

Table 1. Rationale for the National Sorting Logic, Key Functions and Key Learning Points from the CTF and Home Recovery Programme.

	National Sorting Logic	
Rationale	<ul style="list-style-type: none"> • National CTCFMB for uniform standards of clinical governance (patient, crisis management governance and staff safety) 	
	<ul style="list-style-type: none"> • Central research governance (data integrity and confidentiality) and regular morbidity and mortality reviews 	
	<ul style="list-style-type: none"> • Adapt and evolve based on the changing pandemic landscape 	
	<ul style="list-style-type: none"> • National Sorting Logic is premised on risk stratification; this determines the initial disposition of each case 	
	<ul style="list-style-type: none"> • Correctly sites patients based on their relative risks and symptoms (age, vaccination status and other health conditions) 	
	CTF	Home Recovery Programme
Key Functions	<ul style="list-style-type: none"> • Monitor patients’ recovery in a controlled environment 	<ul style="list-style-type: none"> • Default management for the general population
	<ul style="list-style-type: none"> • Continuation of specific treatment (such as anti-virals) after decanting from hospitals 	<ul style="list-style-type: none"> • Can also be utilised by the vulnerable population through co-management with doctors-in-charge and specialist panels
Key Learning Points	<ul style="list-style-type: none"> • Involve private medical groups and uniformed services (e.g. SAF) early, as part of national response to run the facilities • Adapt and evolve based on the changing pandemic landscape • GPs are the custodians of the National Sorting Logic and have the following functions: <ul style="list-style-type: none"> ○ Refer emergency cases to PHIs ○ Refer symptomatic high-risk patients to CTF ○ Refer other patients (non-emergency, intermediate- to low-risk) for home recovery • Central medical board should be convened early in pandemics to provide clinical governance for all CTFs • Central operations unit is required to manage and ensure seamless patient flow among the facilities • Must have resources to continue specialised treatment such as anti-viral therapy 	<ul style="list-style-type: none"> • Intermediate- to low-risk COVID-19 patients can be managed at home • Telemedicine service is required for 24hourly medical support to patients. • Central agency to monitor telemedicine providers’ performance to ensure conformance to service standards and quality • Medication distributed via couriers ensures speedy delivery to patients • Issuance of electronic medical certificates reduces administrative effort

CTCFMB: COVID-19 Treatment and Care Facilities Medical Board; CTF: COVID-19 Treatment Facilities; SAF: Singapore Armed Forces; GPs: general practitioners