



المديرية العامة
للمؤسسات الصحية الخاصة
Directorate General of
Private Health Establishments

Mobile Healthcare Clinics Policy & Guideline

March 2022



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1- Introduction

A Mobile HealthCare Clinic is a specially designed mobile, transportable or re-locatable structure which serves to provide dynamic healthcare options and services in response to community immediate or longer-term healthcare demands.

A Mobile HealthCare Clinic are usually pre-manufactured and equipped with services and specialist equipment's which are able to be easily transported to the desired location for operation. It is this ease of mobility and the speed in which services can be offered that makes MHCs and increasingly appealing innovative delivery of healthcare.

The Mobile Health Clinic may provide an array of services, which meet the healthcare demands of the community and population they are utilized. Specific health services may include:

- Dental Health Care
- Immunizations
- Asthma Screening
- Cancer Screening (Mammography, Colorectal, Prostate and Cervical)
- Obesity Management and Education
- Crisis Intervention
- A variety of outpatient services
- Mobile Pharmacy
- All Medical Imaging modalities

2-Objectives

To harmonize the operationalization of Mobile Healthcare Services (mobile medical teams and mobile clinics)

3- scope:

All those who would like to establish mobile healthcare clinics from private health establishments' investors.

4-Roles of MHCs:

1- Delivering services directly at the curbside in community of need and flexibly adapting their services based on the changing needs of the target community.

2- Offering urgent care, providing preventative health screenings, and initiating chronic disease managements

5- The Needs for running MHCs:

Those who would like to run such mobile healthcare shall provide to DGHE the following details:

- Scope of practice

- Reasons to justify the needs for mobile healthcare
- Identify the type of community and locations
- Period of practice (for how long they would like to deliver the practice as mobile healthcare for that particular purpose & community)

6- General roles & regulations

- The mobile clinics shall be licensed by DGPHE.
- DGPHE will decide when to give permissions to run mobile clinics after taken certain considerations as per this policy
- DGPHE has the right to withdraw the mobile clinic license at any time when it got solid reasons of breaching certain laws & regulations by the clinic staff or administration, has no more benefits of the community of such services, and other circumstances that the DG decides upon.
- The mobile clinics is permitted for those who owned licensed centers, polyclinics and hospitals. It shall not exceed more than three mobile clinics for one particular licensed private health establishment.
- The mobile clinic is permitted to be run at needed remote areas where particular healthcare is deficient, for community that is 30 km away from nearby city and areas where there is no similar healthcare services.
- It is not allowed to deliver mobile healthcare for cosmetic, laser, derma, and / or similar non-urgent healthcare needs.
- It allows delivering mobile healthcare for festivals, ceremonies, and sporting competitions after taken permissions and recommendations for the organizers of these activities.
- It allows to deliver mobile healthcare for charity organizations to do certain free medical checkup and investigations after taken permission from authorised body of those organizations.
- It allows delivering one mobile healthcare at big Malls (if needed) after taken permission form the authorised body of these Malls.

7-Functional and Planning Considerations

7.1 Operational Models

The type of service provision and the context in which it is deployed dictate operational hours of the **MHCs**. Mobile clinics may be transient, providing one off short-term services, as it moves from one location to the next, or they may be utilized for longer periods, commonly if being used for the purpose of transitioning services. **MHCs** may complement services already being provided by a hospital facility, this is considered ideal practice as it allows for referral and follow up for patients once the **MHCs** leaves a community.

The types of services provided by a **MHC** may depend on the level of services being provided at other primary healthcare facilities and the service demands of the population

being served. **MHCs** may be designed and operate to provide one service, or they may be designed to be integrated general facilities.

Verify with the relevant authorities for the use of parts of the City for the use of **MHCs** such as:

- Police
- Municipality

7.2 Models of Care

Models of Care outline the principles and directions that apply to the provision of healthcare services to deliver the right care, in the right place, at the right time by the right team. In particular they focus on the systemic structures and strategies to improve service delivery.

All Models of Care must suit the services provided by the **MHCs**, with multiple Models of Care being applicable and implemented at the one time.

7.3 Clinic Planning Models

The Service Plan of a facility or zone determines the specific planning requirements of a **MHCs** that may be needed to support the services available.

Planning models applicable to the MHU include:

- A standalone Clinic which does not need to utilise the services of a larger facility
- An integrated Clinic which is located near a larger permanent facility with which the Clinic shares support services
- A semi- permanent Clinic which is utilised for an extended period of time as part of a larger Mobile Healthcare facility i.e. multiple **MHCs** collocated to form a larger facility

8- Functional Relationships

A Functional Relationship can be defined as the correlation between various areas of activity which work together closely to promote the delivery of services that are efficient in terms of management, cost and human resources.

8.1 Location and Access

Access to and from the **MHCs** for staff and patients should be given careful consideration. The location of the **MHCs** should preferably be in close proximity to key community transport locations, residential areas and significant community infrastructure such as existing hospitals, shopping centres. Proper consideration needs to be given with respect to turning radius, maneuverability of the **MHCs**, parking, delivery and service access.

The **MHCs** must be located on a solid and levelled surface to prevent instability of the structure when in use. Access to the Clinic should be located where it does not interfere with emergency exits of an adjacent building unless the exits are specifically permitted to serve both buildings.

The location of the **MHCs** should comply with relevant local environmental laws and regulations.

A permit from the Police Authority to park where larger than one space is required.

8.2 Parking and Drop-Off Zones

Sites shall provide hazard-free drop-off zones and adequate parking for patients. Wheelchair and stretcher access should be provided.

8.2.1 Functional Zones

8.2.1 Entrance/ Reception

Protection from the elements during transport to and from the **MHCs** shall be provided. This can be achieved by providing permanent or temporary patient/ staff walkways. The entrance to the **MHCs** shall be well-lit and well sign-posted.

8.2.2 Waiting Areas

The facility shall provide waiting space for patients as close to the **MHCs** Entrance/Reception Area as possible. The facility should ideally provide patient/staff toilets in close proximity to the Clinic if not provided internally. If necessary due to high volumes of patients and area demands, both the Reception and Waiting Areas may be set up immediately outside the MHU in temporary structures.

8.2.3 Clinical Areas

Clinical Areas should have easy access to the relevant departments and other critical resources required to provide the services. The internal planning of the **MHCs** should provide patient and staff direct access to services located in the Mobile Clinic. Patient access should follow disability, privacy and safety guidelines.

9 Design Considerations

9.1 Environmental Considerations

Mobile Clinics should adhere to relevant local environmental laws and regulations that may apply. Natural light may be desirable in-Patient Areas depending on the type of services being provided. Exhaust from **MHCs** should be directed away from Patient Areas.

9.2 Space Standards and Components

Stairs and landings to and from Mobile Clinics should comply with local construction codes. Ramps are required for handicapped access and should comply with disability guidelines. Depending on the planning of the Clinic, handrails should be provided for patient safety and comfort.

The size of the Clinic will determine the number of treatment spaces and consult rooms. All Patient Areas should consider patient and staff safety with consideration of bed/ chair clearances and space for resuscitation equipment.

9.3 Construction Standards

The design and construction of **MHCs** will be according to the applicable construction codes and subject to approval and testing by the relevant authority. The MHU will adhere to all patient/ staff safety regulations relating to fire safety, occupation health and safety and radiation protection.

10- OH&S

The **MHCs** must be carefully consider the risks confined spaces and treatment areas may pose to patients and staff. The MHU shall be designed to reduce the risk of avoidable injury. Key areas which may pose as potential risks include shelving and storage clinics, door openings and entrance stairs.

11- Safety and Security

Due to the nature of the **MHCs**, size constraints and potential high volumes of patients every aspect of the Clinic design with regard to finishes, surfaces and fittings must be assessed to determine the potential for accidents or hazards to both patients and staff.

In particular the Clinic design should consider:

- Slippery or wet floors
- Protrusions or sharp edges
- Stability and height of equipment or fittings
- Choice of floor covering

Security of the **MHCs** must be paramount in the design process and the nature of the facility means it may be vulnerable to theft and damage. Security measures which should be considered include CCTV systems installed to cover main entrances and supply stores, security doors and windows in conjunction with appropriate locking systems and the use of impact resistant safety glass.

12- Fire Protection

Manual fire extinguishers shall be provided in accordance Fire and Life Safety Codes. Fire detection, alarm, and communications capabilities shall be installed and connected to facility central alarm system on all new Clinics in accordance with the Civil Defence regulations,

13- Finishes

Interior finish materials should be fire retardant or non-combustible. Fixtures and fittings that will be used for support and storage including grab rails, handrails and shelving clinics

should be able to support the weight of heavy person/items, including the concentrated load of a falling person.

14. Services Requirements

14.1 Information and Communication Technology

In larger and more sophisticated Clinics Information and Technology Systems may be utilized to improve efficiency but also as part of the referral process to larger regional facilities. In this instance **MHCs** design should take into consideration the following:

- Hand held tablets and other smart devices
- Data entry including scripts and investigation requests
- Data and communication outlets and servers
- Availability of Wi-Fi or 3G/ 4G
- Electronic Health Records (EHR) which may form part of the Health Information System

Locations for terminating telecommunications and information system devices shall be located within easy access to authorized personnel.

A Duress Alarm system may be considered in the **MHCs** design process to enhance the safety of staff.

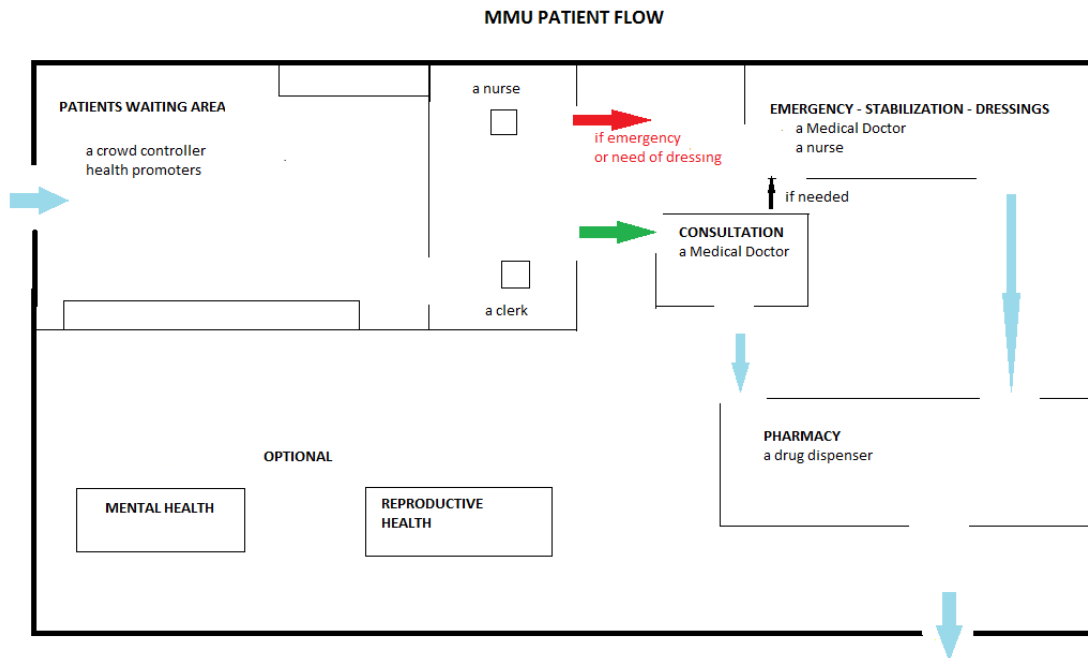
14.2 Infection Control

Standard precautions should be implemented in the **MHCs** to prevent cross infection between potentially infectious patients. Handwashing facilities will be required in Treatment Areas and the entry/exit point of the facility. Handwashing facilities should be a combination of hand basins and antiseptic hand rubs.

15- Mobile Clinic Organization and Patient Flow

The components of the clinic are dependent on the type of mobile services to be provided. These are two examples of structure of mobile clinic sketches:





16- Schedule of Accommodation

The Schedule of Accommodation for a **MHC** is determined by the type of mobile services to be provided. In general, inclusions may consist of:

- Entrance, Reception & Waiting
- Clinical Areas which may include Procedure Room, Treatment Room, Imaging Room, Handwashing/ Scrub Stations, Patient Bays and Recovery Area
- Support Areas which may include:

Staff Station, Clean Utility/ Drugs Store, Sterile Store, Equipment/ General Store, Disposal Room, Change Rooms (Patient & Staff), Toilets (Patient & Staff) and Staff Areas

17. Equipments of different components of MHCs:

The equipments and human resources requirements are mainly depend on types of services, scope of practice and models of care that MHCs are established.



18- References:

- 1- DHA Health Facility Guidelines 2019, Part B – Health Facility Briefing & Design, 310 – Mobile Healthcare Unit
- 2- The scope and impact of mobile health clinics in the United States: a literature review, Yu et al. International Journal for Equity in Health (2017) 16:178 DOI 10.1186/s12939-017-0671-2
- 3- Guidelines for the Operationalization of Mobile Medical Services (MMS) October 2014, Health & Nut, Cluster-Iraq