

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.

DoD Space Planning Criteria for Health Facilities

Pediatrics

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.

DoD Space Planning Criteria for Health Facilities Pediatrics

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
		m ²	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.

DoD Space Planning Criteria for Health Facilities
Pediatrics

FUNCTION	ROOM CODE	AUTHORIZED		PLANNING RANGE/COMMENTS
		m ²	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.

DoD Space Planning Criteria for Health Facilities
Pediatrics

FUNCTION	ROOM CODE	AUTHORIZED		PLANNING RANGE/COMMENTS
		m ²	nsf	

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	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.
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.
	CRA02	27.87	300	For increase in size (CRA02 and CRA03) see Section 6.1.
	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
Pediatrics

FUNCTION	ROOM CODE	AUTHORIZED		PLANNING RANGE/COMMENTS
		m ²	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.

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.