

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:

DoD Space Planning Criteria for Health Facilities

General Administration

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.

DoD Space Planning Criteria for Health Facilities

General Administration

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.

DoD Space Planning Criteria for Health Facilities

General Administration

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 ²	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.

DoD Space Planning Criteria for Health Facilities

General Administration

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m ²	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 ²	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.)

DoD Space Planning Criteria for Health Facilities

General Administration

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

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m ²	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 ²	nsf	
Personnel Space:			
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.

DoD Space Planning Criteria for Health Facilities

General Administration

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 ²	nsf	

Common Space which may be shared:
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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.

DoD Space Planning Criteria for Health Facilities
General Administration

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m ²	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.