



## Service Priorities and Programmes Electronic Presentations

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### **Redevelopment of a General Out-patient Clinic into a Hybrid General Out-patient and Designated Clinic**

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#### **Keywords:**

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#### **Introduction**

Besides providing comprehensive primary care services to the public, some of the General Out-patient Clinics (GOPCs) also serve the role of Designated Clinics (DCs) to help relieve the burden of HA hospital services during major communicable disease outbreaks or other public health crisis. DCs help to triage and segregate suspected cases from patients with other illnesses during diseases outbreaks including influenza, dengue fever, etc. In the past, when a DC was activated, on site normal GOPC service had to be suspended to allow for the temporary conversion of the whole clinic to fulfil the infection control standards.

With the Government's support, many GOPCs had undergone renovations for capacity building. Tseung Kwan O Po Ning Road (TKOPNR) GOPC was planned for major renovation to increase the clinical space to cope with service needs. At the same time, PNR GOPC had to continue serving the role of DC on activation.

#### **Objectives**

To redevelop TKOPNR GOPC into a hybrid GOPC/DC to serve the dual roles of GOPC and DC when DC is activated in Sai Kung District.

#### **Methodology**

The clinic design of TKOPNRGOPC had incorporated the architectural and medical professionals' opinions to meet the objectives of setting up both a modernised GOPC and a DC that can fulfil the prevailing infection control guidelines. TKOPNRGOPC was temporarily decanted to the Ambulatory Care Block of Tseung Kwan O Hospital for around one year before the renovation was completed and reopened in September 2015.

#### **Result**

#### Results:

The renovated TKOPNR GOPC was separated into 2 clinical zones to enhance the workflow and facilitate the setting up of DC. The clinic was redesigned with Pharmacy, Shroff counter and 2 interconnected treatment rooms located in-between the 2 zones and there were 2 separate entrances for the 2 zones. When DC is activated, the 2 clinical zones can be completely segregated with just one electrical controlled rolling gate. One zone will become the DC while the other zone will continue to provide normal GOPC services. Patients attending DC and GOPC can be completely segregated by using different entrances and exits. The gown up and gown down areas are also specially located to allow segregation of staff working in low risk and those working in high risk clinical areas. Pharmacy and shroff can serve patients from both the GOPC and DC areas.

#### Conclusion:

With a totally redesigned clinic layout, modernised airflow systems and renovation matching with enhanced workflow, we could convert a standard designed GOPC into a hybrid GOPC and DC to serve the dual roles within the same clinic as needed.