Primary Care / Family Practice

3.1.1. PURPOSE AND SCOPE:

This section sets forth space planning criteria for the Primary Care / Family Practice Clinical Services in military health care facilities. Primary care clinics include: family practice clinics, general outpatient clinics, pediatric clinics, physical examination sections, adolescent clinics and well baby clinics. This section provides criteria for the family practice clinics, general outpatient clinics and physical examination sections. Section 3.3 provides criteria for pediatrics, adolescent and well baby clinics.

3.1.2. DEFINITIONS:

Clinic Visit: A visit is a contact between an eligible beneficiary and a medical care provider. A visit consists of examination, diagnosis, treatment, evaluation, consultation, counseling, or medical advice in a clinic or treatment/observation in quarters. (Source: DoD 6015-M, Glossary of Healthcare Terminology 1999)

Family Practice: A specifically trained and certified specialty of medicine, which provides healthcare to all members of a family unit. In addition to providing general medical care, family practitioner may provide obstetrics care, pediatrics, and minor surgical, psychiatric and geriatrics care.

Family Practice Residency Program Center: The primary setting for a residency program for training in the knowledge, skills, and attitudes of family practice is a family practice center. At such a location, each resident must provide continuing, comprehensive care to a panel of patient families.

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. This will include everyone working in the facility; military, civilian and contractor personnel.

Office: Room Code OFA01 is a private office outfitted with standard office furniture. Room Code OFA02 is a private office outfitted with systems furniture. Room Code OFA03 is a cubicle outfitted with systems furniture.

Preceptor/Consult Room: - A location is required for residents in training to be able to discuss cases in private with supervising faculty physicians (preceptors). These discussions occur during the course of a patient visit, requiring proximity to exam room areas. In clinic configurations with staff physician offices clustered near exam rooms, precepting may be feasible from the faculty physician's own office and not from a dedicated central preceptor room. Note that any space provided for precepting must afford privacy from eavesdropping patients and passers-by ... hence an open area accessible by non-staff is NOT acceptable.

Primary Care Clinic: A primary care clinic may be referred by various names (troop medical clinic, adult clinic, family practice clinic, adolescent clinic, pediatric clinic and others). A primary care clinic provides the office, examination and treatment space for "primary care managers" in the military healthcare system.

Primary Care Manager (PCM): A primary care manager is a medical provider, such as a primary care physician, family physician, family nurse practitioner, internist or pediatrician, who provides primary care and family medicine services to empanelled TRICARE patients, and who supervises the patients' overall health and wellness.

Primary Care Physician: Generally applies to pediatricians, family physicians and general practitioners and occasionally includes obstetrician/gynecologists and internists. (Source: DoD 6015-M, Glossary of Healthcare Terminology, 1999)

Provider: An individual who examines, diagnoses, treats, prescribes medication and manages the care of patients within his or her scope of practice as established by the governing body of a healthcare organization. General providers are physicians, physician's assistants and clinical nurse practitioners. - The term 'staff providers' does not include residents.

3.1.3. POLICIES:

Patient Education Conference room: The primary purpose of this room is for group education and/or group therapy classes. Some examples would include, initial OB education, diabetics group discussions, pediatric development classes, etc. This room needs to be located near the patient care areas for easy patient access.

Patient Education Cubicle: The cubicle will have a Computer, DVD player and video player and printer. This will allow patient to complete self-assessment health surveys, investigate material based on their diagnosis, print material, and watch videos specific to their treatment/procedure. This area needs to maintain patient privacy and be located near the Patient care areas.

Primary Care Provider Team Size: The size of a primary care provider team is not dictated by this criterion. For the purposes of programming space, provider teams will be eight providers each. The number of teams is established as the total number of providers divided by eight (8) and rounded up to the next higher number when the remainder is 4 or more.

Providers' Examination Rooms: Each provider will be provided with two examination rooms.

Providers' Offices: Each physician, physician's assistant, clinical nurse practitioner, and allied scientist on the staff will be provided a private office (excluded offices are provided under other criteria, such as Radiologists, Pathologists, Anesthesiologists, Commanders, etc.).

Physical Examination: A separate physical examination section will be provided when workload exceeds an average of 100-150 exams per week (20/day). Do not include Family Practice, pediatric or adolescent medicine physical examination when determining the need of a physical examination section.

Team Sizing Criteria: The size of a provider team may vary. See additional information provided in "Section 3.2 – Clinic of the Future" and "Section 3.3 – Pediatrics."

3.1.4. PROGRAM DATA REQUIRED:

Is this a Free Standing Clinic or is it a clinic within a hospital or medical center?
If a freestanding clinic, is there a radiology technician (FTE) projected?
If a freestanding clinic, is there a requirement for a satellite lab?
If a freestanding clinic, how many Pharmacist FTEs are projected?
Number of primary care providers projected.
Are pediatric patients seen in the clinic?
Will proctoscopic procedures be done in this clinic?
How many appointment clerks are projected?
Are there dedicated medical records technicians (FTEs) projected?
Is there an advice nurse projected?
Number of administrative personnel that require a private office?
Number of administrative personnel that require a dedicated cubicle
Number of personnel that do not have a private office or cubicle.
Total number of personnel assigned to the clinic.
Will immunizations be given in this clinic?
Projected number of immunizations per year.
Is there a requirement for a dedicated allergy testing room?
Will EKGs be done in this clinic?
Is a laboratory technician projected for a blood drawing area?
Is an audiologist or an audiology tech. projected for this clinic?

Data input (cont)

Is a mental health provider projected for this clinic?
Is an optometry technician projected for this clinic?
Is there a requirement for a cast room?
Should the cast room be one station or two stations?
Is there a requirement for an outpatient non-stress testing room?
Is this the center for a Family Practice Residency Program?
Is there a Residency Secretary projected?
Number of family practice residents?
How many additional residency staff requires a private office?
How many residency staff requires a dedicated cubicle??
What is the number of physical examinations accomplished per day?
Number of projected providers assigned to the physical exam section.
Is there an optometry clinic within the same facility?
Is there an ENT clinic within the same facility?

3.1.5. SPACE CRITERIA:

Primary Care Clinic Space Requirements: Planning Criteria, this section also provides the basis for freestanding clinics.

Toilets, Lounges and Locker Areas: The criteria for toilets, lounges and locker rooms are provided in 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.

Provider Teams: Many military Primary Care Clinics use the concept of "Provider Teams" to enhance continuity of care to an identified patient population (empanelled). Such teams are most effective when they are associated with a defined area of the clinic. When teams are used, there may be an increased need for such areas as Weights and Measures or Team Reception Stations. The use of Primary Care Provider Teams must be stated to include the size of the team.

Ambulance Dispatch Area: Criteria for ambulance dispatch and on-call rooms is provided in Section 3.5, Emergency Services. If no emergency services department is projected, provisions for this space may need to be located in the Primary Care/Family Practice area.

Physical Examination: In computing workstations, any fraction of 0.4 or over may be converted to the next higher number. A minimum of one of each workstation is required unless otherwise noted.

Functions Unique to a Freestanding Primary Care Clinic (not within a hospital or Medical Center): Note: Program this area for a freestanding clinic in addition to the areas found in the section titled, Functions Common to both a Freestanding Primary Care Clinic and a Primary Care Clinic Found in a Hospital or Medical Center.

There are two general types of freestanding clinics. There are clinics, which are located on the same installation as a hospital or medical center. This happens more typically in the Army and Navy. There may be more than one such clinic on a military installation with a large beneficiary population (Fort Bragg, Fort Hood, Camp Pendleton). The other type of freestanding clinic occurs as the sole source of medical care on the installation, i.e. there is no hospital or medical center. The concept of operations for each of these clinics must be carefully considered. Where a clinic exists on an installation with a hospital or medical center, some services may not be programmed into the clinic because patients are referred to the hospital or medical center for diagnostic care (lab work, radiology, pharmacy, etc.)

Primary Care / Family Practice

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	

NOTE: GP indicates that a guideplate exists for that particular Room Code.

FUNCTIONS UNIQUE TO A FREE STANDING PRIMARY CARE CLINIC:

Central Clinic Lobby	LOB01	18.58	200	One per freestanding clinic.
Clinic Information Desk	RECP3	5.57	60	One per clinic with more than 15 provider FTEs.
Laboratory	LBSC1	22.30	240	One per clinic if lab is approved in clinic concept of operations, and when laboratory staff FTE are projected.
Clinic Pharmacy	PHOD1	22.30	240	When Pharmacist projected, also see Section 5.6.
Radiology room (Layout 1191)	XDR01	29.73	320	If radiology is approved in clinic concept of operations, and when radiology staff FTE are projected.
Dressing cubicle (GP)	DR001	5.57	60	One per X-Ray diagnostic room.
X-Ray Viewing	XVC01	11.15	120	One per X-Ray diagnostic room.

Functions Common to Both Free Standing Primary Care Clinics and Hospital/Medical Center Primary Care Clinics

RECEPTION AREAS

Clinic Waiting	WRC01	5.57	60	Minimum. Provide 3.0 seats per each projected FTE provider. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting). Note: this space can be divided into separate sick and well waiting areas. If divided, recommend providing 67% of space for a main waiting area.
	WRC02			Minimum. Well waiting: Include if pediatric and OB patients are seen in the clinic. Recommend providing 33% of space for a well waiting area. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting). If programming does not allow for separate services (well waiting vs. main waiting), then combine waiting space appropriately.
Play Waiting (GP)	PLAY1	9.29	100	One per clinic. Provide if in clinic concept of operations.
Reception (GP)	RECP1	13.01	140	Minimum. Provide 140 nsf for the first eight providers. Increase 60 nsf for each increment of four providers over the initial eight providers.

Primary Care / Family Practice

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	
RECEPTION AREAS				
Patient Education Kiosk/Alcove	CLSC1	2.78	30	Provide if in clinic concept of operations.
Patient Education Cubicle	CLSC2	2.78	30	Includes a computer workstation for patient self-assessment, printing educational brochures, etc.
Patient Education Conference Room (GP)	CRA01	23.23	250	One per clinic if eight providers or less. Prove two classrooms for more than nine providers.
Public Toilets	NA	NA	NA	Space will be provided in the Common Areas. See Section 6.1.
PATIENT AREAS				
Screening, Weights and Measures, Adult Room (GP)	EXRG4	7.43	80	Minimum up to four projected FTE providers. One additional room for increment of four providers or portion thereof.
Screening, Weights and Measures, Pediatrics Room (GP)	EXRG5	11.15	120	One per each 8 providers, if pediatric services provided.
Provider's Exam Rooms (GP)	EXRG1	11.15	120	Army - Two per projected FTE. (Also note resident examination rooms.)
	EXRG2			Navy. (See above planning range comments.)
	EXRG3			Air Force. (See above planning range comments.)
Isolation Exam Room (GP)	EXRG6	13.01	140	One per clinic. (negative pressure)
Dedicated Isolation Toilet (GP)	TLTU1	5.57	60	Single occupancy toilet with diaper changing counter. Locate adjacent to isolation exam room.
Sub-waiting	WRC01	9.29	100	One per clinic. Provide for large clinics with more than 12 providers. For treatment and procedure areas.
General Purpose Treatment Room (GP)	TRGM1	16.26	175	Minimum up to six projected FTE providers. One additional room for increment of six providers or portion thereof.
General Purpose Treatment Room – Two Bed (GP)	TRGM2	31.59	340	One per clinic. Provide for large clinics with 12 or more providers. Includes space for two 120 nsf cubicles, plus a sink/work area. Note: clinics have the option of providing two 175 nsf one-station treatment rooms instead of one 340 nsf two-station treatment room.
Proctoscopic Procedure Room (GP)	TRPE1	16.26	170	Minimum. One for up to 12 providers. One additional room for increment of 12 providers or portion thereof.
Dedicated Toilet (GP)	TLTU1	5.57	60	One per procedure room.
Scope Wash Room (GP)	USCL2	11.15	120	One per two procedure rooms.
EKG Room (GP)	OPEC1	11.15	120	One per clinic if medical specialty clinic not programmed.

Primary Care / Family Practice

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	
PATIENT AREAS (cont)				
Immunization Room (GP) (See formula at the end of this Section.)	OPIR1	20.44	220	Minimum. One per Primary Care Clinic when the clinic is located in a medical treatment facility that has no Allergy/Immunization Clinic (Section 3.17). This is the location where patients receive their immunizations.
Immunization/Allergen Room	OPAI1	11.15	120	One per primary care immunization/allergen service when and FTE technician is projected.
Immunization Waiting/Observation Area	WRC01	18.58	200	Minimum. Provide 12 seats per injection station. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting).
Audiobooth Room	PEHS2	34.84	375	Hearing Screening 4 Man. Dependent on availability of staffing. (Also see Section 3.10.)
	PEHS3			Hearing Screening 6 Man. Dependent on availability of staffing. (Also see Section 3.10.)
One Person Audio Screening Booth (GP)	PEHS1	11.15	120	One person, double wall booth, when no audiologist projected. One per clinic when no audiology service available in same building.
Audio Booth Suite (GP)	PEHS4	34.84	375	An audio booth suite is a two-room, double wall booth. One per clinic when an audiology technician projected and there is no other audiology service in the same building as the primary care clinic.
Vision Screening	PEVS1	11.15	120	One per clinic, if Optometry Specialty Clinic not programmed & Optometry technician is projected.
Blood Drawing Area (GP)	LBVP1	11.15	120	One per clinic with projected Laboratory FTE. Add 60 nsf for each chair over one. For more than two chairs, see Section 5.3.
Outpatient Cast Room	OPCR1	16.26	175	Provide if in clinic concept of operations. This can be a 1 or 2 station room.
Outpatient Observation/Hydration	OOHR1	11.15	120	Minimum. One per clinic.
Outpatient Non-Stress Testing (GP)	OPST1	11.15	120	Provide one testing cubicle if in clinic concept of operations.
Patient Toilet (GP)	TLTU1	5.57	60	One if number of projected FTE providers is between three and eight. Provide two toilets if number of projected FTE providers is between nine and fifteen. Provide three toilets if number of projected FTE providers is sixteen or more with a maximum of three toilets.

Primary Care / Family Practice

FUNCTION	Room Code	AUTHORIZED m²	AUTHORIZED nsf	PLANNING RANGE/COMMENTS
STAFF AND ADMINISTRATIVE AREAS				
Provider's Office (GP)	OFD01	11.15	120	Army - One per projected FTE staff provider. (See also Residency Program section.)
	OFD02			Navy - One per projected FTE staff provider. (See also Residency Program section.)
	OFD03			Air Force - One per projected FTE staff provider. (See also Residency Program section.)
Nurse Manager's Office	OFA01	11.15	120	Private office, Standard Furniture. One per projected FTE Nurse Manager.
	OFA02			Private office, Systems Furniture. One per projected FTE Nurse Manager.
Nurses' Workroom	WRCH1	11.15	120	Army/Navy. Minimum. Add 40 nsf for each projected FTE nurse above four.
	OFA03	5.57	60	Air Force. Cubicle Systems Furniture. One per projected FTE Nurse.
NCOIC/LCPO/LPO Office	OFA01	11.15	120	One per clinic.
	OFA02			
Advice Nurse Office	OFA01	11.15	120	One per projected FTE Advice Nurse.
	OFA02			
Appointment clerk	OFA03	5.57	60	Per projected FTE appointment clerk
Administrative Personnel with Private Office	OFA01	11.15	120	One per projected FTE requiring a private office. See Section 2.1. Some examples are Group Practice Manager, Nurse Educator, Health Care Integrator, any staff who interviews or counsels patients.
	OFA02			
Administrative Cubicle	OFA03	5.57	60	Per projected FTE requiring a dedicated work - space but not a private office. See Section 2.1.
Patient Records Area	MRS01	11.15	120	Minimum. Fixed shelving. If outpatient records are stored within the Primary Care Clinic. See Section 2.5 for increase in size.
	MRS02			Minimum. Movable shelving. If outpatient records are stored within the Primary Care Clinic. See Section 2.5 for increase in size.
Reproduction room	RPR01	9.29	100	For Copier/Fax/Mailbox distribution.
Form /Literature Storage	SRS01	9.29	100	One per clinic.
Conference Room (GP)	CRA01	23.23	250	Minimum use CRA01 One per department with eight officers or officer equivalents. For increase in size (CRA02 and CRO03) see Section 2.1.
	CRA02	27.87	300	
	CRA03	37.16	400	
Staff Lounge (GP)	SL001	13.01	140	Minimum. See Section 6.1 for increase in size
Staff Lockers (GP)	LR001	1.86	20	Lockers for personal property. See Section 6.1 for increase in size or for Locker Room, Changing criteria.
Staff Toilets (GP)	TLTU1	5.57	60	Minimum for total clinic staff of at least 10. See Section 6.1 for increase in size and for male/female breakdown.

Primary Care / Family Practice

FUNCTION	Room Code	AUTHORIZED m²	AUTHORIZED nsf	PLANNING RANGE/COMMENTS
CLINIC SUPPORT AREAS				
Clean Utility/Supply Room (GP)	UCCL1	11.15	120	For up to 6 projected FTE providers.
		13.94	150	For 7 - 12 projected FTE providers.
		16.72	180	For more than 12 projected FTE providers.
Soiled Utility (GP)	USCL1	8.36	90	For up to 6 projected FTE providers.
		11.15	120	For 7 - 12 projected FTE providers.
		13.94	150	For more than 12 projected FTE providers.
Litter/Wheelchair Storage	SRLW1	5.57	60	One per clinic.
Crash Cart Alcove	RCA01	1.86	20	One per clinic. Can be shared between several clinics if fully accessible to all.
Equipment Storage	SRE01	9.29	100	One per clinic.
Satellite Lab	LBSC2	5.57	60	One per clinic if in clinic concept of operations.

Functions which are required for Residency Education in Family Practice:

RESIDENCY PROGRAM				
Director of Residency Program (GP)	OFD01	11.15	120	Army/Air Force. One per director of residency program.
	OFD03			Navy. One per director of residency program.
Secretary to Director with Visitor Waiting.	SEC01	11.15	120	One per projected FTE secretary.
Residency Coordinator	OFA01	11.15	120	One per projected FTE residency coordinator.
	OFA02			
Residency Research Technician Cubicle	OFA03	5.57	60	Provide 60 nsf per projected FTE position.
Resident's Cubicles	OFA03	5.57	60	Minimum. Per projected resident.
Residency Library	LIBB1	13.01	140	One per residency program.
Conference Room (GP)	CRA01	23.23	250	Minimum, one per residency program. For increase in size, see Section 2.1.
Resident's Examination Room (GP)	EXRG1	11.15	120	Army. One per projected resident. Minus the two monitored exam rooms.
	EXRG2			Navy – see above planning range comment.
	EXRG3			Air Force – see above planning range comment.
Monitored Exam Rooms - Subject & Observer Rooms (GP)	EXRG1	11.15	120	Army - Provide two exam rooms per residency program, and one COM03. These rooms use cameras and videotapes.
	EXRG2			Navy – see above planning range comment.
	EXRG3			Air Force – see above planning range comment.
	COM03	5.57	60	One room can support two exam rooms.
Preceptor/Consult Rooms	OFDC1	11.15	120	One per eight staff physicians per concept of operations.

Primary Care / Family Practice

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	

Physical Examination Section with more than 20 examinations per day: If a freestanding Physical Examination Section, evaluate reception, staff administration, and clinic support areas for additional items needed to support a freestanding clinic.

PHYSICAL EXAM PATIENT AREAS – LARGE

Waiting & Form Writing	CLR02	27.87	300	Minimum - includes 12 seats plus 100 nsf for instructor. For additional chairs greater than 12, add 16 nsf per chair. Number of chairs = physical exams per day / 2 (groups per day)
History Station	OFA03	5.57	60	Per station, one station per 40 exams per day
Screening (GP)	EXRG4	7.43	80	One station per 50 exams per day.
Exam Rooms (GP)	EXRG1	11.15	120	Army. Two per projected FTE provider.
	EXRG2			Navy. Two per projected FTE provider.
	EXRG3			Air Force. Two per projected FTE provider.
EKG Station (GP)	OPEC1	11.15	120	Per station, one station per 80 exams per day.
Specimen Toilet (wc, lav) (GP)	TLTU1	5.57	60	Single occupancy.
Lab, Blood Collection (GP)	LBVP1	11.15	120	If projected lab tech FTE and or in clinic concept of operations
Vision Testing (Screening only)	PEVS1	11.15	120	Per station, one station per 60 exams per day
Optometric Eye Lane (GP)	EYEL1	16.72	180	Army/Air Force. One per clinic if Optometry Clinic not programmed.
	EYEL3	15.79	170	Navy. One per clinic if Optometry Clinic not programmed.
	EYEL4	13.01	140	One if included in clinic concept of operations.
Audiobooth (GP)	PEHS1	11.15	120	One person, double wall booth (minimum requirement of physical examination service).
	PEHS2	34.84	375	Four-person, double wall booth, if less than 48 hearing tests per day and audiology technician projected.
	PEHS3	34.84	375	Six-person, double wall booth, if more than 48 hearing tests per day and an audiology technician is projected.
Dental Screening	PEDS1	9.29	100	Per station, one if number of physical exams per day exceeds 100 per day.
ENT Exam Station (GP)	EXEN1	11.15	120	One per clinic if ENT Specialty Clinic not programmed.
X-Ray Station	XDCS1	16.72	180	If number of physical exams per day exceeds 150 per day. Provides for a chest room.
Radiology Viewing Room	XVC01	11.15	120	One per clinic when X-ray station is programmed.

Primary Care / Family Practice

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	

Physical Examination Clinic with under 20 exams per day:

PATIENT AREAS				
Waiting & Form Writing (w/alcove)	CLR02	13.01	140	One per clinic. Provides 6 seats. For additional chairs over 6, add 16 nsf per seat.
Reception Desk (GP)	RECP1	13.01	140	One per clinic.
Specimen Toilet (GP)	TLTU1	5.57	60	One per clinic
EKG with dressing booth (GP)	OPEC1	11.15	120	One per clinic.
Exam, screening (GP)	EXRG4	7.43	80	One per clinic.
Blood Collection (GP)	LBVP1	11.15	120	One per clinic. If laboratory FTE projected.

Formula for Immunization Room:

Given: *One immunization (injection) station is 220 nsf (18' x 12').*
Step One: *Determine the projected number of immunizations to be given weekly. (Immun. per week)*
Step Two: *Determine the hours of operation per week for the immunization service. (svc. hours per week)*
Step Three: *It is assumed that one staffed immunization station can administer 12 injections per hour. Determine the number of FTEs projected to administer injections.*
Step Four: *Apply numbers to formula.*
Injection Stations = (immun./week) / (12 immun./hour) / (scv hours/week)

Total NSF = Injection Stations X 120 nsf/station + 220 for 1st station

DoD Space Planning Criteria for Health Facilities
Clinic of the Future
Primary Care Optimization Clinic

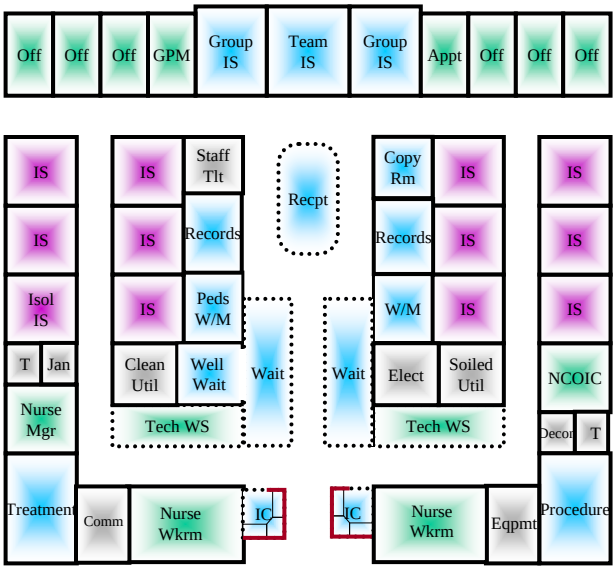
3.2 PCO Panels

1.0 PURPOSE AND SCOPE

This document sets forth the space planning criteria for "Clinic of the Future" Primary Care Optimization Panels in military health care facilities. This concept attempts to improve patient throughput and customer satisfaction through efficient and sensitive design. The concept emphasizes a "one-stop-shopping" approach to accommodate the majority of patient needs and improve overall customer wellness. The criteria in this chapter includes four major elements: (1) extensive definitions which clarify the purpose and use of rooms within the department; (2) policies which address overriding planning considerations; (3) a listing of data required to accurately program space requirements; and, (4) specific space planning criteria/formulas for determining space required to support Primary Care Manager (PCM) panels.

2.0 DEFINITIONS

Clinic of the Future (COF)/ PCO concept - This department was created to facilitate prevention and health delivery in comprehensive primary care manager (PCM) teams. It incorporates current technology and anticipates future technology in the hopes that the design will remain appropriate for the long term. It seeks to create patient-centered care by providing exam, treatment, education, counseling, records, and appointments areas within the clinic fabric. The COF/PCO concept encourages the use of cross-trained caregivers to minimize the number of patient interfaces and seeks to empower caregivers to provide a range of services focused on overall patient well-being. Central to the entire concept is on-line, accessible medical records within every exam roomto allow the caregiver to provide comprehensive care management. See conceptual layout of COF PCO Clinic Module below. Note the layout does not contain all of the spaces allowed by criteria and is meant to illustrate the concept and basic workflow in the clinic.



Conceptual PCO Clinic Module

6 PCMS
9,000 Enrollees

DoD Space Planning Criteria for Health Facilities
Clinic of the Future
Primary Care Optimization Clinic

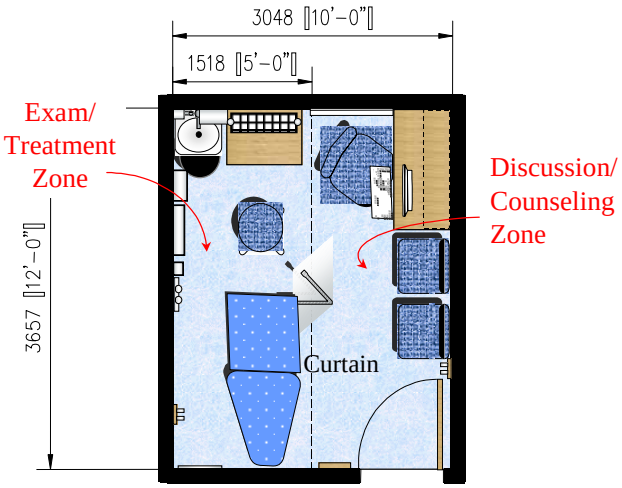
Full-Time Equivalent (FTE): A work force equivalent to one individual working full time for a specific period, which may be made up of several part-time individuals or one full-time individual.

Primary Care Manager - A primary care manager (PCM) is a medical provider who provides primary care and family medicine services to empanelled TRICARE Prime patients, and who supervises the patients' overall health and wellness care.

Primary Care Manager Panels - A PCM panel consists of a group of PCM's and support staff who function as a team to provide health care to their empanelled patients. A PCM panel can include one, some, or all of the following specialties: Primary Care, Family Practice, Flight/Undersea Medicine, OB/Gyn, Internal Medicine, Pediatrics, and Mental Health. Provider types may include physicians, physician assistants (PA's), nurse practitioners (NP's), and social workers. Panels generally range in size from 4-8 providers with two or more panels provided when the number of providers exceeds 8.

Primary Care Optimization (PCO) Team – AF specific term to represent a single PCM plus his/her associated support staff of nurses and technicians.

Exam Room - Patient/Care Giver interaction rooms that include a clinical (exam) zone and counseling/discussion (office) zone to allow most basic patient contact to occur within the room. The clinical zone contains the exam table, sink, medical supplies, and equipment for patient examinations. The counseling/discussion zone contains a provider work surface with Comprehensive Health Care System (CHCS) computer and patient chairs. The provider can use this zone to request specialty service consults, order laboratory tests, order prescriptions, and provide patient counseling and education. Access to on-line medical resources and common reference texts can also be provided. The exam rooms are intended to be grouped together at the front of the panel on each side of a central waiting area. Each room is furnished and equipped generically to allow use by all providers present and seeing patients on any given day. Each panel should also have a designated isolation exam roomwith the proper HVAC configuration for negative air pressure. One way to organize the room into zones is indicated below:



EXRG3 Exam Room-120 nsf

DoD Space Planning Criteria for Health Facilities
Clinic of the Future
Primary Care Optimization Clinic

Group Interaction Station - This room is furnished and equipped similar to a conference room and is also intended to be a multi-purpose extension of the counseling/discussion space in the Interaction Station. It can be used for family counseling, nutrition teaching, multimedia education, mental health/case management, team meetings, continuing education, and video teleconferencing. It is preferable to locate this room along an exterior wall so natural light can be provided.

Team Interaction Station - This staff only room is intended to serve as the team's "off-stage" area and, as such, should be located away from patient care areas so team conversations and interactions cannot be seen or overheard. It should be furnished and equipped to allow team meetings, team gatherings, and team breaks. It serves the multiple functions of lounge, locker room, and staff conference area. It is important that this room be pleasant to allow the team a respite from patient interactions. This room should be provided with natural light and a soothing décor.

Interaction Cubicles (IC's) - These are small, private desk spaces intended to be located at the front of the waiting area with a configuration similar to a library study carrel. The cubicles should be outfitted with a computer to allow a variety of self-help actions (as technology allows) such as: self check-in (menu driven), self assessment (artificial intelligence guide), information on over-the-counter items and drug interactions, history review & update, nutritional or fitness regimens, genetic awareness, educational inquires, and multi-media programs (heard via headphones to provide audio privacy when required).

Screening/ Weights & Measures (WM) - Screening can be handled in one of two ways, depending on the concept of operations for the panel. Either traditional screening rooms can be provided (one for adults, and one for children if needed) or small screening alcoves can be provided for height/weight measurements with the main screening/ patient history activity occurring in the interaction station. In the future it is envisioned patients could use the WM area for "self-screening". An automated scale and sphygmomanometer would feed results directly into the patient's on-line records and be immediately accessible to their PCM. Patient history would be taken in the interaction station.

Reception/Team Workstation (Rec) - This clinic reception point should be designed to be as open and accessible to the patient as possible to minimize the appearance of barriers that create a "me-versus-them" feeling. Patients should be made to feel they are a part of the wellness team, and this can be facilitated with low, open work desks and minimal clutter. Consider mounting computers under the counter and using flat screen monitors to de-emphasize the office-like appearance of this area. A more private area at the back of the workstation can be created with screens/dividers to allow space for technician work/charting while maintaining records privacy.

Decentralized Records - In the COF/PCO concept the PCM team takes responsibility for the total care of the patient including maintaining and managing patient records. Until records are truly paperless, they will continue to be stored in shelving units near the team workstation. Criteria provide a designated room for records storage, but high-density shelving should be used to minimize size of the room in anticipation of future paperless records.

Decentralized Appointments - Appointments clerks who handle the work templates for the PCM team should be located in a private room within the clinic near the team workstation. This enhances ownership of the entire patient health care experience.

Specimen Laboratory/Specimen Collection Point (Optional) - Providing space for a satellite laboratory function within the PCM clinic can minimize customer inconvenience. Check on concept of operations and availability of staffing, however, before providing a specimen lab. Services this laboratory could provide would include urine specimen collection, simple dipstick tests, basic microscope analysis, and other simple screening tests. Other functions that could be included to expand customer service would be blood drawing and immunizations, but this would be dependent on having available, trained technicians. Satellite labs can be located between PCM panels to support two panels, or they can be located central to multiple panels. A specimen toilet should be provided for each satellite laboratory.

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Primary Care Optimization Clinic

Treatment/Procedure Rooms - Each panel should have access to a treatment room and a procedure room with attached toilet room. Very small panels can share a procedure room with the adjacent panel. Ideally, the treatment and procedure rooms should be located so patients do not have to pass them to reach the interaction stations.

CSS Suite or Decon/Scope Washing - The procedure rooms need an adjacent decontamination and scope washing room with a scope washing machine (e.g., Steris) if a small CSS suite is not provided. If the PCM panels are located in a small stand-alone clinic, a small central sterilization suite may need to be provided to serve the PCM panels and the rest of the clinic. However, if the clinic has a dental clinic function within it, the dental instrument-processing center (DIPC) may be adequate for this need. In that case, only the scope washing rooms supporting the procedure rooms would be needed.

Office: Room Code OFA01 is a private office outfitted with standard office furniture. Room Code OFA02 is a private office outfitted with systems furniture. Room Code OFA03 is a cubicle outfitted with systems furniture.

Provider Office - In the COF/PCO scheme, providers go from exam room to exam room seeing patients and should have little need to return to their offices because computers with CHCS would be available for consults, prescriptions, records entry, etc. Therefore, their professional offices should be located away from patient traffic and near an exterior wall for natural light.

Management Offices - Private offices should be provided for the clinic managers (AF terms are Health Care Integrator (HCI) who is often a nurse and the Group Practice Manager (GPM) who is often a medical administrator.) The senior enlisted staff member (generally termed the NCOIC for non-commissioned-officer-in-charge or sometimes called the Superintendent) should also have a private office.

Nurse Work Areas/Nurse Managed Clinic Rooms - Most of the nurses assigned to a PCM clinic are tasked with numerous other duties in addition to being a physician care extender. Some of these other duties include nurse call triage, patient follow-up, scheduling, and running a nurse-managed clinic for specific diseases/conditions such as diabetes, asthma, cancer, and pain management. Therefore, each nurse within the PCM clinic should be given a workspace. Mix of private workrooms versus cubicles needs to be determined at each location based on the specific duties of the nurses assigned. Nurses who spend a large portion of their day with direct patient visits, either for nurse managed clinic appointments or follow-up care appointments, should be given private counseling rooms ranging in size from 100 – 120 nsf. Nurses who spend most of their day on the floor, doing administrative work, and making phone calls should be given 60 nsf work cubicles.

Technician Work Areas - In the COF/PCO panel, medical technician support staffing needs to be robust to maximize provider productivity (AF support staff goal is 2 medical technicians and 1 administrative technician per PCM). While these technicians do not need dedicated desks, most of them will have a need for an administrative work area for short intervals throughout the day. Therefore, one or several small technician work rooms/areas should be provided per PCM team. Total technician work area should provide 40 nsf per desk for up to 50% of the technician staffing. These work areas should be located close to the IS's so that the technicians can better manage room usage and so that the rest of their team can easily find them. Desks should remain generic for use by all technicians on an as-needed basis. Note that administrative technicians, such as receptionists, should have a dedicated desk area.

Pediatric/Well Waiting - This is a segregated waiting area off the main waiting intended to serve pediatric well baby visits and well patient health screening/counseling visits. As the emphasis in health care shifts from illness to wellness, greater numbers of patients should be scheduled for counseling on health risk factors and for routine screening procedures. Sick patients would use the main waiting area. The well waiting area does not have to be fully enclosed but should be separated from the sick waiting area by a full-height dividing panel or wall.

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3.0 POLICIES

Use of Clinic of the Future (COF/PCO) Criteria - Use of COF criteria (Dept 37) in lieu of Primary Care Clinic criteria (Dept 19) or other related outpatient clinic chapters is strictly optional for each using Service. The using Service, affected MTF, and appropriate higher levels of command should fully understand and endorse the intent of the COF/PCO concept before implementing it.

Number of PCM providers - It is the responsibility of the executive committee medical staff of the military medical treatment facility, in consultation with appropriate higher levels of command, to determine the appropriate number of PCM providers to serve their projected number of patient enrollees. Each service may have target provider to enrollee ratios that should be considered when establishing this number with the local MTF.

PCM Panel Configuration - Determining the composition and size of the PCM panels or teams at any particular location is the responsibility of the executive committee of the medical staff of the military medical treatment facility. The panels can be multidisciplinary or a single specialty. It is recommended that all panels be designed to serve infants through retiree patients to maximize flexibility and interchangeability of the panels in the future.

Decentralized Services - It is not mandatory to decentralize records and appointments to the PCM panels, but is strongly recommended. If these functions are not decentralized follow the space planning criteria within Clinic Admin (Dept 18).

4.0 PROGRAM DATA REQUIRED

Number of Enrollees_____
Number of PCMs _____
Number of Nurse Managers _____
Number of Clinical Nurses _____
Number of PCM panels _____
Number of clinical support technicians _____
Are records decentralized to the PCM panels? Y or N
Are appointments decentralized to the PCM panels? Y or N
Number of appointment clerks per panel _____
Will specimen collection occur within the clinic? Y or N
Will immunizations be collocated with the PCM panels? Y or N
Immunizations average visits per day _____
Are internal medicine providers included on the panel(s)? Y or N
Will pulmonary function specialty rooms be collocated with the panel(s)? Y or N
Will the PCM clinic be providing any nurse managed clinic programs? Y or N
Will the PCM clinic be seeing any pediatric patients? Y or N

NOTE: GP indicates that a guideplate exists for that particular Room Code.

DoD Space Planning Criteria for Health Facilities

Clinic of the Future

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m^2	nsf	

5.0 SPACE CRITERIA

RECEPTION AREA

Reception/Work Station (GP)	RECP2	23.23	250	One per panel. Reception counter for two FTEs and two workstations.
Waiting Room	WRC01	22.30	240	Minimum. One per panel. 240 nsf for 6 providers or less. 300 nsf for 7 or more providers.
Pediatric/Well Waiting (GP)	PLAY1	11.15	120	One per panel.
Interaction Cubicles	CLSC2	2.78	30	Two per panel. Provide in waiting area for patient self assessment, education
Public Toilets	NA	NA	NA	This space is provided in the common areas. (See Section 6.1)

PATIENT TREATMENT AREAS

Exam Rooms (GP)	EXRG3	11.15	120	Two exam rooms per provider, minus one isolation exam room per panel
Isolation Exam Room	EXRG6	11.15	120	One isolation exam room per panel
Isolation Toilet	TLTU1	5.57	60	One per panel, locate adjacent to isolation exam
Screening, adult	EXRG4	7.43	80	One per panel. Provide this room or 2 Height/ Weight alcoves, if most screening will occur in exam rooms, but not both
Screening, pediatrics	EXRG5	9.29	100	One per panel. Provide only if pediatric patients are empanelled.
Height/weight alcove	PEWM2	3.72	40	Two per panel, Provide in lieu adult screening room if most screening will occur in exam rooms
Nurse Counseling Room	OFD01	9.29	100	One per nurse with direct patient appointments
Nurse Managed Clinic	OFD01	9.29	100	One per nurse managed clinic, used full time for that purpose
Group Interaction Station	CRA01	18.58	200	Two per panel, unless panel has less than four providers, then only one for that panel
Treatment room	TRGM1	16.26	175	One per panel
Procedure room	TREE1	16.26	175	One per two panels
Procedure room Toilet	TLTU1	5.57	60	One per two panels, locate adjacent to procedure room
Internal Patient Toilet (GP)	TLTU1	5.57	60	One per panel.

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Clinic of the Future

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m^2	nsf	
STAFF AND ADMINISTRATIVE AREAS				
Provider (PCM) Offices (GP)	OFA01	11.15	120	Single office, Standard Furniture. 1 per projected PCM (can include MDs, PAs, and NPs). Maximum of 8 PCMs per panel.
	OFA02			Single office, System Furniture - Private office
Management Offices	OFA01 OFA02	9.29	100	One per management staff (who spend most of their day on administrative tasks). For AF this includes GPM and HCI.
NCOIC Office	OFA01 OFA02	9.29	100	One per panel.
Nurse Workroom	OFA03	11.15	120	Minimum (two cubicles) or 60 nsf per nurse (excludes nurse staff with direct patient apptmts or those with a management office). There must be at least two floor nurses in a panel to justify this space. System furniture cubicles.
Tech Workroom	OFA03	7.43	80	Minimum. Provide generic desks for 50% of the medical technician staffing at 40 nsf per desk. This is to be a shared workspace for all techs.
Copy Alcove/Room	RPR01	5.57	60	Minimum. 60 nsf if area only serves one panel. 100 nsf if area serves two or more panels.
Staff lounge /Team Conference Room (GP)	SL002	23.23	250	One per panel.
Staff Toilet (GP)	TLTU1	5.57	60	Two per panel.
Staff Shower	TLTS1	3.72	40	One per every two panels. Do not provide if a locker room/shower open to all staff is provided in facility.
Appointments Cubicles	OFA03	5.57	60	Minimum. Add 60 nsf for each appointment clerk. This room is authorized if appointments are decentralized.
Patient Records Area	MRS01	11.15	120	Minimum. Fixed Shelving. When records stored in clinic. See section 2.5 for increased sizing.
	MRS02			Movable shelving

DoD Space Planning Criteria for Health Facilities

Clinic of the Future

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m^2	nsf	
CLINICAL SUPPORT AREAS				
Decon/Scope Wash Room	USCL2	9.29	100	One per two procedure rooms if no CSS suite provided for the panels
CSS Suite	CSDE1	11.15	120	One per department. Provide in lieu of decon room only if facility has no other CSS or DIPC function. Includes 120 nsf for decon and 140 nsf for sterile room.
	CSSS1	13.01	140	
Equipment Storage	SRS01	9.29	100	One per two procedure rooms
Wheelchair Storage	SRLW1	1.86	20	One per panel.
Crash Cart Alcove	RCA01	1.86	20	One per panel.
Clean Utility Room (GP)	UCCL1	7.43	80	One per panel.
Soiled Utility Room (GP)	USCL1	5.57	60	One per panel.
ANCILLARY SERVICES AREA:				
Clinic Specimen Lab (GP)	LBSP1	9.29	100	(OPTIONAL) One per panel, if specimen collection will occur there. Add 20 nsf for each additional panel served. Do not provide if this function will be handled in the main lab or in the physical exams area.
Specimen Toilet (GP)	TLTU1	5.57	60	One per panel served if specimen lab provided.
Immunizations Room (GP)	OPIR1	20.44	220	One authorized if no separate allergy/ immunizations clinic. Provide an additional 100 nsf for each additional injection station over 1 (# of stations = injections per week/(20 inj per hour X 35 hr per wk).
Immunizations Holding	WRL01	7.43	80	One authorized per immunizations room
Immunizations Waiting	WRC01	1.39	15	Per seat if waiting room is not shared with one of the PCM panels. 12 chairs per injection station.
Treadmill Room (GP)	OPTM1	20.44	220	One authorized if pulmonary service will be collocated with multidisciplinary PCM panel that includes internal medicine providers.
Pulmonary Function Analyzer (GP)	OPPS1	11.15	120	One authorized if pulmonary service will be collocated with multidisciplinary PCM panel that includes internal medicine providers.
EKG Room (GP)	OPEC1	11.15	120	One authorized if PCM panel includes internal medicine providers and EKG room is not provided elsewhere in the MTF.

DoD Space Planning Criteria for Health Facilities
Pediatrics

3.3.1. PURPOSE AND SCOPE:

This chapter specifies the space planning criteria for outpatient pediatric services. These services include preventive, diagnostic and curative healthcare provided to children (under the age of 18 years). These services may be further subdivided into pediatric, well baby and adolescent services.

3.3.2. DEFINITIONS:

Adolescent: An adolescent is a teenager: a child between the ages of 13 to 18 years of age.

Clinic Visit: A visit is a contact between an eligible beneficiary and a medical care provider. A visit consists of an examination, diagnosis, treatment, evaluation, consultation, counseling, or medical advice in a clinic itself, or treatment/observation in quarters. (Source: DoD 6015-M, Glossary of Healthcare Terminology, 1999)

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. This will include everyone working in the facility; military, civilian and contractor personnel.

Office: Room Code OFA01 is a private office outfitted with standard office furniture. Room Code OFA02 is a private office outfitted with systems furniture. Room Code OFA03 is a cubicle outfitted with systems furniture.

Patient Learning Resource Room: A patient learning resource room provides patients with publications and access to computers connected to the internet to research diseases and health information.

Pediatric Health Services: Pediatrics is a branch of medicine dealing with the development, care and diseases of children.

Preceptor/Consult rooms: - A location is required for residents in training to be able to discuss cases in private with supervising faculty physicians (preceptors). These discussions occur during the course of a patient visit, requiring proximity to exam room areas. In clinic configurations with staff physician offices clustered near exam rooms, precepting may be feasible from the faculty physician's own office and not from a dedicated central preceptor room. Note that any space provided for precepting must afford privacy from eavesdropping patients and passers-by ... hence an open area accessible by non-staff is NOT acceptable.

Primary Care Clinic: A primary care clinic may be referred by various names (troop medical clinic, adult clinic, family practice clinic, adolescent clinic, pediatric clinic and well baby clinic). A primary care clinic provides the office space for “primary care managers” in the military healthcare system.

Primary Care Physician: Generally applies to pediatricians, family physicians and general practitioners and occasionally includes obstetrician/gynecologists and internists (Source: DoD 6015-M, Glossary of Healthcare Terminology, 1999).

Provider: an individual who examines, diagnoses, treats, prescribes medication and manages the care of patients within his/her scope of practice as established by the governing body of a healthcare organization. Providers are physicians, physician's assistants and clinical nurse practitioners. The term ‘staff providers’ does not include residents.

Rotating Resident: A rotating resident is one from any graduate medical education (GME) specialty program (internal medicine, pediatrics, surgery, family practice, etc.) who, in the course of his or her education, must spend time in the services of another specialty. For example, internal medicine residents are required to “do a rotation” in the OB/GYN service.

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Well Baby: Well baby is a term used to designate an infant who receives routine healthcare examinations to determine if the infant is developing normally. Well baby visits may also include those visits made for routine immunizations.

3.3.3. POLICIES:

Adolescent: A separate adolescent clinic will be programmed when justified by work load. (2 - Adolescent Medicine providers).

Pediatric Clinic: A pediatric clinic may be provided when there is a minimum of two pediatricians assigned.

Providers' Examination Rooms: Each provider will be provided with two examination rooms.

Providers' Offices: Each physician, physician's assistant, clinical nurse practitioner, and allied scientist on the staff, who has patient appointments, will be provided a private office (excluded offices are provided under other criteria, such as Radiologists, Pathologists, Anesthesiologists and Commanders).

Residents' Cubicle Space: Private office space will not be programmed for graduate medical education residents. Residents who are in a graduate medical education programs studying to become a specialist in the service being programmed, will be provided with shared office space of 60 nsf per resident in the program. An office for a rotating resident may be programmed in the clinic for residents who see patients.

Resident's Office/Examination Rooms: Additional office and examination room space may be programmed into a clinic to provide space for "rotating residents" to see patients. A resident during his or her rotation in the clinic will use this space when seeing patients as walk-ins or by appointment. One office and two examination rooms may be programmed for each resident FTE projected to be in the clinic seeing patients. Note: These residents are not necessarily pediatric residents; family practice, internal medicine and other residency programs may require a rotation in the pediatric clinic.

3.3.4. PROGRAM DATA REQUIRED:

1. Separate Pediatric Clinic required (Y/N)

RECEPTION AREA (Y/N)

2. Separate Well Waiting Area (Y/N)
3. Patient Education Cubicle required (Y/N)
4. Patient Education Classroom required (Y/N)

PATIENT AREAS (Y/N)

5. Immunization Function (Y/N)
6. Separate Immunization Waiting Area (Y/N)

STAFF AND ADMIN AREAS (Y/N)

7. Number of FTE Nurse Managers.
8. Number of FTE Nurses.
9. Number of FTE Advice Nurses.
10. Number of Administrative FTEs that require private office.
11. Number of Administrative FTEs that require cubicle.
12. Number of FTE Social Workers.

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3.3.4. PROGRAM DATA REQUIRED (Continued):

13. Fixed or moveable shelving.
14. 5 or 6 shelf shelving unit for records storage.
15. Total number of staff within Pediatric Department.
16. Number of staff without dedicated office or cubicle.
17. Does the MTF have a Pediatric Residency program?

RESIDENCY PROGRAM (Y/N) - See generic clinic module for input questions **WHERE?**

MISCELLANEOUS

18. Number of patient records stored in clinic.
19. Total number of FTE staff providers within Pediatric Department.
20. Total number of FTE resident providers within Pediatric Department.
21. Total number of FTE providers within Pediatric Department (Total question #18 & 19 - computed).

3.3.5. SPACE CRITERIA:

Note to Programmer: The concept of operations is important to programming. It may be more practical, due to resource constraints in a small facility, to program only a pediatric clinic without separate well baby or adolescent clinics. In a smaller facility, using the same providers and scheduling these clinics at different times may meet the well baby and adolescent clinic requirements. Bear in mind that while scheduling can be an effective use of resources, there will always be a requirement for access to care for ill pediatric patients. In a single pediatric facility (i.e. one facility which provides well baby and/or adolescent services in the same facility via scheduling) there must be facilities to separate potentially infectious patients from those patients awaiting routine well-baby care (sick vs. well waiting areas).

If the concept of operations is to have separate clinics (sick versus well), then each clinic should be studied very carefully to maximize the sharing of resources and minimize the duplication of functions.

NOTE: GP indicates that a guideplate exists for that particular Room Code.

FUNCTION	ROOM CODE	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	
RECEPTION AREAS				
Clinic Waiting	WRC01	5.57	60	Minimum. Provide 5.0 seats per each projected FTE provider. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting). Main waiting: Recommend providing 67% of space for a main waiting area.
	WRC02	5.57	60	Minimum. Infectious waiting: Negative pressure. Recommend providing 33% of space for a well waiting area. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting). If programming does not allow for separate services (well waiting vs. main waiting), then combine waiting space appropriately.
Play Waiting (GP)	PLAY1	11.15	120	One per clinic.
Toy Storage Area	SRS01	5.57	60	One per clinic.

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FUNCTION	ROOM CODE	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	
RECEPTION AREAS (Continued)				
Reception (GP)	RECP1	13.01	140	Minimum. Provide 140 nsf for the first eight providers. Increase 60 nsf for each increment of four providers over the initial eight providers.
Patient Education Cubicle	CLSC2	2.78	30	Provide if in clinic concept of operations. Includes a computer workstation for patient self-assessment, printing educational brochures, etc.
Patient Education Classroom	CLR02	22.30	240	Provide one classroom for up to eight projected FTE providers. If nine or more projected FTE providers then maximum two classrooms.
Infant Feeding Room	NYFA1	9.29	100	Minimum. One room per clinic.
Public Toilets	NA	NA	NA	Space will be provided in the Common Areas. See Section 6.1.
PATIENT AREAS				
Pediatric Screening/Weights & Measures Room (GP)	EXRG5	11.15	120	Minimum up to four projected FTE providers. One additional room for increment of four providers or portion thereof.
Vision & Hearing Screening Room	PEVH2	11.15	120	One per clinic.
Pediatric Exam Rooms	EXRP1	11.15	120	Two per projected FTE staff providers.
Isolation Exam Room (GP)	EXRG6	13.01	140	One per Pediatric Clinic. (negative pressure)
Dedicated Isolation Toilet (GP)	TLTU1	5.57	60	Single occupancy toilet with diaper changing counter. Locate adjacent to isolation exam room.
Waiting - Immunization/Observation	WRC01	11.15	120	One per Pediatric Clinic, if required in clinic concept of operations.
Immunization Room (GP)	OPIR1	20.44	220	One per Pediatric Clinic, if required in clinic concept of operations.
Patient Toilet (GP)	TLTU1	5.57	60	One if number of projected FTE providers is between three and eight. Provide two toilets if number of projected FTE providers is between nine and fifteen. Provide three toilets if number of projected FTE providers is sixteen or more with a maximum of three toilets.
Treatment Room (GP)	TRGM1	16.26	175	Minimum up to six projected FTE providers. One additional room for increment of six providers or portion thereof.
Observation/Hydration Room	OOHR1	11.15	120	One per Pediatric Clinic.

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FUNCTION	ROOM CODE	AUTHORIZED m²	AUTHORIZED nsf	PLANNING RANGE/COMMENTS
STAFF AND ADMINISTRATIVE AREAS				
Provider's Office (GP)	OFD01	11.15	120	Army - One per projected FTE staff provider. (See also Residency Program section.)
	OFD02			Navy - One per projected FTE staff provider. (See also Residency Program section.)
	OFD03			Air Force - One per projected FTE staff provider. (See also Residency Program section.)
Nurse Manager's Office	OFA01	11.15	120	Private office, Standard Furniture. One per projected FTE Nurse Manager.
	OFA02			Private office, Systems Furniture. One per projected FTE Nurse Manager.
Nurses' Workroom	WRCH1	11.15	120	Army/Navy. Minimum. Add 40 nsf for each projected FTE nurse above four.
	OFA03	5.72	60	Air Force. Cubicle Systems Furniture. One per projected FTE Nurse.
NCOIC/LCPO/LPO Office	OFA01 OFA02	11.15	120	One per Pediatric Clinic.
Advice Nurse Office	OFA01 OFA02	11.15	120	One per projected FTE Advice Nurse.
Administrative Personnel with Private Office	OFA01 OFA02	11.15	120	One per projected FTE requiring a private office. See Section 2.1. Some examples are Group Practice Manager, Nurse Educator, Health Care Integrator, any staff who interviews or counsels patients.
Administrative Cubicle	OFA03	5.57	60	Per projected FTE requiring a dedicated work-space but not a private office. See Section 2.1.
Social Worker's Office	OFA01 OFA02	11.15	120	One per projected FTE Social Worker.
Patient Records Area	MRS01	11.15	120	Minimum. Fixed shelving. If outpatient records are stored within the Pediatric Clinic. See Section 2.5 for increase in size.
	MRS02			Minimum. Movable shelving. If outpatient records are stored within the Pediatric Clinic. See Section 2.5 for increase in size.
Reproduction Room	RPR01	9.29	100	For Copier/Fax/Mailbox distribution.
Form/Literature Storage	SRS01	11.15	120	One per clinic.
Conference Room (GP)	CRA01	23.23	250	Minimum use CRA01. One per department with less than eight officers or officer equivalents. For increase in size (CRA02 and CRA03) see Section 6.1.
	CRA02	27.87	300	
	CRA03	37.16	400	
Staff Lounge (GP)	SL001	13.01	140	Minimum. See Section 6.1 for increase in size.
Staff Lockers (GP)	LR001	1.86	20	Lockers for personal property. See Section 6.1 for increase in size or for Locker Room, Changing criteria.
Staff Toilets (GP)	TLTU1	5.57	60	Minimum for total clinic staff of at least 10. See Section 6.1 for increase in size and for male/female breakdown.

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FUNCTION	ROOM CODE	AUTHORIZED m²	AUTHORIZED nsf	PLANNING RANGE/COMMENTS
CLINIC SUPPORT AREAS				
Clean Utility/Supply Room (GP)	UCCL1	11.15	120	For up to 6 projected FTE providers.
		13.94	150	For 7 - 12 projected FTE providers.
		16.72	180	For more than 12 projected FTE providers.
Soiled Utility (GP)	USCL1	8.36	90	For up to 6 projected FTE providers.
		11.15	120	For 7 - 12 projected FTE providers.
		13.94	150	For more than 12 projected FTE providers.
Litter/Wheelchair Storage	SRLW1	5.57	60	One per clinic.
Crash Cart Alcove	RCA01	1.86	20	One per clinic. Can be shared between several clinics if fully accessible to all.
Equipment Storage	SRE01	9.29	100	One per clinic.

Functions which are required for Residency Education in Pediatrics:

The following areas must be programmed if the MTF provides a Pediatrics Residency Program.

RESIDENCY PROGRAM				
Director of Residency Program (GP)	OFD01	11.15	120	Army - One per director of residency program.
	OFD02			Navy - One per director of residency program.
	OFD03			Air Force - One per director of residency program.
Secretary to Director with Visitor Waiting	SEC01	11.15	120	One per projected FTE secretary.
Private Office	OFA01	11.15	120	One per projected FTE that requires a private office
	OFA02			
Administrative Cubicle	OFA03	5.57	60	Provide 60 nsf per projected FTE position.
Resident's Cubicle	OFA03	5.57	60	Minimum. Per projected resident.
Residency Library	LIBB1	13.01	140	One per residency program.
Conference Room (GP)	CRA01	23.23	250	Minimum, one per residency program. For increase in size, see Section 2.1.
Resident's Examination Room (GP)	EXRP1	11.15	120	One per projected resident. Minus the two monitored exam rooms.
Monitored Exam Rooms - Subject & Observer Rooms (GP)	EXRP1	11.15	120	Provide two exam rooms per residency program, and one COM03. These rooms use cameras and videotapes.
	COM03	5.57	60	One room can support two exam rooms.
Preceptor/Consult Rooms	OFDC1	11.15	120	One per eight staff providers per clinic concept of operations.

DoD Space Planning Criteria for Health Facilities
Emergency and Ambulance Services

3.5.1. PURPOSE AND SCOPE:

This document sets forth space planning criteria for Emergency & Ambulance Services in military health care facilities. This criteria includes four major elements: (1) extensive definitions which clarify the level of complexity of urgent/emergent care provided, in accordance with DoD and generally accepted standards of practice, and which clarify intended function of critical treatment and support spaces; (2) policies which address overriding planning considerations; (3) a listing of data required to accurately program space requirements; and, (4) specific space planning criteria/formulas for determining spaces required to support Emergency and Ambulance Services.

3.5.2. DEFINITIONS:

Emergency Services Levels of Care:

Level I Care *- "A Level I emergency medical department or service offers comprehensive emergency care 24 hours a day, with at least one physician experienced in emergency care on duty in the emergency care area. There must be in-hospital physician coverage by members of the medical staff or by senior-level residents for at least medical, surgical, orthopedic, obstetric, gynecological, pediatric, and anesthesiology services. When such coverage can be demonstrated to be met suitably through another mechanism, an equivalency will be considered to exist for purposes of compliance with the requirement. Other specialty consultation must be available within approximately 30 minutes. Initial consultation through two-way voice communication is acceptable (from DoD 6015.1-M)." This definition is consistent with the definition of Level I care in the Accreditation Manual for Hospitals (AMH), Joint Commission on Accreditation of Healthcare Organizations, 1994; and corresponds to the American Institute of Architects (AIA) definition for full-scale definitive emergency management in Guidelines For Construction and Equipment of Hospital and Medical Facilities, 1992-1993.*

Level II Care *- "A Level II emergency department or service offers emergency care 24 hours a day, with at least one physician experienced in emergency care on duty in the emergency care area. There must be specialty consultation available within approximately 30 minutes by members of the medical staff or by senior-level residents. Initial consultation through two-way voice communication is acceptable. The hospital's scope of services must include in-house capabilities for managing physical and related emotional problems, with provision for patient transfer to another facility when needed (DoD 6015.1-M)." This definition is consistent with the AMH and corresponds to the AIA definition for definitive emergency management.*

Level III Care *- "A Level III emergency department or service offers emergency care 24 hours a day, with at least one physician available to the emergency care area from within the hospital, who is available immediately through two-way voice communication and in person within approximately 30 minutes through a medical staff call roster. Specialty consultation must be available by request of the attending medical staff member or by transfer to a designated hospital where definitive care can be provided (DoD 6015.1-M)." This definition is consistent with the AMH and corresponds to the AIA definition for initial emergency management, but provides for a higher level of 24-hour operation care than Level IV emergency services.*

Level IV Care *- A Level IV emergency department or service offers reasonable care in determining whether an emergency exists, renders lifesaving first aid, and makes appropriate referral to the nearest organizations that are capable of providing needed services, with at least one physician available immediately through two-way voice communication and in person within 30 minutes through a medical staff call roster. A Level IV emergency service may not necessarily operate 24 hours a day, and may not have a dedicated ambulance service supporting it. A Level IV facility may also operate as a walk-in acute care clinic. This definition is consistent with generally accepted standards of practice in DoD MTFs (DoD 6015.1-M does not include a definition of Level IV care) and the AMH, and corresponds to the AIA definition for initial emergency management.*

Ambulance Dispatch - Space is intended to house all emergency radio communications equipment and grid maps of base/post and area supported by the regional emergency response network.

DoD Space Planning Criteria for Health Facilities
Emergency and Ambulance Services

Ambulance Garage - Enclosed garage space is provided to protect operational ambulances (not WRM/DEPMEDS assets) from the effects of severe weather. A flammable/hazardous storage room is typically built into the garage to store supplies of oil, refrigerant, other liquids and cleaning products used for normal daily maintenance of ambulances.

Ambulance Reception/Team Center - Central control point for patients brought in by ambulance, and supervision point/work center for all treatment activities. Center includes work/charting space for provider, nursing and transport personnel.

Ambulance Service - An ambulance service to respond to emergency calls on a military installation, to associated military family housing areas, and to designated other locations is usually established in conjunction with emergency services departments. Generally, a 24-hour ambulance service is established to support Levels I, II, and III care, while Level IV care facilities may have either 24-hour, limited hours, or no ambulance service. Typically, the ambulance service is also used to transport patients to referral facilities for more definitive care and for selected treatments or diagnostic procedures. The ambulance service may also have specific responsibilities associated with regional emergency response plans. Ambulance services are staffed by specially trained emergency care medical technicians/corpsmen who may also be required to assist with provision of emergency care in the MTF when not actively participating in an ambulance emergency response/transport.

Ambulance Shelter - Open, carport -style, shelters are provided to protect operational ambulances (not WRM assets) from adverse effects of weather such as rain, hot sun, etc., in locations where weather conditions are relatively mild and do not require totally enclosed protection. A flammable/hazardous materials shed is typically attached to the shelter to store supplies of oil, refrigerant, other liquids and cleaning products used for normal daily maintenance of ambulances.

Emergency Care Room - Emergency Care Rooms are required for Level III and IV Emergency Services. They are similar to Trauma/Cardiac Rooms, but are **not** intended to be used for emergency surgical resuscitation and are not designed like ORs. They are large treatment spaces equipped to allow a lesser degree of emergency resuscitation, patient monitoring and stabilization. They may be sized to accommodate more than one patient if privacy curtains are included. Sizing for more than one patient does not duplicate space for storage cabinets, sinks, etc.

Emergency Care Reference Library - Accommodates storage of a limited number of essential emergency care reference books and data sources (e.g., on-line poison control and emergency management/drug interaction hotlines/help lines, CD ROM references, etc.). Library may be consolidated with Ambulance Reception/Team Center or Staff Lounge**,** providing security of reference resources is assured. Telemedicine capability may be incorporated into the reference library area.

ENT Exam Room - Exam room dedicated to ENT exams is provided in Level I and II facilities and in other facilities where projected volume of ENT emergencies is sufficient to warrant dedicated exam space.

Exam Room – A typical outpatient clinic patient exam room, used for patient assessment, minor treatment. Room may be used for additional patient holding space. May also trade-off exam room spaces, on a 1-for-1 basis, for treatment/observation/holding cubicles if it is determined that more open cubicle treatment spaces are needed.

Family Consultation/Interview Room - Intended to provide a quiet, sound-controlled area for consultation with family members of critically ill/injured patients, bereavement, and sensitive interviews by Security/Military Police or other personnel authorized to conduct inquiries into possible incidents of assault, rape, child or spouse abuse. Room may also double as a Secured Holding Area.

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. This will include everyone working in the facility; military, civilian and contractor personnel.

DoD Space Planning Criteria for Health Facilities
Emergency and Ambulance Services

Isolation Suite - Provided for seclusion of patients with infectious diseases or compromised immune systems. The suite includes an exam room, a dedicated toilet, and anteroom.

Medi-prep Room – An enclosed space with door to accommodate preparation of medications for patients, including a limited amount of controlled drugs, as ordered by authorized providers.

OB/GYN Exam Room - Exam room primarily dedicated to OB/GYN exams; equipped with a table that accommodates pelvic exams, colposcope and ultrasound. Room sized to allow access to patient for treatment on 3 sides. Provided in Level I and II facilities and in other facilities where projected volume of OB/GYN emergency visits is sufficient to warrant dedicated exam space.

On-Call Sleeping Suite - Bedroom, with dedicated toilet/shower. Space is provided as a quiet resting space only if On-Call personnel must remain in-house for a 24-hour period, or are normally required to work more than a 15-hour shift.

Orthopedic Treatment Area - Space is provided for dedicated treatment/casting of orthopedic injuries in Level I and II facilities, and in other facilities where volume of projected orthopedic injuries is sufficient to warrant dedicated treatment space.

Pediatrics Exam Room - Exam room primarily dedicated to examination of infants and children under the age of 15. Provided in Level I and II facilities and in other facilities where projected volume of Pediatric emergency visits is sufficient to warrant dedicated exam space.

Patient Decontamination Room - Used to decontaminate, prior to treatment, a patient who has been exposed to chemical or biological hazardous substances as a result of an industrial/other accident. It is sized to allow entrance of a gurney-borne patient and attendants to the room from the exterior of the building; decontamination of the patient in the room; and exit of patient & attendants through another door into the emergency care area. The room is not intended to support mass patient decontamination as a result of acts of war or terrorism. A self-contained, independent, closed system for drainage/disposal of contaminants will be designed into this space. A negative air flow and ventilation system separate and distinct from the hospital system will be designed into the room. (See AIA Guidelines)

Preceptor/ Consult Room - A location is required for residents in training to be able to discuss cases in private with supervising faculty physicians (preceptors.). These discussions occur during the course of a patient visit, requiring proximity to exam room areas. In clinic configurations with staff physician offices clustered near exam rooms, precepting may be feasible from the faculty physician's own office and not from a dedicated central preceptor room. Note that any space provided for precepting must afford privacy from eavesdropping patients and passers-by ... hence an open area accessible by non-staff is NOT acceptable

Secured Holding Room - Provided in Level I and II facilities for special patient security, patient and staff safety, and soundproofing needs. Also serves as psychiatric exam room.

Security/Communications Center - Space is provided to house emergency/security and fire alarm control panels. May be combined with ambulance dispatch if full-time security personnel are not assigned to the Emergency Department and no other appropriate department is staffed 24-hours a day.

Security Control Area - Space provides a secure entry/control point into Emergency Departments in locations where it has been demonstrated that there is a high probability of outbursts of violence directed at patients or staff, and where dedicated Emergency Department Security Personnel are authorized.

Trauma/Cardiac Room - Trauma/Cardiac Rooms are required for Level I and II Emergency Services. They are intended to be used for complex emergency trauma/cardiac arrest treatment, and are designed much like an operating room in the event that emergency surgical resuscitation is required. Trauma/Cardiac Rooms may be sized

and designed to accommodate more than one patient if patient privacy curtains are included. Sizing for more than one patient does not duplicate space for storage cabinets, sinks, etc.

Treatment Room - This room is provided to accommodate "minor" procedures, such as suturing/removal. Alternatively, this space may be designed and used for casting.

Treatment/Observation/Holding Cubicles - Curtained cubicles to support general assessment, evaluation, and treatment, such as suturing/removal, IV Therapy, other procedures. Also used for patient observation until stabilization following treatment and for patient holding awaiting transfer. Cubicle may be sized to accommodate more than one patient if patient privacy curtains are included. Sizing for more than one patient does not duplicate storage cabinets, sinks, etc.

Triage/Screening Area - Accommodates initial assessment and triage of patient condition. Initial patient history and vital signs are taken in this space.

Walk-in Patient Reception/Control – Area is the central reception/control point for walk-in patients and for patient/family waiting. Space provides locale for initial patient sign-in activities and technician/corpsman charting.

3.5.3. POLICIES:

Level of Emergency Care Designation - Determining the level of emergency care to be provided at a particular location, and hours of operation of an emergency service, is the responsibility of the executive committee of the medical staff of the military medical treatment facility in consultation with appropriate higher levels of command.

Operation of Ambulance Service - Determination of scope of ambulance service and hours of operation is the responsibility of the MTF executive staff (or governing body) and EMS director in consultation with higher levels of command and regional emergency management authorities, as appropriate.

Patient Observation/Holding - Establishing policies pertaining to the maximum length of time a patient may be kept in an emergency department/service observation/holding bed before being admitted as an inpatient, referred for definitive care or discharged (IAW JCAHO AMH standards) is the responsibility of the MTF executive committee of the medical staff in consultation with appropriate higher levels of command.

Special Exam/Treatment Spaces - Every attempt should be made to consolidate treatment and support functions as much as possible within the constraints of standard of practice for level of care provided.
Special exam/treatment spaces (e.g., OB/GYN, pediatrics, ENT exams; orthopedics treatment area; isolation suite; etc.) will be only be programmed if projected workload is sufficient to justify the dedicated, special space.

DoD Space Planning Criteria for Health Facilities
Emergency and Ambulance Services

3.5.4. PROGRAM DATA REQUIRED:

Planned level of emergency care designation (Level I, II, III, or IV) and hours of operation.
Ambulance/Transportation Service - Yes or No - If yes, hours of operation.
Projected annual emergency visits.
Projected number of providers for peak operating hours.
Department Chairman/Chief/Head - Yes or No.
Nurse Manager/Division Officer - Yes or No.
NCOIC/LCPO/LPO - Yes or No.
Secretary - Yes or No
Projected total number of nurses assigned to department.
Projected total number of technicians/corpsmen assigned, including those assigned to Ambulance Service.
Projected number of administrative support personnel, requiring dedicated cubicles assigned to department.
Projected number of staff on duty at a peak shift (for staff lounge sizing)
Projected number of staff requiring lockers during a peak shift
Does the infection control risk analysis recommend a negative pressure exam room? (yes or no)
Does the infection control risk analysis recommend a positive pressure exam room? (yes or no)
Number of required on-call rooms.
Is the Security/Alarm center located in the ER?
Projected number & types radio systems and "crash" phones
Emergency call tape recording system - Yes or No.
Projected number & types of security/control panels.
Dedicated security force to support emergency department - Yes or No; If yes, projected number of security personnel on duty in the emergency department per shift.
Projected number of mobile x-ray units dedicated to and maintained in emergency service.
Projected number of mobile resuscitation carts dedicated to and maintained in emergency service.
Projected number of *operational* ambulances (not including WRM/DEPMEDS assets) assigned.

NOTE: GP indicates that a guideplate exists for that particular Room Code.

3.5.5. SPACE CRITERIA:

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m^2	nsf	
RECEPTION AREAS (Functions common to ALL levels of emergency care unless otherwise noted)				
Waiting Area (GP for PLAY1)	WRC01 PLAY1	5.57	60	Minimum. 16 nsf per space; 25 nsf per handicapped space. Program 5 spaces per exam/treatment space. 5% of total number of spaces to be dedicated to handicapped spaces. May be subdivided to segregate post-triage patients and pediatric play area.
Waiting Area Infectious	WRC02	9.29	100	If required by Infection Control Risk Analysis, Negative pressure
Reception (GP)	RECP1	13.01	140	Minimum
Public Toilets				Space provided for in the Common Areas Section 6.1

DoD Space Planning Criteria for Health Facilities

Emergency and Ambulance Services

FUNCTION	Room Code	AUTHORIZED m²	AUTHORIZED nsf	PLANNING RANGE/COMMENTS
Exam/Screening (Triage)(GP)	EXRG5	11.15	120	Two per every increment of 20,000 projected annual emergency visits. Minimum 2 spaces; maximum 6
PATIENT AREAS: (Functions common to ALL levels of emergency care unless otherwise noted)				
Exam Rooms (GP)	EXRG1	11.15	120	Army - Two per every increment of 10,000 projected visits. Decrease number of regular exam rooms 1-for-1 for every special exam space (e.g., OB/GYN, ENT, Pediatric, Orthopedics, isolation) or additional treatment cubicle spaces programmed (see Definitions).
	EXRG2			Navy
	EXRG3			Air Force
Patient toilet (GP)	TLTU1	5.57	60	May also be used as specimen toilet. One toilet per four providers.
Treatment/Observation/Holding Cubicles (GP)	TCGS1	11.15	120	Per cubicle, Program one additional cubicle per increment of 10,000 projected annual visits.
Staff Hand washing sink	SINK1	3.72	40	Includes linen hamper and cart equipment
Isolation Exam (GP)	EXRG6	13.01	140	Negative pressure. Minimum one, Infection control risk analysis required to determine total requirement
	EXRG7			Positive pressure. Infection control risk analysis required to determine total requirement
Isolation Toilet (GP)	TLTU1	5.57	60	One per isolation room
Treatment Room (GP)	TRGM1	16.26	175	One per department up to 50,000 projected annual visits. Add 1 treatment room if > 50,000 projected annual visits.
Family Consultation/Interview Room	OFDC2	11.15	120	One per department.
STAFF AND ADMINISTRATION AREAS: (Functions common to ALL levels of emergency care unless otherwise noted)				
Director/Dept Chair/Dept Chief, Emergency Services	OFA01	11.15	120	Single office, Standard Furniture.
	OFA02	11.15	120	Single office, System Furniture.
Nurse Manager/Division Officer	OFA01	11.15	120	Per projected FTE.
	OFA02			
NCOIC/LCPO/LPO Office	OFA01	11.15	120	Per projected FTE.
	OFA02			
Nurses' Workroom	WRCH1	11.15	120	Minimum. Add 40nsf for each projected FTE nurse above four.

DoD Space Planning Criteria for Health Facilities

Emergency and Ambulance Services

FUNCTION	Room Code	AUTHORIZED m²	AUTHORIZED nsf	PLANNING RANGE/COMMENTS
Secretary/Wait	SEC01	11.15	120	Per projected FTE.
Provider Office	OFA01	9.29	100	If only one provider.
	OFA03	5.57	60	System Furniture Cubicle. One for each provider projected during the peak shift.
Administrative Cubicle	OFA03	5.57	60	Per projected FTE. See Section 2.1. Provide 60 nsf for each full time person who requires office space.
Conference/Classroom (GP)	CRA01	23.23	250	Minimum, If residency-training program assigned or if Level I care facility add 10 nsf per conferee/student > 10. Consider consolidating with staff lounge if no EM residency program at MTF. See Section 2.1.
On-Call Bedroom (GP)	DUTY1	11.15	120	If in clinic concept of operations.
On-Call Toilet/Shower	TLTS1	6.50	70	If in clinic concept of operations.
Emergency Reference Library	LIBB1	3.72	40	One per department.
Reproduction Room	RPR01	9.29	100	For Copier/Fax/Mailbox Distribution
Medi-prep Room	MEDP1	9.29	100	One per department.
Security/Central Alarm Center	COM03	4.65	50	Locate either in ER or in Facility Management, 50 nsf Clinic, 200 nsf Hospital, and 300 nsf Med Center. Or may program a satellite alarm center at 50 nsf.
Staff Lockers (GP)	LR002	9.29	100	Minimum. Add 6.5 nsf per locker for each FTE > 10 projected for Emergency Services & Ambulance/Transportation Service. Divide space equally for male and female locker room.
Staff Shower	TLTS1	5.57	60	Program one for each male and female staff locker room.
Staff Lounge (GP)	SL001	13.01	140	Minimum. Add 5 nsf per FTE > 10 on duty during peak shift. See Section 6.1.
Staff Toilets (GP)	TLTU1	5.57	60	Program one for each increment of 15 staff on peak shift.

CLINIC SUPPORT AREAS: (Functions common to ALL levels of emergency care unless otherwise noted)

Clean Utility/Supply Room (GP)	UCCL1	11.15	120	For up to 15 exam/treatment rooms.
		13.94	150	If 16-30 exam/treatment rooms.
		16.72	180	If >30 exam/treatment rooms.
Soiled Utility (GP)	USCL1	8.36	90	For up to 15 exam/treatment rooms.
		11.15	120	If 16-30 exam/treatment rooms.
		13.94	150	If > 30 exam/treatment rooms.
Satellite Lab (GP)	LBSP1	5.57	60	One per clinic if in clinic concept of operations.
Mobile X-ray Alcove	XRM01	3.72	40	Per dedicated mobile x-ray cart

Emergency and Ambulance Services

FUNCTION	Room Code	AUTHORIZED m²	AUTHORIZED nsf	PLANNING RANGE/COMMENTS
Crash Cart Storage Area	RCA01	3.72	40	Per dedicated resuscitation cart.
Medical Gas Storage	SRGC2	1.86	20	Per segregated full and empty storage area, if required.
Ice Machine	ICE01	1.86	20	One per department.

Additional Functions Required for **Levels I & II** Emergency Care/Full-Scale **Definitive Emergency Management**

Trauma/Cardiac Room	TRET3	37.16	400	One Bed. For one trauma/cardiac bed.
	TRET1	65.03	700	Two Bed trauma/cardiac room. Program one trauma/cardiac bed space for every increment or fraction of 20,000 projected annual visits. Program a second trauma/cardiac room for every increment of 2 trauma/cardiac bed spaces, up to a maximum of 3 separate rooms (6 beds total).
OB/GYN Exam	EXRG8	11.15	120	One per department. Decrease total number of regular exam rooms 1-for-1 for each special exam room programmed.
Dedicated OB/GYN Patient Toilet (GP)	TLTU1	5.57	60	Program one for each two OB/GYN exam rooms.
Pediatric Exam	EXRP1	11.15	120	One per department. Decrease total number of regular exam rooms 1-for-1 for each special exam room programmed.
ENT Exam	EXEN1	11.15	120	One per department. Decrease total number of regular exam rooms 1-for-1 for each special exam room programmed.
Orthopedic Treatment Area	TROR1	16.26	175	One per department.
Secured Holding Room	OPMH4	11.15	120	One per department.
Walk-In Patient Reception/Control (GP)	RECP1	22.30	240	For Level I facility. Program one per Emergency Department.
Ambulance Reception/Team Center	NSTA1	18.58	200	One per department.
Security Control Area	COM03	11.15	120	One per department if FTE security personnel assigned.
Litter/wheelchair storage	SRLW1	9.29	100	One per dept, can split 20 nsf near patient entrance
Supplies/Equipment Storage	SRS01	18.58	200	One per department
Decontamination Suite (GP)	NBCD1	44.59	480	One per department

Additional Functions Required for **Level III** Emergency Care/24-Hour **Initial Emergency Management**

Emergency Care Room (GP)	TRET4	32.52	350	For first emergency care bed.

Emergency and Ambulance Services

FUNCTION	Room Code	AUTHORIZED m²	AUTHORIZED nsf	PLANNING RANGE/COMMENTS
	TRET5	57.60	620	For second curtained emergency care bed space in Emergency Care Room. Program one emergency care bed space for every increment or fraction of 30,000 projected annual visits. Program a separate Emergency Care Room for every increment of two emergency care spaces required, up to a maximum of two separate rooms (4 beds total).
Ambulance Reception/ Team Center	NSTA1	13.94	150	One per department.
Litter/wheelchair storage	SRLW1	5.57	60	One per dept, can split 20 nsf near patient entrance
Supplies/Equipment Storage	SRS01	9.29	100	One per department
Decontamination Shower Room (GP)	NBCD2	11.15	120	One per department

Additional Functions Required for **Level IV** Emergency Care/Limited **Initial Emergency Management/Acute Care**

Emergency Care Room	TRET4	32.52	350	One per department (1 bed).
Walk-In Patient Reception/Control (GP)	RECP1	11.15	120	One per department.
Ambulance Reception/Team Center	NSTA1	13.01	140	One per department (if ambulance service authorized).
Litter/wheelchair storage	SRLW1	3.72	40	One per dept, can split 20 nsf near patient entrance
Supplies/Equipment Storage	SRS01	9.29	100	One per department
Decontamination Shower Room (GP)	NBCD2	11.15	120	One per department

Functions Required for Ambulance Service

Ambulance Dispatch	COM02	9.29	100	Consider consolidating with Security/Communications Center.
Emergency Response Kits/Supply Storage	SRSE1	1.39	15	Per ambulance assigned.
Flammable/Hazardous Mat. Storage.	SRHM1	0.93	10	Minimum for flammable storage locker, plus 2 nsf per each additional operational ambulance assigned.
Mass Casualty Storage	SRS01	11.15	120	Can be increased based on Mission/Concept of Operations
Med Gas	SRGC2	1.86	20	Minimum, can be combined with main ER
Ambulance Shelter	AMB01	46.45	500*	For first ambulance. Add 400 gsf for each additional ambulance assigned.
Ambulance Garage	AMB02	50.17	540*	For first ambulance. Add 420 gsf for each additional ambulance assigned.

* Allowance is programmed as gross square feet (gsf).

Emergency and Ambulance Services

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m^2	nsf	

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Emergency and Ambulance Services

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	

Functions which are required for Residency Education in Emergency Medicine:

RESIDENCY STAFF AND ADMINISTRATIVE AREAS

Director of Residency Program (GP)	OFA01	11.15	120	Standard Furniture - One per director of a Residency Program.
	OFA02			System Furniture - One per director of a Residency Program.
Secretary to Director with visitor waiting.	SEC01	11.15	120	One per Director of a Residency Program, if there is a projected FTE secretary position.
Residency Coordinator	OFA01	11.15	120	One per projected FTE.
Residency Research Technician Cubicle	OFA03	5.57	60	Per projected FTE.
Resident's Cubicle	OFA03	5.57	60	Minimum. 60 nsf per projected resident.
Residency Library	LIBB1	13.01	140	One per Residency Program.
Conference Room (GP)	CRA01	23.23	250	Minimum, one per Residency Program. For increased sizing see Section 2.1.
Rotating Resident's Cubicle	OFA03	5.57	60	One office for each of the maximum number of residents (all types) at any one time, who see patients in the clinic.
Resident's Examination Room (GP)	EXRG1	11.15	120	Army. One examination room for each of the maximum number of residents (all types) at any one time, who see patients in the clinic. Minus the two monitored exam rooms
	EXRG2			Navy
	EXRG3			Air Force
Monitored Exam Rooms - subject & observer rooms. (GP)	EXRG1	11.15	120	Army - Provide two exam rooms per residency program, and one COM03. These rooms use cameras and videotapes.
	EXRG2			Navy
	EXRG3			Air Force
	COM03	5.57	60	One room can support two rooms exam rooms
Preceptor/Consult Rooms	OFDC1	11.15	120	One per eight staff physicians per concept of operations.

DoD Space Planning Criteria for Health Facilities
Women's Health

3.6.1 PURPOSE AND SCOPE:

This chapter specifies the space planning criteria for outpatient women's health services. These services include OB/GYN Clinic, Midwife Clinic, Family Planning and Women's Health Service, which may be provided in either this section and/or in other sections of these criteria. Examples of such services include: oncology, surgical services, counseling and women's imaging services with such procedures as ultrasound, mammography and bone densitometer.

Note to the Programmer. Decisions on a "clinic concept of operations" are especially important. There is a considerable range of services, which can be included under the title of "women's health." One option is to program a clinic, which provides obstetrics and gynecological services. This clinic could refer women elsewhere for such things as laboratory work, imaging, counseling and etc. Another option is to program a clinic, which provides a "one stop" location for all women's health services. Such an all-inclusive option would result in the programming of laboratory services, radiology/imaging services and counseling services in the women's health clinic. This option may also cross-traditional organizational lines, and personnel command chains of departments (OB/GYN, Surgery, Nursing, and Social Work Services). Care must be taken to avoid duplicate programming of equipment based on the same workload count - for example mammography units in both the Women's Health clinic and the Radiology department. Special attention should also be given to assuring that the resources (to include staffing) necessary to provide all services programmed are available, and fully supported by the command.

3.6.2. DEFINITIONS:

Clinic Visit: A visit is a contact between an eligible beneficiary and a medical care provider. A visit consists of an examination, diagnosis, treatment, evaluation, consultation, counseling, or medical advice in a clinic or treatment/observation in quarters. (Source: DoD 6015-M, Glossary of Healthcare Terminology, 1999).

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. This will include everyone working in the facility; military, civilian and contractor personnel.

Office: Room Code OFA01 is a private office outfitted with standard office furniture. Room Code OFA02 is a private office outfitted with systems furniture. Room Code OFA03 is a cubicle outfitted with systems furniture.

Patient Learning Resource Room: A patient learning resource room provides patients with publications and access to computers connected to the Internet to research diseases and health information.

Preceptor/Consult Room: - A location is required for residents in training to be able to discuss cases in private with supervising faculty physicians (preceptors). These discussions occur during the course of a patient visit, requiring proximity to exam room areas. In clinic configurations with staff physician offices clustered near exam rooms, precepting may be feasible from the faculty physician's own office and not from a dedicated central preceptor room. Note that any space provided for precepting must afford privacy from eavesdropping patients and passers-by ... hence an open area accessible by non-staff is NOT acceptable.

Provider: An individual who examines, diagnoses, treats, prescribes medication and manages the care of patients within his or her scope of practice as established by the governing body of a healthcare organization. Providers are physicians, physician's assistants, midwives and clinical nurse practitioners. The term 'staff providers' does not include residents.

Rotating Resident: A rotating resident is one from any graduate medical education specialty program (internal medicine, pediatrics, surgery, family practice, etc.) who, in the course of his or her education, must spend time in the services of another specialty. For example, internal medicine residents are required to "do a rotation" in the OB/GYN service.

Women's Health Services: The concept of Women's Health Services includes two major elements. The first element provides for the outpatient services associated with preventive and curative medical care provided to women patients. This information is located in this section. The second element provides the inpatient services for

women, to include the obstetric services and related birth services for newborns. This information is located in Section 4.2 and 4.3.

Women's Health Clinic: A clinic for women's health may include the following services: obstetrics, gynecology, breast examination/treatment, cervical cancer diagnosis/treatment and family planning. A clinic will normally include the following areas: waiting, reception, offices, and examination rooms, special purpose rooms, imaging rooms, utility rooms, treatment rooms, storage space, linen rooms, conference rooms, lounges, and toilets.

3.6.3. POLICIES

Providers' Examination Rooms: Each provider will be provided with two examination rooms.

Providers' Offices: Each physician, physician's assistant, clinical nurse practitioner, midwife and allied scientist on the staff who has patient appointments, will be provided a private office (excluded offices are provided under other criteria, such as Radiologists, Pathologists, Anesthesiologists and Commanders).

Resident's Office Space: Private office space will not be programmed for graduate medical education residents. Residents who are in a graduate medical education program studying to become a specialist in the service being programmed, will be provided with shared office space of 60 nsf per resident in the program. An office for a rotating resident may be programmed in the clinic for residents who see patients.

Resident's Office/Examination Rooms: Additional office and examination room space may be programmed into a clinic to provide space for "rotating residents" to see patients. A resident during his or her rotation in the clinic will use this space when seeing patients as walk-ins or by appointment. One office and two examination rooms may be programmed for each resident FTE projected to be in the clinic seeing patients. Note: These residents are not necessarily OB/GYN residents only; family practice, internal medicine and other residency programs may require a rotation in the women's health clinic.

3.6.4. PROGRAM DATA REQUIRED:

Number of providers programmed.
Projected number of births annually.
Total number of nurses assigned to the clinic.
Is there a dedicated Advice Nurse assigned to this clinic?
Is there a Social Worker assigned to this clinic?
Total number of staff requiring a private office (see section 2.1)
Is there a Family Planning Counselor assigned to this clinic?
Total number of staff assigned to the clinic.
Total number of staff requiring a dedicated cubicle
Total number of staff without a dedicated cubicle or private office requiring a locker.
Projected number of records to be maintained in the clinic.
Projected number of bone densitometer units in the clinic.
Projected number of Infertility Fluoroscopy Rooms.
Projected number of dedicated ultrasound units in the clinic.
Projected number of dedicated mammography units.
Is a dedicated colposcopy room required?
Is there a qualified laboratory technician programmed?
Projected maximum number of rotating residents seeing patients in the clinic at one time.
Is there an OB/GYN graduate medical education (GME) program?
Projected number of OB/GYN residents.
Is there a Residency Secretary?

DoD Space Planning Criteria for Health Facilities
Women's Health

3.6.5 SPACE CRITERIA:

NOTE: GP indicates that a guideplate exists for that particular Room Code.

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	
RECEPTION AREAS				
Clinic Waiting	WRC01	5.57	60	Minimum. Provide 4.0 seats for each projected FTE provider. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting).
	WRC02			Well waiting: Recommend providing 67% of space for a main waiting area and 33% of space for a well waiting area. Provide handicap seats in both areas.
Reception (GP)	RECP1	13.01	140	Minimum. Provide 140 nsf for the first eight providers. Increase 60 nsf for each increment of four providers over the initial eight providers. Includes space for 2 technicians. When only 1 technician required, consolidate with adjacent department, where possible.
Patient Education Conference Room (GP)	CLR01	23.23	250	Tables and chairs, One per clinic if eight providers or less. Prove two classrooms for more than nine providers. .
	CLR02			Writing arm chairs - see above planning range comment
Patient Education Cubicle	CLSC2	2.72	30	Provide if in clinic concept of operations. Includes a computer workstation for patient self-assessment, printing educational brochures, etc.
Public Toilets	NA	NA	NA	Space will be provided in the Common Areas. See Section 6.1.
PATIENT AREAS				
Screening/Weights and Measures (GP)	EXRG4	7.43	80	Minimum up to four projected FTE providers. One additional room for increment of four providers or portion thereof.
OB Exam Rooms (GP)	EXRG8	11.15	120	Two per projected FTE providers minus one isolation exam room. (Also note resident examination rooms.)
Isolation Exam Room (GP)	EXRG6	13.01	140	One per clinic.
Isolation Toilet	TLTU1	5.57	60	
Consult room	OFDC2	11.15	120	One per clinic.

DoD Space Planning Criteria for Health Facilities

Women's Health

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	
PATIENT AREAS (continued)				
Patient/Specimen Toilet (GP)	TLTU1	5.57	60	Minimum one. Provide two toilets if projected FTE providers is between nine and fifteen. Provide three toilets if projected FTE providers is sixteen or more with a maximum of three toilets.
Specimen Lab/Holding	LB0B1	5.57	60	One per women's clinic when no laboratory technician (FTE) projected.
Laboratory, Satellite	LBSC2	11.15	120	One, if one or more laboratory technician (FTE) projected.
Bone Densitometry	XDB01	11.15	120	One, if in the clinic concept of operations and if qualified operator projected.
Infertility Fluoroscopy Room (GP)	XDRF1	27.87	300	One, if in the clinic concept of operations and if qualified radiology technician (FTE) projected.
Fluoroscopy Toilet (GP)	TLTF1	5.57	60	One, if fluoroscopy room programmed.
OB/GYN Treatment room	TROB1	16.26	175	One per six providers.
Colposcopy Room	TROB1	16.26	175	If in the clinic concept of operations.
Ultrasound Room (GP)	XDUS1	15.33	165	One per dedicated ultrasound unit.
Ultrasound Toilet (GP)	TLTF1	5.57	60	One per two ultrasound rooms.
Non-Stress Test / Fetal Monitoring Area (GP)	OPST1	11.15	120	One per clinic if fewer than 360 births per year.
		27.87	300	Provide if more than 360 births per year projected. Includes 3 stations and one workstation.
Dedicated Non-Stress Toilet (GP)	TLTF1	5.57	60	One per suite.
Mammography Room (GP)	XDM01	11.15	120	One per dedicated mammography unit.
Mammography Film Processing Room (GP)	XDMP1	10.22	110	One per 1 to 5 mammography units programmed, additional processing room per every 5 additional mammography unit programmed.

DoD Space Planning Criteria for Health Facilities

Women's Health

FUNCTION	Room Code	AUTHORIZED m²	AUTHORIZED nsf	PLANNING RANGE/COMMENTS
STAFF AND ADMINISTRATIVE AREAS				
Provider's Office (GP)	OFD01	11.15	120	Army - One per projected FTE provider). (See also Residency Program section.)
	OFD03			Navy. -One per projected FTE provider. (See also Residency Program section.)
	OFD03			Air Force - One per projected FTE provider. (See also Residency Program section.)
Nurse Manager's Office	OFA01	11.15	120	Single office, Standard Furniture. One per projected FTE Nurse Manager.
	OFA02			Single office, System Furniture. One per projected FTE Nurse Manager.
Nurses' Workroom	WRCH1	11.15	120	Army/Navy. Minimum. Add 40 nsf for each projected FTE nurse above four.
	OFA03	5.72	60	Air Force. Cubicle Systems Furniture. One per projected FTE Nurse.
NCOIC/LCPO/LPO Office	OFA01 OFA02	11.15	120	One per clinic.
Advice Nurse Office	OFA01 OFA02	11.15	120	One per projected FTE.
Administrative Personnel with Private Office	OFA01 OFA02	11.15	120	One per projected FTE requiring a private office. Refer to Section 2.1. Some examples are Group Practice Manager, Nurse Educator, Health Care Integrator, any staff who interviews or counsels patients.
Administrative Cubicle	OFA03	5.57	60	Per projected FTE requiring a dedicated workspace but not a private office. See Section 2.1.
Social Worker's Office	OFDC1	11.15	120	One per projected FTE social worker.
Family Planning Counselor Office	OFA01	11.15	120	One per projected FTE family planning counselor.
Patient Records Area	FILE1	5.57	60	If records are stored outside of the clinic. See Section 2.5.
	MRS01			If records are stored in the clinic. See Section 2.5 for increased sizing
Reproduction Room	RPR01	9.29	100	For Copier/Fax/Mailbox distribution
Forms/Literature Storage	SRS01	9.29	120	One per clinic.

DoD Space Planning Criteria for Health Facilities

Women's Health

FUNCTION	Room Code	AUTHORIZED m²	AUTHORIZED nsf	PLANNING RANGE/COMMENTS
STAFF AND ADMINISTRATIVE AREAS (Continued)				
Conference Room (GP)	CRA01	23.23	250	Minimum use CRA01. One per department with less than eight officers or officer equivalents. For increase in size (CRA02 and CRA03) see Section 6.1.
	CRA02	27.87	300	
	CRA03	37.16	400	
Staff Lounge (GP)	SL001	13.01	140	Minimum. See Section 6.1.
Staff Lockers (GP)	LR001	1.86	20	Lockers for personal property. See Section 6.1 for increase in size or for Locker Room, Changing criteria.
Staff Toilets (GP)	TLTU1	5.57	60	Minimum for total clinic staff of at least 10. See Section 6.1 for increase in size and for male/female breakdown.
CLINIC SUPPORT AREAS				
Clean Utility/Supply Room (GP)	UCCL1	11.15	120	For up to 6 projected FTE providers.
		13.94	150	For 7 - 12 projected FTE providers.
		16.72	180	For more than 12 projected FTE providers.
Soiled Utility (GP)	USCL1	8.36	90	For up to 6 projected FTE providers.
		11.15	120	For 7 - 12 projected FTE providers.
		13.94	150	For more than 12 projected FTE providers.
Litter/Wheelchair Storage	SRLW1	5.57	60	One per clinic.
Crash Cart Alcove	RCA01	1.86	20	One per clinic. Can be shared between several clinics if fully accessible to all.
Equipment Storage	SRE01	9.29	100	One per clinic.

Functions which are required for Residency Education in OB/GYN

The following areas must be programmed if the MTF is the "Center" for an OB/GYN Residency Program.

RESIDENCY PROGRAM				
Director of Residency Program (GP)	OFD01	11.15	120	Army - One per director of a residency program.
	OFD02			Navy. One per director of a residency program.
	OFD03			Air Force - One per director of a residency
Secretary to Director with Visitor Waiting.	SEC01	11.15	120	One per director of a residency program, if there is a projected FTE secretary position.
Residency Coordinator	OFA01	11.15	120	One per projected FTE residency program coordinator.
	OFA02			
Residency Research Technician Cubicle	OFA03	5.57	60	Provide 60 nsf per projected FTE position.
Resident's Cubicle	OFA03	5.57	60	Minimum. 60 nsf per projected resident.

DoD Space Planning Criteria for Health Facilities

Women's Health

FUNCTION	Room Code	AUTHORIZED m²	AUTHORIZED nsf	PLANNING RANGE/COMMENTS
RESIDENCY PROGRAM (cont)				
Residency Library	LIBB1	13.01	140	One per residency program.
Conference Room (GP)	CRA01	23.23	250	Minimum. One per residency program. For increased sizing see Section 2.1.
Monitored Exam Rooms - Subject & Observer Rooms (GP)	EXRG1	11.15	120	Provide two EXRG1 per residency program, and one COM03. These rooms use cameras and videotapes.
	COM03	5.57	60	
Rotating Resident's Cubicle	OFA03	5.57	60	One cubicle for each of the maximum number of residents (all types) at any one time, who see patients in the clinic.
Resident's Examination Room (GP)	EXRG1	11.15	120	Army. One per projected resident. Minus the two monitored exam rooms.
	EXRG2			Navy. (See above planning range comments.)
	EXRG3			Air Force. (See above planning range comments.)
Preceptor/Consult Rooms	OFDC1	11.15	120	One per eight staff physicians per concept of operations.

DoD Space Planning Criteria for Health Facilities
Occupational Therapy Clinic

3.8.1. PURPOSE AND SCOPE:

This document sets forth the space planning criteria for occupational therapy services within the Department of Defense Health Care Facilities.

3.8.2. DEFINITIONS:

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. This will include everyone working in the facility; military, civilian and contractor personnel.

Occupational Therapy (O.T.): Is the use of purposeful activity with individuals who are limited due to physical injury or illness, psychosocial dysfunction, developmental or learning disabilities, poverty and cultural differences or the aging process in order to maximize independence, prevent disability and maintain health. The practice encompasses evaluation, treatment and consultation. Specific occupational therapy services include: diagnosis and treatment of upper extremity conditions (physician extender role); designing, fabricating or applying selected orthotic and prosthetic or selective adaptive equipment; using specifically designed crafts and exercises to enhance functional performance; administering and interpreting tests such as manual muscle and range of motion; teaching daily living skills; developing perceptual motor skills and sensory integrative functioning; developing play skills and prevocational and leisure capacities; health promotion and injury prevention education and treatment; and adapting environments for the physically and mentally challenged. These services are provided individually, in groups, or through social systems.
In addition to the above, service may include ergonomics/human factor consultation (work adjustment); work-site evaluation; development of avocational interests and leisure time skills; fabrication of orthotic and assistive devices; clinical education programs for therapist level and or assistant level students and research programs; and evaluation and treatment for sensory integrative dysfunction. As appropriate, service may be extended beyond the occupational therapy module to provide home health visits and consultation services to community agencies supporting the military.

Office: Room Code OFA01 is a private office outfitted with standard office furniture. Room Code OFA02 is a private office outfitted with systems furniture. Room Code OFA03 is a cubicle outfitted with systems furniture.

Service: A service in this context includes all functions and activities associated with accomplishing the Occupational Therapy mission. This service receives referrals from all medical specialties.

Treatment Area for O.T.: The major treatment area or patient care area is the general clinic area including daily life skills area, evaluation areas, and work adjustment/hardening equipment area. Space requirements for the above treatment areas are calculated on the basis of projected patient visits per month. When computing actual space requirements, the resulting figures should be rounded to a whole number.

Visit: Each time a patient present himself/herself to the Occupational Therapy Clinic, it is counted as one visit. One visit may generate several treatments. Visits to any areas outside the clinic, such as nursing units and homes, are not to be counted for space allocation.

3.8.3. POLICIES:

A separate occupation therapy clinic will be provided when there are 3 or more occupational therapist and occupational therapist technician FTEs projected. If one or two occupational therapists are projected, recommend combining occupational therapy with the physical therapy clinic.

DoD Space Planning Criteria for Health Facilities
Occupational Therapy Clinic

3.8.4. PROGRAM DATA REQUIRED:

Projected number of occupational therapist FTEs.
Projected number of occupational therapist technician FTEs.
Total number of staff assigned to the clinic?
Is there a pediatric evaluation program?
Is there an ergonomic O.T. program?
Is ergonomics training provided?
Is there a neuro/rehab training program?
Is there a daily living program?

NOTE: GP indicates that a guideplate exists for that particular Room Code.

3.8.5. SPACE CRITERIA:

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m^2	nsf	
RECEPTION AREAS				
Clinic Waiting Area	WRC01	13.01	140	Minimum (provides 7 seats). Provide 2 seats per occupational therapist and OT technician FTE projected. Provide 16 nsf for 85% of the seats and 25 nsf for 15% of the seats (handicapped waiting).
Reception (GP)	RECP1	13.01	140	One reception station per clinic.
Patient Toilets	NA	NA	NA	Space will be provided in the Common Areas Section 6.1.
PATIENT AREAS				
Clinic Treatment Area	OTGC1	11.15	120	Minimum. Provide 60 nsf per therapist and OT technician FTE projected.
Daily Living Skills Training Room (GP)	OTDL1	37.16	400	One per clinic.
Private Evaluation Area	OTEV1	11.15	120	One room per every three technicians projected. (Do not round up).
Ergonomic Laboratory	OTWT1	37.16	400	One per clinic when ergonomic O.T. services provided.
Splint Fabrication Room	OPCR1	18.58	200	One per clinic if included in clinic concept of operations.
Neuro/Rehab Training	OTEV1	18.58	200	One per clinic when neuro/rehab training program offered.
Pediatric Evaluation and Rehabilitation	PTPR1	18.58	200	One per clinic when pediatric evaluation a service of the clinic.

DoD Space Planning Criteria for Health Facilities

Occupational Therapy Clinic

FUNCTION	Room Code	AUTHORIZED m²	AUTHORIZED nsf	PLANNING RANGE/COMMENTS
STAFF AND ADMINISTRATIVE AREAS				
Occupational Therapist (GP)	OFD01	11.15	120	Army - One per projected Occupational Therapist FTE.
	OFD03			Navy - One per projected Occupational Therapist FTE.
	OFD03			Air Force - One per projected Occupational Therapist FTE
Occupational Therapy Technicians Office	WRCH1	11.15	120	One per clinic for FTE greater than 3.
NCOIC/LCPO/LPO	OFA01	11.15	120	Standard Furniture. One per clinic.
	OFA02			System Furniture. One per clinic.
Nurses' Workroom	WRCH1	11.15	120	Minimum. Army/Navy. Add 40 nsf for each nurse above 4 assigned to the clinic.
	OFA03	5.72	60	Air Force - One per projected FTE.
Administrative Cubicle	OFA03	5.57	60	System Furniture Cubicle. One per projected FTE
Reproduction room	RPR01	9.29	100	For Copier/Fax/Mailbox distribution
Form / Literature Storage	SRS01	9.29	100	One per clinic.
Conference Room (GP)	CRA01	23.23	250	Minimum. One per clinic with between four to eight occupational therapist FTEs. Combine with another clinic if fewer than four OT FTEs. See Section 2.1.
Staff Lounge (GP)	SL001	13.01	140	See Section 6.1.
Staff Lockers (GP)	LR001	1.86	20	Lockers for personal property. See Section 6.1.
Staff Toilets	TLTU1	5.57	60	Provide one if there are more than 15 FTE assigned. Add one TLTU1 For each 15 FTE or see section 6.1 for male/female breakdown.
CLINIC SUPPORT AREAS				
Litter and Wheelchair Storage	SRLW1	5.57	60	One per clinic.
Equipment Storage	SRE01	18.58	200	One per clinic, 200 nsf minimum, add 60 nsf for each occupational therapist FTE over six.

DoD Space Planning Criteria for Health Facilities
Physical Therapy

3.9.1. PURPOSE AND SCOPE:
This section specifies the space planning criteria for outpatient physical therapy services. The purpose of physical therapy is to provide evaluation, treatment and consultation, which maintains, restores or improves physical functions.

3.9.2. DEFINITIONS:

Exercise Station: Any combination of weight training devices, exercise devices, exercise tables, parallel bars, mats, tilt tables, isokentic machines and gait training areas.

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. This will include everyone working in the facility; military, civilian and contractor personnel.

Office: **Room** Code OFA01 is a private office outfitted with standard office furniture. Room Code OFA02 is a private office outfitted with systems furniture. Room Code OFA03 is a cubicle outfitted with systems furniture**.**

Pain Manager: Pain managers provide the skills to manage pain in an effective manner.

Physical Therapy: Physical therapy provides therapeutic interventions for inpatients and outpatients whose ability to function is impaired by disease, injury, or other causes. Patients treated include, but are not limited to, those with pain, neuromuscular, musculoskeletal, cardiopulmonary, and integumentary conditions. Physical therapy includes the prevention of injury and impairment through the promotion and maintenance of fitness. The profession also actively engages in consultation, education, and research.

Physical Therapist: Physical therapists provide the examination, evaluation, diagnosis, and treatment of individuals with potential or actual functional impairment. Physical Therapists are credentialed to serve as physician extenders / primary care providers evaluating and managing neuromusculoskeletal disorders. Physical Therapists provide ergonomic assessments, injury prevention studies and counseling, wellness/physical fitness counseling, and health promotion activities.

Physical Therapy Technician: This may be a military enlisted person, specifically trained to perform certain physical therapy treatments, or this may be a civilian Physical Therapy Assistant (PTA). A civilian PTA is usually licensed by the state where the MTF is located and is a graduate of an accredited training program. The Commission on Accreditation of Physical Therapy Education (CAPTE) accredits such programs.

Wall Storage: Wall storage in a physical therapy clinic, normally in the exercise and the cubicle area, is open storage for weights, components of the equipment crutches and other physical therapy devises. This open storage is made possible by wall mounted heavy-duty pegboards, dowels and shelf units.

3.9.3. POLICIES:

Where physical therapy is a service in a hospital, a physical therapy room will be programmed on the ward where orthopedic patients are located.

3.9.4. PROGRAM DATA REQUIRED:

Number of physical therapists projected.
Number of physical therapy technicians or aides/assistants projected.
Is there an Extremity Whirlpool?
Is there a Hydro-Therapy Suite?
Is there a Physical Therapy education program in this clinic?
Total number of staff assigned to the clinic.
Total number of staff without a designated cubicle or office.
Is there a secretary assigned to the Training program director?
Maximum number of physical therapy students present at one time.

3.9.5. SPACE CRITERIA:

Note to Programmer: Hydrotherapy is not being widely used in military hospitals and is not being taught in the "in hospital rotation" portion of the DoD Physical Therapy Master Degree program as of the year 2000. The new Brooke Army Medical Center has had all whirlpools removed from the PT clinic facilities. Most PT training to include Masters and PhD. programs is conducted at BAMC for all three services. Therefore, the programming of hydrotherapy should be questioned in any new facilities.

NOTE: GP indicates that a guideplate exists for that particular Room Code.

Part Time Operation or Full-Time operation with staffing of no more that one provider or technician staffing only - this is a minimum size physical therapy clinic.

RECEPTION AREAS - Minimum clinic

Clinic Waiting Area	WRC01	13.01	140	Minimum, provide 7 seats. Provide 5 @ 16 nsf and 2 @ 25 nsf for handicapped waiting.
Reception (GP)	RECP1	11.15	120	One reception station per clinic.
Public Toilets	NA	NA	NA	Space provided in the Common Areas. See Section 6.1

PATIENT AREAS - Minimum clinic

Physical Therapist Exam (GP)	EXRG1	11.15	120	Army/Air Force. One per physical therapist (FTE) projected as full-time or part-time.
	EXRG2			Navy. One per physical therapist (FTE) projected as full-time or part-time.
Treatment Cubicle (GP)	PTTC1	13.01	440	Minimum (allows for four cubicles). Provide 1.5 cubicles per technician at 110 nsf per cubicle. This is a treatment area, which is defined by a front wall and ceiling hung curtains with additional workspace outside the curtained area. The curtained treatment area is 96 nsf.

DoD Space Planning Criteria for Health Facilities

Physical Therapy

FUNCTION	Room Code	AUTHORIZED m²	AUTHORIZED nsf	PLANNING RANGE/COMMENTS
PATIENT AREAS - Minimum clinic (cont)				
Physical Therapy Cubicle Workstation	PTCW1	5.57	40	One per every 4 cubicles.
Exercise Area	PTES1	18.58	200	Minimum. One per clinic. Allows space for 3 machines with circulation (includes isokinetic workstation). Provide justification if greater area required.
Mat/Platform Area	PTEA1	20.44	220	One per clinic.
Dressing Room (GP)	DR001	5.57	60	One per clinic.
Wall Storage in Exercise Area	SRE01	5.57	60	One per clinic.
STAFF AND ADMINISTRATIVE AREAS - Minimum clinic				
Physical Therapist's (GP)	OFD01	11.15	120	Army/Air Force. One per physical therapist (FTE) projected as full-time or part-time.
	OFD03			Navy. One per physical therapist (FTE) projected as full-time or part-time.
NCOIC/LCPO/LPO	OFA01	11.15	120	One per clinic. Private office, Standard Furniture. This is an office for the senior physical therapy technician. If this clinic is only operated part-time and is staffed by a technician, then this is that part-time technician's office.
	OFA02			Private office, System Furniture.
Physical Therapy Technician's Office - Army/Navy	WRCH1	11.15	120	One office per every three or fraction of three technician FTEs projected. (Do not include the senior technician who is the LCPO or LPO).
Physical Therapy Technician's Office - Air Force	OFA03	5.57	60	One cubicle for 50% of the projected FTE technicians. (Do not include the NCOIC)
Reproduction room	RPR01	3.72	40	For Copier/Fax/Mailbox distribution
Form / Literature Storage	SRS01	9.29	100	One per clinic.
Administrative Cubicle	OFA03	5.57	60	System Furniture cubicle. Per projected FTE. See Section 2.1.
Staff Toilets	TLTU1	5.57	60	Provide one if there are more than 15 projected FTE. Add one TLTU1 For each 15 FTE or see section 6.1 for male/female breakdown.

DoD Space Planning Criteria for Health Facilities

Physical Therapy

FUNCTION	Room Code	AUTHORIZED m²	AUTHORIZED nsf	PLANNING RANGE/COMMENTS
CLINIC SUPPORT AREAS Minimum clinic				
Litter/Wheelchair Storage	SRLW1	5.57	60	One per clinic.
Equipment Storage	SRE01	9.29	100	One per clinic.
Supply Storage Room	SRS01	9.29	100	One per clinic.
Linen Storage	LCCL1	1.86	20	One per four cubicles.

Space Planning Criteria for Physical Therapy Services – with multiple qualified physical therapists:

RECEPTION AREAS				
Clinic Waiting Area	WRC01	5.57	60	Minimum. Provide 2 seats per PT and PT Technician. 90% of seats @ 16 nsf and 10% of seats @ 25 nsf for handicapped waiting.
Reception (GP)	RECP1	13.01	140	One reception station per clinic.
Public Toilets	NA	NA	NA	Space provided in the Common Areas. See Section 6.1
PATIENT AREAS				
Provider's Exam Rooms (GP)	EXRG1	11.15	120	Army. One per projected physical therapist FTE provider.
	EXRG2			Navy.
	EXRG3			Air Force.
Treatment Cubicle (GP)	PTTC1	13.01	440	Minimum (allows for four cubicles). Provide 1.5 cubicles per provider/technician at 110 nsf per cubicle. This is a treatment area, which is defined by a front wall and ceiling hung curtains with additional workspace outside the curtained area. The curtained treatment area is 96 nsf.
Physical Therapy Cubicle Workstation	PTCW1	5.57	40	One per every 4 cubicles.
Treatment Room	TROR1	13.01	140	One per clinic to allow increased privacy for treatment. Provide a second such room when the number of PTs projected exceeds 8.
Exercise Area	PTES1		400	Minimum, one per clinic. One exercise station per PT and technician/aide projected. Add 65 nsf per station over three. This includes the space for exercise machines, and also to include Isokinetic machines.

DoD Space Planning Criteria for Health Facilities

Physical Therapy

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	
PATIENT AREAS (cont)				
Mat/Platform Area	PTEA1	11.15	120	Minimum of one mat/platform. One mat/platform per every four providers projected.
Dressing Room (GP)	DR001	5.57	60	One per clinic, minimum. Provide one additional dressing room for every four-treatment cubicles.
Wall Storage in Exercise Area	SRE01	3.72	40	Minimum. Add 4 nsf (1 linear foot) of wall storage per exercise station projected over three.
Radiology Reading Room (GP)	XVC01	11.15	120	Special justification required.
Gait Lane & Parallel Bar Area	PTGL1	18.58	200	One per clinic with greater than 4 providers.
Patient Toilet/ Shower	TLTS1	7.43	80	Minimum of one shower per dressing room. Provide one additional patient locker (LR001) for patient belongings.
Extremity Whirlpool	PTEW1	5.57	60	One per clinic. May be deleted on authority of clinic chief.
Hydro-Therapy Suite (GP)	PTWT1	39.48	425	Special study required. If justified, this includes two extremity whirlpools, and one shower trolley.
Physical Therapy Whirlpool Workstation	PTWW1	5.57	60	If in clinic concept of operations
Amputee Training Area	PTAT1	37.16	400	Provide if in concept of operations
Inpatient Physical Therapy (on the ward) - Treatment cubicles (GP)	PTTC1	13.01	140	If in clinic concept of operations. Provides space for exercise stations, treatment station and wall storage. NOTE: This requirement is restated in inpatient section.
Inpatient Physical Therapy (on the ward) - Exercise station	PTES1	18.58	200	If in clinic concept of operations. Provides space for exercise stations, treatment station and wall storage. NOTE: This requirement is restated in inpatient section.

DoD Space Planning Criteria for Health Facilities

Physical Therapy

FUNCTION	Room Code	AUTHORIZED m²	AUTHORIZED nsf	PLANNING RANGE/COMMENTS
STAFF AND ADMINISTRATIVE AREAS				
Physical Therapist's (GP)	OFD01	11.15	120	Army/Air Force. One per physical therapist (FTE) projected as full-time or part-time.
	OFD03			Navy. One per physical therapist (FTE) projected as full-time or part-time.
NCOIC/LCPO/LPO	OFA01	11.15	120	One per clinic. Standard Furniture. This is an office for the senior physical therapy technician.
	OFA02			Private office system furniture
Physical Therapy Technician's Office -	WRCH1	11.15	120	Army/Navy - One office per every three or fraction of three technician FTEs projected. (Do not include the senior technician who is the LCPO or LPO).
	OFA03	5.57	60	Air Force - One cubicle for 50% of the projected FTE technicians. (Do not include the NCOIC).
Conference Room (GP)	CRA01	23.23	250	Minimum. One per clinic with between four to eight physical therapist FTEs. Combine with another clinic if fewer than four PT FTEs. See Section 2.1.
Reproduction Room	RPR01	9.29	100	If more than 6 FTE physical therapists projected. For Copier/Fax/Mailbox distribution.
Administrative Cubicle	OFA03	5.57	60	System Furniture cubicle. Per projected FTE. See Section 2.1.
Staff Lounge (GP)	SL001	13.01	140	Minimum. See Section 6.1.
Staff Lockers (GP)	LR001	1.86	20	Lockers for personal property. See Section 6.1
Staff Toilets	TLTU1	5.57	60	Provide one if there are more than 15 projected FTE. Add one TLTU1 For each 15 FTE or see section 6.1 for male/female breakdown.
CLINIC SUPPORT AREAS				
Trash/Linen Collection	UTLC1	7.43	80	One per clinic.
Litter/Wheelchair Storage	SRLW1	5.57	60	One per clinic.
Crash Cart Alcove	RCA01	1.86	20	One per clinic. Can be shared between several clinics if fully accessible to all.
Equipment Storage	SRE01	9.29	100	One per clinic.
Supply Storage Room	SRS01	9.29	100	One per clinic.
Linen Storage	LCCL1		20	Minimum, provide 20 nsf per 4 cubicles. Provide an alcove when 6 or fewer PTs. Provide a room when more than 6 PTs.

DoD Space Planning Criteria for Health Facilities

Physical Therapy

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	

Functions that are required for Teaching Program in Physical Therapy Services:

TEACHING STAFF AND ADMINISTRATIVE AREAS

Director of Teaching Program (GP)	OFD01	11.15	120	Army/Air Force. One per director of an in-hospital Physical Therapy Education Program. (Typically the Chief Physical Therapist in the Clinic.)
	OFD03			Navy. One per director of an in-hospital Physical Therapy Education Program. (Typically the Chief Physical Therapist in the Clinic.)
Secretary to Director with visitor waiting.	SEC01	11.15	120	One per Director of a Training Program, if there is a projected FTE secretary position.
Student Cubicle	OFA03	5.57	60	Minimum. 60 nsf per projected Student.
Library	LIBB1	13.01	140	One per Teaching Program.
Conference Room (GP)	CRA01	23.23	250	Minimum, one per Training Program. For increased sizing see Section 2.1.

Audiology / Hearing Conservation / Speech Pathology / Ear Nose and Throat (ENT) or Otorhinolararyngology Clinic

3.10.1. PURPOSE AND SCOPE:

This section sets forth space planning criteria for the outpatient audiology, hearing conservation, speech pathology, and Otorhinolaryngological Clinical Services in military health care facilities. Otorhinolaryngology clinics include: Ear, Nose and Throat (ENT) and Vestibular exams.

3.10.2. DEFINITIONS:

Audiology: Audiology services in military treatment facilities provide the following types of services: evaluation of the auditory system to include pure tone air and bone conduction, speech threshold and recognition testing, electrophysiological testing, vestibular evaluations, pre and post operative exams, dispensing and fitting of hearing aids and hearing protection, and hearing conservation services.

Educational and Developmental Intervention Services (EDIS): Educational and Developmental Intervention Services are governed by DoDI 1010.13 which mandates that all children with special needs receive the assistance they require in order to receive a proper education. In OCONUS locations the military medical service shares the responsibility for providing these services with DoDDS. Medical related services can include occupational therapy, physical therapy, psychology services, and speech and audiology services.

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. This will include everyone working in the facility; military, civilian and contractor personnel.

Hearing Conservation: Hearing Conservation services are provided separately from Clinical Audiology Services. Hearing Conservation will provide the following services: hearing testing for the determination of temporary or permanent threshold shift (TTS/PTS), fitting of appropriate hearing protection, health education.

Office: Room Code OFA01 is a private office outfitted with standard office furniture. Room Code OFA02 is a private office outfitted with systems furniture. Room Code OFA03 is a cubicle outfitted with systems furniture.

Otorhinolaryngology: The branch of medicine concerned with medical and surgical treatment of the head and neck, including the ears, nose and throat.

Preceptor/Consult Room: - A location is required for residents in training to be able to discuss cases in private with supervising faculty physicians (preceptors). These discussions occur during the course of a patient visit, requiring proximity to exam room areas. In clinic configurations with staff physician offices clustered near exam rooms, precepting may be feasible from the faculty physician's own office and not from a dedicated central preceptor room. Note that any space provided for precepting must afford privacy from eavesdropping patients and passers-by ... hence an open area accessible by non-staff is NOT acceptable.

Provider: An individual, who examines, diagnoses, treats, prescribes medication and manages the care of patients within their scope of practice as established by the governing body of a healthcare organization. General providers are physicians, physician's assistants and clinical nurse practitioners. The term ‘staff providers’ does not include residents.

Speech Therapy: Speech services in military treatment facilities provide diagnosis and treatment of speech, language, voice, and swallowing disorders. Patients with such communication disorders often have hearing deficiencies.

Vestibular: relating to the internal ear, where balance functions are governed.

3.10.3. POLICIES:

Clinic Composition: A separate audiology / speech therapy clinic will not be programmed if the number of audiologist and speech therapist's FTEs is 2 or less. When the workload of audio and speech does not support a separate clinic, the services may be combined with ENT, or otorhinolaryngology services.

A separate ENT clinic will be programmed if the number of otorhinolaryngologist FTEs is 3 or more. When the staffing of otorhinolaryngologist does not support a separate clinic, the services may be combined with the general surgery clinic or audiology/hearing conservation and/or speech pathology services.

Educational and Developmental Intervention Services (EDIS): Adequate space for EDIS functions must be provided within OCONUS locations where dependents are sponsored. This may entail providing a single area for multiple specialties or it may simply entail ensuring the appropriate medical specialties are staffed within their own separate clinics. If a single EDIS area is provided, waiting and reception space, appropriate administrative office space, and appropriate treatment space (based on specialties included) will be provided. For the purpose of this section this could include locating an audiologist and/or speech pathologist within the EDIS area.

Separate Hearing Conservation Facilities: For the Army, a separate (freestanding) hearing conservation clinic will be constructed when there is an "at risk" hearing conservation population of 8,000 or greater.

3.10.4. PROGRAM DATA REQUIRED:

Projected number of Otorhinolaryngologist FTEs.
Projected number of beneficiaries served.
Projected number of audiologist FTEs.
Projected number of audiology technician FTEs.
Projected number of speech therapist FTEs.
Projected number of speech therapy technician FTEs.
Projected number of nurse FTEs.
Is there an advice nurse assigned?
Total number of staff that require a private office
Total number of staff that require a dedicated cubicle.
Total number of staff that do not have a dedicated cubicle.
Total number of staff assigned to the clinic.
Are pediatric patients seen in this clinic?
Is there a requirement for a dedicated vestibular exam room?
Is there an Otorhinolararyngology Residency Program?
Projected number of Otorhinolaryngologist residents.
Is there a Residency Research Technician for the Residency Program?
Is there a hearing conservation service in this MTF?
Project number of audiologist assigned to the a hearing conservation clinic
Projected number of beneficiaries served by the hearing conservation clinic
Total number of staff assigned to the hearing conservation clinic.

Audiology / Hearing Conservation / Speech Pathology / Ear Nose and Throat (ENT) or Otorhinolararyngology Clinic

NOTE: GP indicates that a guideplate exists for that particular Room Code.

3.10.5. SPACE CRITERIA:

FUNCTION	ROOM CODE	AUTHORIZED		PLANNING RANGE/COMMENTS
		m^2	nsf	
RECEPTION AREAS				
Clinic Waiting	WRC01	5.57	60	Minimum. Provide 3.0 seats per each projected FTE provider. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting). Note: this space can be divided into separate sick and well waiting areas. If divided, recommend providing 67% of space for a main waiting area.
	WRC02			Minimum. Well waiting: Include if pediatric and OB patients are seen in the clinic. Recommend providing 33% of space for a well waiting area. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting). If programming does not allow for separate services (well waiting vs. main waiting), then combine waiting space appropriately.
Pediatric Play Area (GP)	PLAY1	9.29	100	Provide if in clinic concept of operations.
Reception (GP)	RECP1	13.01	140	Minimum. Provide 140 nsf for the first eight providers. Increase 60 nsf for each increment of four providers over the initial eight providers. Includes space for 2 technicians. When only 1 technician required, consolidate with adjacent department, where possible.
Patient Education Kiosk/Alcove	CLSC1	3.72	40	One per clinic
Patient Education Cubicle	CLCS2	3.72	40	Provide if in clinic concept of operations. Includes a computer workstation for patient self-assessment, printing educational brochures, etc.
Public Toilets	NA	NA	NA	Space will be provided in the Common Areas. See Section 6.1.

Audiology / Hearing Conservation / Speech Pathology / Ear Nose and Throat (ENT) or Otorhinolararyngology Clinic

FUNCTION	ROOM CODE	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	
PATIENT AREAS - ENT (Otorhinolaryngology):				
ENT Exam Room (GP)	EXEN1	11.15	120	Two per projected FTE staff providers.
ENT Treatment Room	TREN1	16.26	175	Three per projected FTE staff providers.
Speech Therapist Office /Exam	EXOS1	11.15	120	One per projected FTE speech therapist.
Audiobooth Room (GP)	PEHS1	11.15	120	One person booth. One per every four-projected FTE otorhinolararyngologist. May be combined with Audiology department.
Vestibular Exam Room	EXVE1	13.94	150	One per clinic, if vestibular exams are performed in the ENT clinic. Consider performing this function in an ENT treatment room, unless workload requires a dedicated room.
Patient Toilet (GP)	TLTU1	5.57	60	One if number of projected FTE providers is between three and eight. Provide two toilets if number of projected FTE providers are between nine and fifteen. Provide three toilets if number of projected FTE providers are sixteen or more with a maximum of three toilets.
STAFF AND ADMINISTRATIVE AREAS ENT (Otorhinolaryngology):				
Provider's Office (GP)	OFD01	11.15	120	Army One per projected FTE staff provider. (See also Residency Program section.)
	OFD02			Navy. One per projected FTE staff provider. (See also Residency Program section.)
	OFD03			Air Force - One per projected FTE staff provider. (See also Residency Program section.)
Audiologist's Office (GP)	OFD01	11.15	120	Army One per projected FTE audiologist.
	OFD02			Navy. One per projected FTE audiologist.
	OFD03			Air Force - One per projected FTE audiologist.
Audiology Technician's Cubicle	OFA03	5.57	60	One cubicle per every three or fraction of three technician FTEs projected. (Do not include the NCOIC, LCPO or LPO.)
Speech Therapy Technician's Cubicle	OFA03	5.57	60	One cubicle per every three or fraction of three technician FTEs projected. (Do not include the NCOIC, LCPO or LPO).

Audiology / Hearing Conservation / Speech Pathology / Ear Nose and Throat (ENT) or Otorhinolararyngology Clinic

FUNCTION	ROOM CODE	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	
Nurse Manager's Office	OFA01	11.15	120	Private office, Standard Furniture. One per projected FTE Nurse Manager.
	OFA02			Private office, Systems Furniture. One per projected FTE Nurse Manager.
Nurses' Workroom	WRCH1	11.15	120	Army/Navy. Minimum. Add 40 nsf for each projected FTE nurse above four.
	OFA03	5.72	60	Air Force. Cubicle Systems Furniture. One per projected FTE Nurse.
NCOIC/LCPO/LPO	OFA01 OFA02	11.15	120	One per clinic.
Advice Nurse Office	OFA01 OFA02	11.15	120	One per projected FTE Advice Nurse.
Administrative Personnel with Private Offices	OFA01 OFA02	11.15	120	One per projected FTE requiring a private office. See Section 2.1. Some examples are Group Practice Manager, Nurse Educator, Health Care Integrator, any staff who interviews or counsels patients.
Administrative Cubicle	OFA03	5.57	60	Per projected FTE administrative personnel requiring a dedicated workspace but not a private office. See Section 2.1.
Patient Records Area	FILE1	5.57	60	If records are stored outside of the clinic. See Section 2.5.
Reproduction Room	RPR01	9.29	100	For Copier/Fax/Mailbox distribution.
Form /Literature Storage	SRS01	9.29	100	One per clinic.
Conference Room (GP)	CRA01	23.23	250	Minimum use CRA01. One per department with less than eight officers or officer equivalents. For increase in size (CRA02 and CRA03) see Section 6.1.
	CRA02	27.87	300	
	CRA03	37.16	400	
Staff Lounge (GP)	SL001	13.01	140	Minimum. See Section 6.1.
Staff Lockers (GP)	LR001		20	Lockers for personal property. See Section 6.1..
Staff Toilets (GP)	TLTU1	5.57	60	Minimum for total clinic staff of at least 10. See Section 6.1 for increase in size and for male/female breakdown.

Audiology / Hearing Conservation / Speech Pathology / Ear Nose and Throat (ENT) or Otorhinolararyngology Clinic

FUNCTION	ROOM CODE	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	
CLINIC SUPPORT AREAS ENT (Otorhinolaryngology):				
Clean Utility/Supply Room (GP)	UCCL1	11.15	120	For up to 6 projected FTE providers.
		13.94	150	For 7 - 12 projected FTE providers.
		16.72	180	For more than 12 projected FTE providers.
Soiled Utility (GP)	USCL1	8.36	90	For up to 6 projected FTE providers.
		11.15	120	For 7 - 12 projected FTE providers.
		13.94	150	For more than 12 projected FTE providers.
Litter/Wheelchair Storage	SRLW1	5.57	60	One per clinic.
Crash Cart Alcove	RCA01	1.86	20	One per clinic. Can be shared between several clinics if fully accessible to all.
Equipment Storage	SRE01	9.29	100	One per clinic.
Satellite Lab	LBSP1	5.57	60	One per clinic if in clinic concept of operations.
TESTING/TREATMENT: AUDIOLOGY/SPEECH PATHOLOGY				
Audiology Pediatric Evaluation/Therapy Room	EXRP1	11.15	120	One per every two projected FTE audiologists. If collocated with ENT clinic can be combined.
Audiobooth Room (GP)	PEHS1	11.15	120	One-person booth. Minimum requirement when audiology service provided.
	PEHS2 PEHS3	34.84	375	One 2-6-person booth when total population exceeds 2,000.
Audiobooth Suite (GP)	PEHS4	34.84	375	One suite per projected FTE audiologist. If there is a hearing conservation program, add an additional suite per 20,000 of population supported.
Hearing Aid Fitting Room	HAFR1	18.58	200	One per clinic when two or more projected FTE audiologists. Combine with Hearing Aid Laboratory when only one projected FTE audiologist.
Hearing Aid Laboratory	HATL1	9.29	100	One per clinic when two or more projected FTE audiologists. Reduce to 80 nsf and combine with Hearing Aid Fitting Room when only one projected FTE audiologist.
Evoked Potential	EVPR1	9.29	100	One per clinic when two or more projected FTE audiologists. Reduce to 80 nsf and combine with Vestibular Laboratory when only one projected FTE audiologist.
Audiology Testing Room	TREN2	16.26	175	One per clinic when services not provided in ENT. Also serves as location for computerized fluency assisted therapy, tracheoesphageal puncture (TEP) patient care, modified barium swallow results review, and videostroboscopy lab.

Audiology / Hearing Conservation / Speech Pathology / Ear Nose and Throat (ENT) or Otorhinolararyngology Clinic

FUNCTION	ROOM CODE	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	

Functions that are required for Residency Education in Otorhinolararyngology:
The following areas must be programmed if the MTF provides an Otorhinolarayngology Residency Program.

RESIDENCY PROGRAM				
Director of Residency Program (GP)	OFD01	11.15	120	Army/Air Force. One per director of a residency program.
	OFD03			Navy. One per director of a residency program.
Secretary to Director with Visitor Waiting	SEC01	11.15	120	Per projected FTE secretary.
Residency Coordinator	OFA01 OFA02	11.15	120	One per projected FTE residency program coordinator.
Residency Research Technician Cubicle	OFA03	5.57	60	Provide 60 nsf per projected FTE position.
Resident's Cubicle	OFA03	5.57	60	Minimum. Per projected resident.
Residency Library	LIBB1	13.01	140	One per residency program.
Conference Room (GP)	CRA01	23.23	250	Minimum, one per residency program. For increase in size, see Section 2.1.
Resident's Examination Room (GP)	EXEN1	11.15	120	One per projected resident. Minus the two monitored exam rooms.
Monitored Exam Rooms - subject & observer rooms. (GP)	EXEN1	11.15	120	Provide two exam rooms per residency program, and one COM03. These rooms use cameras and videotapes.
	COM03	5.57	60	One room can support two exam rooms.
Preceptor/Consult Rooms	OFDC1	11.15	120	One per eight staff providers per clinic concept of operations.
Bone Dissection Lab	LBDS1	13.94	150	Special study required.

Audiology / Hearing Conservation / Speech Pathology / Ear Nose and Throat (ENT) or Otorhinolararyngology Clinic

FUNCTION	ROOM CODE	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	

Freestanding Hearing Conservation Clinic:

RECEPTION AREAS: Freestanding Hearing Conservation Clinic

Clinic Waiting Area	WRC01	5.57	60	Minimum. Provide 2 seats per each projected FTE audiologist or speech therapist. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting).
Reception (GP)	RECP1	13.01	140	Minimum. Provide 140 nsf for the first eight providers. Increase 60 nsf for each increment of four providers over the initial eight providers.
Patient Classroom/Conference Room	CLR01	23.23	250	One per clinic for every eight provider FTEs. Combine with another clinic if fewer than four provider FTEs.
Public Toilets	NA	NA	NA	Space will be provided in the Common Areas. See Section 6.1.

PATIENT TREATMENT/TESTING AREAS: Freestanding Hearing Conservation Clinic

Audiology Pediatric Evaluation/ Therapy Room	EXRP1	11.15	120	One per every two projected FTE audiologists.
Audiology Testing Booths	PEHS3	46.46	500	One 6-person booth for population of 8,000.
		92.92	1,000	Two 6-person booths for population of 12,500.
		139.37	1,500	Three 6-person booths for population of 20,000.
		185.83	2,000	Four 6-person booths for population of 30,000 or greater.
Audiobooth Suite (GP)	PEHS4	34.84	375	One suite per projected FTE audiologist. If there is a hearing conservation program, add an additional suite per 20,000 of population supported.
Hearing Aid Fitting Room	HAFR1	18.58	200	One per clinic if and FTE audiologist is projected.
Hearing Aid Laboratory	HATL1	9.29	100	One per clinic if FTE audiologist is projected.

DoD Space Planning Criteria for Health Facilities

Audiology / Hearing Conservation / Speech Pathology / Ear Nose and Throat (ENT) or Otorhinolararyngology Clinic

FUNCTION	ROOM CODE	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	
STAFF AND ADMINISTRATIVE AREAS: Freestanding Hearing Conservation Clinic				
Audiologist's Office (GP)	OFD01	11.15	120	Army - One per projected FTE audiologist.
	OFD02			Navy - One per projected FTE audiologist.
	OFD03			Air Force - One per projected FTE audiologist.
NCOIC/LCPO/LPO Office	OFA01	11.15	120	Standard Furniture. One per clinic.
	OFA02			System Furniture
Administrative Cubicle	OFA03	5.57	60	Per projected FTE administrative personnel requiring a dedicated workspace but not a private office. See Section 2.1.
Patient Records Area	FILE1	5.57	60	If records are stored outside of the clinic. See Section 2.5.
Reproduction Room	RPR01	9.29	100	For Copier/Fax/Mailbox distribution.
Form /Literature Storage	SRS01	11.15	100	One per clinic.
Conference Room (GP)	CRA01	23.23	250	Minimum use CRA01. One per department with less than eight officers or officer equivalents. For increase in size (CRA02 and CRA03) see Section 6.1.
	CRA02	27.87	300	
	CRA03	37.16	400	
Staff Lounge (GP)	SL001	13.01	140	Minimum. See Section 6.1 for increase in size.
Staff Lockers (GP)	LR001	1.86	20	Lockers for personal property. See Section 6.1 for increase in size or for Locker Room, Changing criteria.
Staff Toilets (GP)	TLTU1	5.57	60	Minimum for total clinic staff of at least 10. See Section 6.1 for increase in size and for male/female breakdown.
CLINIC SUPPORT AREAS: Freestanding Hearing Conservation Clinic				
Clean Utility/Supply Room (GP)	UCCL1	11.15	120	For up to 6 projected FTE providers.
		13.94	150	For 7 - 12 projected FTE providers.
		16.72	180	For more than 12 projected FTE providers.
Soiled Utility (GP)	USCL1	8.36	90	For up to 6 projected FTE providers.
		11.15	120	For 7 - 12 projected FTE providers.
		13.94	150	For more than 12 projected FTE providers.
Litter/Wheelchair Storage	SRLW1	5.57	60	One per clinic.
Crash Cart Alcove	RCA01	1.86	20	One per clinic. Can be shared between several clinics if fully accessible to all.
Equipment Storage	SRE01	9.29	100	One per clinic.
Satellite Lab	LBSP1	5.57	60	One per clinic if in clinic concept of operations.

DoD Space Planning Criteria for Health Facilities
General and Specialty Surgical Clinics

3.11.1. PURPOSE AND SCOPE:

This section sets forth space planning criteria for General Surgery and Specialty Surgical Clinical Services in military health care facilities. Specialty Surgical services included within this chapter: colorectal, neurosurgery, plastic surgery and cardiothoracic surgery.

Separate sections provide information on other specialty clinics, as listed below:

Specialty Medical Clinic	**Section**
Allergy/Immunization	3.17
Dermatology	3.15
Endocrinology	3.15
Gastroenterology	3.15
Hematology/Oncology	3.15
Infectious Disease	3.15
Internal Medicine	3.15
Nephrology	3.15
Neurology	3.15
Rheumatology	3.15

Cardiology/Pulmonary Services	**Section**
Cardiology	3.16
Pulmonary	3.16

Preventative/Occupational Clinics:	
Aerospace, Aviation, and Submarine Medicine	3.4
Community Health Nursing	3.19
Industrial Hygiene, Environmental and Bioenvironmental Sciences	3.19
Occupational Health/Civilian Employee Health Clinic	3.19
Preventive Medicine	3.19

Eye, Ear, Nose & Throat	**Section**
Audiology	3.10
Ophthalmology/Optometry	3.13
Otorhinolaryngology (ENT)	3.10
Speech Therapy	3.10

Psychiatric Clinics	**Section**
Mental Health/Hygiene	3.18
Psychiatry	3.18
Child Psychiatry	3.18
Clinical Psychology	3.18

Women's Health	**Section**
OB/GYN	3.6
Family Planning	3.6

Pediatrics	**Section**
Adolescent	3.3
Infectious Disease Pediatrics	3.3
Well Baby	3.3

Primary Care	**Section**
Clinic of the Future	3.2
Emergency	3.5
Family Practice	3.1
General Practice	3.1
Physical Examination	3.1

Specialty Surgical Clinics	**Section**
Colorectal	3.11
General Surgery	3.11
Neurosurgery	3.11
Orthopedic/Podiatry	3.12
Plastic Surgery	3.11
Thoracic Surgery	3.11
Pain	3.11
Urology	3.14

DoD Space Planning Criteria for Health Facilities
General and Specialty Surgical Clinics

3.11.2. DEFINITIONS:

Colorectal: Area of the lower portion of the colon or the rectum.

Endoscopy: Inspection of the interior of a canal or any air or food passage by means of an endoscope.

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. This will include everyone working in the facility; military, civilian and contractor personnel.

General surgery: That which deals with surgical problems of all kinds.

Neurosurgery: Surgery of the nervous system, that is designed to restore normal conductivity in malfunctional nerve fibers or to improve blood flow in the nerve tissue, or to alleviate mental illness.

Office: Room Code OFA01 is a private office outfitted with standard office furniture. Room Code OFA02 is a private office outfitted with systems furniture. Room Code OFA03 is a cubicle outfitted with systems furniture.

Pain Clinic: A pain clinic focuses on the clinical methods used and the problems involved in the diagnosis and treatment of persistent and recurrent types of pain. A significant number of the patients seen in a pain clinic have had accidents or surgery and are still in pain after the normal healing period has elapsed (more than 3-6 months). Examples of problems treated by a pain clinic may include: back, neck arm and leg pain, headaches, arthritis, herniations, Reflex Sympathetic Dystrophy (RSD), nerve damage, complex neurological problems, neuropathies, muscle disorders, muscular strains, and pain resulting from cancer and injuries. Treatment often includes the management of pain associated problems, such as sleep disorders, anxiety, depression and frustration.

Plastic Surgery: Plastic surgery is concerned in the shape and appearance of body structures that are defective, damaged or misshapened by injury, disease, or growth and development.

Preceptor/Consult Room: - A location is required for residents in training to be able to discuss cases in private with supervising faculty physicians (preceptors). These discussions occur during the course of a patient visit, requiring proximity to exam room areas. In clinic configurations with staff physician offices clustered near exam rooms, precepting may be feasible from the faculty physician's own office and not from a dedicated central preceptor room. Note that any space provided for precepting must afford privacy from eavesdropping patients and passers-by ... hence an open area accessible by non-staff is NOT acceptable.

Proctology: The branch of medicine concerned with disorders of the rectum and anus and treatment of their diseases.

Provider: An individual, who examines, diagnoses, treats, prescribes medication and manages the care of patients within his or her scope of practice as established by the governing body of a healthcare organization. Providers are surgeons, physicians, physician's assistants and clinical nurse practitioners. The term ‘staff providers’ does not include residents.

Thoracic Surgery: Surgery of the thorax or chest.

Vascular Surgery: Surgery of the blood vessels.

3.11.2. POLICIES:

Clinic Composition:

DoD Space Planning Criteria for Health Facilities
General and Specialty Surgical Clinics

Whenever the workload of any specialty does not support more than two surgeon FTEs, a separate clinic should not be programmed. Surgical specialties that do not justify a separate clinic should be combined into an appropriate clinic grouping.

Providers' Examination Rooms: Each surgeon will be provided with two examination rooms.

Providers' Offices: Each FTE surgeon and provider on the staff, who has patient appointments, will be provided a private office.

Residents' Office Space: Private office space will not be programmed for graduate medical education residents. Residents who are in a graduate medical education program studying to become a specialist in the service being programmed, will be provided with shared office space of 60 nsf per resident in the program. An office for a rotating resident may be programmed in the clinic for residents who see patients.

Resident's Examination Rooms: Additional examination room space may be programmed into a clinic to provide space for "rotating residents" to see patients. A resident during his or her rotation in the clinic will use this space when seeing patients as walk-ins or by appointment. One office and two examination rooms may be programmed for each resident FTE projected to be in the clinic seeing patients.
Note: These residents are not necessarily surgical residents only; family practice, internal medicine and other residency programs may require a rotation in the surgery clinic.

3.11.4. PROGRAM DATA REQUIRED:

Number of providers programmed.
Distribution of surgeons by specialty and/or service.
Are there dedicated medical records technicians (FTEs) assigned?
Is there an advice nurse assigned?
Number of administrative personnel that require a private office.
Number of administrative personnel that require a dedicated cubicle.
Number of personnel that do not have a private office or cubicle.
Total number of personnel assigned to the clinic.
Number of tumor registry personnel assigned.
Is there a vascular surgeon assigned?
Is laser treatment performed?
Number of general surgeons assigned.
Number of proctologists assigned.
Are all endoscopy procedures accomplished in the hospital operating room?
Is conscious sedation used in the clinic?
Is a satellite lab in the concept of operations?
If there is a pain clinic, how many anesthesiologist and nurse anesthetists are assigned?
If there is a pain clinic, how many psychologists are assigned?
If there is a pain clinic, how many physical therapists are assigned?
If there is a pain clinic, how many physical therapy technicians are assigned?
Is there a graduate medical education program?
What is the total number of residents in all programs i.e. general surgery, plastic surgery, neurosurgery, proctology, thoracic or vascular surgery?
Is there a residency secretary assigned?
Is there a Residency Coordinator assigned?
Is there a Residency Research Technician assigned?

3.11.5. SPACE CRITERIA:

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Combining functions: When programming a clinic that includes multiple surgical disciplines (general surgery, thoracic surgery, vascular surgery, etc.), special procedure rooms that require similar support functions (patient holding, utility rooms and recovery areas) should be located in such a way as to combine, as opposed to duplicating, the support functions.

NOTE: GP indicates that a guideplate exists for that particular Room Code.

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	
RECEPTION AREAS				
Clinic Waiting	WRC01	5.57	60	Minimum. Provide 3 seats per each projected FTE provider. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting).
Reception (GP)	RECP1	13.01	140	Minimum. Provide 140 nsf for the first eight providers. Increase 60 nsf for each increment of four providers over the initial eight providers.
Patient Education Cubicle	CLSC2	2.78	30	Provide if in clinic concept of operations. Includes a computer workstation for patient self assessment, printing educational brochures, etc.
Public Toilets	NA	NA	NA	Space will be provided in the Common Areas. See Section 6.1.
PATIENT AREAS – GENERAL TREATMENT				
Provider's Exam Rooms (GP)	EXRG1	11.15	120	Army. Two per projected FTE providers. (Also note resident examination rooms.)
	EXRG2			Navy. (See above planning range comments.)
	EXRG3			Air Force. (See above planning range comments.)
Screening, Weights and Measures Adult Room (GP)	EXRG4	7.43	80	Minimum up to four projected FTE providers. One additional room for increment of four providers or portion thereof.
Surgical Treatment Room	TRGS1	16.26	175	One treatment room per 4 projected providers to be divided between dirty and clean treatment rooms. Can be used for General Surgery, Neurosurgery, Plastic Surgery and Thoracic Surgery.
Surgical Treatment Room Negative Pressure	TRGS2	16.26	175	
General Treatment Room – Two Station (GP)	TRGM2	31.59	340	One per large clinics with over 12 or more projected providers. Includes space for two 120 nsf cubicles, plus a sink/work area. Can be used for General Surgery, Neurosurgery, Plastic Surgery and Thoracic Surgery.
Surgical Laser Treatment Room	TRGS3	16.26	175	One per clinic, if laser treatment performed.
Microvascular Lab	OPVL1	18.58	200	One per clinic when vascular surgeon FTE projected.

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	
PATIENT AREAS – GENERAL TREATMENT (cont)				
Patient Toilet (GP)	TLTU1	5.57	60	One if number of projected FTE providers is between three and eight. Provide two toilets if number of projected FTE providers are between nine and fifteen. Provide three toilets if number of projected FTE providers are sixteen or more with a maximum of three toilets.
PATIENT AREAS – ENDOSCOPY SUITE (INCLUDES PROCTOSCOPY)				
Procedure Room – Endoscopy (GP)	TREE1	26.01	280	Minimum. One for every 3 projected FTE general surgeons.
Procedure Room – Proctoscopy (GP)	TRPE1	18.58	170	Minimum. One for every 3 projected FTE proctologists.
Dedicated Procto. Toilet (GP)	TLTU1	5.57	60	One per proctoscopy procedure room.
Dedicated Endo/Procto Equipment Storage	SRE01	9.29	100	One per endoscopy/proctoscopy suite.
Scope Wash Room (GP)	USCL2	11.15	120	Minimum. One per two treatment rooms, 140 nsf for four rooms, 160 for six rooms.
PAIN CLINIC				
Office/Consult (GP)	OFD01	11.15	120	Army - One per projected FTE. For anesthesiologists, nurse anesthetists, psychologists and/or physical therapists.
	OFD02			Navy - (see above planning range comments)
	OFD03			Air Force - (see above planning range comments)
Consult Room	OFDC2	11.15	120	One per pain clinic.
Procedure Room	TRGS1	16.26	175	One per 1 projected FTE.
Examination Room (GP)	EXRG1	11.15	120	Army - One per projected FTE anesthesiologist, nurse anesthetist, or physical therapist.
	EXRG2			Navy. (See above planning range comments.)
	EXRG3			Air Force. (See above planning range comments.)
Physical Therapy Office (GP)	OFD01	11.15	120	One per every three or fraction of three projected FTE physical therapy technicians.
	OFD02			Navy - (see above planning range comments)
	OFD03			Air Force - (see above planning range comments)
Equipment Storage	SRE01	7.43	80	One per pain clinic.
Exercise Area	PTEA1	18.58	200	One per clinic, if exercise therapy performed. Allows space for 1 machine, mat area, with circulation. May be combined with Physical Therapy in Section 3.9.

General and Specialty Surgical Clinics

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	
STAFF AND ADMINISTRATIVE AREAS				
Provider's Office (GP)	OFD01	11.15	120	Army/Air Force. One per projected FTE staff provider. (See also Residency Program Section)
	OFD02			Navy - (see above planning range comments)
	OFD03			Air Force - (see above planning range comments)
Nurse Manager's Office	OFA01	11.15	120	Private office, Standard Furniture. One per projected FTE Nurse Manager.
	OFA02			Private office, Systems Furniture. One per projected FTE Nurse Manager.
Nurses' Workroom	WRCH1	11.15	120	Army/Navy. Minimum. Add 40 nsf for each projected FTE nurse above four.
	OFA03	5.57	60	Air Force. Cubicle Systems Furniture. One per projected FTE Nurse.
NCOIC/LCPO/LPO Office	OFA01	11.15	120	One per clinic.
	OFA02			
Administrative Personnel with Private Offices	OFA01	11.15	120	One per projected FTE requiring a private office. See Section 2.1. Some examples are Group Practice Manager, Nurse Educator, Health Care Integrator, any staff who interviews or counsels patients.
	OFA02			
Administrative Cubicle	OFA03	5.57	60	Per projected FTE requiring a dedicated workspace but not a private office. See Section 2.1.
Tumor Registry	OFA01	11.15	120	One per facility. May be provided in Medical Specialty Clinics (See Section 3.15).
	OFA02			
Patient Records Area	FILE1	5.57	60	If records are stored outside of the clinic. See Section 2.5.
Reproduction Room	RPR01	9.29	100	For Copier/Fax/Mailbox distribution.
Forms/Literature Storage	SRS01	9.29	100	One per clinic.
Conference Room (GP)	CRA01	23.23	250	Minimum use CRA01. One per department with less than eight officers or officer equivalents. For increase in size (CRA02 and CRA03) see Section 6.1.
Staff Lounge (GP)	SL001	13.01	140	Minimum. See Section 6.1 for increase in size.
Staff Lockers (GP)	LR001	1.86	20	Lockers for personal property. See Section 6.1 for increase in size or for Changing Locker room criteria.
Staff Toilets	TLTU1	5.57	60	Minimum for total clinic staff of at least 10. See Section 6.1 for increase in size and for male/female breakdown.

General and Specialty Surgical Clinics

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	
CLINIC SUPPORT AREAS				
Clean Utility/Supply Room (GP)	UCCL1	11.15	120	For up to 6 projected FTE providers.
		13.94	150	For 7 - 12 projected FTE providers.
		16.72	180	For more than 12 projected FTE providers.
Soiled Utility (GP)	USCL1	8.36	90	For up to 6 projected FTE providers.
		11.15	120	For 7 - 12 projected FTE providers.
		13.94	150	For more than 12 projected FTE providers.
Litter/Wheelchair Storage	SRLW1	5.57	60	One per clinic.
Crash Cart Alcove	RCA01	1.86	20	One per clinic. Can be shared between several clinics if fully accessible to all.
Equipment Storage	SRE01	9.29	100	One per clinic.
Satellite Lab	LBSP1	5.57	60	One per clinic if in clinic concept of operations.
TREATMENT SUPPORT SPACE - Use for all general treatment areas previously listed.				
Clean Equipment Room	SRE01	11.15	120	Minimum. Add an additional 60 nsf for each procedure room above two.
Recovery Room/Pre-Op Patient Holding (GP)	RROP1	33.44	360	Minimum. Includes 2 cubicles and control/observation support. Add this room only if the clinic is using conscious sedation. Add 1.5 cubicles (at 120 nsf. each) for each additional procedure room.
Patient Toilet (Recovery) (GP)	TLTF1	5.57	60	One per 4 recovery patient beds.
Dressing Cubicle (GP)	DR001	5.57	60	Minimum per cubicle. 1 cubicle per every procedure room.
Sub-waiting	WRC01	5.57	60	Minimum. Add 25 nsf for each procedure.
Patient Toilet (GP)	TLTU1	5.57	60	To support all sub-waiting.

General and Specialty Surgical Clinics

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	

Functions which are required for Surgical Residency:
The following areas must be programmed if the MTF has Surgical Residency Program(s). These areas are in addition to those listed under common areas above.

RESIDENCY PROGRAM

Director of Residency Program (GP)	OFD01	11.15	120	Army - One per director of a residency program.
	OFD02			Navy - (See above planning range comments.)
	OFD03			Air Force - (See above planning range comments.)
Secretary to Director with Visitor Waiting.	SEC01	11.15	120	One per Director of a Residency Program, if there is a projected FTE secretary position.
Residency Coordinator	OFA01	11.15	120	One per projected FTE residency program coordinator.
	OFA02			
Residency Research Technician Cubicle	OFA03	5.57	60	Provide 60 nsf per projected FTE position.
Resident's Cubicle	OFA03	5.57	60	Minimum. 60 nsf per projected resident.
Residency Library	LIBB1	13.01	140	One per residency program.
Conference Room (GP)	CRA01	23.23	250	Minimum, one per residency program. For increase in size, see Section 2.1.
Rotating Resident's Cubicle	OFA03	5.57	60	One cubicle for each of the maximum number of residents (all types) at any one time, who see patients in the clinic.
Resident's Examination Room (GP)	EXRG1	11.15	120	Army. One per projected resident. Minus the two monitored exam rooms.
	EXRG2			Navy. (See above planning range comments.)
	EXRG3			Air Force. (See above planning range comments.)
Monitored Exam Rooms - Subject & Observer Rooms (GP)	EXRG1	11.15	120	Army - Provide two exam rooms per residency program, and one COM03. These rooms use cameras and videotapes.
	EXRG2			Navy – see above planning range comment.
	EXRG3			Air Force – see above planning range comment.
	COM03	5.57	60	One room can support two exam rooms.
Preceptor/Consult Rooms	OFDC1	11.15	120	One per eight staff physicians per concept of operations.

DoD Space Planning Criteria for Health Facilities
Orthopedics/Podiatry/Chiropractic/Sports Medicine

3.12.1. PURPOSE AND SCOPE:

This section specifies the space planning criteria for outpatient orthopedic and podiatry clinics, as well as for physical medicine and rehabilitation clinics, and chiropractic and sports medicine clinics.

3.12.2. DEFINITIONS:

Chiropractic Services: Chiropractic services provide diagnosis, evaluation and treatment for disorders of the nervous system. This is accomplished by a system of therapeutics that attributes disease to dysfunction of the nervous system. The goal is to restore normal function by manipulation and treatment of the body structures, especially those of the vertebral column.

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. This will include everyone working in the facility; military, civilian and contractor personnel.

Office: Room Code OFA01 is a private office outfitted with standard office furniture. Room Code OFA02 is a private office outfitted with systems furniture. Room Code OFA03 is a cubicle outfitted with systems furniture.

Orthopedic Services: Orthopedic services provide preventive care, evaluation, diagnosis, treatment and consultation for the correction or prevention of skeletal deformities.

Patient Learning Resource Room: A patient learning resource room provides patients with publications and access to computers connected to the Internet to research diseases and health information.

Podiatry Services: Podiatry service is to provide preventive care and treatment to the human foot in health, injury or disease.

Physical Medicine and Rehabilitation Specialist: A physician, trained in a medical or osteopathic school, in an approved Physical Medicine and Rehabilitation residency. Services are both diagnostic and therapeutic, and range from pediatric to geriatric in age. PM&R specialists are also trained in the use of Electrodiagnostic Testing methods (Nerve Conduction Studies) for precise diagnosis of nerve and muscle disorders, acquired or inherited. In addition to routine musculoskeletal aches and pains, diagnosis and management recommendations are also made for those with amputation of limbs, traumatic brain injury, spinal cord injury, multiple sclerosis and many other degenerative nervous disorders.

Preceptor/consult rooms: - A location is required for residents in training to be able to discuss cases in private with supervising faculty physicians (preceptors.). These discussions occur during the course of a patient visit, requiring proximity to exam room areas. In clinic configurations with staff physician offices clustered near exam rooms, precepting may be feasible from the faculty physician's own office and not from a dedicated central preceptor room. Note that any space provided for precepting must afford privacy from eavesdropping patients and passers-by ... hence an open area accessible by non-staff is NOT acceptable.

Provider: A “provider” in an orthopedic/podiatry clinic is an orthopedic surgeon, physician, nurse practitioner, chiropractor, occupational/physical therapist, or a podiatrist. The term ‘staff providers’ does not include residents.

Rotating Resident: A rotating resident is one from any graduate medical education specialty program (internal medicine, pediatrics, surgery, family practice, etc.) who, in the course of his or her education, must spend time in the services of another specialty. For example internal medicine residents are required to “do a rotation” in the OB/GYN service.

DoD Space Planning Criteria for Health Facilities
Orthopedics/Podiatry/Chiropractic/Sports Medicine

Sports Medicine Services: an orthopedic surgeon typically provides Sports Medicine services with a focus on prevention, treatment and rehabilitation of sports related injuries.

3.12.3. POLICIES:

Clinic Composition: If one or two providers are projected, this clinic should be combined with the general surgery clinic.

Monitored Examination Rooms:

Providers' Examination Rooms: Each provider will be provided with two examination rooms

Providers' Offices: Each physician, nurse practitioner, chiropractor, occupational/physical therapist, and podiatrist on the staff, who has patient appointments, will be provided a private office.

Residents' Office Space: Private office space will not be programmed for graduate medical education residents. Residents', who are in a graduate medical education program studying to become a specialist in the service being programmed, will be provided with shared office space of 60 nsf per resident in the program. An office for a rotating resident may be programmed in the clinic for residents who see patients.

Resident's Office/Examination Rooms: Additional office and examination room space may be programmed into a clinic to provide space for "rotating residents" to see patients. A resident during his or her rotation in the clinic will use this space when they see patients as walk-ins or on appointment. One office and two examination rooms may be programmed for each resident FTE projected to be in the clinic seeing patients. Note: These residents are not necessarily orthopedic residents only, family practice, internist and others residency programs may require a rotation in the orthopedic clinic.

3.12.4.

ORTHOPEDICS/PODIATRY/CHIROPRACTIC/SPORTS MEDICINE
PROGRAM DATA REQUIRED

ORTHOPEDIC SERVICES/PODIATRY SERVICES (Y/N)

1. Number of projected full-time equivalent (FTE) Orthopedic providers.
2. Number of projected FTE Podiatry providers.
3. Number of dedicated mobile x-ray units.
4. Number of dedicated radiology technicians.
5. Will standard or systems furniture be used?
6. Number of staff requiring private offices – excluding providers, nurse managers and NCOIC/LCPO/LPO.
7. Number of projected staff requiring dedicated cubicles.
8. Number of projected FTE Nurse Managers.
9. Number of projected FTE Nurses –not including nurse managers. (Air Force account for number of nurses using Question #7).
10. Number of projected FTE officer/officer equivalent for this departmental sub-element.
11. Total number of projected FTEs for this department sub-element including Residency Program. This is for the correct sizing of staff toilets.
12. Total number of staff for this departmental sub-element without a private office or dedicated cubicle (requiring a locker). This is for correct sizing of staff lockers.
13. Number of projected orthotics technicians.
14. Will orthotics lab have a welding area? (Y/N)

15a. Total number of projected FTE providers for this departmental sub-element. (Add Question #1 and #2 data.)

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Orthopedics/Podiatry/Chiropractic/Sports Medicine

PHYSICAL MEDICINE AND REHABILITATION SERVICES (Y/N)

16. Number f projected FTE Physical Medicine providers.

3.12.4. ORTHOPEDICS/PODIATRY/CHIROPRACTIC/SPORTS MEDICINE (Continued)
PROGRAM DATA REQUIRED

16a. Total number of projected FTE providers for this departmental sub-element.
16b. Total number of staff for this departmental sub-element without a private office or dedicated cubicle (requiring a locker). This is for correct sizing of staff lockers.

CHIROPRACTIC SERVICES (Y/N)

17. Number of projected FTE Chiropractors.
18. Is Massage Therapy provided? (Y/N)
19.
20. Total number of projected FTEs for this departmental sub-element. This is for correct sizing of the staff showers and staff toilets.
21. Total number of staff for this departmental sub-element without a private office or dedicated cubicle (requiring a locker). This is for correct sizing of the staff lockers.

SPORTS MEDICINE (Y/N)

22. Number of projected FTE Sports Medicine providers.
23. Total number of projected FTEs for this departmental sub-element. This is for correct sizing of the staff showers and staff toilets.
24. Total number of staff for this departmental sub-element without a private office or dedicated cubicle (requiring a locker). This is for the correct sizing of the staff lockers.

RESIDENCY PROGRAM (Y/N)

25. Number of projected FTE secretaries.
26. Number of projected FTE Orthopedic Surgery Residency Program Coordinators.
27.
28. Number of projected residents.

GENERAL – This section determines the size of staff lounges and public toilets.

29. Total number of department FTE providers (Total of questions 1, 2, 16, 17, 18 and 23).
30. Total number of staff to include residents (Total of questions 11, 16a, 20 and 23).
31. Total number of staff requiring lockers (Total of questions 12, 16b, 21 and 24).

FUNCTION	ROOM CODES	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	

3.12.5. SPACE CRITERIA:

Orthopedic and Podiatry Services:

RECEPTION AREAS

Clinic Waiting	WRC01	5.57	60	Minimum. Provide three seats per each projected FTE provider for Orthopedic, Podiatry, Physical Medicine and Rehabilitation, Chiropractic, and Sports Medicine. Provide 16 nsf for 33% of the seats and 25 nsf for 67% of the seats (handicapped waiting).
Reception (GP)	RECP1	13.01	140	Minimum, 140 nsf for the first eight providers. Increase 60 nsf for each increment of four providers over the initial eight providers.
Patient Education Cubicle	CLSC2	2.72	30	Include if in clinic concept of operations. Includes a computer workstation for patient self-assessment, printing educational brochures, etc.
Public Toilets	NA	NA	NA	Space will be provided in the Common Areas - see Section 6.1.

PATIENT AREAS

Provider's Exam Rooms (GP)	EXRG1	11.15	120	Army. Two per projected FTE provider. (Also note resident examination rooms.).
	EXRG2			Navy. (See above planning range comments.).
	EXRG3			Air Force. (See above planning range comments.).
Podiatry Exam	EXP01	11.15	120	Two per projected FTE podiatrist.
Treatment Room	TROR1	16. 26	175	One room for up to 12 providers. Two rooms for 13 to 20 providers. One additional room for each additional 8 providers over 20.
Portable X-ray Unit	XRM01	3.72	40	One per mobile X-ray unit dedicated to the orthopedic clinic.
Radiology/Flouro Exposure Room (GP)	XDRF1	27.87	300	One per orthopedic clinic when dedicated radiology technician assigned. Shared with Chiropractic Services, if required.

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FUNCTION	ROOM CODES	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	
PATIENT AREAS (cont)				
Cast Room (GP)	OPCR1	16.72	180	Minimum. One per clinic. Allows for 110 nsf inside cubicle and 70 nsf outside cubicle curtain. If less than four providers, this also serves as the "Treatment Room". See Cast Room Chart at end of Section
	OPCR2	33.44	360	For more than 2 providers. Cast room with two stations see chart for increase sizes at end of section.
Plaster Prep and Storage	OPCR1	5.57	60	One per cast room.
Patient Toilet (GP)	TLTU1	5.57	60	One if number of projected FTE providers is between three and eight. Provide two toilets if number of projected FTE providers is between nine and fifteen. Provide three toilets if number of projected FTE providers is sixteen or more with a maximum of three toilets.
STAFF AND ADMINISTRATIVE AREA				
Provider's Office (GP)	OFD01	11.15	120	Army - One per projected FTE staff provider.
	OFD03			Navy - One per projected FTE staff provider.
	OFD03			Air Force - One per projected FTE staff provider
Nurse Manager's Office	OFA01	11.15	120	Private office, Standard Furniture. One per projected FTE nurse manager.
	OFA02			Private office, Systems Furniture. One per projected FTE nurse manager.
Nurses' Workroom	WRCH1	11.15	120	Army/Navy. Minimum. Add 40 nsf for each projected FTE nurse above four.
	OFA03			Air Fore. Cubicle Systems Furniture. One per projected FTE Nurse.
NCOIC/LCPO/LPO Office	OFA01	11.15	120	One per clinic Orthopedic/Podiatry clinic.
	OFA02	11.15	120	
Administrative Personnel with Private Office	OFA01	11.15	120	One per projected FTE requiring a private office. See Section 2.1. Some examples are Group Practice Manager, Nurse Educator, Health Care Integrator, any staff who interviews or counsels patients.
	OFA02			
Reproduction Room	RPR01	9.29	100	For Copier/Fax/Mailbox distribution.
Administrative Cubicle	OFA03	5.57	60	Per projected FTE requiring a dedicated workspace but not a private office. See Section System Furniture Cubicle per projected FTE. Refer to Chapter 2.1.

DoD Space Planning Criteria for Health Facilities
Orthopedics/Podiatry/Chiropractic/Sports Medicine

FUNCTION	ROOM CODES	AUTHORIZED m²	AUTHORIZED nsf	PLANNING RANGE/COMMENTS
STAFF AND ADMINISTRATIVE AREA (cont)				
Conference Room (GP)	CRA01	23.23	250	Minimum use CRA01. One per department with then than eight officers or officer equivalents. For increase in size (CRA02 and CRA03) see Section 6.1.
	CRA02	27.87	300	
	CRA03	37.16	400	
Staff Lounge (GP)	SL001	13.01	140	Minimum. See Section 6.1 for increase in size.
Staff Lockers (GP)	LR001	1.86	20	Lockers for personal property. See Section 6.1 for increase in size or for Locker Room, Changing criteria.
Staff Toilets	TLTU1	5.57	60	Minimum for total clinic staff of at least 10. See Section 6.1 for increase in size and for male/female breakdown.
CLINIC SUPPORT AREAS				
Orthotics Laboratory				Based on assigned orthotics technician(s).
Brace Shop, Lamination/ Molding	APLA1	18.58	200	One per orthotics lab, for pouring and modifying plaster molds.
Brace Shop, Sewing Room/Shoe Room	APSH1	11.15	120	One per orthotics lab.
Brace Shop, Machine Room	APMS1	27.87	300	One per orthotics lab. This room houses: sanders, cutting machines, an oven and vacuum-forming machine for thermoplastic.
Brace Shop, Fitting Room	APFR1	5.57	60	Minimum each booth is 60 nsf each.
Brace Shop, Adjustment & Modification Area	APAM1	13.01	140	Minimum. Based on assigned orthopedic shop technician, add 200 nsf for each additional projected technician. Maximum 540 nsf.
Brace Shop	APFB1	11.15	120	One per orthotics lab.
Brace shop, Welding Area	APWA1	7.43	80	If included in clinic concept of operations.
Clean Utility Room (GP)	UCCL1	11.15	120	For up to 6 projected FTE providers.
		13.94	150	For 7-12 projected FTE providers.
		16.72	180	For more than 12 projected FTE providers.
Soiled Utility (GP)	USCL1	8.36	90	For up to 6 projected FTE providers.
		11.15	120	For 7-12 projected FTE providers.
		13.94	150	For more than 12 projected FTE providers.
Litter and Wheelchair Storage	SRLW1	5.57	60	One per clinic.
Crash Cart Alcove	RCA01	1.86	20	One per clinic. Can be shared between several clinics if fully accessible to all.
Equipment Storage	SRE01	9.29	100	One per clinic.
Splint and Crutch Storage	SRCS1	9.29	100	Minimum. Add 20 nsf per projected orthopedic surgeon over 5.
Digital X-Ray Viewing Room	XVC01	11.15	120	One per two X-ray Rad rooms.

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Orthopedics/Podiatry/Chiropractic/Sports Medicine

FUNCTION	ROOM CODES	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	
PHYSICAL MEDICINE AND REHABILITATION SERVICES:				
Clinic Waiting	WRC01	5.57	60	Provide 3 seats per provider for the maximum number of providers projected to be working in the clinic at one time, 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting). May be combined with other services in this section.
Provider's Exam/EMG Testing (GP)	PTEM1	11.15	120	One per projected FTE provider.
Provider's Office (GP)	OFD01	11.15	120	One per projected FTE provider.
CHIROPRACTOR SERVICES:				
PATIENT AREAS (Chiropractor Services)				
Clinic Reception (GP)	RECP1	11.15	120	Normally shared with Orthopedics / Podiatry.
Patient Toilets	TLTU1	5.57	60	One if projected FTE providers are between three and eight. Provide two toilets if projected FTE providers are between nine and fifteen. Provide three toilets if projected FTE providers are sixteen or more with a maximum of three toilets.
Back Treatment Room	PTBT1	11.15	120	Two per projected FTE provider.
Treatment Cubicles (GP)	PTTC1	7.43	80	Two to three per projected FTE therapist.
Massage Room	PTBT1	11.15	120	One per clinic if provided in the program.
Rehab Gym	PTEA1	18.58	200	One per four providers. May be shared with Sports Medicine.
Provider's Office (GP)	OFD01	11.15	120	One per projected FTE provider.
Staff Lounge (GP)	SL001	13.0	140	Minimum. See Section 6.1 for increase in size.
Staff Lockers (GP)	LR001	1.86	20	Lockers for personal property. See Section 6.1 for increase in size or for Locker Room, Changing criteria.
Staff Toilets	TLTU1	5.57	60	Minimum for total clinic staff of at least 10. See Section 6.1 for increase in size and for male/female breakdown .

DoD Space Planning Criteria for Health Facilities
Orthopedics/Podiatry/Chiropractic/Sports Medicine

FUNCTION	ROOM CODES	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	

SPORTS MEDICINE:

PATIENT AREAS (Sports Medicine)

Clinic Reception/Control Counter (GP)	RECP1	11.15	120	Normally shared with Orthopedics / Podiatry.
EMG Cubicle (GP)	PTEM1	11.15	120	One station per department. Requires portable EMG unit only.
Patient Toilets	TLTU1	5.57	60	One if project FTE providers are between three and eight. Provide two toilets if projected FTE providers are between nine and fifteen. Provide three toilets if projected FTE providers are sixteen or more with a maximum of three toilets.
Patient Shower (GP)	SHWR1	5.57	60	Minimum.
Dressing Cubicle (GP)	DR001	4.65	50	Minimum.

STAFF AND ADMINITSTRATIVE AREAS (Sports Medicine)

Provider's Office (GP)	OFD01 OFD02	11.15	120	One per projected FTE provider.
Work Area/Computer Terminal	OFA03	5.57	60	One station per department.
Ice Machine Alcove	ICE01	3.72	40	One station per department.
Staff Lounge (GP)	SL001	13.01	140	Minimum. See Section 6.1 for increase in size.
Staff Lockers (GP)	LR001	1.86	20	Lockers for personal property. See Section 6.1 for increase in size or for Locker Room, Changing criteria.
Staff Toilets	TLTU1	5.57	60	Minimum for total clinic staff of at least 10. See Section 6.1 for increase in size and for male/female breakdown.

TREATMENT AREAS (Sports Medicine)

Treatment Room (GP)	TRGM1	11.15	120	Dependent on the particular programs.
Exam/Treatment Cubicle (GP)	PTTC1	7.43	80	Two exam/treatment rooms per projected FTE provider. Requires room for modalities and carts.
Extremity Whirlpool	PTEW1	3.72	40	Dependent on the particular programs.
Performance Lab	PTIS1	23.23	250	If required, dependent on the particular program.

DoD Space Planning Criteria for Health Facilities
Orthopedics/Podiatry/Chiropractic/Sports Medicine

FUNCTION	ROOM CODES	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	

Functions that is required for Residency Program in Orthopedic Surgery.

The following areas must be programmed if the MTF provides an Orthopedic Surgery Residency Program.

Director of Orthopedic Surgery Residency (GP)	OFD01	11.15	120	Army - One per director of residency program.
	OFD02			Navy. See above
	OFD03			Air Force. See above
Secretary with Waiting	SEC01	11.15	120	One per projected FTE secretary.
Private Office	OFA01	11.15	120	One per projected FTE that requires a private office
	OFA02			
Administrative Cubicle	OFA03	5.57	60	Provide 60 nsf per projected FTE position.
Residents' Cubicle	OFA03	5.57	60	Minimum. Per projected resident.
Conference Room (GP)	CRA01	23.23	250	Minimum, one per residency program. For increase in size, see Section 6.1.
Resident's Exam Room (GP)	EXRG1	11.15	120	Army. Two per projected FTE providers. (Also note resident examination rooms.).
	EXRG2			Navy. (See above planning range comments.).
	EXRG3			Air Force. (See above planning range comments.).
Monitored Exam Rooms – Subject & Observer rooms (GP)	EXRG1	11.15	120	Army – Provide two exam rooms per residency program, and one COM03. These rooms use cameras and videotapes.
	EXRG2			Navy – see above planning range comments.
	EXRG3			Air Force – see above planning range comments.
	COM03	5.57	60	One room can support two exam rooms.
Preceptor/Consult Rooms (GP-Phase III)	OFDC1	11.15	120	One per eight staff physicians per clinic concept of operations.

Cast Room Table

Providers	Cast rooms
1	1 OPCR1 at 180
2	1 OPCR2 at 360nsf
3	1 OPCR2 at 360 nsf and 1 OPCR1 at 180nsf
4	2 OPCR2 at 360 nsf
5	1 OPCR2 at 480 nsf and 1 OPCR2 at 360 nsf
6	2 OPCR2 at 480 nsf
7	1 OPCR2 at 600 nsf and 1 OPCR2 at 480 nsf
8	2 OPCR2 at 600 nsf
9 or more	1 OPCR2 at 360 + ((# providers-2)*120nsf)

DoD Space Planning Criteria for Health Facilities
Ophthalmology/Optometry Clinic

3.13.1. PURPOSE AND SCOPE:

This section specifies the space planning criteria for outpatient ophthalmology and optometry clinics.

3.13.2. DEFINITIONS:

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. This will include everyone working in the facility; military, civilian and contractor personnel.

Laser Eye Center: A service that is approved, staffed and equipped to correct vision (i.e nearsightedness, farsightedness and astigmatism) via surgical procedures, often using lasers (Laser in Situ Keratomileusis [LASIK], Photo Refractive Keratectomy [PRK], Photo Therapeutic Keratectomy [PTK], Radial Keratectomy [RK], or Automated Lamellar Keratectomy [ALK].

Office: Room Code OFA01 is a private office outfitted with standard office furniture. Room Code OFA02 is a private office outfitted with systems furniture. Room Code OFA03 is a cubicle outfitted with systems furniture.

Ophthalmology Services: Ophthalmology services are rendered by a physician who provides care dealing with the structure, functions and diseases of the eye, the performing of certain surgical procedures; and the counseling of patients regarding their surgical alternatives and vision needs as related to their occupations, avocations and lifestyle.

Optometry Services: These services are provided by an optometrist who provides comprehensive eye health and vision examinations; diagnosis and treatment of eye diseases and vision disorders, the detection of general health problems; the prescribing of glasses, contact lenses, low vision rehabilitation, vision therapy, and medications; the performing of certain surgical procedures; and the counseling of patients regarding their treatment alternatives and vision needs as related to their occupations, avocations and lifestyle.

Preceptor/Consult Room: A location is required for residents in training to be able to discuss cases in private with supervising faculty physicians (preceptors). These discussions occur during the course of a patient visit, requiring proximity to exam room areas. In clinic configurations with staff physician offices clustered near exam rooms, precepting may be feasible from the faculty physician's own office and not from a dedicated central preceptor room. Note that any space provided for precepting must afford privacy from eavesdropping patients and passers-by ... hence an open area accessible by non-staff is NOT acceptable.

Provider: An individual who examines, diagnoses, treats, prescribes medication and manages the care of patients within his/her scope of practice as established by the governing body of a healthcare organization. Providers are physicians, physician's assistants and clinical nurse practitioners. The term ‘staff providers’ does not include residents.

3.13.3. POLICIES:

Each FTE provider is entitled to a maximum of one office and two eye lanes. The eye lanes may be any combination of any of the rooms listed in paragraph 3.13.5 below (i.e. full length eye lanes or folded eye lanes). The combination shall be determined at each facility, but the total number of eye lanes may not exceed two. The provider’s office space may either be part of a combined office/eye lane or it may be a separate office.

DoD Space Planning Criteria for Health Facilities
Ophthalmology/Optometry Clinic

3.13.4. PROGRAM DATA REQUIRED:

Are Optometry services included in the concept of operations?
Are Ophthalmology services included in the concept of operations?
Number of projected ophthalmologists.
Number of projected optometrists.
Number of projected eye technicians.
Number of projected nurses.
Number of projected staff requiring a dedicated cubicle.
Number of projected staff that will require a locker.
Total number of staff in the clinic.
Has this location been designated for laser corrective vision services?
Will a Laser Eye Center be offered within the clinic, or will it be a stand-alone clinic?
Is virtual image testing performed in this clinic?
Is a 25 ft eye lane required?
Is electroretinography in the clinic concept of operations?
Is this a site with an ophthalmology residency program?
Is there a Residency Research Technician?

NOTE: GP indicates that a guideplate exists for that particular Room Code.

3.13.5. SPACE CRITERIA:

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m^2	nsf	
RECEPTION AREAS				
Clinic Waiting	WRC01	5.57	60	Minimum. Provide 4 seats per each projected FTE provider. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting). Note: this waiting area may be divided into smaller waiting areas during the design.
Reception (GP)	RECP1	13.01	140	Minimum. Provide 140 nsf for the first eight providers. Increase 60 nsf for each increment of four providers over the initial eight providers. Includes space for 2 technicians. One reception station per clinic.
Patient Education Cubicle	CLSC2	2.78	30	Provide if in clinic concept of operations. Includes a computer workstation for patient self-assessment, printing educational brochures, etc.
Public Toilets	NA	NA	NA	Space will be provided in the Common Areas. See Section 6.1.

DoD Space Planning Criteria for Health Facilities

Ophthalmology/Optometry Clinic

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	
PATIENT AREAS				
Fitting and Dispensing Area	EYFD1	13.01	140	Minimum. Includes 20 nsf for display area for "frame of choice" frames. One per clinic.
Frame Storage Area	SRS01	7.43	80	For storage of "frame of choice" material.
Visual Field (GP)	EYVF1	11.15	120	One per service (optometry & ophthalmology), i.e. a clinic with both ophthalmology and optometry services will have two visual field rooms.
Vision Screening (GP)	EYVS1	11.15	120	One per 2 FTE providers in each service (optometry & ophthalmology), i.e. a clinic with both ophthalmology and optometry services will have a minimum of two vision-screening rooms.
Contact Lens Fitting & Dispensing Area	EYCL1	11.15	120	One per clinic.
Eye Lane (Army & Air Force) (GP)	EYEL1	17.19	185	Two per each projected FTE ophthalmologist or optometrist. FTE projected, when a 25-ft. eye lane is required.
Exam/Office – Eye Lane (Army & Air Force)	EYEL2	21.37	230	Two per each projected FTE ophthalmologist or optometrist. Use this when a 25-ft. eye lane is required, in combination with an office. When this room is used, the FTE is not entitled to an additional separate office.
Eye Lane (Navy) (GP)	EYEL3	15.79	170	Two per each projected FTE ophthalmologist or optometrist. Use this when a 24-ft. eye lane is required.
Eye Lane – Folded Electronic (GP)	EYEL4	13.01	140	Two per each projected FTE ophthalmologist or optometrist. Use this when virtual image testing is performed.
Fundus Camera Room (GP)	EYFC1	11.15	120	One per clinic, for two cameras.
Electroretinography	EYER1	11.15	120	If in clinic concept of operations.
Ophthalmology Exam (GP)	EYOT2	13.01	140	Two per each projected FTE ophthalmologist or optometrist. Used when virtual image testing is performed.
Treatment Room, Ophthalmology	TREY1	16. 26	175	One per clinic when ophthalmologist is projected.
Laser Treatment Room	TREY2	16.26	175	One per clinic when ophthalmologist is projected.
Ultrasound Room (GP)	XDUS1	11.15	120	One per ophthalmology and/or optometry service.

DoD Space Planning Criteria for Health Facilities

Ophthalmology/Optometry Clinic

FUNCTION	Room Code	AUTHORIZED m²	AUTHORIZED nsf	PLANNING RANGE/COMMENTS
LASER EYE CENTER – When authorized				
Reception (GP)	RECP1	11.15	140	Minimum. Provide 140 nsf for the first eight providers. Increase 60 nsf for each increment of four providers over the initial eight providers. One reception station per clinic, if separate from ophthalmology/optometry clinic.
PRK/Lasik (GP)	TREY3	26.01	280	One per service.
Prep/Post Op. Room	RRSS3	27.87	300	One per service. 2 cubicles—control observation and support.
Equipment Sterilization Room	CSCL3	11.15	120	One per service. (One sterilizer)
	CSCL4	13.94	150	One per service. (Two sterilizers)
Equipment Storage	SRE01	13.94	150	One per service.
Treatment/Exam Rooms (GP)	EYOT2	13.01	140	One per service.
Evaluation Room	EYOT3	22.30	240	One per service. Holds specialized equipment to measure corneas.
Full Length Eye Lanes (GP)	EYEL1	17.19	185	(Army/Air Force) 4 Eye Lanes per Lasik Room. Determine if this number can be reduced if Laser Eye Center can share Eye Lanes with other functions within the Eye Clinic.
	EYEL3	15.79	170	(Navy) Same as EYEL1.
Medication Room	MEDP1	7.43	80	One per service.
Technician Cubicles	OFA03	5.57	60	Per projected FTE technician.
STAFF AND ADMINISTRATIVE AREAS				
Ophthalmologist/Optometrist Office (GP)	OFD01	11.15	120	Army - One per projected FTE staff provider. (See also Residency Program Section.)
	OFD02			Navy - See above planning range comments
	OFD03			Air Force - See above planning range comments
Nurse Manager's Office	OFA01	11.15	120	Private office, Standard Furniture. One per projected FTE Nurse Manager.
	OFA02			Private office, Systems Furniture. One per projected FTE Nurse Manager.
Nurses' Workroom	WRCH1	11.15	120	Army/Navy. Minimum. Add 40 nsf for each projected FTE nurse above four.
	OFA03	5.57	60	Air Force. Cubicle Systems Furniture. One per projected FTE Nurse.
NCOIC/LCPO/LPO Office	OFA01	11.15	120	One per clinic.
	OFA02			
Administrative Personnel with Private Offices	OFA01	11.15	120	One per projected FTE requiring a private office. See Section 2.1. Some examples are Group Practice Manager, Nurse Educator, Health Care Integrator, any staff who interviews or counsels patients.
	OFA02			

DoD Space Planning Criteria for Health Facilities

Ophthalmology/Optometry Clinic

FUNCTION	Room Code	AUTHORIZED m²	AUTHORIZED nsf	PLANNING RANGE/COMMENTS
Administrative Cubicle	OFA03	5.57	60	Per projected FTE requiring a dedicated workspace but not a private office. See Section 2.1.
Patient Records Area	FILE1	5.57	60	If records are stored outside of the clinic. See Section 2.5.
Reproduction Room	RPR01	9.29	100	For Copier/Fax/Mailbox distribution.
Conference Room (GP)	CRA01	23.23	250	Minimum use CRA01. One per department with less than eight officers or officer equivalents. For increase in size (CRA02 and CRA03) see Section 6.1.
	CRA02	27.87	300	
	CRA03	37.16	400	
Staff Lounge (GP)	SL001	13.01	140	Minimum. See Section 6.1 for increase in size.
Staff Lockers (GP)	LR001	1.86	20	Lockers for personal property. See Section 6.1 for increase in size or for Locker Room, Changing criteria.
Staff Toilets (GP)	TLTU1	5.57	60	Minimum for total clinic staff of at least 10. See Section 6.1 for increase in size and for male/female breakdown.
CLINIC SUPPORT AREAS				
Clean Utility/Supply Room (GP)	UCCL1	11.15	120	For up to 6 projected FTE providers.
		13.94	150	For 7 - 12 projected FTE providers.
		16.72	180	For more than 12 projected FTE providers.
Soiled Utility (GP)	USCL1	8.36	90	For up to 6 projected FTE providers.
		11.15	120	For 7 - 12 projected FTE providers.
		13.94	150	For more than 12 projected FTE providers.
Litter/Wheelchair Storage	SRLW1	5.57	60	One per clinic.
Crash Cart Alcove	RCA01	1.86	20	One per clinic. Can be shared between several clinics if fully accessible to all.
Equipment Storage	SRE01	9.29	100	One per clinic.

Ophthalmology/Optometry Clinic

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	

Functions which are required for Residency Education in Ophthalmology:

These areas are in addition to those listed under common areas above.

RESIDENCY PROGRAM				
Director of Residency Program (GP)	OFD01	11.15	120	Army/Air Force. One per director of a residency program.
	OFD02			Navy - See above planning range comments
	OFD03			Air Force - See above planning range comments
Secretary to Director with Visitor Waiting.	SEC01	11.15	120	One per director of a residency program, if there is a projected FTE secretary position.
Private Office	OFA01	11.15	120	One per projected FTE that requires a private office
	OFA02			
Administrative Cubicle	OFA03	5.57	60	Provide 60 nsf per projected FTE position.
Resident's Cubicle	OFA03	5.57	60	Minimum. 60 nsf per projected resident.
Residency Library	LIBB1	13.01	140	One per residency program.
Conference Room (GP)	CRA01	23.23	250	Minimum, one per residency program. For increase in size, see Section 2.1.
Preceptor/Consult	OFDC1	11.15	120	One per eight staff providers per clinic concept of operations.
Ophthalmology Laboratory	EYPL1	5.57	60	One per program.

DoD Space Planning Criteria for Health Facilities
Urology

3.14.1. PURPOSE AND SCOPE:

This section sets forth space planning criteria for the Urology Services in military health care facilities. These services are typically for inpatients and outpatients.

3.14.2. DEFINITIONS:

Cystoscopy: Visual examination of the interior of the bladder by means of a cystoscope.

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. This will include everyone working in the facility; military, civilian and contractor personnel.

Intravenous Pyelogram (IVP): An IVP (Intravenous Pyelogram) is an X-ray examination of the kidneys. After a plain film (without X-ray contrast) is obtained, the Radiologist injects radio-opaque contrast in a vein. A film is obtained immediately to determine the actual size of the kidneys. After waiting between five and ten minutes, another film is taken to show the collecting system as it begins to empty. Ideally the kidneys, ureters and bladder are all visualized on this film.

Office: Room Code OFA01 is a private office outfitted with standard office furniture. Room Code OFA02 is a private office outfitted with systems furniture. Room Code OFA03 is a cubicle outfitted with systems furniture.

Preceptor/Consult Room: - A location is required for residents in training to be able to discuss cases in private with supervising faculty physicians (preceptors). These discussions occur during the course of a patient visit, requiring proximity to exam room areas. In clinic configurations with staff physician offices clustered near exam rooms, precepting may be feasible from the faculty physician's own office and not from a dedicated central preceptor room. Note that any space provided for precepting must afford privacy from eavesdropping patients and passers-by ... hence an open area accessible by non-staff is NOT acceptable.

Provider: A provider in a urology service is an urologist. The term 'staff providers' does not include residents.

Urodynamics: Urodynamics refers to a group of diagnostic procedures that are performed to evaluate voiding disorders. The goal of diagnosis and treatment of these disorders is to: (1) protect the kidneys and (2) keep the patient dry.

Urology: The branch of medicine concerned with the diagnosis and treatment of diseases (especially by surgical technique) of the urinary tract of both male and female and of the genital organs of the male.

Video urodynamics: Video urodynamics requires the availability of the most specialized urodynamic equipment. The digital monitoring systems take video image information from a fluoroscopy unit and provide digital video image, on screen with pressure data. This process allows the physician to visualize events in the lower urinary tract along with pressure, flow and EMG data.

3.14.3. POLICIES:

Clinic Composition: A separate urology clinic will not be programmed if the number of provider FTEs is 2 or less. When staffing does not support a separate clinic, the service may be combined with the general surgery clinic.

Providers' Examination Rooms: Each urolologist will be provided with two examination rooms.

Providers' Offices: Each provider on the staff, who has patient appointments, will be provided a private office.

DoD Space Planning Criteria for Health Facilities
Urology

Residents' Office Space: Private office space will not be programmed for graduate medical education residents. Residents who are in a graduate medical education program studying to become a specialist in the service being programmed, will be provided with shared office space of 60 nsf per resident in the program. An office for a rotating resident may be programmed in the clinic for residents who see patients.

Resident's Office/Examination Rooms: Additional office and examination room space may be programmed into a clinic to provide space for "rotating residents" to see patients. A resident during his or her rotation in the clinic will use this space when they see patients as walk-ins or on appointment. One office and two examination rooms may be programmed for each resident FTE projected to be in the clinic seeing patients. Note: these residents are not necessarily urology residents only; family practice, and internist residency programs may require a rotation in the orthopedic clinic.

3.14.4. PROGRAM DATA REQUIRED:

Number of projected providers.
Are patient education cubicles in clinic concept of operations?
Will a patient education conference room be required?
Will Cystoscopy to be provided in the clinic, radiology or OR?
Number of annual urology visits (to determine number of Cystoscopy rooms).
Number of projected nurses.
Number of administrative personnel that require a private office?
Number of administrative personnel that require a dedicated cubicle.
Number of personnel that do not have a private office or cubicle.
Total number of personnel assigned to the clinic.
Are pediatric patients seen in the clinic?
Are OB patients seen in the clinic?
Is a satellite lab in the clinic concept of operations?
Is there a urology residency program?
Number of FTE residents.
Is there a Residency Research Technician assigned?
Is there a Residency secretary assigned?

DoD Space Planning Criteria for Health Facilities
Urology

FUNCTION	ROOM CODES	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	

3.14.5. SPACE CRITERIA:

NOTE: GP indicates that a guideplate exists for that particular Room Code.

RECEPTION AREAS

Clinic Waiting	WRC01	5.57	60	Minimum. Provide 3.0 seats per each projected FTE provider. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting). Note: this space can be divided into separate sick and well waiting areas. If divided, recommend providing 67% of space for a main waiting area.
Reception (GP)	RECP1	13.01	140	Minimum. Provide 140 nsf for the first eight providers. Increase 60 nsf for each increment of four providers over the initial eight providers. Includes space for 2 technicians. When only 1 technician required, consolidate with adjacent department, where possible.
Patient Education Kiosk/Alcove	CLSC1	3.72	40	One per clinic.
Patient Education Cubicle	CLSC2	2.72	30	Provide if in clinic concept of operations. Includes a computer workstation for patient self-assessment, printing educational brochures, etc.
Public Toilets	NA	NA	NA	Space will be provided in the Common Areas. See Section 6.1.

PATIENT TREATMENT AREAS

Screening, Weights and Measures, Adult Room (GP)	EXRG4	7.43	80	Minimum up to four projected FTE providers. One additional room for increment of four providers or portion thereof.
Screening, Weights and Measures, Pediatrics Room (GP)	EXRG5	11.15	120	One per each 8 providers, for pediatric services provided.
Provider's Exam Rooms (GP)	EXRG1	11.15	120	Army - Two per projected FTE. (Also note resident examination rooms.)
	EXRG2			Navy. (See above planning range comments.)
	EXRG3			Air Force. (See above planning range comments.)
Treatment Room	TRGS1	14.86	160	One per urology service.
Dressing Cubicle (GP)	DR001	5.57	60	One cubicle per treatment room.
Nephrology Renal Study	OPNR1	11.15	120	
Urodynamics Exam (GP)	EXUD1	14.86	160	Minimum, one room per every two projected urologists.
Dedicated Urodynamics Toilet (GP)	TLTU1	5.57	60	One per Urodynamics room.

DoD Space Planning Criteria for Health Facilities
Urology

FUNCTION	ROOM CODES	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	
PATIENT TREATMENT AREAS (cont)				
Patient Toilet (GP)	TLTU1	5.57	60	One if number of projected FTE providers is between three and eight. Provide two toilets if number of projected FTE providers is between nine and fifteen. Provide three toilets if number of projected FTE providers is sixteen or more with a maximum of three toilets.
Satellite Lab (GP)	LBSP1	9.29	100	One drawing chair and small lab. If in clinic concept of operations.
Cystoscopy with fluoroscopy:				
PATIENT AREAS (Cystoscopy)				
Outpatient Clinic Cystoscopy – Radiology - *recommend digital combination*	XDCY1	27.87	300	See formula at 3.14.6. Minus number of cystoscopy rooms with fluoroscopic and optional urodynamic capability in OR. Locate in one place only: either in OR Section 4.4 or in this section. Includes x-ray control booth.
Dressing Cubicle (GP)	DR001	5.57	60	One cubicle per treatment room.
Sub-waiting	WRC01	7.43	80	Minimum. Add 40 nsf for each cystoscopy room above one.
Patient Toilet (GP)	TLTU1	5.57	60	One per cystoscopy room.
Recovery Room (GP)	RROP1	11.15	120	Minimum (1 bed). Add 120 nsf for each additional cystoscopy and urology treatment room greater than 2.
Recovery Toilet (GP)	TLTU1	5.57	60	One per recovery room.
Control and Observation (GP)	NSTA3	5.57	60	One per recovery room.
Digital Radiology Reading Room	XVC01	11.15	120	One when cystoscopy service offered.
Sterile Supply Room	OPSS1	9.29	100	One per urology clinic.
Scrub Area (GP)	ORSA1	6.50	70	Per every 2 treatment rooms. Provide 1 sink per cystoscopy room.

DoD Space Planning Criteria for Health Facilities
Urology

FUNCTION	ROOM CODES	AUTHORIZED m²	AUTHORIZED nsf	PLANNING RANGE/COMMENTS
STAFF AND ADMINISTRATIVE AREAS				
Provider's Office (GP)	OFD01	11.15	120	Army/Air Force. One per projected FTE staff provider. (See also Residency Program section.)
	OFD02			Navy - One per projected FTE staff provider. (See also Residency Program section.)
	OFD03			Air Force - One per projected FTE staff provider. (See also Residency Program section.)
Nurse Manager's Office	OFA01	11.15	120	Private office, Standard Furniture. One per projected FTE Nurse Manager.
	OFA02			Private office, Systems Furniture. One per projected FTE Nurse Manager.
Nurses' Workroom	WRCH1	11.15	120	Army/Navy. Minimum. Add 40 nsf for each projected FTE nurse above four.
	OFA03	5.72	60	Air Force. Cubicle Systems Furniture. One per projected FTE Nurse.
NCOIC/LCPO/LPO Office	OFA01	11.15	120	One per clinic.
	OFA02			
Administrative Personnel with Private Offices	OFA01	11.15	120	One per projected FTE requiring a private office. See Section 2.1. Some examples are Group Practice Manager, Nurse Educator, Health Care Integrator, any staff who interviews or counsels patients.
	OFA02			
Administrative Cubicle	OFA03	5.57	60	Per projected FTE requiring a dedicated workspace but not a private office. See Section 2.1.
Patient Records Area	FILE1	5.57	60	If records are stored outside of the clinic. See Section 2.5.
Reproduction room	RPR01	9.29	100	For Copier/Fax/Mailbox distribution.
Form / Literature Storage	SRS01	11.15	120	One per clinic.
Conference Room (GP)	CRA01	23.23	250	Minimum use CRA01. One per department with less than eight officers or officer equivalents. For increase in size (CRA02 and CRA03) see Section 6.1.
	CRA02	27.87	300	
	CRA03	37.16	400	
Staff Lounge (GP)	SL001	13.01	140	Minimum. See Section 6.1 for increase in size
Staff Lockers (GP)	LR001	1.86	20	Lockers for personal property. See Section 6.1 for increase in size or for Locker Room, Changing criteria.
Staff Toilets (GP)	TLTU1	5.57	60	Minimum for total clinic staff of at least 10. See Section 6.1 for increase in size and for male/female breakdown.

DoD Space Planning Criteria for Health Facilities
Urology

FUNCTION	ROOM CODES	AUTHORIZED m²	AUTHORIZED nsf	PLANNING RANGE/COMMENTS
CLINIC SUPPORT AREAS				
Clean Utility/Supply Room (GP)	UCCL1	11.15	120	For up to 6 projected FTE providers.
		13.94	150	For 7 - 12 projected FTE providers.
		16.72	180	For more than 12 projected FTE providers.
Soiled Utility (GP)	USCL1	8.36	90	For up to 6 projected FTE providers.
		11.15	120	If For 7 - 12 projected FTE providers.
		13.94	150	For more than 12 projected FTE providers.
Litter/Wheelchair Storage	SRLW1	5.57	60	One per clinic.
Crash Cart Alcove	RCA01	1.86	20	One per clinic. Can be shared between several clinics if fully accessible to all.
Equipment Storage	SRE01	9.29	100	One per clinic.
Urology Lab	LBUR1	7.43	80	One lab per clinic.
Scope Wash Room (GP)	USCL2	9.29	100	One per urology clinic.
Equipment Storage and Maintenance Room	SRSE1	13.94	150	One per urology clinic.

Functions which are required for Residency Education in Urology:

The following areas must be programmed if the MTF has a Urology Residency Program. These areas are in addition to those listed under common areas above.

RESIDENCY PROGRAM				
Director of Residency Program (GP)	OFD01	11.15	120	Army/Air Force. One per director of residency program.
	OFD02			Navy - One per director of residency program.
	OFD03			Air Force One per director of residency program.
Secretary to Director with Visitor Waiting.	SEC01	11.15	120	One per projected FTE secretary.
Private Office	OFA01	11.15	120	One per projected FTE that requires a private office
	OFA02			
Administrative Cubicle	OFA03	5.57	60	Provide 60 nsf per projected FTE position.
Resident's Cubicle	OFA03	5.57	60	Minimum. Per projected resident.
Residency Library	LIBB1	13.01	140	One per residency program.

DoD Space Planning Criteria for Health Facilities
Urology

FUNCTION	ROOM CODES	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	
RESIDENCY PROGRAM (Continued)				
Conference Room (GP)	CRA01	23.23	250	Minimum, one per residency program. For increase in size see Section 2.1.
Resident's Examination Room (GP)	EXRG1	11.15	120	Army. One per projected resident. Minus the two monitored exam rooms.
	EXRG2			Navy. (See above planning range comments.)
	EXRG3			Air Force. (See above planning range comments.)
Monitored Exam Rooms - Subject & Observer Rooms (GP)	EXRG1	11.15	120	Army - Provide two exam rooms per residency program, and one COM03. These rooms use cameras and videotapes.
	EXRG2			Navy – see above planning range comment.
	EXRG3			Air Force – see above planning range comment.
	COM03	5.57	60	One room can support two rooms exam rooms.
Preceptor/Consult Rooms	OFDC1	11.15	120	One per eight staff physicians per clinic concept of operations.

3.14.6.: FORMULAS:

Cystoscopic Room Requirements:

$$\text{Cystoscopic Rooms} = \frac{\text{(annual urology visits/52) x 0.5}}{\text{0.6 proc per hr per room x 30 hr per wk}}$$

DoD Space Planning Criteria for Health Facilities
Specialty Medical Clinics

3.15.1. PURPOSE AND SCOPE:

This section sets forth space planning criteria for the Specialty Medical Clinical Services in military health care facilities. Specialty Medical clinics include within this chapter: Dermatology, Endocrinology, Gastroenterology, Hematology/Oncology, Infectious Disease, Internal Medicine, Nephrology, Neurology, and Rheumatology.

Separate sections provide information on other specialty clinics, as listed below:

Specialty Medical Clinic	**Section**
Allergy/Immunization	3.17
Dermatology	3.15
Endocrinology	3.15
Gastroenterology	3.15
Hematology/Oncology	3.15
Infectious Disease	3.15
Internal Medicine	3.15
Nephrology	3.15
Neurology	3.15
Rheumatology	3.15

Cardiology/Pulmonary Services	**Section**
Cardiology	3.16
Pulmonary	3.16

Preventative/Occupational Clinics:	
Aerospace, Aviation, and Submarine Medicine	3.4
Community Health Nursing	3.19
Industrial Hygiene, Environmental and Bioenvironmental Sciences	3.19
Occupational Health/Civilian Employee Health Clinic	3.19
Preventive Medicine	3.19

Eye, Ear, Nose & Throat	**Section**
Audiology	3.10
Ophthalmology/Optometry	3.13
Otorhinolaryngology (ENT)	3.10
Speech Therapy	3.10

Psychiatric Clinics	**Section**
Mental Health/Hygiene	3.18
Psychiatry	3.18
Child Psychiatry	3.18
Clinical Psychology	3.18

Women's Health	**Section**
OB/GYN	3.6
Family Planning	3.6

Pediatrics	**Section**
Adolescent	3.3
Infectious Disease Pediatrics	3.3
Well Baby	3.3

Primary Care	**Section**
Clinic of the Future	3.2
Emergency	3.5
Family Practice	3.1
General Practice	3.1
Physical Examination	3.1

Specialty Surgical Clinics	**Section**
Colorectal	3.11
General Surgery	3.11
Neurosurgery	3.11
Orthopedic/Podiatry	3.12
Plastic Surgery	3.11
Thoracic Surgery	3.11
Pain	3.11
Urology	3.14

DoD Space Planning Criteria for Health Facilities
Specialty Medical Clinics

3.15.2. DEFINITIONS:

Bronchoscopy: The endoscopic examination and treatment of the tracheobronchial system.

Dermatology: The medical specialty concerned with the diagnosis and treatment of diseases of the skin.

Endocrinology: The study and treatment of diseases of the endocrine (hormonal) system and its role in the physiology of the body.

Endoscopy: Inspection of the interior of a canal or any air or food passage by means of an endoscope.

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. This will include everyone working in the facility; military, civilian and contractor personnel.

Gastroenterology: The study and treatment of diseases of the digestive system, to include the esophagus, stomach, intestines, pancreas, liver and biliary tracts.

Hematology: The study and treatment of diseases of the blood and blood forming tissues.

Infectious Disease: A disease (any deviation from or interruption of the normal structure of function of any part, organ or system of the body that is manifested by a characteristic set of symptoms and signs) that is caused by or capable of being communicated by infection (invasion and multiplication of micro-organisms in body tissues). An infection disease specialist provides consultation and treatment for problems related to viral, bacterial, parasitic or fungal diseases.

Internal Medicine: Discipline encompassing the prevention, diagnosis, and nonsurgical treatment of disease in adults.

Nephrology: The diagnosis and treatment of the function and diseases of the kidney.

Neurology: That branch of medical science, which deals with the nervous system, both normal and in disease. Clinically, that specialty concerned with the diagnosis and treatment of disorders of the nervous system.

Office: Room Code OFA01 is a private office outfitted with standard office furniture. Room Code OFA02 is a private office outfitted with systems furniture. Room Code OFA03 is a cubicle outfitted with systems furniture.

Oncology: The diagnosis and treatment of cancer, often used in conjunction with the hematology specialty as in “hematology-oncology” or “heme-onc.

Preceptor/Consult Room: A location is required for residents in training to be able to discuss cases in private with supervising faculty physicians (preceptors). These discussions occur during the course of a patient visit, requiring proximity to exam room areas. In clinic configurations with staff physician offices clustered near exam rooms, precepting may be feasible from the faculty physician's own office and not from a dedicated central preceptor room. Note that any space provided for precepting must afford privacy from eavesdropping patients and passers-by ... hence an open area accessible by non-staff is NOT acceptable.

Proctology: The branch of medicine concerned with the study of the rectum and anus and the treatment of their diseases.

DoD Space Planning Criteria for Health Facilities
Specialty Medical Clinics

Provider: An individual, who examines, diagnoses, treats, prescribes medication and manages the care of patients within their scope of practice as established by the governing body of a healthcare organization. General providers are physicians, physician's assistants and clinical nurse practitioners. The term 'staff providers' does not include residents.

Rheumatology: The branch of medicine dealing with rheumatic disorders, their causes, pathology, diagnosis, treatment, etc. Rheumatic disorders are any of a variety of disorders marked by inflammation, degeneration, or metabolic derangement of the connective tissue structures of the body, especially the joints and related structures.

3.15.3. POLICIES:

Clinic Composition: Whenever the workload of any specialty does not support more than two provider FTEs, a separate clinic should not be programmed. Medical specialties that do not justify a separate clinic should be combined into the internal medicine clinic or may be combined into two or three specialty medical services in one clinic. This excludes hematology/oncology clinics, which should not be combined with other clinics.

Diabetic Care Clinics: space requirements are determined in a case-by-case study, base on workload.

Hematology/Oncology Clinic: Hematology/Oncology clinics will not be combined with other clinics.

Providers' Examination Rooms: Each provider will be provided with two examination rooms.

Providers' Offices: Each provider on the staff, who has patient appointments, is provided a private office.

Residents' Office Space: Private office space will not be programmed for graduate medical education residents. Residents who are in a graduate medical education program studying to become a specialist in the service being programmed, will be provided with shared office space of 60 nsf per resident in the program. An office for a rotating resident may be programmed in the clinic for residents who see patients.

Resident's Office/Examination Rooms: Additional office and examination room space may be programmed into a clinic to provide space for "rotating residents" to see patients. A resident during his or her rotation in the clinic will use this space when they see patients as walk-ins or on appointment. One office and two examination rooms may be programmed for each resident FTE projected to be in the clinic seeing patients. Note: these resident are not necessarily specialty medical residents only, family practice, and internist residency programs may require a rotation in the orthopedic clinic.

3.15.4. PROGRAM DATA REQUIRED:

Number of projected Dermatology providers.
Number of projected Endocrinology providers.
Number of projected Gastroenterology providers.
Number of projected Hematology/Oncology providers.
Number of projected Infectious Disease providers.
Number of projected Internal Medicine providers.
Number of projected Nephrology providers.
Number of projected Neurology providers.
Number of projected Proctology providers.
Number of projected Rheumatology providers.
Are patient education cubicles in the clinic concept of operations?
Are patient education classrooms in the clinic concept of operations?
Number of provider that will see pediatric patients.
Does the risk assessment indicate a requirement for isolation exam rooms?
Is there a requirement for a treadmill/Stress test room?
Number of projected nurses.
Number of projected staff requiring a private office (see section 2.1)
Number of staff that require a dedicated cubicle.
Number of staff without an office or private cubicle (staff requiring lockers).
Total number of staff in the clinic.
Is a Cystoscopy room required in this clinic?
Is conscious sedation used in the clinic?
Is a Renal Dialysis Unit in the concept of operations?
- Number of patients enrolled in renal dialysis unit.
- Number of nurses assigned to the renal dialysis.
- Does the infection risk assessment require a isolation renal dialysis chair?
- Does the renal dialysis have a home training program?
- Is a FTE dietician projected?
- Is a FTE Pharmacist projected?
- Is a FTE Social worker projected?

How many chemotherapy treatments projected for each year?
Number of projected FTE tumor registry clerks
Is a FTE pharmacist projected for the Hematology/Oncology clinic?
Is a Lab required in dermatology
Is an Esophageal Motility Room required in Gastroenterology?
Is there a GME program?
Number of residents (in all specialties).
Is there a projected secretary?

DoD Space Planning Criteria for Health Facilities
Specialty Medical Clinics

3.15.5. 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.

Physician's Offices: - Each physician, physician's assistant, clinical nurse practitioner, and allied scientist on the staff will be provided a private office based on the following criteria: (excluded offices are provided under other criteria, such as Radiologists, Pathologists, Anesthesiologists, Commanders, etc.).

Combining functions: When programming a clinic that includes multiple special procedure rooms that require similar support functions (patient holding, utility rooms and recovery areas), the support areas should be located in such a way that they should be combined as opposed to duplicating the support functions.

RECEPTION AREAS

Clinic Waiting Area	WRC01		60	Minimum. Provide one per clinic. Provide 3 seats per provider (except dermatology) for the maximum number of providers projected to be working in the clinic at one time. Provide 4 seats per dermatology provider for the maximum number of providers projected to be working in the clinic at one time. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting).
Reception (GP)	RECP1	13.01	140	Provide 140 nsf for the first eight providers. Increase 60 nsf for each increment of four providers over the initial eight providers.
Patient Education Conference Room (GP)	CLR02	23.23	250	Provide if in clinic concept of operations includes group patient education classes. See Section 2.1
Patient Education Cubicle	CLSC2	3.72	40	Include if in clinic concept of operations. Includes a computer workstation for patient self assessment, printing educational brochures etc.
Public Toilet	NA	NA	NA	Space provided in Common Areas. See Section 6.1

DoD Space Planning Criteria for Health Facilities
Specialty Medical Clinics

FUNCTION		AUTHORIZED		PLANNING RANGE/COMMENTS
		m^2	nsf	
PATIENT AREAS				
Provider's Exam Rooms (GP)	EXRG1	11.15	120	Army - Two per provider (FTE) programmed. Can be used for Dermatology, Endocrinology, Gastroenterology, Hematology/Oncology, Infectious Disease, Internal Medicine, Nephrology, Neurology, and Rheumatology providers, when not listed separately below.
	EXRG2			Navy - same criteria as above
	EXRG3			Air Force - same criteria as above
Screening, Weights and Measures (GP)	EXRG4	7.43	80	One per each 4 providers.
Pediatric Screening (GP)	EXRG5	11.15	120	If in the clinic concept of operations. One per 8 providers seeing pediatric patients.
Isolation Exam (GP)	EXRG6	11.15	120	One per clinic, if required for infection control.
Patient Learning Resource Room	LIBV1	11.15	120	One per department. See section 2.2.
Consult Room	OFDC2	11.15	120	Minimum. One per 8 providers of all specialties.
Patient Toilet	TLTU1	5.57	60	One if number of projected FTE providers is between three and eight. Provide two toilets if number of projected FTE providers is between nine and fifteen. Provide three toilets if number of projected FTE providers is sixteen or more with a maximum of three toilets.
TREATMENT AREAS				
Treatment Room -general purpose (GP)	TRGM1	16.26	175	Minimum one. One per 6 providers. Can be used for Endocrinology, Infectious Disease, Internal Medicine, Nephrology, and Neurology providers, when not listed separately below.
Treadmill/Stress Test Room (GP)	OPTM1	20.44	220	Minimum. One for internal medicine when there is not a separate cardiology service.
Electrocardiogram (EKG) Testing Room (GP)	OPEC1	11.15	120	Minimum. One per clinic, when not listed separately below.
EKG Work Room	OPEC2	7.43	80	One per EKG Testing Room.
Dressing Cubicle (GP)	DR001	5.57	60	One per multi-station EKG area.
Observation/Hydration Room	OOHR1	11.15	120	Provide one for Internal Medicine clinic, if Internal Medicine has empanelled patients

DoD Space Planning Criteria for Health Facilities
Specialty Medical Clinics

FUNCTION		AUTHORIZED m^2	AUTHORIZED nsf	PLANNING RANGE/COMMENTS
STAFF AND ADMINISTRATIVE AREAS:				
Provider's Office (GP)	OFD01	11.15	120	Army - One per provider FTE programmed. Can be used for Dermatology, Endocrinology, Gastroenterology, Hematology/Oncology, Infectious Disease, Internal Medicine, Nephrology, Neurology, and Rheumatology providers, when not listed separately below. (See also Residency Staff section.)
	OFD03			Navy - See above Planning Range/ Comments.
	OFD03			Air Force - See above Planning Range / Comments
Nurse Manager's Office	OFA01	11.15	120	Private office, standard furniture. One per projected FTE.
	OFA02			Private office, systems furniture. One per projected FTE.
Nurses' Workroom	WRCH1	11.15	120	Army. Minimum. Add 40 nsf for each nurse above 4 assigned to the clinic.
	OFA03	5.57	60	Air Force. One per projected FTE
Administrative Office	OFA01	5.57	60	Private office, standard furniture. One per projected FTE.
	OFA02			Private office, systems furniture. One per projected FTE.
Administrative cubicle	OFA03	5.57	60	Systems furniture cubicle. Per assigned FTE, see Section 2.1. Provide 60 nsf for each full time person who requires office space.
NCOIC/LCPO/LPO Office	OFA01 OFA02	11.15	120	One per projected FTE.
Advice Nurse(s) Area	OFA03	5.57	60	Minimum, when one advice nurse FTE programmed. Add 60 nsf per each additional FTE programmed. Used for telephone triage/advice.
Education Nurse	OFA01 OFA02	11.15	120	One per FTE programmed.
Tumor Registry	OFA01	11.15	120	One per facility. See also Section 3.11. Provide only one for both departments.

DoD Space Planning Criteria for Health Facilities
Specialty Medical Clinics

FUNCTION		AUTHORIZED m^2	AUTHORIZED nsf	PLANNING RANGE/COMMENTS
STAFF AND ADMINISTRATIVE AREAS: (cont)				
Patient Records Area	MRS01	11.15	120	Minimum. Fixed shelving. If outpatient records are stored within the clinic. See Section 2.5 for increase in size.
	MRS02			Minimum. Movable shelving. If outpatient records are stored within the clinic. See Section 2.5 for increase in size.
	FILE1	5.57	60	If records are stored outside of the clinic. See Section 2.5.
Reproduction Room	RPR01	9.29	100	For Copier/Fax/Mailbox distribution.
Conference Room (GP)	CRA01	23.23	250	Minimum use CRA01. One per department with less than eight officers or officer equivalents. For increase in size (CRA02 and CRA03) see Section 2.1.
	CRA02	27.87	300	
	CRA03	37.16	400	
Forms/Literature Storage	SRS01	9.29	100	One per department.
Staff Lounge (GP)	SL001	13.01	140	Minimum. See Section 6.1.
Staff Lockers (GP)	LR001	1.86	20	Lockers for personal property. See Section 6.1 for increase in size or for Locker Room, Changing criteria.
Staff Toilets	TLTU1	5.57	60	Minimum for total clinic staff of at least 10. See Section 6.1 for increase in size and for male/female breakdown
CLINIC SUPPORT AREAS				
Clean Utility/Supply Room (GP)	UCCL1	11.15	120	For up to 6 projected FTE providers.
		13.94	150	For 7 - 12 projected FTE providers.
		16.72	180	For more than 12 projected FTE providers.
Soiled Utility (GP)	USCL1	8.36	90	For up to 6 projected FTE providers.
		11.15	120	For 7 - 12 projected FTE providers.
		13.94	150	For more than 12 projected FTE providers.
Litter/Wheelchair Storage	SRLW1	5.57	60	One per clinic.
Crash Cart Alcove	RCA01	1.86	20	One per clinic. Can be shared between several clinics if fully accessible to all.
Equipment Storage	SRE01	9.29	100	One per clinic.

DoD Space Planning Criteria for Health Facilities
Specialty Medical Clinics

FUNCTION		AUTHORIZED		PLANNING RANGE/COMMENTS
		m^2	nsf	
Dermatology				
Treatment Room -Dermatology	TRGS1	16.26	175	Minimum of one. One room per every 2 providers.
Outpatient Dermatology/Cryotherapy (GP)	OPDC1	11.15	120	Minimum of one room. Add a second room when 3 or more dermatologists FTEs projected.
Outpatient Dermatology, Ultraviolet Booth (GP)	OPDU1	11.15	120	Minimum of one when a dermatologist FTE projected. Add additional booth when more that five dermatologists.
Laser Treatment Room	TRGS3	16.26	175	One treatment room per each type of laser.
Dermatology Laboratory	LBDE1	5.57	60	One per clinic if in clinic concept of operations
Gastroenterology				
Digital Cystoscopy Room (GP)	XDRF2	40.88	440	One per gastroenterologist FTE projected. Includes control area. Determine if this will be located in this clinic or in Radiology or Surgery.
Dedicated Toilet (GP)	TLTU1	5.57	60	One per fluoroscopy room.
Dedicated Dressing Cubicle (GP)	DR001	4.65	50	One per fluoroscopy room.
Image Reading Room (GP)	XVC01	11.15	120	One per clinic when any imaging capability included in the clinic.
Treatment Room, Proctoscopic Exam Room (GP)	TRPE1	16.26	175	One per proctologist FTE projected.
Dedicated Toilet	TLTU1	5.57	60	One per proctoscopic room.
Dedicated Dressing Cubicle (GP)	DR001	5.57	60	One per proctoscopic room.
Treatment Room, Endoscopy Room (GP)	TREE1	26.01	280	One per gastroenterologist FTE provider.
Dedicated Toilet	TLTU1	5.57	60	One per endoscopy room.
Dedicated Dressing Cubicle	DR001	4.65	60	One per endoscopy room.
Scope Wash Room	USCL2	11.15	120	One per clinic.
Esophageal Motility Room	TRGM1	16.26	175	If in clinic concept of operations.
Subwaiting	WRC01	5.57	60	Minimum, add 25 nsf for each procedure room
Recovery Cubicle Outpatient	RROP1	22.30	240	Minimum (2 cubicles) If conscious sedation used. Add 1 cubicle, 120 nsf for each additional procedure room.
Nurse station/Observation	NSTA4	5.57	60	Minimum, If over 4 beds increase to 120
Patient Toilet, Recovery	TLTU1	5.57	60	One per Recovery Room/Pre-Op room.

DoD Space Planning Criteria for Health Facilities
Specialty Medical Clinics

FUNCTION		AUTHORIZED		PLANNING RANGE/COMMENTS
		m^2	nsf	

Renal Dialysis Unit

PATIENT AREAS (Renal Dialysis Unit)

Waiting Area	WRC01	13.01	140	Minimum. Provide 2 seats per each renal dialysis station.
Clinic Reception Station/Control Counter (GP)	RECP1	11.15	120	One per renal dialysis unit.
Patient Belongings Storage	LR002	7.43	20	Minimum. Ensure 7 nsf per Renal dialysis chair
Exam Room	EXRG1	11.15	120	One per each FTE provider programmed.
Renal Dialysis Station, Chair	RDC01	11.15	120	1 station (chair) per every seven patients enrolled in renal dialysis. (See formula at 3.15.6).
Renal Dialysis Station, Chair, negative pressure	RDC02	11.15	120	One per unit based risk assessment
Patient Toilet	TLTU1	5.57	60	One in association with dialysis station area.
Renal Dialysis Home Training Room	LIBV1	11.15	120	1 per unit, if home training is provided.
Examination/Peritoneal Dialysis Room	RDPD1	11.15	120	1 per unit.
Portable Renal Dialysis Storage	RDP01	7.43	80	Use only if in hospital and performing RD on inpatient ward

STAFF AND SUPPORT AREAS (Renal Dialysis Unit)

Nurses' Station	NSTA4	11.15	120	One per renal dialysis unit.
Unit Directors Office	OFD01	11.15	120	Army/Air Force One per renal dialysis unit.
	OFD03			Navy
NCOIC/LCPO/LPO Office	OFA01	11.15	120	One per renal dialysis unit
	OFA02			
Dietician	OFA01	11.15	120	One per clinic, if projected FTE
	OFA02			
Pharmacist	OFA01	11.15	120	One per clinic, if projected FTE
	OFA02			
Social Work Services	OFA01	11.15	120	One per clinic, if projected FTE
	OFA02			
Nourishment Room (GP)	NCWD1	9.29	100	1 per unit, when nourishment is provided to patients.
Renal Studies Laboratory	LBSC1	11.15	120	One per clinic when a Lab technician FTE is projected.
Medication Preparation/Dispensing Room	MEDP1	7.43	80	One per renal dialysis unit.
Clean Utility Room	UCCL1	7.43	100	Minimum. Provide 40 nsf for each additional renal dialysis treatment station above two.
Soiled Utility Room	USCL1	11.15	120	One per renal dialysis unit. Add 10 nsf for each station over 6

DoD Space Planning Criteria for Health Facilities
Specialty Medical Clinics

FUNCTION		AUTHORIZED		PLANNING RANGE/COMMENTS
		m^2	nsf	
STAFF AND SUPPORT AREAS (Renal Dialysis Unit) (cont)				
Water treatment/concentrate room	RDWT1	11.15	120	Minimum. Add 30 nsf for each additional chair greater than four.
Literature / Form Storage	SRS01	5.57	60	For home healthcare information/equipment. Add 15 nsf for each additional chair greater than four.
Equipment storage	SRSE1	9.29	100	One per unit
Nurses' Work Area	WRCH1	11.15	120	Minimum
Staff Toilet	TLTU1	5.57	60	See Section 6.1
Litter and Wheelchair Space	SRLW1	1.86	60	One per renal dialysis unit.
Dedicated Janitor's Closet	JANC1	5.57	40	One per renal dialysis unit.
Rheumatology				
Treatment Room	TRGM1	16.26	175	One per clinic. If Rheumatolgist assigned
Infusion Therapy Area (GP)	RROP1	33.44	360	Minimum provides two chairs, control/ observation and support. Add two chairs (120 nsf each) for each additional provider greater than 1. May be shared with Hematology/Oncology.
Synovial Fluid Analysis Room	LBSC2	11.15	120	One per clinic.
Neurology				
Electromyography (EMG) Room (GP)	PTEM1	11.15	120	One per clinic when a neurologist FTE projected.
EEG Testing Room (GP)	OPEE1	11.15	120	One room for when one neurologist FTE programmed. Two rooms for up to three neurologist FTEs programmed.
EEG Work Room	OPEE2	7.43	80	One for every EEG Testing Rooms.

DoD Space Planning Criteria for Health Facilities
Specialty Medical Clinics

FUNCTION		AUTHORIZED		PLANNING RANGE/COMMENTS
		m^2	nsf	
Hematology/Oncology Clinic				
Tumor Registry	OFA01 OFA02	11.15	120	One per clinic. See also section 3.11. Provide only one for both departments.
Pharmacist's Office	OFD01 OFD02	11.15	120	One office per pharmacist FTE programmed.
Social Worker's Office	OFDC1	11.15	120	One per social worker FTE projected.
Social Work Specialist Office	OFDC1	11.15	120	One per social work specialist FTE projected.
Group Therapy Room	OPMH1	18.58	200	One per oncology service.
Chemo Medication Prep Room	OPCT2	11.15	120	One if pharmacist assigned (one FTE).
		5.57	60	One if no full time pharmacist assigned.
Chemotherapy Treatment Area	OPCT1	27.87	300	Minimum (3 stations). One per oncology service, add 100 nsf for each 1,000 additional annual chemotherapy treatments above 4,000.
Dedicated Patient Chemo toilet	TLTU1	5.57	60	One per department
Treatment Room, Hem/Onc.	TRGM1	16.26	175	One per provider FTE programmed.
Holding Area	RRBD1	22.30	240	Minimum (3 reclining chairs with chairs for escorts). Add additional 80 nsf for each 2-chemotherapy treatment station in excess of three.
Patient Toilet for holding area	TLTU1	5.57	60	One per Chemotherapy Holding Area.

DoD Space Planning Criteria for Health Facilities
Specialty Medical Clinics

FUNCTION		AUTHORIZED		PLANNING RANGE/COMMENTS
		m^2	nsf	

Functions which are required for Residency Education in a Specialty Medical Clinics:

The following areas must be programmed if the MTF provides a medical specialty Residency Program. These areas are in addition to those listed under common areas above.

Director of Residency Program (GP)	OFD01	11.15	120	Army - One per director of residency program.
	OFD02			Navy - One per director of residency program.
	OFD03			Air Force - One per director of residency program.
Secretary to Director with visitor waiting.	SEC01	11.15	120	One per Director of a Family Practice Residency Program, if there is an assigned FTE
Private Office	OFA01	11.15	120	One per projected FTE that requires a private office
	OFA02			
Administrative Cubicle	OFA03	5.57	60	Provide 60 nsf per projected FTE position.
Resident's Office Space	OFA03	5.57	60	Minimum. 60 nsf per assigned resident.
Residency Library	LIBB1	13.01	140	One per Residency Program.
Conference Room (GP)	CRA01	23.23	250	Minimum use CRA01. One per department with less than eight officers or officer equivalents. For increase in size (CRA02 and CRA03) see Section 2.1.
	CRA02	27.87	300	
	CRA03	37.16	400	
Monitored Exam Rooms - subject & observer rooms.	EXRG1	11.15	120	Provide two EXRG1 per residency program, and one COM03. These rooms use cameras and videotapes.
	COM03	5.57	60	
Preceptor/Consult Rooms	OFDC1	11.15	120	One per eight staff physicians per concept of operations.

3.15.6 FORMULAS:

Programming of renal dialysis stations – the criteria for 1 station (chair) per every seven patients enrolled in renal dialysis was based on the following assumptions:

1) Assume a 12-hour day, six- day week.
2) Assuming the 12-hour day, 3 patients per day will be served.
3) If an 8-hour day is used, only 2 patients per day can be served.
4) Patients typically require 2.5 to 3.5 hours per dialysis and 80% of patients require dialysis 3 times a week, while 20% require dialysis 4 times a week.

If any of these assumptions if different than the actual renal dialysis operation, the criteria should be altered accordingly.

DoD Space Planning Criteria for Health Facilities
Cardiology/Pulmonary Services

3.16.1. PURPOSE AND SCOPE:

This Section sets forth space planning criteria for the Cardiology/Pulmonary Services in military health care facilities. These services are typically for inpatients and outpatients.

3.16.2. DEFINITIONS:

Cardiology: The study of the heart and its functions.

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. This will include everyone working in the facility; military, civilian and contractor personnel**.**

Office: Room Code OFA01 is a private office outfitted with standard office furniture. Room Code OFA02 is a private office outfitted with systems furniture. Room Code OFA03 is a cubicle outfitted with systems furniture.

Pulmonology: The science concerned with the anatomy, physiology, and the pathology of the lungs.

Provider: A "provider" in a cardiology/pulmonary service is an individual, who examines, diagnoses, treats, prescribes medication and manages the care of patients within his or her scope of practice as established by the governing body of a healthcare organization. Providers are pulmonologists, cardiologists, respiratory therapists, physicians, physician's assistants and clinical nurse practitioners.

Rotating Resident: A rotating resident is one from any graduate medical education specialty program (internal medicine, pediatrics, surgery, family practice, etc.) who, in the course of his or her education, must spend time in the services of another specialty. For example internal medicine residents are required to "do a rotation" in the cardiology/pulmonary service.

Preceptor/ Consult Room: A location is required for residents in training to be able to discuss cases in private with supervising faculty physicians (preceptors). These discussions occur during the course of a patient visit, requiring proximity to exam room areas. In clinic configurations with staff physician offices clustered near exam rooms, precepting may be feasible from the faculty physician's own office and not from a dedicated central preceptor room. Note that any space provided for precepting must afford privacy from eavesdropping patients and passers-by ... hence an open area accessible by non-staff is NOT acceptable."

3.16.3. POLICIES:

Clinic Composition: A separate cardiology/pulmonary clinic will not be programmed if the number of provider FTEs is 2 or less. When staffing does not support a separate clinic, the service may be combined with internal medicine. Cardiology and pulmonary clinics may be separate clinics at larger facilities.

Providers' Examination Rooms: Each provider will be provided with two examination rooms.

Providers' Offices: Each provider on the staff, who has patient appointments, will be provided a private office.

Residents' Office Space: Private office space will not be programmed for graduate medical education residents. Residents, who are in a graduate medical education program studying to become a specialist in the service being programmed, will be provided with shared office space of 60 nsf per resident in the program. An office for a rotating resident may be programmed in the clinic for residents who see patients.

DoD Space Planning Criteria for Health Facilities
Cardiology/Pulmonary Services

Resident's Office/Examination Rooms: Additional office and examination room space may be programmed into a clinic to provide space for "rotating residents" to see patients. A resident during his or her rotation in the clinic will use this space when seeing patients as walk-ins or by appointment. One office and two examination rooms may be programmed for each resident FTE projected to be in the clinic seeing patients. Note: These residents are not necessarily cardiologist residents only; family practice and internal medicine residents may require a rotation in the cardiology/pulmonary clinic.

3.16.4. PROGRAM DATA REQUIRED:

Cardiology:

Number of cardiologist FTEs projected?
Maximum number of FTE residents seeing patients in the clinic at one time?
Number of nurse FTEs projected?
Is there a cardiology residency program?
Is there a Residency Research Technician assigned?
What is the maximum number of "rotating residents" that will be working in the clinic at any one time?
Number of FTE cardiologist(s) programmed.
Is a Stress Echo. room required?
Is a Transesophagael Echo. Room required?
Is an Ultrasound Room required?
Is there a treadmill room?
Is a Cardiac Cath. Lab authorized?
Is a Pacemaker Room required?
What type of Cardiac Cath. ADP computer equipment is required?
Average number of outpatient EKG tests per week.

Pulmonology:

Number of pulmonologist FTEs projected?
Number of respiratory therapist FTEs projected?
Maximum number of FTE residents seeing patients in the clinic at one time?
Number of nurse FTEs projected?
Is there a pulmonary residency program?
Is there a Residency Research Technician assigned?
What is the maximum number of "rotating residents" that will be working in the clinic at any one time?
Is a Blood Gas Analysis trained technician programmed?
Average number of inhalation treatments per week?
Is there a Pulmonary Function Lab?
Is there a Sleep Studies Room?
Is there a Home Care Coordinator?
Are bronchoscopy procedures performed in this clinic or in the OR?

NOTE: GP indicates that a guideplate exists for that particular Room Code.

DoD Space Planning Criteria for Health Facilities
Cardiology/Pulmonary Services

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	

3.16.5 SPACE CRITERIA:

RECEPTION AREAS

Clinic Waiting Area	WRC01	5.57	60	Minimum. Provide 5 seats per provider for the maximum number of providers projected to be working in the clinic at one time. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting).
Reception (GP)	RECP1	13.01	140	Provide 140 nsf for the first eight providers. Increase 60 nsf for each increment of four providers over the initial eight providers
Patient Education Area	CLSC1	3.72	40	Kiosk/Alcove. Provide either CLSC1 or CLSC2 per clinic.
	CLSC2			Cubicle. One per clinic. Provide either CLSC1 or CLSC2 per clinic.
Public Toilet	NA	NA	NA	Space will be provided in the Common Areas. See Section 6.1

CARDIOLOGY CLINIC
Cardiology and pulmonary clinics may be separate clinics at larger facilities. Must have a minimum of two cardiologist FTEs projected.

PATIENT AREAS – CARDIOLOGY CLINIC

Screening, Weights and Measures (GP)	EXRG4	7.43	80	One per each 4 providers.
Patient Education Room	LIBV1	11.15	120	One per clinic.
Provider's Exam Rooms (GP)	EXRG1	11.15	120	Army - Two per projected FTE. (Also note resident examination rooms.)
	EXRG2			Navy. (See above planning range comments.)
	EXRG3			Air Force. (See above planning range comments.)
Outpatient Electrocardiogram (EKG) Testing (GP)	OPEC1	11.15	120	Minimum. Total number of rooms may be more. See formula in Section 3.16.6.
EKG Work Area and Records	OPEC2	11.15	120	Minimum. One per clinic, add 10 NSF for each EKG room in excess of one.
Stress Echocardiograph Room	OPPE2	18.58	200	1 per Cardiology clinic, if required
Echocardiograph Room	OPPE1	13.01	140	One room per every 1000 echoes performed annually.
Echocardiograph Reading Room, 2 station (GP)	XVC02	11.15	120	One room per every two echocardiograph rooms.
Echocardiograph Records Storage Room	MRS01	9.29	100	One per clinic. Provide an additional 40 nsf if records are not maintained on CD or video format.

DoD Space Planning Criteria for Health Facilities
Cardiology/Pulmonary Services

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	
PATIENT AREAS – CARDIOLOGY CLINIC (Cont)				
Transesophageal Echocardiograph. Room	OPPE1	20.44	220	One per clinic if in clinic concept of operations. May collocate with Cardiac Cath. Area.
Recovery Area (GP)	RRSS3	11.15	120	One per transesophageal echo. room.
Scope Cleaning Work Room (GP)	USCL2	9.29	100	One per transesophageal echo. room.
Ultrasound Room (GP)	XDUS1	15.33	165	One, if in clinic concept of operations and if qualified technician or qualified physician (FTE) projected.
Tilt Table Testing Room (GP)	OPTM2	11.15	120	One per clinic.
Pacemaker, ICD Interrogation Room	OPPM1	11.15	120	One per clinic.
Pacemaker Equipment Storage	SRE01	5.57	60	One per pacemaker room.
Outpatient Treadmill Room (GP)	OPTM1	20.44	220	Minimum of one per Cardiology clinic when cardiologist is programmed. Provide second room when more than 1000 echoes performed annually.
Toilet with Shower	TLTS2	6.50	70	One per 2 diagnostic rooms (treadmill or echo).
Dressing Cubicle (GP)	DR001	5.57	60	Minimum per cubicle. One cubicle per Phonocardio, one per Echocardiography Room, One per Treadmill room.
Holter Monitor Room	OPHM1	11.15	120	One per Cardiology clinic when cardiologist is programmed.
Holter Monitor Equipment Room	SRE01	9.29	100	One per Holter Monitor Room.
Patient Toilet (GP)	TLTU1	5.57	60	One if number of projected FTE providers is between three and eight. Provide two toilets if number of projected FTE providers is between nine and fifteen. Provide three toilets if number of projected FTE providers is sixteen or more with a maximum of three toilets.
CARDIAC CATHETERIZATION (CATH) LAB Must have a minimum of one cardiologist FTE projected, can be located in Radiology Department.				
X-ray, Cardiac Cath Exposure (GP)	XCCE1	54.81	590	Per room authorized.
Patient Prep/Recovery Cubicle (GP)	ORPP1	11.15	120	Two per Cardiac Cath room.
Nurse Station	OFA01	5.57	60	Minimum if four or less beds
Nurse Station (GP)	NSTA4	11.15	120	If have more than four beds
Scrub Area (GP)	ORSA1	5.57	60	For two scrub sinks
Control Room (GP)	XCCC1	22.30	240	Minimum. Add 80 nsf per exposure room over one.
Viewing room	XVC01	9.29	100	One per two exposure rooms
Equipment Storage	SRS01	12.54	135	Minimum one per two exposure rooms

DoD Space Planning Criteria for Health Facilities
Cardiology/Pulmonary Services

FUNCTION	Room Code	AUTHORIZED m²	AUTHORIZED nsf	PLANNING RANGE/COMMENTS
CARDIAC CATHETERIZATION (CATH) LAB (cont)				
Sterile Supply	ORCW1	9.29	100	One per two exposure rooms
Cardiac Cath Instrument Room	XCCI1	9.29	100	One per exposure room
Cardiac System Component Room (GP)	XCCA1	12.54	135	One room for two exposure rooms.
Equipment Cleanup	ORDA1	7.43	80	Minimum, One per two cardiac catheterization rooms
PULMONARY CLINIC Cardiology and pulmonary clinics may be separate clinics at larger facilities. Must have a minimum of one pulmonologist FTE projected. Provide with respiratory therapist FTEs projected.				
STAFF AND ADMINISTRATIVE AREAS - PULMONARY FUNCTIONS				
Home Care Coordinator Office	OFA01	11.15	120	One per respiratory treatment service.
	OFA02			One per respiratory treatment service.
Respiratory Therapist Cubicles	OFA03	5.57	60	Per projected FTE, see Section 2.1. Provide 60 nsf for each full time person who requires office space.
PATIENT AREAS - PULMONARY FUNCTIONS				
Outpatient Respiration Therapy (Inhalation Cubicles) (GP)	OPRT1	13.94	150	Minimum: will accommodate up to two cubicles. See formula in Section 3.16.6. below.
Respiratory Cleaning Room	OPRC1	13.94	150	Minimum; plus 10 nsf per treatment cubicle. Maximum: 200. 1 per clinic.
CLINIC SUPPORT AREAS - PULMONARY FUNCTIONS				
Equipment Storage	SRE01	13.94	150	Minimum; plus 10 nsf per treatment. Cubicle. 1 per clinic.
Gas Cylinder Storage	SRGC2	2.78	30	One per clinic.
Ventilator Storage	SRE01	9.29	100	Minimum or 10 nsf per ventilator.
PULMONARY FUNCTION LAB				
Outpatient Pulmonary Function Lab	OPPF1	11.15	120	One per lab.
Pulmonary Function Analyzer Room	OPPF4	11.15	120	One per lab. Includes a Body Box.
Treadmill Room	OPPF5	23.23	250	One per pulmonary function lab.
Pulmonary Lab. Equipment Storage	SRE01	9.29	100	Per cubicle. 1 per respiratory treatment area.
Pulmonary Screening (GP)	OPPS1	11.15	120	One per pulmonary functions lab.

DoD Space Planning Criteria for Health Facilities
Cardiology/Pulmonary Services

FUNCTION	Room Code	AUTHORIZED m²	AUTHORIZED nsf	PLANNING RANGE/COMMENTS
SLEEP STUDIES SUITE	Verify if required.			
Sleep Studies Room	OPPF6	13.01	140	One per pulmonary function lab.
Sleep Studies Monitoring Room	OPEE2	11.15	120	For equipment. One per sleep studies room.
Dedicated Patient Toilet	TLTS2	6.50	70	One per sleep studies room. See Section 6.1.
BRONCHOSCOPY SUITE **Verify if procedures performed in OR. Do not locate in both areas.**				
Bronchoscopy Procedure Room	TRPE2	13.94	150	One per clinic, when pulm. FTE projected.
Recovery Room (GP)	ORPP1	11.15	120	One per clinic.
Dedicated Patient Toilet (GP)	TLTU1	5.57	60	One per recovery room. See Section 6.1.
Control/Observation Area	OFA03	5.57	60	One per recovery room. (System Furniture, cubicle)
Scope Wash Room (GP)	USCL2	9.29	100	One per bronchoscopy suite.
STAFF AND ADMINISTRATIVE AREAS				
Provider's Office (GP)	OFD01	11.15	120	Army - One per projected FTE staff provider. (See also Residency Program Section.)
	OFD02			Navy - One per projected FTE staff provider. (See also Residency Program Section.)
	OFD03			Air Force - One per projected FTE staff provider. (See also Residency Program Section.)
Nurse Manager's Office	OFA01	11.15	120	Private office, Standard Furniture. One per clinic.
	OFA02			Private office, System Furniture. One per clinic.
Nurses' Workroom	WRCH1	11.15	120	Army/Navy. Minimum. Add 40 nsf for each projected FTE nurse above four.
	OFA03	5.72	60	Air Force. Cubicle Systems Furniture. One per projected FTE Nurse.
NCOIC/LCPO/LPO	OFA01	11.15	120	One per clinic.
	OFA02			One per clinic
Administrative Personnel with Private Offices	OFA01	11.15	120	One per projected FTE requiring a private office. Refer to Section 2.1. Some examples are Group Practice Manager, Nurse Educator, Health Care Integrator, any staff who interviews or counsels patients.
	OFA02			
Administrative Cubicle	OFA03	5.57	60	System Furniture cubicle. Per projected FTE, see Section 2.1. Provide 60 nsf for each full time person who requires office space.
Patient Records Area	FILE1	5.57	60	Minimum. See Section 2.5 for increased sizing
Reproduction room	RPR01	9.29	100	For Copier/Fax/Mailbox distribution.

DoD Space Planning Criteria for Health Facilities
Cardiology/Pulmonary Services

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	
STAFF AND ADMINISTRATIVE AREAS (cont)				
Form / Literature Storage	SRS01	7.43	80	One per clinic
Conference Room (GP)	CRA01	23.23	250	Minimum use CRA01. One per department with less than eight officers or officer equivalents. For increase in size (CRA02 and CRA03) see Section 2.1.
	CRA02	27.87	300	
	CRA03	37.16	400	
Staff Lounge (GP)	SL001	13.01	140	Minimum. See Section 6.1.
Staff Lockers (GP)	LR001	1.86	20	Lockers for personal property. See Section 6.1 for increase in size or for Locker Room, Changing criteria.
Staff Toilets (GP)	TLTU1	5.57	60	Minimum for total clinic staff of at least 10. See Section 6.1 for increase in size and for male/female breakdown.
CLINIC SUPPORT AREAS				
Clean Utility/Supply Room (GP)	UCCL1	11.15	120	For up to 6 projected FTE providers.
		13.94	150	For 7 - 12 projected FTE providers.
		16.72	180	For more than 12 projected FTE providers.
Soiled Utility (GP)	USCL1	8.36	90	For up to 6 projected FTE providers.
		11.15	120	For 7 - 12 projected FTE providers.
		13.94	150	For more than 12 projected FTE providers.
Litter/Wheelchair Storage	SRLW1	5.57	60	One per clinic.
Crash Cart Alcove	RCA01	1.86	20	One per clinic. Can be shared between several clinics if fully accessible to all.
Equipment Storage	SRE01	9.29	100	One per clinic.

DoD Space Planning Criteria for Health Facilities
Cardiology/Pulmonary Services

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	

Functions which are required for Residency Education in Cardio/Pulmonary:

The following areas must be programmed if there is a Cardiology or Pulmonary Residency Program. These areas are in addition to those listed under common areas above.

RESIDENCY STAFF AND ADMINISTRATIVE AREAS				
Director of Residency Program (GP)	OFD01	11.15	120	Army - One per director of residency program.
	OFD02			Navy - One per director of residency program.
	OFD03			Air Force - One per director of residency program.
Secretary to Director with visitor waiting.	SEC01	11.15	120	One per Director of a Residency Program, if there is a projected FTE secretary position.
Private Office	OFA01	11.15	120	One per projected FTE that requires a private office
	OFA02			
Administrative Cubicle	OFA03	5.57	60	Provide 60 nsf per projected FTE position.
Resident's Cubicle	OFA03	5.57	60	Minimum. 60 nsf per projected resident.
Residency Library	LIBB1	13.01	140	One per Residency Program.
Conference Room (GP)	CRA01	23.23	250	Minimum, one per Residency Program. For increased sizing see Section 2.1.
Resident's Examination Room (GP)	EXRG1	11.15	120	Army. One per projected resident. Minus the two monitored exam rooms.
	EXRG2			Navy – see above planning range comment.
	EXRG3			Air Force – see above planning range comment.
Preceptor/Consult Rooms (GP-Phase III)	OFDC1	11.15	120	One per eight staff physicians per concept of operations.

3.16.6. FORMULAS:

EKG Room Requirements:

$$\text{EKG Rooms} = \frac{\text{EKG tests/week}}{\text{2 tests per hour x 35 hours per week.}}$$

Inhalation Cubicle Requirements:

$$\text{Cubicles} = \frac{\text{Treatments per week}}{\text{2 treatments per hour x 35 hour per week}}$$

DoD Space Planning Criteria for Health Facilities
Mental Health

3.23.1. PURPOSE AND SCOPE:

This section provides guidance for the planning of military mental health, social work, and substance abuse areas in medical facilities. This area is under revision, however it has the basic for a clinic.

3.23.2. DEFINITIONS:

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. This will include everyone working in the facility; military, civilian and contractor personnel.

Office: Room Code OFA01 is a private office outfitted with standard office furniture. Room Code OFA02 is a private office outfitted with systems furniture. Room Code OFA03 is a cubicle outfitted with systems furniture.

3.23.3. POLICIES:

To be defined

3.23.4. PROGRAM DATA REQUIRED:

To be defined

3.23.5. SPACE CRITERIA:

NOTE: GP indicates that a guideplate exists for that particular Room Code.

DoD Space Planning Criteria for Health Facilities
Mental Health

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m^2	nsf	

SPACE CRITERIA:

RECEPTION AREAS

Clinic Waiting	WRC01	5.57	60	Minimum. Provide 3.0 seats per each projected FTE provider. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting). Note: this space can be divided into separate sick and well waiting areas. .
Play Waiting (GP)	PLAY1	9.29	100	One per clinic. Provide if in clinic concept of operations.
Reception (GP)	RECP1	13.01	140	Minimum. Provide 140 nsf for the first eight providers. Increase 60 nsf for each increment of four providers over the initial eight providers.
Public Toilets	NA	NA	NA	Space will be provided in the Common Areas. See Section 6.1.

PATIENT AREAS

Psychiatrist/Psychologist's Office/Exam	OFDC1	13.01	140	One per psychiatrist/psychologist programmed
Nurse Practitioner/Nurse Clinician/Social Worker Office Exam	OFDC1	13.01	140	One per nurse practitioner/nurse clinician/ social worker programmed. Provide this room for each FTE counseling patients.
Technician's Office	OFA01	11.15	120	Standard Furniture - One per projected FTE technician (mental health & social work)
	OFA02			System Furniture
Group Therapy	OPMH1	18.58	200	One per clinic with less than three psychiatrists/psychologists. Two per clinic with more than three psychiatrists/psychologists.
Biofeedback Room	OPMH3	13.94	150	Individual Study
Child Psych Play Observation	OPMH5	11.15	120	One per clinic with child psychiatry program. Additional rooms may be programmed with individual study.
Psychological Testing	OPMH2	9.29	100	Individual Study.

DoD Space Planning Criteria for Health Facilities
Mental Health

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m^2	nsf	
ADMINSTRATIVE AREAS				
Administrative Personnel with Private Office	OFA01	11.15	120	Standard Furniture - One per projected FTE requiring a private office but is not counseling patients.
	OFA02			System Furniture
Administrative Cubicle	OFA03	5.57	60	Per projected FTE requiring a dedicated work -space but not a private office. See Section 2.1.
Patient Records Area	MRS01	11.15	120	Minimum. Fixed shelving. If outpatient records are stored within the Primary Care Clinic. See Section 2.5 for increase in size.
	MRS02			Minimum. Movable shelving. If outpatient records are stored within the Primary Care Clinic. See Section 2.5 for increase in size.
Reproduction room	RPR01	9.29	100	For Copier/Fax/Mailbox distribution.
Form /Literature Storage	SRS01	9.29	100	One per clinic.
Conference Room (GP)	CRA01	23.23	250	Minimum use CRA01 One per department with eight officers or officer equivalents. For increase in size (CRA02 and CRO03) see Section 2.1.
	CRA02	27.87	300	
	CRA03	37.16	400	
Staff Lounge (GP)	SL001	13.01	140	Minimum. See Section 6.1 for increase in size
Staff Toilets (GP)	TLTU1	5.57	60	Minimum for total clinic staff of at least 10. See Section 6.1 for increase in size and for male/female breakdown.

DoD Space Planning Criteria for Health Facilities

Preventive Medicine

FUNCTION	ROOM CODES	AUTHORIZED		PLANNING RANGE/COMMENTS

SPACE CRITERIA:

Toilets, Lounges and Locker Areas: The criteria for toilets, lounges and locker rooms are provided in 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.

NOTE: GP indicates that a guideplate exists for that particular Room Code.

Preventive Medicine Chief's Office	OFA01	11.15	120	Single office, Standard Furniture. 1 per Chief, Preventive Medicine activity programmed
	OFA02			Single office, System Furniture
Environmental Engineer's Office	OFA01	11.15	120	One per FTE programmed
	OFA02			
Environmental Sanitarian's Office	OFA01	11.15	120	One per FTE programmed
	OFA02			
Medical Entomologist Office	OFA01	11.15	120	One per FTE programmed
	OFA02			
Nuclear Medical Science Officer's Officer	OFA01	11.15	120	One per FTE programmed
	OFA02			
Health Physics Technicians Officer Cubicle	OFA03	5.57	60	System Furniture, Cubicles. 1 per technician
Health Assistant Office	OFA01	11.15	120	One per FTE programmed
	OFA02			
PVT MED Specialist Cubicle	OFA03	5.57	60	One per Technician programmed
Literature/ Forms Storage	FILE1		80	One per activity. Share with Health Nurse
Secretary/Clerk	SEC02	11.15	120	One per section
Safety Officer/NCO	OFA01	11.15	120	One per safety officer/NCO programmed
	OFA02			
Industrial Hygienist Cubicle	OFA03	5.57	60	One per FTE programmed
Industrial Hygiene Lab	LBIH1	9.29	100	One per activity
Water Lab	LBWA1	9.29	100	One per activity
Entomolgy Lab	LBEN1	23.23	250	
Nuclear Medical Science Lab	LBRP1	13.94	150	When Nuclear Medicine Science Officer authorized. W/shield for Walls/ Doors /Ceilings /Floor as appropriate

Aerospace, Aviation, and Submarine Medicine

Treatment Room (GP)	TRGM1	16.26	175	One per clinic
Optometrist's Eye Exam and Office (GP)	EYEL1	17.19	185	One room per Optometrist programmed
	EYEL2	15.79	170	

DoD Space Planning Criteria for Health Facilities

Preventive Medicine

FUNCTION	ROOM CODES	AUTHORIZED		PLANNING RANGE/COMMENTS
Occupational Health/Civilian Employee Health Clinic				
Audiobooth (GP)	PEHS1	11.15	120	One-man double wall booth
	PEHS2	34.84	375	Four-man double wall booth
	PEHS3	34.84	375	Six-man double wall booth
Screening Eye Test (GP)	EYVS1	11.15	120	One per clinic
Secure Area for Health Record Storage	MRS01		Varies	One per clinic. see section 2.5
Clerk/Secretary Office	SEC01	11.15	120	Minimum of 60 nsf per FTE assigned
Interviewing & Counseling Room	OFA01 OFA02	11.15	120	One per 2 nurses assigned
Industrial Hygiene, Environmental and Bioenvironmental Sciences				
Preventive Medicine Office	OFA01 OFA02	11.15	120	One per FTE programmed
Health Nurse Environmental Engineer (GP)	OFD01	11.15	120	One per FTE programmed
Environmental Sanitarian Cubicle	OFA03	5.57	60	One per FTE programmed
Medical Entomologist Cubicle	OFA03	5.57	60	One 1 per FTE programmed
Nuclear Medical Science Office	OFA03	11.15	120	One per FTE programmed
NCOIC	OFA01 OFA02	11.15	120	One per FTE programmed
Health Assistant Cubicle	OFA03	5.57	60	One per FTE programmed
PVT MED Specialist Cubicle	OFA03	5.57	60	One per FTE programmed

C. DENTAL CLINICS

1.0 PURPOSE AND SCOPE

This section sets forth space planning criteria for the dental functions at military installations including independent dental facilities and those which are part of another medical facility.

The criteria have been developed on the basis that dentistry will continue to be dynamic and progressive and that the highest quality of care and the most modern facilities are essential to accomplish the cumulative dental work load with available dental manpower.

2.0 DEFINITIONS

Self Preparation Area - An area containing mirror and sink for the proper cleansing of appliances and teeth by patients prior to treatment.

Oral Hygiene Treatment Room (OHTR) - An area similar to a DTR, utilized by an oral hygienist to treat dental patients.

3.0 POLICIES

To the extent possible, dental facilities will be consolidated into the minimum number of facilities consistent with providing dental care effectively to the population served. In the case of dental facilities of five dental treatment rooms (DTRs)or less, when no other medical service facilities are available, they may be combined with other compatible nonmedical facilities.

Dental facilities will be combined with other medical facilities when feasible to provide dental care to the area beneficiaries as a part or all of the installation's dental requirement. Dental facilities may be combined with hospitals for the following reasons: (1) to provide dental care when required as an adjunct to hospital medical care; (2) to support the hospital's oral surgery program.

The dental facility staff required is determined by the process below.

Determine all population categories served. (Population should correspond to verified RAP system data.)

Calculate estimated procedures.

Level of Care (Active Duty). The level of care factor to be utilized under this calculation has been determined to be 24 procedures per active duty member per year. (Baseline raw procedures for active duty beneficiary FY 84.) Multiply level of care factor times active duty population to arrive at the estimated number of active duty procedures required per year.

Level of Care (Retirees, Dependents, and Survivors). Space will not be programmed to provide routine and specialty dental care to retirees, dependents, or survivors. At an approved training site, where space is required for these patients in support of training and in excess of space required for treatment of active duty personnel, the provisions of P.L. 97-337 will be apply.

Active Duty Dependent Care Overseas and in CONUS where appropriate dental care is not available. The level of care factors for dependents of active duty overseas and in CONUS where appropriate dental care is not available, shall be the same as those for active duty. The certification of the absence of appropriate dental care will be made by a DoD area survey.

Sum the total procedures and convert to monthly requirements. (i.e, divide by 12).

Use dentist requirement table to translate procedures to dentist requirements.

Procedures per month		Dentists
0 -	750	1
751 -	1,750	2
1,751 -	3,000	3
3,001 -	4,000	4
4,001 -	4,750	5
4,751 -	5,750	6
5,751 -	-6,750	7
6,751 -	7,750	8
7,751 -	8,750	9
8,751 -	9,500	10
9,501 -	10,500	11
10,501 -	11,750	12
11,751 -	12,750	13
12,751 -	13,750	14
13,751+		1 dentist per 1,000 procedures for every additional 1,000 procedures over 13,751.

Each service will determine mix of dental provider team (specialists, general duty dental officers, hygienists, expanded duty dental therapists) needed to meet requirements. Add the number of interns and residents when planning a teaching facility.

Apply the following DTR factors to determine total number of DTRs.

1.5 DTRs	1.5 DTRs per general duty dentist
2.0 DTRs	2.0 DTRs per specialist
1.0 DTR	1.0 DTR per oral hygienist
1.0 DTR	1.0 DTR per dental officer in training
0.5 DTR	0.5 DTR per expanded duty therapist

- When the number of dentists required is calculated to be five (5) dentists or less, use a DTR factor of 2 DTRs per dentist.
- Clinics requiring 6 dentists will program a minimum of 10 DTRs.
- Based on the number of DTRs and total manpower requirements, complete the facility sizing.

The amount of space programmed to support requirements shall be further limited by the anticipated capabilities of the dental staff projected to be assigned or otherwise available to the facility.

Space programmed above projected requirements must be justified by independent study.

4.0 PROGRAM DATA REQUIRED

Projected staffing of all dental facilities on the installation and the proposed staffing for the dental facility under study.

Number and size of all dental facilities on the installation and the specialty capabilities of each.

5.0 SPACE CRITERIA

The following listing indicates the areas normally found in the dental facility, the basis for planning, and the planning range.

Any deviation from these criteria will be documented and presented to OASD(HA) for approval.

Installation Dental Administrative Complex: Space for the Installation Dental Administrative Complex may be programmed with a dental facility only if personnel are projected to occupy these positions on a full-time basis. When

the installation dental surgeon is also the chief of a dental facility, duplicate offices will not be programmed.

FUNCTION	NSF AUTHORIZED	PLANNING RANGE/COMMENTS
Dental Administration		
See Section 5.0, Administration (Annex A) for Common Administrative Spaces.		
Office for Post Dental Surgeon,	180	less than 20 DTRs
	200	20 - 30 DTRs
Base Dental Surgeon or Senior Dental Office	220	over 30 DTRs
Conference Room/ Library	240	10-17 personnel
	280	18-29 personnel
	380	30 or more personnel
Central Issue & Supply	110	minimum, 600 NSF Max: 10 NSF per DTR projected for the installation +10 NSF for precious metals
Dental Repair	160	per Repairman. Includes Repairman and his equipment if programmed
Administrative Support	150	1 per installation to accommodate office machine and admin support. Individual study.
Dental Prosthetics	400	minimum, plus 50 NSF per Laboratory technician over 3. Number of Prosthetic Laboratory technicians.
Ceramic Room	120	If number of Prosthetic Lab (Dust free) technicians is greater than 2.
Administrative Areas		
Department/ specialty	100	Department/ 100 per office, 1 per Dental facility specialty specialty
Dental Records		Dental Records NSF = $\frac{\text{Proj Records x .65}}{\text{70 Records per LF}}$ l per dental facility
Reception area Waiting Area	120	Reception area 120 Waiting Area
Waiting/ Clothing Alcove	110	Waiting/ 110 Facility w/less than 5 Clothing Alcove DTR & OHTR
Waiting	110	Waiting 110 5 DTRs & OHTRs or over:
Seating Area	16	Seating Area 16 (Add) per seat (1.7 spaces per DTR & OHTR over 4)

Clothing Alcove	0.75	Clothing 0.75 (Add) per DTR & OHTR
Housekeeping Supplies & Equipment	0	Less than 5 DTRs & OHTRs Use space in Cleaning supply
	50	5-11 DTRs & OHTRs
	100	12-20 DTRs & OHTRs
	100	Over 20 DTRs & OHTRs, Add 2 NSF per DTR & OHTR over 20.
Cleaning supply	60	per Floor. 1 per dental facility unless multi-story
Mailbox area		Include .32 NSF per mailbox in administrative area if dental clinic is not supported by a parent facility.
Library/Conference and classroom space		Library/Conference of the dental surgeon or senior dental officer meets the requirements of most non-teaching dental facilities. In separate facilities the following factors will be used to determine the conference/classroom space
(1) Speaker's audiovisual equipment	120	
(2) Space for seats	8	per conferee-trainee. Add to above NSF
Night Duty Rooms 1 per dental facility		1 per dental facility
(1) Duty Technician	100	Remaining in the facility overnight in addition to or in lieu of CQ.
Toilet/shower	70	30 NSF per wc and lav plus 10 NSF for shower.
(2) Dental Officer of the Day (DOD)	100	Remaining in the facility overnight in addition to CQ.
Toilet/showers	70	30 NSF per wc and lav plus 10 NSF for shower.
Lounge	100	minimum, maximum 200 NSF. Add 10 NSF per person authorized over 10.
Patient Toilets:	Patient Toilets:	Patient Toilets:
Male (wc, lav)	60	NSF per fixture. 2 (wc, lav) per 20 seats.
urinal	30	One per 40 men or fraction thereof.
Female (wc, lav)	60	30 NSF per fixture. 2 (wc, lav) per 15 seats.
Staff Toilets:		Staff Toilets:
Male (wc, lav).	60	minimum. 30 NSF. (lav, wc) per 20 men.
Female (wc, lav)	60	minimum. 30 NSF per fixture (lav, wc) per 15 women.
Staff Lockers		
Male	100	minimum. Add 6.5 NSF per FTE staff greater than 10.
Female	100	minimum. Add 6.5 NSF per FTE staff greater than 10.

Treatment Areas

DTRs/OHTRs	120	per sizing guidance
		1.5-per General duty dentist;
		2.0-per specialist
		1.0-per dental officer in training
		0.5- per expanded duty therapist

Notes: (1) When the number of dentists required is calculated to be five (5) dentists or less, use a DTR factor of two (2) DTRs per dentist.

(2) Clinics requiring six (6) dentists will program a minimum of 10 DTRs.
(3) Teaching DTRs: Add 50 NSF to one (1) DTR per dental clinic as well as an expanded (+50 NSF) DTR in each residency specialty conducting an approved training program.

Consultation Office	100	minimum or 80 NSF per officer if multiple occupancy. 1 per two dentists not authorized other consultation space. Example: Head, Orthodontia Specialty receives one consultation office. Other Orthodontists receive one consultation office per every two doctors.
X-Ray Exposure	0	1-2 DTRs & OHTRs. Locate unit in DTR
	110	3-13 DTRs & OHTRs plus 36 NSF if panoramic unit is programmed. Provide 1 exposure room and not less than 1 per floor in a multistory facility Plus 36 NSF if tomography capability is planned. Special study required if tomograph is included.
	110	More than 13 DTRs & OHTRs plus 36 NSF if panoramic unit is programmed. Plus 36 NSF if tomo is required (special justification) Provide 1 additional exposure room per 13 DTRs & OHTRs and not less than 1 per floor in a multistory facility
X-Ray Developing.	60	plus 15 NSF if automatic processor is programmed and 10 NSF for Panographic duplicator, if required by mission. 1 per exposure room or add 15-18 NSF per exposure room in excess of 2 served by developing room.
Limited Dental Prosthetics Laboratory	220	1 per dental facility including a second sink for decontamination.
Recovery Room	110	1 per dental facility.
RR Toilet	50	1 per recovery room
Casting/Grinding Room	120	plus 50 NSF for each additional workstation in Area Dental Laboratories. Workstations will be determined by special study.
Preventive Dentistry	150	Maximum 1 per dental facility to accommodate necessary audio-visual equipment and phase contrast microscope.
DTR Support Area	90	1 per 4 DTRs

Dental Support Spaces

Linen	80	Linen 80 1 per dental facility
Supplies		Provided only in dental facilities separate from the installation dental administration complex.)
	80	4 DTRs & OHTRs
	110	5-19 DTRs & OHTRs
	150	20 + DTRs & OHTRs
Central Sterilization Room (Small)	140	Less than 10 DTRS
Central Sterilization Room (Medium)	240	Supports 11-20 DTRs
Central Sterilization Room (Large)	360	Supports over 20 DTRs
Study/Office	120	per Office. 1 per 2 residents and/or interns at a facility conducting an approved residency and/or internship program

Scrub & Gowning Area	60	Special justification
Cephalometrics	150	1 per orthodontic or surgical servics
Model Storage	70	plus 40 NSF per authorized specialty service. 1 per clinic
Orthodontic Laboratory.	110	for first orthodontist. 36 NSF per additional orthodontist. 1 authorized if orthodontist(s) assigned.
Self Preparation Area	20	1 per authorized orthodontist
Dental Support Utility Room	80	only in open bay dental clinics
Soiled Utility/Trash Room	120	