

## DoD Space Planning Criteria for Health Facilities

### General Administration

#### 2.1.1 PURPOSE AND SCOPE

This section provides guidance for the space planning criteria for the administrative activities in DoD medical facilities. General Administration includes: Command Suite, office and office support space for key personnel and general administration staff (see definitions below), mailrooms and administrative conference rooms.

#### 2.1.2 DEFINITIONS

**Administrative Personnel:** Administrative personnel are all personnel who do not counsel, diagnosis, examine or treat patients, but who do work that is essential for the accomplishment of the missions of a medical treatment facility. This does include military (assigned and borrowed), contract and civilian personnel. It does not include volunteers.

**Commander:** The commander is the person in command or in charge of the unit. This is a typical designation used in service hospitals and is equivalent to the “commanding officer”. This title is a designation conferred by written military orders and carries legal responsibilities. If the commander is a general officer, then he or she is referred to as the “Commanding General.”

**Command Suite:** The location of the office of the commander and the commander’s supporting staff.

**Clinical Staff:** The clinical staff is composed of those healthcare personnel who diagnose or treat patients, whose profession is licensed by a profession group and whose scope of practice is subject to credentials from the medical treatment facility.

**Full-Time Equivalent (FTE):** A work force equivalent to one individual working full time for a specific period, which may be made up of several part-time individuals or one full-time individual.

**Free Standing Clinic:** An outpatient clinic, which occupies a building or part of a building, but is not physically located with a hospital or Medical Center. This designation includes a clinic building with ambulatory surgery services.

**General Administration:** Administrative functions include: The office of the Commander and the Commander’s immediate staff, Nursing Administration, Resource Management (Comptroller functions), Personnel, Readiness (Air Force = Medical Readiness, Army = Plans, Training, Mobilization and Security and Navy = Plans, Operations, Medical Intelligence). General administrative staff also includes administrative personnel (clerks, secretaries, administrator and anyone whose primary responsibilities are administrative in nature (not clinical)) who work in any department, section or service of a medical treatment facility.

**Hospital:** A healthcare facility, which includes inpatient, and services to patients who are admitted for more than a 24-hour stay. A hospital will also normally contain clinics, which provide ambulatory patient services to patients who are not admitted for stays longer than 24 hours.

**Key Personnel:** The following key leadership positions in each service are normally located within the Command Suite:

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ARMY	NAVY	AIR FORCE
Commander Director of Nursing or Chief Nurse Deputy Commander for Administration Deputy Commander for Clinical Services Troop Commander Troop Command Sgt. Major Command Sgt. Major	Commander Deputy Commander Director, Nursing Director, Surgery Director, Medical Director, Administration Director, Ancillary	Commander Deputy Commander Squadron Commander Administrator Chief Nurse Chief Hospital Services First Sergeant

**Lead Agent:** This office is responsible for administering a TRICARE Health Service Region. The Lead Agent may also be the commander of a major medical facility located in the area. The office functions as the focal point for health services and collaborates with the other military treatment facility commanders within the region to develop an integrated plan for the delivery of health care for beneficiaries.

**Medical Center.** A medical center is a Service designation for a type of hospital. Generally, Medical Centers have a graduate medical education mission.

**Medical Treatment Facility (MTF):** Any Army, Navy or Air Force fixed structure where DoD healthcare beneficiaries are provided with healthcare or preventive medicine services.

**Noncommissioned Officer In Charge (NCOIC), Leading Chief Petty Officer (LCPO), Leading Petty Officer (LPO):** These individuals are the senior enlisted person who typically have responsibility of overseeing other enlisted personnel in a unit, service or section.

#### **2.1.3. POLICIES**

**Auditoriums:** An auditorium sized to seat at least the officer and officer equivalent (contract or civil service) staff, will be programmed into each Medical Center. Auditoriums will not normally be programmed in clinics. Separate validation is required for facilities other than Medical Centers.

**Conference Rooms:** Each separate health facility will have a minimum of one conference room in the area of the commander. Medical Centers will have a minimum of two conference rooms in the area of the command suite. All departments (including administrative departments) in a medical treatment facility, which include more than eight officers or officer equivalents (contract or civil service), will be provided with a conference room. Conference rooms may be shared between clinics, and they may be shared between departments.

**Classrooms:** Classrooms will be provided in all freestanding clinics and hospitals for continuing education, staff computer systems training and patient education. Each freestanding clinic will be provided with one classroom and one computer training room. Each hospital will be provided with one classroom and one computer training room. Medical Centers will be programmed with a minimum of two classrooms and two computer training rooms.

**Offices, Key Personnel:** Key personnel, as identified in paragraph 2.1.2. of this chapter will be provided with private offices of the size stated in paragraph 2.1.5, Space Criteria.

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**Offices, Private:** With the exception of the office provided for “Key Personnel,” all other private offices will be 120 net square feet as stated in paragraph 2.1.5, Space Criteria. Private offices will be provided to following personnel:

- a) Staff who must meet with patients/customers on a regular basis and hold private consultations/discussion.
- b) The senior officer and enlisted member of a department.
- c) Staff who supervise others and must hold frequent, private counseling sessions with their junior staff. This does not include staff who supervise a very small number of people, and who would only occasionally need private counseling space. These staff can use available conference rooms or other private areas for their infrequent counseling needs
- d) Any personnel who interview or counsel patients with patient privacy concerns.

**Office, Non-Private or Shared Space:** Personnel, who require office space, but not a private office, will be provided space in a shared office. Non-private or shared office space will be programmed at 60 net square feet per occupant.

#### **2.1.4. PROGRAM DATA REQUIRED**

What type of MTF is being programmed? (Medical Center, hospital, free standing clinic)  
 Is the commanding officer a general officer?  
 Organization chart for command and departments.  
 Complete manning/staffing document by service, department and section, to include loaned labor and contract labor.  
 Number of clinical staff members.  
 Is there a receptionist in the command suite?  
 Number of contract personnel working in the facility and their jobs/duties.  
 Number of mailboxes required for U.S. Postal Service.  
 Mailbag storage requirements.  
 Number of postal clerks. Number of officers and officer equivalents assigned as FTE's.  
 Number of FTE's by department and section.  
 Number of Individuals requiring field equipment storage.  
 Will a high density file storage system be used?  
 List the administrative personnel to ensure a total personnel count.

**Note to Programmer:** Each of the military services has structured their health care organizations differently. Even within a service (Army, Navy or Air Force), there may be considerable variety in the way a health care unit is organized. Additionally, the services use different titles and in many cases the responsibilities, of what may seem to be equivalent titles, may differ (Deputy Command Administration and Administrator). It is important for the programmer to understand the concept of operation and the organizational structure of the specific medical treatment facility, which he or she is programming. The “Command Suite” is a good example of the need for the programmer to understand the concept of operation. In some organizations, the MTF's key personnel are located in the Command Suite, especially in smaller facilities. In other organizations, especially larger ones, the key personnel are the heads of departments with a number of subordinates. In such cases, the concept of operation may dictate that the key personnel are not located in the “Command Suite,” but instead are located with their department.

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#### 2.1.5. SPACE CRITERIA

##### 2.1.5.1. Command Suite: (in hospitals, Medical Centers or free standing clinics)

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
Commander /Lead Agent Used authorized rank of commander as opposed to actual rank of person in position.	18.58	200	O-3 commander of a freestanding clinic (delete toilet)
	22.30	240	O-4 Commander of a Comprehensive Health Care Clinic, or Clinic Command (delete toilet)
	27.87	300	O-5 Commander (includes 70 NSF toilet and closet)
	29.73	320	O-6 or higher Commander/Lead Agent (includes 70 NSF toilet and closet)
Key Personnel in a Medical Center	16.72	180	Per projected FTE (see chart of key personnel in paragraph 2.1.2).
Key Personnel in a Hospital	14.86	160	Per projected FTE (see chart of key personnel in paragraph 2.1.2).
Key Personnel in a Clinic	13.01	140	Per projected FTE (see chart of key personnel in paragraph 2.1.2).
Private Office for other than Key Personnel	11.15	120	Per projected FTE (see chart of key personnel in paragraph 2.1.2).
Standard Area for Each employee in a shared office.	5.57	60	Per projected FTE.
Secretary with Visitor Waiting	11.15	120	Per projected FTE, for an executive secretary to key personnel (see chart of key personnel in paragraph 2.1.2.) Applies to all secretaries needing visitor waiting.
Office Automation Support Room	11.15	120	Location for Command Suite copy machine, fax machine, central printer, file cabinet (unsecured) and supplies.
Command Suite Visitor Waiting with Receptionist	16.72	180	Per project receptionist FTE. One per Command Suite with General Officer commanding. Receptionist work station plus waiting. Waiting is 5 seats plus 1 handicapped seat.
Conference Room in the Command Suite of a free standing clinic or an ambulatory surgery center.	27.87	300	One per freestanding clinic or an ambulatory surgery center.
Conference Room in the Command Suite of a hospital.	37.16	400	One per hospital.

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FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
Conference Rooms in a Medical Center	55.74 37.16	600 400	Two conference rooms per command suite of a medical center one at 400 and one at 600 nsf.  Note: a 400 nsf conference room can seat approx. 20, a 600 nsf conference room can seat approx. 50 (not all at the conference table)
Auditorium		varies	One per Medical Center. Program adequate fixed seating for all officer equivalent FTEs. Calculate area as the total of 8 nsf per fixed seat plus 5% of seating for wheel chairs, at 25 nsf per handicapped seat.
Command Suite Storage	5.57	60	One per command suite.
Command Suite Kitchen	5.57	60	One per Hospital or Medical Center Command Suite

**2.1.5.2. Nursing Administration** (in a freestanding clinic, hospital, or Medical Center) – See 2.1.5.1, Command Suite.

**2.1.5.3. Chief Hospital Services (Deputy Cdr for Clinical Services, Directors: Surgery, Medicine Ancillary)** (in a freestanding clinic, hospital, or Medical Center) – See 2.1.5.1, Command Suite.

**2.1.5.4. Deputy Commander (Deputy Commander of Administration, Director of Administration, Administrator)** (in a free standing clinic, hospital, or Medical Center) – See 2.1.5.1, Command Suite.

**2.1.5.5. Squadron Commander (Troop Commander)** (in a freestanding clinic, hospital, or Medical Center) – See 2.1.5.1, Command Suite.

**2.1.5.6 Personnel** (in a freestanding clinic, hospital, or Medical Center)

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
Unit Distribution Boxes	5.57	60	In a freestanding clinic.
	11.15	120	In a hospital
	16.72	180	In a medical center
Unit Distribution Sorting Area	5.57	60	In a freestanding clinic.
	11.15	120	In a hospital or medical center.
Administrative Functions		varies	Provide appropriate private and/or shared office space based on authorized personnel working in this department. (para. 2.1.5.9.)

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#### **2.1.5.7. Medical Readiness** (in a freestanding clinic, hospital, or Medical Center).

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
Secure Storage Room	5.57	60	For a secure files and/or safe.
Field Equipment Storage	11.15	120	Minimum. For Air Force mobility bags, Army TA-50 and unit items of issue (gas mask, etc.) 2 nsf for each individual requiring such storage.
Weapons Room		varies	Special justification.
Deployment Center	11.15	120	Special justification.
Situation Room	37.16	400	One per medical center
Also referred to as an Emergency Operations Center (EOC) or a Medical Control Center (MCC).	27.87	300	One per hospital.
	18.58	200	One per freestanding clinic if special justification provided (only MTF on installation).
Situation Room –storage area	2.78	30	1 per room. Can be part of situation room. For dedicated storage, including a cabinet for omm.. And maps.

#### **2.1.5.8. Administrative Support Spaces** (in a freestanding clinics, hospital or Medical Center):

Administrative functions/positions can be found in almost all elements of the organization of military healthcare facilities, for example, a secretary or an administrator in the Department of Surgery. The space criteria for these administrative support elements is the same and is consolidated in this section of the criteria.

**2.1.5.8.1 Space for Personnel.** Each of the above sections (Sections 2.1.5.2 thru 2.1.5.8) may be one person or may be an entire department with numerous administrative personnel. If there are numerous administrative FTE's in a section or department, then use the sizing data below to allocate space. An understanding of the concept of operation and the specific organization chart is essential as noted in paragraph 2.1.4.

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
<b>Personnel Space:</b>			
Private Office for other than Key Personnel	11.15	120	Per projected FTE.
NCOIC/LCPO/LPO	11.15	120	Per projected FTE.
Standard Area for Each employee in a shared office.	7.43	60	Per projected FTE.
Secretary with visitor waiting	11.15	120	Per projected secretary FTE.

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**2.1.5.8.2 Common Administrative Space.** There are areas for functions, which are common to each of the above sections or departments and to other clinical and support departments in a health facility. In these cases, common support areas can be shared when the section or department size justifies sharing. Any department or section with ten or fewer personnel should share office automation room (copier, fax, printer, etc.).

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	

<b>Common Space which may be shared:</b>
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File Storage, when combined in another space, i.e. with secretary.		varies	Normal file storage is provided as part of the furniture for each individual workstation (one file drawer minimum). Additional file storage is provided for with lateral file cabinets. For rooms where additional file storage is added to another space, add 10 nsf for each file cabinet. Secured file storage for classified working documents should be placed in an occupied room and not placed in a file storage room, with the exception of the secure storage room in Medical Readiness.
File Storage Room	9.29	100	Minimum. Provide 100 nsf for ten or less lateral file cabinets. Add 10 nsf for each additional file cabinet above ten. Requirement may be reduced by 44.8% if "space saver" document storage system is used.
Office Automation Support Room	11.15	120	Location for copy machine, fax machine, central printer, file cabinets (unsecured) and supplies. For use by this department only.
Central Reproduction	11.15	120	Minimum. Add 20 nsf for every 100 FTEs' (for entire facility) or fraction thereof, above the first 100 FTEs. Provide one per MTF. Refer to Section 2.4: provide one central reproduction area in either this section or Section 2.4, but not both.

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FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	

**Common Space which may be shared (continued):**

Conference Room within Administrative Departments  Note: if there are more than 16 officers or officer equivalent FTEs, then provide additional conference rooms. Example: 18 officers would get one 250 nsf and one 120 nsf room. 24 officers would get two 250 nsf conference rooms.	23.23	250	Provide one for an administrative department or combination of departments with more than eight officers or officer equivalent FTEs. Provide an additional conference room when there are more than sixteen officer FTEs.
	11.15	120	Provide one per administrative department with less than eight officers or officer equivalent personnel. <u>Note:</u> departments with less than eight officers or officer equivalent, need to share this conference room with one or more other departments until there are a combined minimum of eight officers.
Toilets		varies	See Section 6.1.
Storage Room	5.57	60	One per department.
Staff Lounge		varies	See Section 6.1.
Staff Locker Room		varies	See Section 6.1.
Janitor's Closet	5.57	60	One janitor's closet per 10,000 nsf. See Section 6.1.

## DoD Space Planning Criteria for Health Facilities

### Medical and Patient Libraries and Resource Centers

#### 2.2.1. PURPOSE AND SCOPE:

This section provides guidance for the planning of Medical Libraries, Patient Libraries and Patient Resource Centers in medical facilities.

#### 2.2.2. DEFINITIONS:

**Medical Library:** A Medical Library provides access to knowledge-based information resources and services to the clinical and administrative staff of a hospital or medical center. These resources include indexes, professional journals, reference and specialty textbooks, technical reports, and audiovisual/multimedia in print, electronic, and micrographic formats. The Medical Library supports clinical and management decision-making, performance-improvement activities, patient and family education, continuing education of the staff, and research.

**Patient Library:** A patient library provides reading material to inpatients during their stay in a hospital or medical center.

**Patient Resource Center:** Patient resource centers provide a location where patients can learn about preventative medicine and healthy lifestyles. Such centers will also provide various resources to enable patients to research and learn about specific health problems. Such a center will include handout publications, reference material and computer work stations with internet access.

#### 2.2.3. POLICIES:

**Medical Libraries:** Medical Libraries shall be programmed in DoD hospitals and Medical Centers. Medical Libraries may also be programmed in freestanding clinics, which are the main health facility for a DoD installation.

**Patient Libraries:** Patient libraries will be programmed in hospitals or medical centers and may be located adjacent to the Medical Library to share staff resources. Patient Libraries in hospitals and medical centers may be combined with Patient Resource Centers.

**Patient Resource Center:** In a hospital or medical center, the Patient Library should be combined with the Patient Resource Center.

#### 2.2.4. PROGRAM DATA REQUIRED:

##### Concerning the Medical Library:

Is this medical library for a hospital? (YES/NO)

Is this medical library for a Medical Center? (YES/NO)

Is this medical library for a freestanding clinic? (YES/NO)

Does this medical library have existing holdings? (Books, journals, etc.) If so how many linear feet of shelving is currently used?

Is there a medical librarian FTE?

How many personnel (FTEs) are on the medical library staff?

How many volunteers work in the medical library?

What is the maximum number of volunteers working in the medical library at any one time?

**DoD Space Planning Criteria for Health Facilities**  
**Medical and Patient Libraries**  
**and Resource Centers**

Concerning the Patient Library:

- Is this a patient library for a hospital or a Medical Center?
- Is there a librarian (FTE) for the patient library?
- How many personnel (FTEs) are on the patient library staff?
- How many volunteers work in the library?
- What is the maximum number of volunteers working in the library at any one time?

Patient Resource Center:

- Is this a patient resource center for a hospital or medical center?
- Is this a patient resource center for a freestanding clinic?
- Is there a manager FTE for this patient resource center?
- How many health care providers work in this MTF?

**2.2.5. SPACE CRITERIA:**

**For A Medical Library:**

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
Medical Librarian's Office	11.15	120	If FTE projected.
Circulation/Reference Desk Staffed by a Library Assistant	9.29	100	If FTE projected.
Reading Area	22.30	240	One per Medical library in a Medical Center or hospital.
	11.15	120	One per medical library in a freestanding clinic.
Medical Staff Work Area	11.15	120	One per library with librarian FTE for the sorting of books, etc.
General Holdings (Library Stacks)	37.16	400	One per hospital or medical center. Add an additional 200 nsf for a Medical Center. Additional space must be justified by a study. (Rule of thumb: NSF=FTE X .25 X 10) FTE = total number of employees in hospital.
	27.87	300	One per frees standing clinic.
Reference Holdings	33.45	360	Per Medical Library for hospitals/med. ctrs.
Copying Area	5.57	60	Per Medical Library for hospitals/med. ctrs.
Computer Work Stations	1.86	20	Minimum. 20 nsf per workstation.

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**and Resource Centers**

**For A Combined Patient Library and Patient Resource Center in a hospital or Medical Center:**

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
Patient Librarian’s Office	11.15	120	If FTE projected. Note that it may be that the Medical Librarian also serves as the librarian for the Patient Library, if so, provide only one office in the Medical Library.
Circulation Desk Staffed by a Library Assistant or Volunteer	9.29	100	If FTE projected.
Reading Area	22.30	240	One per Patient library.
Medical Librarians’ Work Area	11.15	120	One per Patient library for the sorting of books, etc.
General Holdings (Library Stacks)		varies	400 nsf for a hospital, add an additional 200 nsf for a Medical Center. Additional space must be justified by a study.
Copying Area	5.57	60	Per Patient Library for hospitals/med. ctrs.
Book Cart Assembly and Holding Area		varies	40 nsf per hospital nursing unit.
Volunteers’ Room		varies	60 nsf for maximum number of volunteers on duty at any given time.
Computer Work Stations	1.86	20	Minimum. 20 nsf per workstation.
Conference Room	11.15	120	If there is an authorized librarian.

**For a Patient Resource Center:**

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
Patient Resource Center Manager Desk	9.29	100	One per Patient Resource Center in a free standing clinic. (Resource Manager and circulation desk staff are the same when combined with a patient library.)
Copying Area	5.57	60	Per Patient Library for hospitals/med. ctrs.
Reading Area	22.30	240	One per resource center in a freestanding clinic.
	31.59	340	One per resource center in a hospital.
	50.17	540	One per resource center in a medical center .
Publications Storage Room	9.29	100	One per patient resource center in a free standing clinic
	13.94	150	One per resource center when combined with a patient library in a hospital.
	18.58	200	One per resource center when combined with a patient library in a medical center.

**DoD Space Planning Criteria for Health Facilities**  
**Medical and Patient Libraries**  
**and Resource Centers**

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
Computer Work Stations	5.57	60	Minimum of two 30 nsf seated work stations. Provide 1 work station for every 10 healthcare providers in the mtf. Add 12 nsf for each additional workstation. First two workstations must be handicapped accessible. All remaining workstations are standing workstations. Maximum number of work stations is 12.
Conference Room	11.15	120	For patient meetings.

## DoD Space Planning Criteria for Health Facilities

### Education and Training

#### 2.3.1. PURPOSE AND SCOPE:

This section provides guidance for the planning of an Education and Training Department in a hospital or medical center.

#### 2.3.2. DEFINITIONS:

**Administrative Personnel:** Administrative personnel are all personnel who do not counsel, diagnosis, examine or treat patients, but who do work that is essential for the accomplishment of the missions of a medical treatment facility. This does include military (assigned and borrowed), contract and civilian personnel. It does not include volunteers.

**Education and Training:** The administrative section responsible for managing the education and training of the staff in a medical facility. This training or education is provided to staff members to fulfill a number of needs to include: continuing medical education, phase two training for enlisted skills, new employee training and new procedures training.

**Skills Laboratory:** This is a training room, which is a “mock-up” of a patient bedroom, complete with the bed, the headboard, privacy curtain and all other equipment typically found in a patient bedroom. The room is larger than a single bedroom to accommodate the instructor and students. It is in this room that new employees are provided training, often in the standard operating procedures for treatment of an inpatient.

#### 2.3.3. POLICIES:

**Education and Training:** Each freestanding clinic, hospital, and medical center will have an Education and Training area.

#### 2.3.4. PROGRAM DATA REQUIRED:

Is there a staffed Education and Training Department?  
 How many FTE's are there in this Department?  
 How many phase two training programs are there in this facility?  
 Is this for a hospital, a Medical Center or a free standing clinic?  
 List the administrative personnel to ensure a total personnel count.

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**Education and Training**

**2.3.5. SPACE CRITERIA:**

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
Chief of Training and Education	11.15	120	If FTE projected.
NCOIC/LCPO/LPO for Training	11.15	120	If FTE projected.
Training Personnel		varies	60 nsf per FTE of Ed & Trg personnel projected.
Classroom	55.74	600	One per hospital, two per Medical Center. Includes area for instructor and screen (100 nsf) and seating (40 seats). Classrooms should be sub dividable.
	37.16	400	One per freestanding clinic (20 seats).
Computer Training Classroom	13.00	140	Minimum. Include only if individual computer based training, such as ACLS re-certification, is provided.
	22.30	240	Minimum. Include only if group computer based training, such as an ACLS class, is provided.
Computer Based Training Room (20 stations)	33.45	360	One per hospital, two per Medical Center includes area for instructor (20 stations).
	18.58	200	One per freestanding clinic (12 stations).
Ed. & Trg. Storage	9.29	100	Per freestanding clinic.
	18.58	200	Per hospital or a Medical Center.
Office automation/files room.	11.15	120	One per hospital or Medical Center.
Audio/Visual Supply Room	5.57	60	One per hospital or Medical Center.
Skills Laboratory	33.45	360	One per hospital or Medical Center.
Toilets		varies	See Section 6.1.
Janitor's Closet	5.57	60	One janitor's closet per 10,000 nsf. See Section 6.1.

## DoD Space Planning Criteria for Health Facilities

### Information Management

#### **2.4.1. PURPOSE AND SCOPE:**

This document specifies the space planning criteria for information systems in DoD military facilities. These criteria provide the space necessary to adequately accommodate information systems management operations, telephone switchboard, central control and computer center.

#### **2.4.2. DEFINITIONS:**

**Active Data Storage Room** - Area where tape or removable disk backups of active data files are stored.

**Ambulatory Data System (ADS)** - Provides ambulatory data as a by-product of the health care delivery process. Captures patient specific encounter, diagnostic, and treatment data.

**Archived Storage** - Secured area for storage of inactive media such as microfiche and tapes used as backup. Also included in this area are original copies of PC software.

**Audiovisual Distribution System** – A separate communications equipment room, with sufficient space for personnel circulation and equipment maintenance, will be provided in hospitals and medical centers for the head end equipment, such as television, public address and program distribution, radio, and data communications equipment room. This room should be adjacent to the telephone systems equipment room. This function will be supported by a communications room in clinics.

**Central Alarm Room:** A central room for wall mounted graphic displays, annunciator displays and other monitoring and control equipment.

**Central Reproduction** – A central copy area for the entire medical facility, for large scale reproduction requirements not normally performed in smaller department copy areas.

**Centralized Credentials and Quality Assurance System (CCQAS)** - A system, which supports DoD's quality assurance program by maintaining the credentials status of DoD healthcare providers.

**CHAMPUS Detail Information System (CDIS)** - Supports online, near real-time accessing and retrieval of individual detailed CHAMPUS information.

**Communications Room** – A telecommunications room is the termination of horizontal and backbone cables to compatible connecting hardware. A telecommunications room also provides a controlled environment to house telecommunications equipment, connecting hardware, and splice closures serving a portion of the building. The telecommunications room provides for the administration and routing of the equipment cable/cords from the horizontal cross connect to the telecommunications equipment.

**Composite Health Care System (CHCS)** - A DoD-wide Automated Information System (AIS) that includes the following modules: Patient Appointment System (PAS), Patient Administration (PAD), Laboratory (LAB), Radiology (RAD), Clinical Dietetics, Pharmacy (PHARM), and Nursing.

**Composite Health Care System II (CHCS II)** - Designed to replace CHCS, this composite system will provide integrated support to the clinical delivery processes within MHS MTF's including all aspects of ancillary, order entry, and documentation in peacetime and wartime.

**Computer Room** - Space where the main computers and associated peripherals (e.g. tape drives, disk drives, line printer, etc.) are housed.

*Note:* The following is not a comprehensive list, but includes some items. There are other items that may be included. Verify the latest systems. Some of the systems that may be included in the computer room are:

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### Information Management

SNPMIS (Special Needs Program Management Information System), PHCA (Preventative Health Care Application), NMIS (Nutrition Management Information System), DVIS (Defense Vision Information System), DOEHRS (Defense Occupational and Environmental Health readiness System), DBSS (Defense Blood Standard System), CIS (Clinical Information System), CHCS II (Composite Health care System II), and CCEP (Comprehensive Clinical Evaluation Program).

**Defense Medical Logistics Standard System II (DMLSS II)** - This composite system will provide integrated support to all logistics functions within the MHS environment including all aspects of facilities, equipment, and materiel management across the operational continuum.

**Defense Medical Human Resource System (DMHRS)** - Provides automated system support for calculating military and civilian labor time and cost for DoD health care activities.

**Emergency Power** - A system of electrical feeders and branch circuits meeting the requirements of the National Fire Protection Agency (NFPA 70), National Electric Code, and intended to supply alternate power to a limited number of prescribed functions vital to the protection of life and safety, with automatic restoration of electrical power within 10 seconds of power interruption.

**Local Area Network (LAN)** - A means of connecting personal computers and/or terminals and sharing application programs, data and email through various cabling and switching themes so that users can communicate with each other or share common information. A LAN typically exists in a single building, hence the term "local."

**Medical Expense and Performance Reporting System Expense Assignment System, Version IV (MEPRS EAS IV)** - Provides support to standardized reporting of expenses, manpower, and workload data at the work center level within DoD facilities.

**Medical Information Systems** - An integrated computer system consisting of individual specialty applications modules; for example: Pharmacy, Radiology, Laboratory, Financial Management, and Records Management.

**Multimedia Self-Help Area** - An area used by all hospital staff in creating a wide variety of graphic materials such as posters, flyers, overhead transparencies, photographic slides. Typically this area would have PC's with appropriate graphics applications software to produce charts and graphs, as well as appropriate peripheral devices such as color printer/plotters, laser printers, page readers, etc.

**PC Configuration Area** - The area in which personal computers are assembled, tested, and repaired. Testing software is accomplished in this area as well.

**Multiplexor** - A device that transmits two or more signals on a single circuit or frequency.

**Personal Computer (PC)** - A computing system designed for individual use.

**Peripheral Device** - Any accessory device such as a printer or modem that is externally connected to a computer.

**Uninterruptible Power Supply (UPS)** - A system of batteries and capacitance power storage devices to preclude failure of critically important information processing systems. During an electrical power failure, it provides continuous power to a computer system, as well as and other essential building components, for a specified period of time.

## DoD Space Planning Criteria for Health Facilities

### Information Management

#### **2.4.3.POLICIES:**

**Communication Rooms:** Include these rooms as programmed space (separate from electrical or mechanical areas) and provide sufficient quantity throughout every medical facility. "EIA/TIA 569" (or most current regulation) requires 110 nsf of communications room per 10,000 gross square feet of building area.

**Central Alarm Room:** A central alarm room will be provided in hospitals and medical centers. This room size will be based on the quantity of wall mounted graphic displays, annunciator displays and other monitoring and control equipment. Some examples of equipment in this room are: EMCS, elevator monitor, fire protection alarms, security systems, and medical gas alarms.

**Central Computer Area:** Network as many departments into one central computer area as possible, including dictation, lab, pharmacy, radiology services, and patient records systems. This would help consolidate staff and computer support areas. Other areas that may also be located in Information management are: paging, and teleconference rooms (VTC). Refer to Section 5.4 for Radiology and Nuclear Medicine computer requirements, as well.

**Toilets, Lounges and Locker Areas:** The criteria for toilets, lounges and locker rooms is provided in a separate section, Section 6.1.

**Administrative Offices:** The office space required to provide administrative support to operate the clinic services will be provided in accordance with criteria for Section 2.1, General Administration.

#### **2.4.4. PROGRAM DATA REQUIRED:**

##### **Program Data for Communications and Information:**

##### **Computer Room**

List all approved systems which require a central server and/or a computer in a central computer room under the control of the MTF Information Management Officer.

Estimated square footage of each system listed above (note some systems can be loaded onto the same computer).

Are computers configured and is software installed and tested on computers at this MTF?

How many personal computers are projected to be in the MTF?

Is training on computer systems and/or software provided in this facility?

How many separate types of software require that MTF personnel receive training (CHCS, DMLSS, etc)?

Does this facility include a requirement for data archiving?

Is there a need for uninterruptible power supply (UPS)? How many UPS components?

Storage (types of requirements? Explain).

Is there a multimedia self-help area?

If training facility, projected number of classes per year?

If training facility, average number of students per class.

Will the help desk/tech. support be on site or at a remote location?

Will radiology/nuclear medicine computer systems (PACS/DINPACS) be located in Information Management or in Radiology/Nuclear Medicine?

Will there be a need for a central reproduction room for the entire medical facility?

Will there be a need for a separate diagnostic video tele-conferencing room (VTC)?

Is there a requirement for emergency power in the main computer room, in the communications room, in the central alarm room, in the audiovisual distribution systems room?

## DoD Space Planning Criteria for Health Facilities

### Information Management

#### **2.4.5. SPACE CRITERIA:**

**Toilets, Lounges and Locker Areas:** The criteria for toilets, lounges and locker rooms is provided in a separate section, Section 6.

**Administrative Offices:** The office space required to provide administrative support to operate the clinic services will be provided in accordance with criteria for administration in Section 2.1.

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
<b><u>Administration</u></b>			
Chief Information Management	11.15	120	One per MTF when FTE projected.
Secretary	11.15	120	When FTE projected. Includes waiting area
Information System Security Officer	11.15	120	One per MTF when FTE projected.
NCOIC/LCPO/LPO Office	11.15	120	Provide one per FTE projected.
Computer Operator(s) Office(s)	5.57	60	Minimum, or 60 nsf per projected FTE operator.
Help Desk/Tech.	5.57	60	60 nsf per each FTE projected, if located on site.
Hospital Information Volunteer Coordinator			Refer to Patient Services, Chapter 5.8, for criteria.
Administrative Office		varies	Refer to Chapter 2.1. Provide if full time administrative support programmed.
<b><u>Staff Support</u></b>			
Conference Room/Library	23.25	250	Provide separate conference room only if there are 14 or more FTEs assigned. If less than 14 FTEs, delete conference room and add 150 NSF to lounge and combine conference/lounge in to one space.
Central Reproduction	11.15	120	Minimum. Add 20 nsf for every 100 FTEs' (for entire facility) or fraction thereof, above the first 100 FTEs. Provide one per MTF. Refer to Section 2.1: provide one central reproduction area in either this section or Section 2.1, but not both.
Office Automation Support Room	11.15	120	Location for Information Management department copy machine, fax machine, printer, file cabinet and supplies.
Forms and Storage	13.94	150	One per MTF. Includes space for forms and DoD/Using Service manual storage.
Forms Clerk	5.57	60	60 nsf per each FTE projected, if assigned.
Equipment Supply Storage	9.29	100	Minimum. Add 20 nsf for every 100 FTEs' or fraction thereof above the first 100 FTEs.
Active Data Storage Room	9.29	100	One per MTF.

**DoD Space Planning Criteria for Health Facilities**  
**Information Management**

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
<b>Staff Support (continued):</b>			
Archive Storage	9.29	100	If archiving is accomplished in the MTF.
Computer Equipment Storage	18.58	200	Minimum, if computer configuration and repair occurs at the MTF. Add one nsf for each computer in the MTF over 200.
PC Configuration / Repair Area	9.29	100	Minimum. One station when personal computers are configured at the MTF. Add an additional 50 nsf for every 50 personal computers in the MTF in excess of 100. Maximum 300 nsf.
Staff Lounge		varies	See section 6.1.
Staff Lockers		varies	See section 6.1.
Staff toilets		varies	See Section 6.1
Janitors' Closet	5.57	60	One janitor's closet per 10,000 nsf. See section 6.1.
<b>Computer Room:</b>			
Medical Information Systems	92.91	500	Minimum. Provide 500nsf for MTF's less than 40,000 gsf. Provide an additional 35 nsf for each additional 1,000 gsf of MTF building area greater than 40,000 gsf. 2000 nsf maximum.
Radiology Computer Systems (PACS)	37.16	400	Minimum. Provide 400 nsf for MTF's with 6 or less radiology rooms. Add 50 nsf for each additional radiology room. Determine location of system, either in this department or in the Radiology/Nuclear Medicine.
<b>Computer Room Support:</b>			
Computer Training Class			See section 2.3 Education and Training.
Storage Area	9.29	100	One for training material.
Multimedia Self-Help Area	14.87	160	Provide only if required. For use by all staff in creating presentations.
Telephone Switch Room	37.16	400	Provide if telephone switch programmed.
Communications Room	10.22	110	Minimum. Distributed throughout the facility. 1 room per 10,000 nsf of building space. Consult EIA/TIA 569. Maximum runs to this room should not exceed 295 feet.
Audiovisual Distribution System	11.15	120	Minimum. Design of the room including utility support shall be in accordance with EIA/ TIA 568/569. A separate audiovisual distribution system room will be provided in hospitals and medical centers only.

**DoD Space Planning Criteria for Health Facilities**  
**Information Management**

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
<b>Computer Room Support (cont'd):</b>			
UPS Area	5.57	60	Minimum. Provide 60 nsf per each UPS component. Verify if UPS required. Typically provided within the computer room.
Central Alarm Room	11.15	120	Minimum. Provide in hospitals and medical centers. Also refer to Sections 3.5 and 5.2. Provide this room in only one location. If function is required, a special study is recommended to ensure that all required functions can be accommodated in recommended space.

## DoD Space Planning Criteria for Health Facilities

### Medical Administration

#### **2.5.1. PURPOSE AND SCOPE:**

This section provides guidance for the planning of Patient Administration in a medical facility. Patient Administration includes TRICARE offices, admissions & dispositions, inpatient and outpatient records sections, and transcriptions.

#### **2.5.2. DEFINITIONS:**

**Administrative Personnel:** Administrative personnel are all personnel who do not counsel, diagnosis, examine or treat patients, but who do work that is essential for the accomplishment of the missions of a medical treatment facility. This does include military (assigned and borrowed), contract and civilian personnel. It does not include volunteers.

**Admission and Disposition Clerk:** A medical records technician, who interviews patients being admitted to the hospital or Medical Center and who creates the inpatient record and all documents necessary for the admission.

**Birth Clerk:** The birth clerk is responsible for birth related records such as birth certificates and counseling/applications for social security numbers.

**Cashier:** The cashier is the person responsible for receiving, holding and disbursing cash to and from hospital or Medical Center patients as a result of diagnostic care or treatment.

**Decedent Affairs Clerk:** The decedent affairs clerk is the person responsible for the administrative details (survivor counseling, paperwork and notifications) incidental to the death of a patient.

**Extended Ambulatory Records (EAR):** Extended Ambulatory Records are the records used to document ambulatory or “same day” surgery and observation status. These records are treated in the same manner as an inpatient record and they are kept on file for the same period of time as an inpatient record. They are stored within the inpatient records room, or a similar secure area.

**Inpatient Records:** Inpatient records exist in hospitals and in clinics (where they keep records of active duty members admitted to civilian medical treatment facilities). They provide a record of diagnosis and treatment. The creation and maintenance of inpatient records is governed by Service regulation and Retention Schedules. The coding of the diagnoses and procedures is largely governed by the International Classification of Diseases. The International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) is designed for the classification of morbidity and mortality information for statistical purposes, for the indexing of hospital records by disease and operation, and for the data storage retrieval. The clinical modification of the ICD-9 was developed by the National Center for Health Statistics for use in the United States. While each of the three services have their own patient record forms and separate training for patient administration technicians, who work with records, the recording within records of diseases and procedures is done in accordance with the ICD-9-CM. (See <http://www.icd-9-cm.org>).

**MEDICARE Eligible:** A patient who is 65 years of age or older and is qualified for federal reimbursement for healthcare.

**Outpatient Records:** Outpatient records provide a record of diagnostic and treatment encounters of ambulatory patients in the clinic or a hospital or in a freestanding clinic. Outpatient records are maintained (filed) separately from inpatient records and may be kept in a hospital, Medical Center or a freestanding clinic.

## **DoD Space Planning Criteria for Health Facilities**

### **Medical Administration**

**Third Party Collection:** Third party collection is that effort to obtain payment for health care services from other than the patient. The first two parties to a health care encounter are the patient and the provider or the organization, which the provider represents. The third party (not existing in all cases) is a payer other than the patient. Third Party payers may be insurance companies, employers or, in some case, governmental agencies.

**TRICARE:** A Tri-Service managed care program that provides all health care for DoD beneficiaries within a DoD geographical region. It integrates Medical Treatment Facilities (MTF) direct care and TRICARE civilian provider resources by forming partnerships with military medical personnel and civilian contractors. There is typically both a military TRICARE section and a TRICARE Service Center (TSC) run by civilian contractors in every MTF. Planners must review the regional TRICARE contract to determine if specific amount of minimum space for the contractor is stated for the TSC. Note: TSC space is not necessarily in the same area as Medical Administration. Military TRICARE sections are separate and distinct from TSC's.

#### **2.5.3. POLICIES:**

**Patient Records.** Patient records in DoD facilities will be created, managed and stored in a manner, which maintains patient privacy. Outpatient records will be stored in a single area or may be stored in multiple areas but they are located in dedicated rooms and kept from other records such as inpatient records. Extended Ambulatory Records will be kept as inpatient records and will be separate from outpatient records, even if created and stored in a freestanding clinic.

#### **2.5.4. PROGRAM DATA REQUIRED**

Projected number of non-MEDICARE eligible outpatient records?  
 Projected number of MEDICARE eligible outpatient records?  
 Number of decedent affairs clerks?  
 Holding period for inpatient records?  
 Number of FTE, Admission and Disposition Clerks?  
 Projected number of admissions annually?  
 Number and positions of personnel in TRICARE Service Center (TSC)?  
 Number and positions of personnel in military TRICARE section?  
 Number of physicians on the staff of the hospital or Medical Center?  
 Number of Liaison personnel from Services other than the Service of the MTF?  
 Number of patient record clerks, FTEs, working in outpatient records?  
 Number of patient record clerks, FTE, working in inpatient records?  
 Are ambulatory surgery services provided?  
 Projected number of Extended ambulatory records?  
 Will high-density file storage systems be used for records storage?  
 List the administrative personnel to ensure a total personnel count.

## DoD Space Planning Criteria for Health Facilities

### Medical Administration

#### 2.5.5. SPACE CRITERIA (for Hospitals and Medical Centers and for free-standing clinics which maintain EAR's)

##### 2.5.5.1. Patient Administration Office

Coordinate the terms below, since each service may have service specific terminology for various medical administration functions.

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
Chief of Patient Administration	11.15	120	If FTE projected
NCOIC/LCPO/LPO Patient Administration	11.15	120	If FTE projected
Medical Records Clerks	5.57	60	Minimum. Provide one per FTE of medical records technician personnel projected.
Storage Room	5.57	60	One per Patient Admin Section.
Office Automation Room	11.15	120	One per Patient Admin. Section.
Hospital Treasurer	11.15	120	If FTE projected
Hospital Cashier	5.57	60	Secure room with a payments window
Patient Counseling Room	11.15	120	One per Patient Admin. Office
Birth Clerk(s)	11.15	120	One private office for each FTE projected.
Decedent Affairs Clerk(s)	11.15	120	Per decedent affairs clerk FTE projected
Benefits Counselor(s)	11.15	120	One private office for each FTE projected.
Patients' Effects Storage	11.15	120	Secure room for patient luggage
Medical Board/Disability Board or Physical Evaluation	5.57	60	Provide 60 nsf per FTE projected.
Service Liaison Offices	5.57	60	Provide 60 nsf for each (Army, Navy Air Force, and Marine Corps) Service representative attached to the hospital.
Third Party Collection	5.57	60	Per Third Party Collection clerk FTE projected
Air Evac.	5.57	60	One per Patient Admin Section.
Coding Section for all Records	11.15	120	Minimum area for MTF with inpatient services. Add an additional 60 nsf per coding clerk above two.
Medical Statistics and Quality Assurance Section	11.15	120	Minimum area for MTF with inpatient services. Add an additional 60 nsf per clerk above two.

## DoD Space Planning Criteria for Health Facilities

### Medical Administration

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
Patient / Family Waiting Supports several functions of the medical administrative sections/offices. Most patient using these areas will be seen by A&D clerks, Air Evac. Clerks, and Special Action/Correspondence clerks. Sizes listed are for each independent function. These are three independent sections/offices that may be co-located. Co-location of these functions could reduce the overall size.	9.29	100	For freestanding clinic, which maintains EARs. Maximum.
	18.58	200	For hospitals with up to 100 average daily inpatients.
	37.16	400	For hospitals with more than 100 average daily inpatients.
Toilets		varies	See Section 6.1

**2.5.5.2. TRICARE Service Center** (in freestanding Clinics, Hospitals, and Medical Centers) Planner must review the regional TRICARE contract to determine if specific minimum space requirements exists (minimum amount of space that the government is required to provide the contractor).

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
TSC Director	11.15	120	One if TSC Director FTE projected.
Secretary's Office	11.15	120	One if FTE projected.
Workstation cubicle	5.57	60	Minimum. 60 nsf per FTE projected.
Storage Room (Forms, Literature)	5.57	60	One per TSC Office.
Office Automation Room	11.15	120	One per TSC Office. May be shared with Military TRICARE.
TSC Waiting Area	5.57	60	Minimum, plus 30 nsf for each two (2) TSC Service Consultant FTE in excess of four (4)
TSC Receptionist	7.43	80	Combine with waiting area.

## DoD Space Planning Criteria for Health Facilities

### Medical Administration

#### 2.5.5.3. Military TRICARE (in freestanding Clinics, Hospitals, and Medical Centers)

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
TRICARE Chief's Office	11.15	120	One if TRICARE Chief FTE projected
NCOIC/LCPO/LPO's Office	11.15	120	One if FTE projected.
Secretary's Office	11.15	120	One if FTE projected.
Workstation cubicle	5.57	60	Minimum. 60 nsf per FTE projected.
Storage Room (Forms, Literature)	5.57	60	One per TRICARE Office.
Office Automation Room	11.15	120	One per TRICARE Office. May be shared with TRICARE Service Center.
TRICARE Consultant(s) Office	11.15	120	Per TRICARE Service Consultant FTE projected (Examples - Benefits Advisors, Nurse Managers, Utilization Mgmt. )
TRICARE Waiting Area	5.57	60	Minimum, plus 30 nsf for each two (2) TRICARE Service Consultant FTE in excess of four (4)
TRICARE Receptionist	7.43	80	Combine with waiting area.

#### 2.5.5.4 Inpatient Records (in hospitals and Medical Center and clinics with ambulatory surgery service)

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
Inpatient Records Files Room	18.58	200	Minimum. See formula below in para. 2.5.5.7
Ambulatory Surgery Records		varies	100 nsf minimum. Ambulatory surgery records are called "Extended Ambulatory Records" but are treated the same as inpatient records and stored with inpatient records in a hospital or medical center. In a freestanding clinic with ambulatory surgery service, these record are managed and stored the same as inpatient records. See formula in para. 2.5.5.7. for inpatient records
Records Work Area and Air Evacuation Work Area	18.58	200	One per records room. Includes copy machine.
Admission and Discharge (A&D) Booths	5.57	60	One "privacy booth" per A&D Clerk FTE projected.
Patient Records Clerk(s)		varies	60 nsf / patient records clerk FTE projected
Transcription Room		varies	60 nsf per transcription clerk FTE projected
Physicians' Work Room	11.15	120	Minimum, plus 60 nsf for each increment of 50 physicians in excess of 25.

## DoD Space Planning Criteria for Health Facilities

### Medical Administration

#### 2.5.5.5. Outpatient Records (in any Medical Treatment Facility).

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
Records Window	5.57	60	One per outpatient records area for the dispensing/collection of records. Area may be distributed inside and outside of the records area window. This space can be decentralized to the Primary Care Clinic.
NCOIC/LCPO/LPO Outpatient Records	11.15	120	If FTE projected. This space can be decentralized to the Primary Care Clinic.
Medical Records Clerks		varies	40 nsf per clerk during peak staffing shift. Comment - This accounts for large facilities that run several shifts in this area. This space can be decentralized to the Primary Care Clinic.
Personnel Reliability Program (PRP) Office	11.15	120	One per PRP FTE. This space can be decentralized to the Primary Care Clinic.
Outpatient Records Storage Area		varies	See formula in para. 2.5.5.7. This space can be decentralized to the Primary Care Clinic.

#### 2.5.5.6. Central Appointments Office. (In any Medical Treatment Facility with a Central Appointment staff).

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
Chief of Central Appointments	11.15	120	If FTE projected
Central Appointment Clerk Workstations		varies	60 nsf per clerk during peak staffing shift. Comment - This accounts for large facilities that run more than one appointment shift.
Central Appointments Lounge	9.29	100	Only for areas with 8 or more clerks. 100 nsf minimum. Add 10 nsf for each five clerks over 10.

## DoD Space Planning Criteria for Health Facilities

### Medical Administration

#### 2.5.5.7. Formulas.

*Formulas for Patient Records Storage Areas:*

#### Formulas for Inpatient Records and Extended Ambulatory Records Storage Areas:

***Inpatient/EAR Records:  $NSF = (\text{annual admissions}) \times (\text{maximum year records are retained factor}) \times (\text{inches of records per admission}) \times (0.055 NSF)$***

*Note: Because measurement of these records is based on an actual measurement of records on hand, there is not a requirement to calculate MEDICARE eligible records separately.*

#### STEPS:

1. *Project the number of admissions and ambulatory surgery procedures in medical facility annually.*
2. *Determine the number of years this facility will retain active records and apply the appropriate factor:*
  - factor = 3, if not required to maintain records for two years.*
  - factor = 6, if required to maintain records for five years.*

*NOTE: As a rule medical centers retain records for five years and other hospitals retain records for two years.*
3. *Calculate the inches of record per admission, often a fraction of an inch. Count the number of inpatient records in a typical sample of 50 inches of records (4 foot - 2 inches) of records. This is a measure of the thickness of the records. The fifty inches of records would be 50 inches if staked on top of each other. Divide 50 inches by the number of records in the stack 50 inches high - i.e. you will arrive at average thickness of a record (inches per record).*
4. *0.055 is a conversion factor (square foot per inch), which converts inches of records into square feet of floor space needed to store the records in shelving that is 3 feet wide and 6 shelf units high and includes the aisle space to file and retrieve records.*
5. *Insert the appropriate numbers and factors in the formula and calculate the required net square feet (nsf).*

*Note: Inactive records are sent to the National Treatment Records Center.*

## DoD Space Planning Criteria for Health Facilities

### Medical Administration

#### Formula for Outpatient Records Storage Areas:

**Outpatient Records Room: NSF = (projected number of records) / (linear feet conversion factor) X (0.06 square feet per linear feet, shelf factor)**

*NOTE: This formula must be calculated separately for MEDICARE eligible patients and for non-MEDICARE eligible patients using a different linear feet conversion factor and different projected numbers of records.*

#### STEPS:

1. From the beneficiary population to be served, project the number of non-MEDICARE eligible patient records that require file space.
2. Use a linear feet conversion factor of 16 records per linear foot for non-MEDICARE patients.
3. Insert the appropriate numbers and calculate the formulas.
4. If the MTF is providing care to MEDICARE eligible patients, then also calculate additional space using the same formula as follows.
5. From the beneficiary population to be served, project the number of MEDICARE eligible patient records that require file space.
6. Use a linear feet conversion factor of 8 records per linear foot.
7. Insert the appropriate numbers and calculate the formulas.
8. Combine the NSF of space required for MEDICARE and non-MEDICARE eligible patients to obtain the total outpatient files storage area required.

Note Concerning all records storage areas: If a high density file storage system (space saver) is planned, the net square footage may be reduced by 44.8%.