

PROJECT REPORT TEMPLATE

1.INTRODUCTION

HealthHub medical clinic is a hub for continuous care. We provide accessible, integrated health management supported by smart solutions in a casual, happy and insight-driven environment. With a family doctor who knows you, knows your medical history, who you can ask anything and who is always just a message away you have a true family doctor.

Our lifestyle greatly impacts our health. We want to inspire and encourage wholesome wellbeing. We promote active and healthy lifestyles that is good for you.

Patience can make foremost out of Health hub clinic are provides;

1. A wellbeing center is a unified area or stage that gives admittance to a scope of wellbeing and health administrations and assets.
2. Wellbeing center points might be actual areas, for example, public venues, emergency clinics, or facilities, or they might be online stages or versatile applications.
3. A wellbeing center might offer various administrations, for example, essential medical care, emotional well-being administrations, nourishment directing, wellness classes, and wellbeing instruction programs.
4. As well as giving admittance to medical care benefits, some wellbeing centers additionally center around local area effort and commitment
5. In general, the point of a wellbeing center is to give an all encompassing way to deal with medical care that addresses the physical, close to home, and social necessities of people and networks.
6. They might offer projects and administrations that are custom fitted to the particular necessities of the nearby local area, for example, wellbeing fairs, instructive studios, and care groups.
7. The objective of a wellbeing center is to give people a complete way to deal with medical care, where they can get to a scope of administrations and assets to help their physical, mental, and profound wellbeing.
8. The goal of a health hub is to improve access to healthcare services and resources, reduce health disparities, and promote better health outcomes for individuals and communities.
9. In addition to healthcare services, a health hub may also serve as a community gathering place, offering activities and events that promote healthy lifestyles and social connections. This can include fitness classes, nutrition workshops, support groups, and cultural events.
10. A health hub is a centralized location where various health-related services and resources are available to the public.

1.1 OVERVIEW

A health hub may offer a range of services, such as primary healthcare, mental health services, health education, disease prevention and management programs,

and social services. It may also provide access to specialized care, such as dental, vision, and hearing services.

1.PUBLIC HEALTH HUB CLINICS;

The public health movement was mainly concerned with **preventive medicine**, child and maternal health, and other medical problems affecting broad segments of the population. The first public health clinics were established in the late 19th century.

2.HOSPITAL CLINICS;

During the late 1800s the modern concept of a **hospital** began to take shape. During this period some of the hospitals connected with medical schools inaugurates outpatient departments for the purposes of teaching and charity. The advantages of providing **ambulatory** care close to the facilities of a hospital became apparent, and such hospital clinics multiplied rapidly.

3.PRIVATE CLINICS;

The advantages of **group** medical service, with facilities and technical personnel beyond the means of an individual practitioner plus the benefit of group consultation, have encouraged the establishment of pay or private clinics

4.POLYCLINICS;

Factory workers and their families could attend general polyclinics attached to major factories, and many special children's polyclinics were built in the towns. A typical urban polyclinic, which was usually associated with a hospital, included reception and waiting rooms, registration desk, and consulting and **treatment** rooms of the following: internist, pediatrician, gynecologist, surgeon, eye specialist, ear, nose, and throat specialist, neurologist, urologist, and dentist

5.HEALTH CLINICS;

In 1910 the first health centres, or multiple clinics, were established in Pittsburgh and Wilkes-Barre, Pennsylvania. Others were opened in 1913 in New York City and in 1916 in Boston and Philadelphia. In 1920 in **Britain** a consultative council on medical and allied services (Dawson Committee)

described a health centre as an institution wherein various medical services, preventive and curative, are brought together

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Recent News

Sep. 22, 2023, 3:48 AM ET (The Guardian)

Fears for 1,800 patients after Victorian methadone provider closes

Clinic, an organized medical service offering diagnostic, therapeutic, or preventive outpatient services. Often, the term covers an entire medical teaching centre, including the hospital and the outpatient facilities. The medical care offered by a clinic may or may not be connected with a hospital.

Category: Science & Tech

Key People: Winthrop Rockefeller

Related Topics: public health clinic group clinic family planning clinic polyclinic traveling clinic

The term clinic may be used to designate all the activities of a general clinic or only a particular division of the work— e.g., the psychiatric clinic, neurology clinic, or surgery clinic. The entire activity when connected with a hospital is typically called the

outpatient department, and the specific subdivisions may be referred to as clinics.

The first clinic in the English-speaking world, the London Dispensary, was founded in 1696 as a central means of dispensing medicines to the sick poor whom the physicians were treating in the patients' homes. The New York City, Philadelphia, and Boston dispensaries, founded in 1771, 1786, and 1796, respectively, had the same objective. Later, for the sake of convenience, physicians began to treat their free patients at the dispensary. The number of such clinics did not increase rapidly, and as late as 1890 only 132 were operating in the United States. The impetus for the mushroomlike growth that has occurred since that time came with the rapid growth of hospitals and also from the public health movement.

Hospital clinics:

During the late 1800s the modern concept of a hospital began to take shape. During this period some of the hospitals connected with medical schools inaugurated outpatient departments for the purposes of teaching and charity. The advantages of providing ambulatory care close to the facilities of a hospital became apparent, and such hospital clinics multiplied rapidly.

The organization of a hospital clinic in general follows that of the inpatient facilities. Hospital clinics are primarily concerned with acute diseases, and the physicians in the clinics are usually the same physicians who treat inpatients in the hospital.

In many hospital clinics, especially those in countries that do not have national health insurance programs, care is made available only to the medically indigent, and no professional fee is charged. Practically all such clinics, however, charge a small registration fee if the patient is financially able to pay; income from such fees helps pay operating costs. A number of successful attempts have been made to extend hospital clinic care to paying patients. Most of this effort has been in the area of lower income groups although in a few hospitals no limit is placed on income

in determining eligibility for care. The hospitals of the University of Chicago, for example, began operating a clinic on such a basis in 1928.

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Public health clinics;

The public health movement was mainly concerned with preventive medicine, child and maternal health, and other medical problems affecting broad segments of the population. The first public health clinics were established in the late 19th century. In 1890 A. Pinard set up a maternal dispensary or antenatal clinic at the Maternité Baudelocque in Paris. Milk distribution centres were set up in France by J. Comby (1890) and in Britain by F.D. Harris (1899). Infant welfare clinics were established in Barcelona (1890); and clinics for older children were founded in St. Pancras, London, by J.F.J. Sykes (1907).

Unlike hospital clinics, which have had their greatest growth in the cities, public health clinics are located chiefly in smaller towns and villages. In the United States the first great movement in creating public health clinics resulted in the founding of the National Association for the Study and Prevention of Tuberculosis in 1904. It was the association's goal to study and prevent tuberculosis by making clinic facilities available for free examination and treatment in every city and county. Other nationwide, private health agencies in specialized medical fields quickly adopted this method to improve the quality and extend the quantity of medical service in their fields. Local governmental health units operate similar clinics for the prevention of communicable disease and long-term illness. Such clinics are generally concerned with one particular medical interest—for example, tuberculosis, sexually transmitted diseases, prenatal care, well-baby care, teeth, tonsils, eyes, children affected by physical disorders, or mental health. There is a tendency toward the establishment of traveling clinics, such

as dental clinics for schoolchildren. Often, no charge is made for service in public health clinics, and for many medical conditions no income restrictions are imposed. A few are operated in connection with hospitals, but most such clinics use public buildings or space furnished by welfare and other social agencies. Financial support is received mostly from the same sources.

Private clinics;

The advantages of group medical service, with facilities and technical personnel beyond the means of an individual practitioner plus the benefit of group consultation, have encouraged the establishment of pay or private clinics. Such a clinic is essentially a voluntary association of physicians engaged in the practice of medicine on an organized group basis. Common administration and facilities are used, and the resulting expense and income are shared according to a predetermined plan. To be classified as a group clinic the relationship between each physician and the organization must be defined in a legal agreement. The relationship usually takes the form of a partnership. Several of these, such as the Mayo Clinic, in Rochester, Minnesota, have achieved a national reputation and attract patients from a wide area. Most of these organized group clinics are general clinics; i.e., they have several of the different medical specialties represented on their staffs. A number of private clinics, however, limit their work to one medical specialty. An enterprise of special interest is the London Clinic, established in 1932 by a group of prominent consultant surgeons and physicians who wished to make available to their private patients a place where the comforts and privacy of a nursing home could be combined with facilities for diagnosis and therapy such as exist only in the larger general hospitals.

Usually the group is organized independently of any hospital or other agency, but in some instances such clinics own and operate their own hospital facilities. In other instances the clinic is a part of a prepaid health service plan. This latter pattern received impetus as labour unions set up medical clinics supported by

welfare benefits contributed by employers. The United Mine Workers, for example, has an established system of such clinics in hospitals constructed by the union in the coal-mining areas of Virginia and West Virginia.

Health centres;

In 1910 the first health centres, or multiple clinics, were established in Pittsburgh and Wilkes-Barre, Pennsylvania. Others were opened in 1913 in New York City and in 1916 in Boston and Philadelphia. In 1920 in Britain a consultative council on medical and allied services (Dawson Committee) described a health centre as an institution wherein various medical services, preventive and curative, are brought together. Under Section 21 of the National Health Service Act, 1946, local health authorities provide, equip, maintain, and staff health centres to offer facilities for all or any of the following services: general medical and dental, pharmaceutical, hospital outpatient and health education, and care of expectant and nursing mothers. The prenatal and postnatal clinics include periodic medical and dental examinations, classes in parenthood and relaxation, and welfare foods. Activities in child welfare clinics comprise education in all aspects of motherhood, periodic medical and dental examinations, advice on mental health problems, immunization and vaccination, and distribution of welfare foods.

Poly clinics;

In Russia the polyclinic (poliklinika) was created in order to combine the function of a hospital outpatient department with that of a general-practitioner health centre. Factory workers and their families could attend general polyclinics attached to major factories, and many special children's polyclinics were built in the towns. A typical urban polyclinic, which was usually associated with a hospital, included reception and waiting rooms, registration desk, and consulting and treatment rooms of the following: internist, pediatrician, gynecologist, surgeon, eye specialist, ear, nose, and throat specialist, neurologist, urologist,

and dentist. Rooms were often set aside for first aid, reception of infectious cases, and women and children's welfare, as well as a dental department, drugstore, pathological laboratory, X-ray department, gymnasium, and lecture hall. There were always fairly elaborate physiotherapy departments and usually large and small operating theatres.

FAMILY PROBLEM CLINICS;

The main purposes of family planning services are to encourage parents to make responsible decisions about pregnancy that take into account the best interests of the family; to provide guidance to couples who wish to limit the size of their families; and to advise on the technical methods that are available for doing so. There are marked differences in attitude toward the desirability of a reduction in family size between developed and less-developed countries. This difference is dominated by high infant and child mortality in most less-developed countries as compared with developed countries.

Harold Scarborough
evidence-based medicine

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evidence-based medicine

health care

Also known as: evidence-based health care

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Recent News

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Second international consensus report outlines gaps and ...

Evidence-based medicine, also called evidence-based health care, approach to patient care in which decisions about the diagnosis and management of the individual patient are made by a clinician, using personal experience and expertise combined

with the best, most relevant, and most up-to-date scientific information available.

Category: Science & Tech

Also Called: evidence-based health care

Related Topics: health care

Evidence-based medicine developed in the 1990s primarily out of a need to assess the reliability of a growing body of current research information and to apply new procedures and products. Although the initial impetus came from academic medicine, the idea appealed especially to funding agencies, given the prospect of the development of services that were particularly appropriate and cost-effective for the population served. As a result, evidence-based medicine received the necessary financial, managerial, and ideological support to sustain its development.

1.2 PURPOSE;

- Central to evidence-based medicine is the use of the best possible evidence in diagnostic and treatment decisions, where best is defined by a hierarchy of quality-of-study designs providing evidence.
- The most-reliable evidence is generated by systematic reviews of randomized controlled trials (RCTs), which minimize bias and allow for causal interpretations of new interventions.
- Properly designed RCTs, in which study subjects are assigned by chance to either the new intervention or the standard treatment, themselves represent the next-most-reliable level of evidence.
- Below RCTs are well-designed cohort or case-control analytic studies, which allow for observational (but not causal) interpretations. Less-reliable evidence can be obtained from quasi-experimental multiple time series designs, which differ from other quasi-experimental designs in that they include a comparison group that did not receive the intervention. Least reliable of all, and therefore at the bottom of the hierarchy, is evidence in the

form of the opinions of respected authorities, regardless of whether those opinions are based on clinical experience, descriptive studies, case reports, or reports of expert committees.

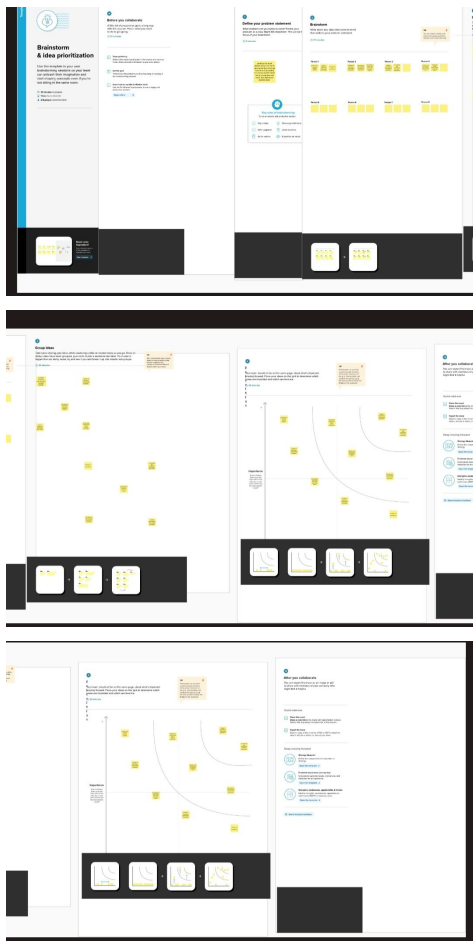
- Evidence-based medicine has drawn attention to important issues in medicine, some of which have hindered its acceptance
- In the past there was debate about whether RCTs should be the gold standard in proving an evidence base for practice. Another important technical problem is the relevance of results from clinical trials and systematic reviews to decisions about individual patients. The research evidence is usually about the average effect of an intervention across all types of patients. The extent to which that average effect is applicable to individual patients, however, may be unclear.
- second challenge facing the development of evidence-based medicine stemmed from political critiques. One powerful analysis argued that evidence-based medicine represents a fundamental and undesirable erosion of professional autonomy of health professionals, especially physicians
- One powerful analysis argued that evidence-based medicine represents a fundamental and undesirable erosion of professional autonomy of health professionals, especially physicians
- Higher-level priorities raised the possibility that business models of efficiency and cost control, rather than the interests of patients, would drive the field.
- The scale, scope, and reality of such scenarios were somewhat exaggerated. Moreover, the political critique underplayed the extent to which the overall goals of evidence-based medicine were welcomed by practicing clinicians and overlooked the extent of collaboration of clinicians with statistical and other nonclinical disciplines in developing the scientific underpinnings of the field.

2. PROBLEM DEFINITION & DESIGN THINKING:

2.1 EMPATHY MAP:



2.2 IDEATION & BRAINSTORMING MAP:



3. RESULTS:

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PROFIT & LOSS:

- As best practice in health care and the learning process within medicine has evolved, so have community attitudes towards health care.
- Historically, progress in medicine has been shaped primarily by the health workforce driving continuous improvements in health care.
- However, there is now recognition that greater access to health information has allowed the involvement of patients and their carers (both formal and informal) to be considered as part of a community of practice, which is also influencing ways of delivering health-care services.

Patient education

- The World Health Organization (WHO) *Global strategy on human resources for health: workforce 2030* report clearly outlines the challenge to providing universal health coverage with a projected deficit of 18 million health-care workers.
- A contribution to addressing the deficit could be through training a workforce for a defined scope of practice, supported by technology-assisted service delivery to better engage and empower patients and their communities.

Personal digital health hub

- A personal digital health hub can specifically collate and interpret useful health information, facilitating the integration of data from different health services and other personalized digital data sources.
- This personalized hub is potentially a powerful tool, empowering patients to take greater control of their health goals.
- The major limiting factor, however, is that current applications are not connected to mainstream health services and are not linked to the professional networks of family practitioners or specialists. I

Early experiences

- Our concept of a digital health hub has evolved since 2012 when we established a telephone-based remote follow-up and virtual clinic service for hip fracture patients.
- With 500–600 patients annually, the Royal Adelaide Hospital is one of the busiest hip fracture centres in Australia.
- In this cohort, we considered all patients as remote, even those living locally, due to the logistics of travel and support required to attend a hospital-based clinic.
- Education influences behaviour and can be used to empower patients and their carers with greater agency, thus allowing greater responsibility for and control over the management of patient care.
- In this paper we reflect on our own learning as a community of health practitioners from different disciplines.
- Recognizing the increasing importance of patient agency in driving the evolution of health care, we describe the concept of a web-based personal digital health hub for integrated patient care.
- The health hub could allow important advances and efficiencies to be achieved in workforce practice and education; patient and carer engagement in self-care; and the collection of patient-reported health data required for ongoing research and improvements in health care.

5.APPLICATIONS:

- ☐ A health hub is a centralized location that provides a variety of healthcare services and resources to a community.
- ☐ It can be a physical location, such as a medical center or hospital, or a virtual platform, such as a website or mobile application.
- ☐ Health hubs often offer a range of services, including primary care, specialty care, diagnostic tests, wellness programs, mental health services, and educational resources.
- ☐ They can also provide patients with access to a network of healthcare providers, making it easier to coordinate care and improve health outcomes.
- ☐ Some health hubs may focus on specific populations or health issues, such as women's health or chronic disease management
- ☐ . Others may offer a more comprehensive approach to healthcare, providing patients with a variety of services and resources to support their overall health and wellbeing.

- ☐ Overall, health hubs are designed to improve access to healthcare services, enhance coordination of care, and promote better health outcomes for individuals and communities.
- ☐ A health hub can refer to a physical location or a digital platform that provides a variety of health-related services, resources, and information in one central location.
- ☐ It can be a medical facility or a community center that offers health screenings, wellness programs, and access to healthcare professionals.
- ☐ In the digital context, a health hub can be a website or app that offers a range of health-related services such as symptom checkers, virtual consultations, health coaching, and access to health information and resources.
- ☐ The aim of a health hub is to provide convenient and comprehensive access to healthcare services and information to promote better health outcomes.
- ☐ The goal of a health hub is to improve access to healthcare services and resources, reduce health disparities, and promote better health outcomes for individuals and communities.
- ☐ By providing a range of services and resources in a single location, a health hub can make it easier for people to get the care and support they need to stay healthy.

6.CONCLUSION:

HealthHub is an initiative by the Ministry of Health, developed and operated by Synapxe (formerly known as Integrated Health Information Systems (IHIS) Pte Ltd) - the designated technology agency for the public healthcare sector. Synapxe is a subsidiary of MOH Holdings.

Digital Health Hubs are dedicated community organisations and locations with trusted people on hand to help their service users overcome barriers to digital inclusion so that they can access relevant information and tools to improve their health and wellbeing.

Digital Health Hubs are responsive to people's interests as well as their needs, they take a holistic approach in supporting people to:

- Manage their health and wellbeing
- Access digital health services (using NHS and GP services online)
- Developing their digital skills and confidence and overcoming illusion barrier.

Builds local partnerships and bridges between health, care and community organisations

Greater understanding of service offers, refer and signposting, shared resources and goals.

Finding new ways to work together and collaborating on approaches.

Benefits of a Digital Health Hub for Patients and Service Users

Digital Health Hubs work to support people to have greater access to health and care services digitally, access to wider support and tools to improve self-management, increased digital skills, literacy and confidence and improved health and wellbeing.

Digital Health Hubs support people in reducing social isolation and loneliness, increasing social connections, and enabling access to Wi-Fi or equipment and in some cases a safe, confidential space to conduct video appointments.

7.FUTURE SCOPE:

Access your personal medical records with Singpass

HealthHub provides access to your personal hospital records, lab test results (for chronic diseases), medical appointments and referral letters from public healthcare institutions (polyclinics and hospitals). You can also access yours and your child's immunisation records, dental health and medication records and even set reminders on when to take your medication!

Track your appointments

With the Caregiver Access module, you can grant your caregivers access to your health and medical records and medical appointments.

Easily manage your prescriptions

Conveniently request refills to your existing prescription or repeat a previous prescription.

Pay your medical fees seamlessly

Easily pay your medical fees via the HealthHub portal without having to visit the clinic or hospital in-person.

Pay your medical fees seamlessly

Easily pay your medical fees via the HealthHub portal without having to visit the clinic or hospital in-person.

Stay connected to healthcare and lifestyle facilities and services

Access an extensive directory of healthcare and lifestyle facilities and services, such as locations of polyclinics, healthy food places and sports facilities. There's even a tool that assesses whether you are at risk for diabetes.

Earn and accumulate Healthpoints

Sharing health articles or events from HealthHub on your social media platforms can earn you Healthpoints, which can be converted into rewards such as NTUC LinkPoints.