | |
| 42 | 再発防止 | 再発防止に向けた今後の取組み | ● | | | ● | ● | ● | ● | ● | | | ○ | ● | ● | | ● | ● | ● | |
| 43 | | 事故の原因分析 | | | | | | | | | | | ● | | | | ○ | ● | | |
| 44 | | (再発防止策の) 検討日時 | | | | | | | | ● | ● | | | | | | | | | |
| 45 | | 検討会人数 | | | | | | | | 数 | 数 | | | | | | | | | |
| 46 | | 検討会の参加職種 | | | | | | | | ● | ● | | | | | | | | | ● |
| 47 | | 事故発生要因 | | | | | | | | | | | | | | | | | ○ | ○ |
| 48 | | 原因分析(利用者、職員、設備、環境要因の点から) | | | | | | | | ● | ● | | | | | | | | ● | ○ |
| 49 | | 利用者個人への対応(対応済み・今後対応予定の内容、ケアプランの変更) | | | | | | | | ● | ● | | | | | | | | | |
| 50 | | 事業所全体での対応(対応済・今後対応予定の内容) | | | | | | | | ● | ● | | | | | | | | | |
| 51 | | その他 | 直近1年間で行政に報告した事故の件数内訳 | | | | | | | | | | | | | | | | | |
| 52 | 過去3ヶ月以内の同一被保険者に関する事故の有無 | | | | | | | | | | | | | | | | | | | |
| 53 | 家族氏名・続柄・住所等 | | | | | | | | | | | | | | | | | | | |
| 54 | 費用負担の状況 | | | | | | | | | | | | | | | | | | | |

●：自由記載、○：選択式、数：数値記入(件数など)

虐待等が疑われる場合、当該事故関係者の指名や職名、採用歴等を記載する。

・経過について選択(継続中、解決または終結)

| No | 項目種別 | 項目 | web上で公開されている事故報告書 | | | | | | | | | | | | | | | | | | | | | | | | その他 | | | |
|-----|--------------------|----------------|-------------------|---|-----------|-----------|---|-----------------|---|---|------|---|---|-----|---|---|-----|---|---|-----|-----|-----------|--------------|--------------|---|---|---------------------|--------------|---|--|
| | | | 都道府県 | | | | | | | | 市区町村 | | | | | | | | | | | | | | | | 介護施設 向け電子 カルテ | 医療事故 情報収集 | | |
| | | | a | b | c | d | e | f | g | | h | i | j | k | l | m | n | o | p | q | r | s | t | u | v | w | | | x | |
| 第一報 | | 最終報告 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 事業所の 概要 | 事業所名 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ○ | | |
| 2 | | 事業所番号 | | | ● | | | | ● | ● | | | | ● | ● | | | ● | ● | | | | | | ● | ● | ● | | | |
| 3 | | 所在地（電話番号等含む） | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| 4 | | 法人名 | | ● | ● | ● | | | ● | ● | | | | ● | ● | | | ● | ● | | | ● | ● | ● | ● | ● | ● | ● | ● | |
| 5 | | 記載者職員氏名 | ● | | ● | | | | ● | ● | | | | ● | ● | | | ● | ● | | | ● | ● | ● | ● | ● | ● | ● | ● | |
| 6 | | 管理者・施設長・責任者名 | ● | ● | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| 7 | | サービス種類 | | ● | ● | ● | ● | ● | | | ● | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |
| 8 | 対象者 | 氏名 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ○ | | |
| 9 | | 性別 | ○ | ○ | | ○ | ● | ● | | | ○ | ● | ○ | ● | | | ○ | ● | ● | | | ○ | ○ | ○ | ○ | ○ | ○ | ○ | | |
| 10 | | 年齢 | 数 | 数 | ●（生年月日のみ） | ●（生年月日のみ） | 数 | 数 | 数 | | 数 | 数 | 数 | 数 | | | 数 | 数 | 数 | 数 | 数 | ●（生年月日のみ） | ●と数（生年月日と年齢） | ●と数（生年月日と年齢） | 数 | 数 | 数 | 数 | 数 | |
| 11 | | 住所 | | ● | ● | ● | ● | | ● | | ● | ● | ● | ● | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | |
| 12 | | 被保険者番号 | | | ● | ● | ● | ● | ● | ● | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| 13 | | サービス提供開始日 | ● | ● | | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | |
| 14 | | 要介護度（患者区分） | ● | | ● | ○ | ● | ● | ○ | | ○ | ● | ● | ● | ● | ○ | ● | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |
| 15 | 日常生活自立度（障害・認知高齢者） | | | | | | | | | | | | | | | | | | | | | | | | | | ● | | | |
| 16 | 保険者名 | | | | | ● | ● | | | ● | ● | ○ | ● | ○ | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ○ | | | | |
| 17 | 事故概要 | 発生・発見日時 | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ○ | | |
| 18 | | 発生場所 | ● | ● | ● | ● | ● | ● | ● | | ○ | ● | ● | ● | ● | ● | ● | ● | ○ | ● | ● | ● | ● | ● | ○ | ○ | ○ | ○ | | |
| 19 | | 発生状況 | ● | | | | | ● | | | ○ | ● | ● | | | | | | | | | | | | | | | ● | | |
| 20 | | 事故種別 | | ○ | ○ | ○ | | | ○ | | ○ | ● | ○ | | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |
| 21 | | 事故時の状況、経緯、対応 | ● | ● | ● | ○ | ● | ● | ● | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ○ | ● | ● | ● | ● | ● | ● | ● | ○ | |
| 22 | | 事故の原因 | ● | | ● | | ● | ● | ● | | | ● | ● | | | | ● | ● | ○ | ● | ● | | ● | ● | ○ | | | | ○ | |
| 23 | | 死亡日 | | | | | | | | | | | | | | | ● | ● | ● | ● | | | | | | | | | | |
| 24 | 死因 | | | | | | | | | | | | | | | ● | ● | | | | | | | | | | ○（事故種別と同） | | | |
| 25 | 事故前の利用者の状況 | | | | | | | | | | | ● | | | | | | | | | | | | | | ● | ● | | | |
| 26 | 事故第一発見者 | | | | | ● | | | | | | | | | | | | | | | | | | | | | | ○ | | |
| 27 | 警察の検証・連絡 | | | | | | | | | | | | | | | ○ | | | | | | | | | | | | ○ | | |
| 28 | 発生時の 対応 | 医療機関受診日 | | | | | | | | | | | | | | ● | ● | | | | | | | | | | | | | |
| 29 | | 医療機関受診状況 | | | | | | | | | | | | | | ○ | | | | | | | | | | | | | ● | |
| 30 | | 緊急搬送の有無・時間 | | | | | | | | | | | | | | | | | | | | | | | | | | ● | | |
| 31 | | 受診した医療機関名 | | | ● | ● | | ● | ● | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| 32 | | 治療概要 | | | ● | ● | | ● | ● | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| 33 | | 関係機関への連絡（警察含む） | | ● | | | | | ● | | ● | ● | ● | ● | ● | ● | ● | ○ | | | ○と● | | ● | ● | ○ | | ○ | ○ | | |
| 34 | | 対応内容・方法等 | | | | ● | | ● | | | | ● | ● | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| 35 | 家族への説明状況、内容（発生時対応） | ● | ● | | | ● | ● | | | ● | ● | | | | | ● | ○と● | ● | | | | | ●（日時のみ） | ● | | ● | ● | | | |
| 36 | 家族の意見、指摘 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 | 利用者の状況 | | | ● | ● | ● | ● | ○ | ● | ● | ● | ● | ● | ○と● | ● | ● | ● | | | ○と● | ● | ● | | | | | ● | ● | | |
| 38 | 対応の概要 | | ● | | | ● | | ●（治療の概要と同じ欄に記載） | | | | | | | | | | | | | | | ● | | | | | | | |
| 39 | 診断結果 | ○と●（入院の有無のみ） | ● | | | | | | | | | | | | ● | | | | | | | | | | | | | ● | | |

| | | web上で公開されている事故報告書 | | | | | | | | | | | | | | | | | | | | | | | その他 | | | | | | | |
|----|--------------------------|------------------------------------|------|------|---|---|------|---|---------------|---|---|-------------------|---|---|---|-----|-----|---|---|----------|-----|---|---|--------------------------|----------------------------|---|---------------------|--------------|-----|-----|---|--|
| No | 項目種別 | 項目 | 都道府県 | | | | 市区町村 | | | | | | | | | | | | | | | | | w | | x | 介護施設 向け電子 カルテ | 医療事故 情報収集 | | | | |
| | | | a | b | c | d | e | f | g | | h | i | j | k | l | m | n | o | p | q | r | s | t | u | v | | | | 第一号 | 第二号 | | |
| | | | 第一報 | 最終報告 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39 | 発生後の 対応 | 家族への連絡・説明（発生後対応） | | | ● | ● | ● | | ●（誰に、いつ連絡したか） | | | | ● | | | ○と● | ○と● | | | | ○と● | ● | ● | | ○と● （日時、誰が誰に連絡したか等記載あり） | | | | ● | | | |
| 40 | | 損害賠償等の状況 | | | ● | ● | ● | ● | | ● | ○ | ○ | ○ | ● | ● | ○ | ● | ● | ○ | | | ● | ● | ○ | ○ | | | ○ | ● | | | |
| 41 | | 家族等の反応 | | | | ● | | | | | | ● | | | | | | | | ○（苦情の有無） | ● | ● | | ○と●（苦情について対応中か解決済、なしを選択） | | | | ● | | | | |
| 42 | 再発防止 | 再発防止に向けた今後の取組み | ● | ● | ● | ● | ● | ● | | ● | ● | ○と● （医療費負担のみ○） | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ○と●（検討中の選択が可能） | ● | | ● | ● | ● | | | |
| 43 | | 事故の原因分析 | | ● | | | | | | | | | ● | | | | | | | | | | | | | | | | ● | | | |
| 44 | | （再発防止策の）検討日時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45 | | 検討会人数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46 | | 検討会の参加職種 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47 | | 事故発生要因 | | | | | | | | | | | | | | | | | | | | | | | | | | | | ○ | ○ | |
| 48 | | 原因分析（利用者、職員、設備、環境要因の点から） | | | | | | | | | | | | | | | | | | | | | | | | | | | ● | ○ | | |
| 49 | | 利用者個人への対応（対応済み・今後対応予定の内容、ケアプランの変更） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | 事業所全体での対応（対応済・今後対応予定の内容） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51 | その他 | 直近1年間で行政に報告した事故の件数内訳 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 52 | | 過去3ヶ月以内の同一被保険者に関する事故の有無 | | | | | ○ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 53 | | 家族氏名・続柄・住所等 | | | | | ● | | | | | | | | | | | | | | | | | | | | | | | | | |
| 54 | | 費用負担の状況 | | | | | | | | | | | | | | | | | | | | ○ | | | | | | | | | | |

●：自由記載、○：選択式、数：数値記入（件数など）

・特養のみ、老健なし。
 ・当該事故関係者の住所、氏名、職種、年齢等記載する欄あり。
 ・前回事故発生年月日の記載欄あり。
 ・児童福祉（虐待）の場合には、総合振興局や自動相談所、保護者等への報告

居宅介護支援事業者への連絡（事業者名、連絡日時、ケアマネジャー氏名等記載）

・経過について選択する欄あり。