• From the beginning of the transition to Class 5 (May 8) to the end of September, approximately 520 medical facilities were registered and listed as outpatient-handling medical facilities.

 $(5,174 \Rightarrow 5,695)$ *The outpatient-handling medical facilities (list and map) are posted on the TMG website

With regard to the outpatient network, in preparation for the full transition to the normal health system in April 2024, continue to promote the transition to admitting COVID-19 patients in as many hospitals as possible

Start of transition to Class 5 (May 8)

Outpatient-handling medical facilities (treating febrile patients, etc.)
5,174

Outpatient-handling medical facilities other than fever-treating medical facilities

Rose by about 520 facilities during Oct-Mar period

Transition period (October to end March)

Outpatient-handling medical facilities (treating febrile patients, etc.)

5,695 → About 5,800

Outpatient-handling medical facilities other than fever-treating medical facilities

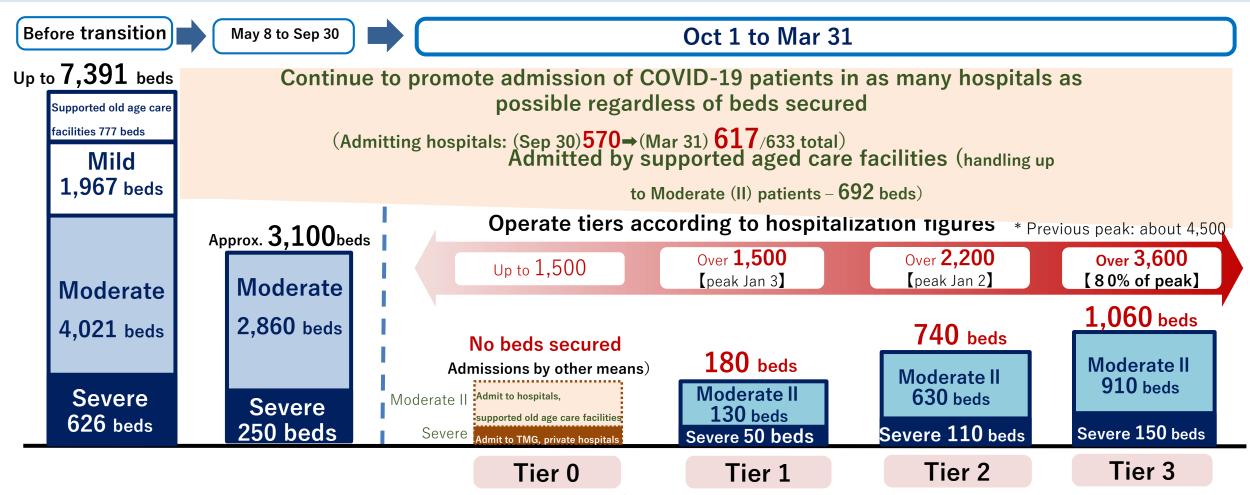
Fever-treating medica facilities

The Transition Plan (Oct-Mar) < Securing hospital beds >

✓ In order to secure hospital beds, the target populations is prioritized, the number of currently available beds is set with four tiers, and the tiers are operated according to the number of hospitalizations

(Target populations: Those with moderate (II) to severe symptoms, those requiring special consideration – pregnant women, those on dialysis – and any deemed high-risk by doctor)

✓ In preparation for the full transition to the normal health system in April 2024, continue to promote the transition to admitting COVID-19 patients in as many hospitals as possible regardless of beds secured



^{*}Transitional arrangements in October (applying Tier 1 even at Tier 0 hospitalization figures

The Transition Plan (Oct-Mar) 3 < Admission system >

Admission system

- Expand target for subsidies to make upgrades (such as installing zoning) to hospitals other those with secured beds (basic negative pressure equipment, PPE, etc.)
- Support training workshops on infection prevention in medical facilities
- Secure a network to flexibly respond in case of outbreaks
 (promotion of patient admission, patient transfer, admission of elderly and disabled patients requiring care)

Triage system

- Promote collaboration among hospitals and clinics as with other conditions
- Harness sharing of available hospital beds through the TMG system, existing networks (dialysis, perinatal, etc.)
- For those requiring supported aged care facilities, update the TMG system to create a new mechanism for direct triaging from doctor's clinics

The Transition Plan (Oct-Mar) 4 <Home care network, etc. >

Advisory / home care network

- Tokyo Metropolitan Government Covid-19 Consultation Center continues (up to 750 phone lines)
 - · Advice and guidance on hospitals for those with symptoms such as fever, without their own doctor, etc.
- · Health advice in case of sudden changes for those recovering at home, introduction to local hospitals or home visits as required

Measures for the elderly

♦ The following initiatives continue for the elderly and other high-risk populations

- Infection control and operational support system for facilities
 - Dispatch of Rapid Response Teams (10 facilities/day)
 - Use of infection prevention guidebook for facilities (printed in July)
 - Infection prevention leadership workshops at aged care facilities (starting in July)
- Focused testing of aged care staff (2-3 times weekly)
- Supported aged care facilities (8 facilities, 692 beds)
- → To admit acute patients as well as elderly with high needs for care
- **Dispatch of doctors** to aged care facilities
- **Dispatch of vaccine buses** to aged care facilities