

Building Resilience: The Redesign of Public Primary Health Care Clinic in a Post-COVID-19 Era

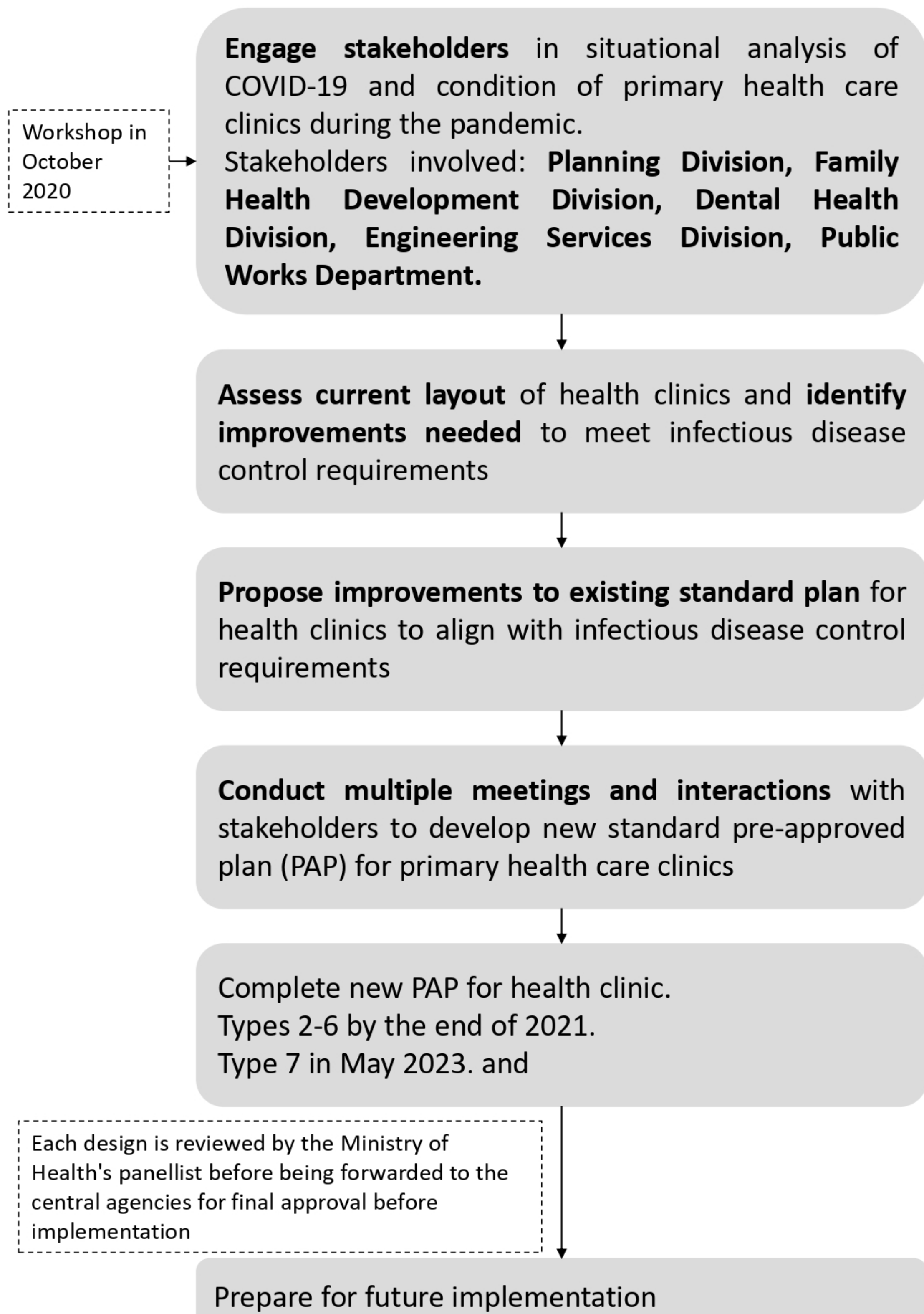


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INTRODUCTION

- Primary care, the patient's first point of contact, is essential for diagnosing basic illness patterns before they become life-threatening.
- Malaysia's primary health care began with MCH clinics and grew to address community needs. The 8th Malaysian Plan (2001–2005) introduced seven primary health care clinic designs (types 1–7) for essential services.
- Due to space constraints, Malaysian primary healthcare clinics struggle to prevent and control infectious diseases.
- The COVID-19 pandemic has shown the necessity to redesign primary health care clinics to effectively manage infectious diseases.

METHODS AND MATERIALS



RESULTS & DISCUSSION

Assessment of the current health clinics found that:

- Primary care clinics' shared waiting areas mix infectious and non-infectious disease patients.
- Triage and treatment in tents are necessary because infectious illness patients have no dedicated facility. Non-infectious disease patients risk infection waiting for medications without a drive-through pharmacy.
- Healthcare workers risk contamination via open registration, lab, and pharmacy counters.

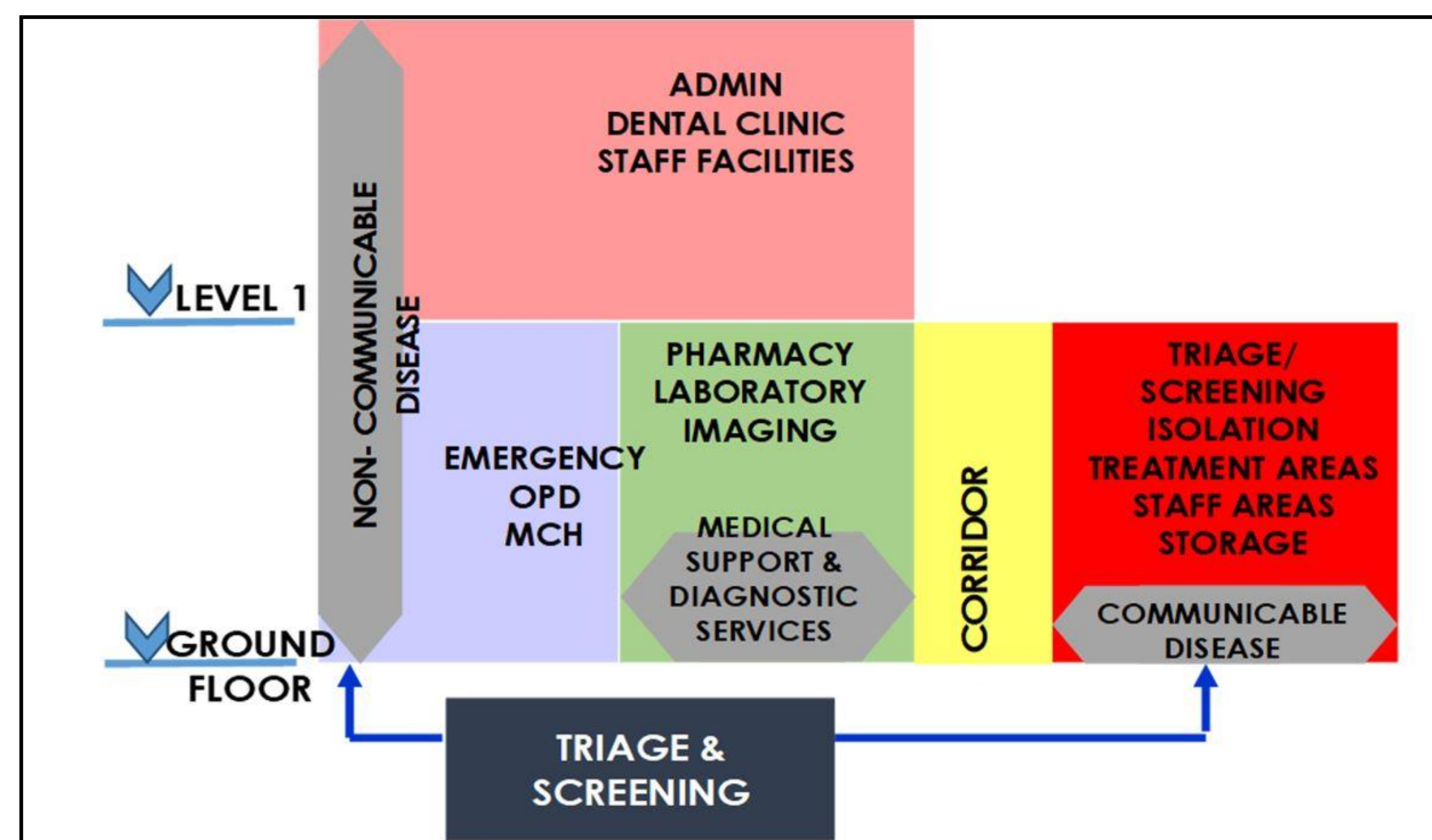


Figure 1. Sketch layout of new standard PAP for primary health care clinic (example of type 3 health clinic)

ID Elements in the new Pre-Approved Pelan (PAP) types 2,3,4,5 and 6 for Primary Health Care Clinics are (shown in Figure 1):

- Enhanced infection control by prioritizing SOP for hand hygiene, surface disinfection
- Providing spacious area for proper physical distance.
- Providing an isolation area for suspected infectious patients
- Ensuring ventilation systems comply with infection disease prevention policy
- Flexible consultation rooms to facilitate virtual clinic.
- Streamlined workflow with clearly defined pathways for staff and patients
- Staff support spaces eg; specialized areas for rest, relaxation
- Area for donning and doffing

CONCLUSIONS

The post-COVID-19 era calls for the adaptation of health clinic design to prioritize infection control measures, virtual clinics, flexible spaces, and improved ventilation systems, ensuring safer and more efficient healthcare delivery while addressing future pandemics and public health emergencies.



References

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