

CHAPTER 314: UROLOGY CLINIC

1	Purpose and Scope	314-2
2	Definitions	314-2
3	Operating Rationale and Basis of Criteria	314-6
4	Program Data Required (Input Data Questions)	314-10
5	Space Planning Criteria	314-11
6	Planning and Design Considerations	314-18
7	Functional Relationships	314-21
8	Functional Diagram	314-21
9	Appendix A: Space Planning Criteria Summary	314-23

1 PURPOSE AND SCOPE

This chapter outlines space planning criteria for services and programs provided in the outpatient Urology Clinic within the Military Health System (MHS). Outpatient clinics include both freestanding community-based facilities, as well as ambulatory clinics in or directly adjacent to hospital-based services.

The Cystoscopy and Cystoscopy with Fluoroscopy procedure room spaces, as part of this chapter, may be utilized by the planner to design this procedural suite in the inpatient or outpatient setting. It is imperative that the planner determine if these procedure rooms will be co-located with the Surgery Department's operating rooms. This would allow for future flexibility and provide efficient use of staffing, equipment and space. The planner will coordinate with Surgery and the Urology Service.

This space planning criteria applies to all Military Medical Treatment Facilities (MTFs). Policies and directives, DoD's Subject Matter Experts (SMEs), established and/or anticipated best practice guidelines / standards, and TRICARE Management Activity (TMA) provides the foundation for the workload based space criteria and Net Square Footages (NSF) for each space. The latest version of DoD's *UFC-4-510-01, Appendix B* cites all Room Codes identified in this chapter.

2 DEFINITIONS

- A. Automated External Defibrillator (AED): An AED or automated external defibrillator is a computerized medical device which can check a person's heart rhythm. It can recognize a rhythm that requires a shock, and it can advise the rescuer when a shock is needed. AEDs are typically placed in targeted public areas such as outpatient clinics, doctor's offices, office complexes, sports arenas, gated communities, shopping malls, and many others. They are wall-mounted, highly visible, and accessible to everyone. The Americans with Disabilities Act requires that objects not protrude more than 4 inches into foot traffic areas of open aisles and walkways (hallways) unless the object's bottom edge is no higher than 27 inches from the ground.
- B. Average Length of Encounter (ALOE): In these space criteria, an encounter is defined as a face-to-face professional contact between a patient and a provider vested with responsibility for diagnosing, evaluating, and treating the patient's condition. The Length of Encounter is the time between set-up and clean-up of the Exam Room. The Average Length of Encounter is used to capture variations in Length of Encounter among similar clinical encounters that will take place in an Exam Room.
- C. Bariatrics: Bariatrics is the branch of medicine that deals with the causes, prevention, and treatment of obesity. A bariatric patient is one that is severely obese, overweight by 100 to 200 lbs, or having a body weight of greater than 300 lbs. A Body Mass Index (BMI) of greater than 40 is considered bariatric. FGI Guidelines for Healthcare Facilities provides guidelines for the design of bariatric care units.
- D. Bariatric Patient Exam Room: This room is sized and equipped to accommodate the bariatric patient and their family member(s). It is sized for easier access. Minimum door width should be 4 feet to accommodate bariatric wheelchairs, and a minimum of a 6 feet turning radius should be provided. When provided, these rooms should be located towards the front (entrance) of the clinical suite.

- E. Bariatric Patient Toilet: This space is the bathroom for the bariatric patient. Preferred bariatric design solutions for this space include oversized toilet seats and floor-mounted toilets with weight capacity of at least 1,000-lbs. Toilet seat height of 17 to 19 inches and reinforced grab bars that hold at least 750-lbs is preferred to aid the patient to rise. Toilet centered 24 inches from a wall allows space for caregivers on each side to assist. Space to provide a minimum turning radius of 6 feet in order to accommodate larger wheelchairs is preferred. Sink placement, further away from the toilet, is recommended to prevent patients using it for lift support.
- F. Biofeedback Therapy: Biofeedback is a simple painless teaching technique, providing people with instant feedback about a particular function of their body. In urology, it is often used with patients who have pelvic muscle dysfunction, which can lead to symptoms such as incontinence, urgency or frequency of urination, difficulty emptying the bladder or pelvic pain. External sensors are placed on the patient's abdomen, and the sensors are connected to a computer.
- G. Clean Utility Room: This room is used for the storage and holding of clean and sterile supplies. Additionally it may provide space to prepare patient care items. Clean linen may be stored in a designated area in the clean utility room if space is not provided in a separate room or in an alcove.
- H. Cystoscopy: Cystoscopy is a procedure performed by a urologic surgeon or urologist and involves the examination of the inside of the urinary tract. It is carried out with a cystoscope (a thin tubular device). Abnormalities can be detected in this manner, and surgical procedures can be performed. Cystoscopy may be performed as an outpatient procedure using local anesthesia or sedation, or it can be performed in the hospital using regional or general anesthesia. It depends on the type of procedure and the location of this space within the facility.
- I. Cystoscopy with Fluoroscopy: Cystoscopy may be performed under fluoroscopy, which is "real time" imaging (x-rays) done with the assistance of dye, to help guide diagnostic and therapeutic procedures. The images are viewed on a television monitor in the procedure room. This room has lead-lined walls. Cystoscopy with Fluoroscopy may be performed as an outpatient procedure using local anesthesia or sedation, or it can be performed in the hospital using regional or general anesthesia.
- J. Full-Time Equivalent (FTE): A staffing parameter equal to the amount of time assigned to one full time employee. It may be composed of several part-time employees whose total time commitment equals that of a full-time employee. One FTE equals a 40-hour a week workload.
- K. Functional Area: The grouping of rooms and spaces based on their function within a clinical service. Typical Functional Areas are Reception Area, Patient Area, Support Area, Staff and Administrative Area, and Education Area.
- L. Graduate Medical Education (GME): After a physician completes 4 years of medical school, they must then complete an internship (also called PGY1 or Post Graduate Year 1) and then a residency (also termed GME or Graduate Medical Education). An internship typically lasts one year, and a residency can last from three to seven years depending on the specialty that is chosen.
- M. Infection Control Risk Assessment (ICRA): An ICRA is a multidisciplinary, organizational, documented process that considers the medical facility's patient population and mission to reduce the risk of infection based on knowledge about

infection, infectious agents, and the care environment, permitting the facility to anticipate potential impact.

- N. Input Data Statement: A set of questions designed to elicit information about the healthcare project in order to create a Program for Design (PFD) based on the criteria parameters set forth in this chapter. Input Data Statements could be mission related, based on the project's Concept of Operations; and they could be workload or staffing related, based on projections for the facility.
- O. Invasive Urodynamics: An Urodynamics test requiring one or more catheters to be introduced into the bladder, including filling cystometry and pressure flow studies. Invasive Urodynamics can be combined with imaging such as fluoroscopic urodynamic studies (videourodynamics) and ultrasound (transabdominal or transvaginal).
- P. Negative Pressure Isolation Room: A type of Airborne Infection Isolation Room that is provided for the isolation of patients with airborne contagious diseases such as tuberculosis and is designed to direct air flow from outside corridors and rooms into the patient room, preventing the chance for contaminated air to flow to other parts of a building. An anteroom is not required in an outpatient setting.
- Q. Net-to-Department Gross Factor (NTDG): This number, when multiplied by the programmed net square foot (NSF) area, determines the departmental gross square feet (DGSF).
- R. Non-invasive Urodynamics: Some Urodynamics tests are simple basic non-invasive tests. Examples of such are frequency / volume charting or bladder diary, uroflowmetry (measurement of urinary flow rate without catheterization) and residual urine volume measurement by ultrasound scan.
- S. Office:
 - a. Private Office: Generally speaking, a private office is needed for the supervisory and/or managerial role. It may be justified for a provider or a non-provider, depending upon the nature of their work. Private offices are needed where confidential communication in person or on the telephone takes place. When private offices are justified, they are typically 120 NSF.
 - b. Shared Office: Staff may be assigned to share an office space of 120 NSF, which amounts up to 60 NSF per person. This can be a good solution for staff for whom a quiet office environment is important for conducting confidential communication in person or on the telephone.
 - c. Cubicle: A cubicle is provided in an open room. Managers and other staff with no direct reports as well as part-time, seasonal and job-sharing staff may qualify for a cubicle environment. Cubicle environments can have the benefit of being more open, airy and light, and can make more efficient use of space. Such environments are particularly conducive to team-oriented office groupings. Cubicle environments work best when they contain adequate numbers of conference and small group meeting spaces, for confidential conversations and/or group tasks. A 60 square foot cubicle is the preferred size.
- T. Outpatient Clinic: A clinic providing outpatient services in both freestanding community-based facilities, as well as ambulatory clinics in or directly adjacent to hospital-based services.

- U. Patient Classroom: A room for pre-op patient education classes to discuss topics such as surgery and common post-op complications as well as post-op vasectomy expectations and care.
- V. Picture Archiving and Communication System (PACS) Viewing Room: A digital radiology reading room that consists of workstations for interpretation.
- W. Personal Property Lockers: This is a small-sized locker, commonly called purse or cell phone locker, and is generally used to secure purses and smaller valuables. Staff members who do not have an office or cubicle space where they can safely store belongings will be assigned these lockers.
- X. Program for Design (PFD): A listing of all of the spaces and rooms included within a service and the corresponding net square foot area of each space and room. This listing of spaces and rooms is based on criteria set forth in this chapter and specific information about mission, workload projections and staffing levels authorized.
- Y. Provider: A medical professional, such as a physician, nurse practitioner, or physician assistant, who examines, diagnoses, treats, prescribes medications, and manages the care of patients within the scope of their practice as established by the governing body of a healthcare organization.
- Z. Screening Room: After patients are checked in at reception they may proceed to the screening room for weights and vital signs prior to going to an exam room. However, activities such as screening, medical history, vitals, height and weight can also be conducted in the Exam Room. The inclusion of the Screening Room will depend upon the individual facility's model of care. Consideration should be given to models that facilitate gaining healthcare delivery efficiencies and an enhanced patient experience.
- AA. SEPS: Acronym for Space and Equipment Planning System, a digital tool developed by the Department of Defense (DoD) and the Department of Veterans Affairs to generate a Program for Design (PFD) and a Project Room Contents list (PRC) for a DoD healthcare project based on specific information entered in response to Input Data Statements.
- BB. Soiled Utility Room: This space provides an area for cleanup of medical equipment and instruments, and for disposal of medical waste material. It provides temporary holding for material that will be picked up by Central Sterile or similar service. It should be accessible from the main corridor.
- CC. Sub-Waiting, Pre-Procedure: This space is for patients waiting in a chair prior to proceeding to the procedure room. It is similar to pre-procedure holding.
- DD. Sub-Waiting, Post-Procedure: Depending on the procedure performed, a patient may need extra time to sit up in a chair post-procedure prior to going home. This space is allocated for that purpose, as an option for short term recovery in addition to the recovery room.
- EE. Team Collaboration Room: This space provides staff with an environment conducive to collaboration. Room contains touchdown computer workstations for documentation and a table with chairs to hold meetings.
- FF. Telehealth: The use of technology, such as computers and mobile devices, to manage healthcare remotely. It includes a variety of health care services, including but not limited to online support groups, online health information and self-

management tools, email and online communication with health care providers, remote monitoring of vital signs, video or online doctor visits. Depending on the concept of operations for this space, it may be equipped as an exam room or as a consult room with video / camera capability.

- GG. Urology: The medical and surgical specialty concerned with the male and female urinary tract and the male reproductive organs.
- HH. Urology Lab: Urology clinics typically provide a lab that performs onsite diagnostic testing for a variety of conditions. Examples are Automated Urine Analysis with microscopic evaluation, Prostate-Specific Antigen (PSA), Free and Total PSA (also called PSA-f or FPSA), Complete Blood Count (CBC), Basic Metabolic Profile or BMP, Post Vasectomy Sperm Check, Urine Pregnancy Test, etc.
- II. Ultrasound: An ultrasound examination is a painless, diagnostic technique that makes use of the behavior of sound waves (sonogram) inside of the body to produce pictures. Examples of ultrasound in urology are renal (kidney), transrectal and scrotal ultrasound. For most ultrasound exams, the patient is positioned lying face-up on an examination table that can be tilted or moved. The radiologist is often able to review the ultrasound images in real-time as they are acquired and the patient can be released immediately.
- JJ. Urodynamics: Urodynamics is a study that assesses how the bladder and urethra are performing their job of storing and releasing urine.
- KK. Workload: The anticipated number of encounters or procedures processed through a clinic. The projected Urology Clinic workload for a given location determines the number of Exam and Treatment Rooms in the Program for Design.

3 OPERATING RATIONALE AND BASIS OF CRITERIA

- A. Workload projections and planned services / modalities for a specific MHS facility project shall be sought by the planner in order to develop a project based on these Criteria. Healthcare and clinical planners working on military hospitals, medical centers and clinics shall utilize and apply the workload based criteria set forth herein for identified services and modalities to determine space requirements for the project.
- B. Space planning criteria have been developed on the basis of an understanding of the activities involved in the functional areas required for the Urology Clinic and its relationship with other services of a medical facility. These criteria are predicated on established and/or anticipated best practice standards, as adapted to provide environments supporting the highest quality health care for Service Members and their dependents.
- C. These criteria are subject to modification relative to equipment, medical practice, vendor requirements, and subsequent planning and design. The final selection of the size and type of medical equipment is determined during the design process.
- D. The area for each room (NSF) in this chapter has been provided by the Military Health System (MHS) Space Template Board.
- E. Calculation of the Exam and Procedure Rooms in Functional Area 3: Urology Patient Area and Functional Area 4: Urology Procedure Patient Area is derived from workload projections via the workload Input Data Statements as outlined below. Most of the remaining rooms in those functional areas and in Functional Area 2: Reception

Area and Functional Area 5: Support Area are determined based on the number of Exam Rooms generated by workload. Mission, Staffing and Miscellaneous Input Data Questions drive the rest of the spaces in this chapter.

- F. Section 4: Input Data Questions and Section 5: Space Planning Criteria have been implemented and tested in SEPS II.
- G. Exam room capacity calculation is based on the following formula / parameters:

Formula:

$$\frac{\text{Operating Days per Year} \times \text{Hours of Operation per Day}}{\text{Average Length of Encounter (ALOE) in Minutes} / 60 \text{ Minutes}} \times \text{Utilization Factor}$$

User-defined Value:

- 1. Operating Days per Year: 232, 240 or 250 (default in SEPS: 240)
- 2. Hours of Operation per Day: 6, 7, or 8 (default in SEPS: 8)

Fixed Value:

- 1. Utilization Factor: 80%

Calculation: Annual Workload for one Exam Room (Biofeedback Therapy):

$$\frac{240 \text{ Operating Days per Year} \times 8 \text{ Hours of Operation per Day}}{60 \text{ Minutes} / 60 \text{ Minutes}} \times 0.80 = 1,536$$

Minimum Annual Workload to generate an Exam Room: 20% of Annual Workload for one Exam Room.

- H. Workload based room calculation examples:

- 1. Room Criteria Statement (Room 1):
Minimum one if the projected annual clinic encounters is between 307 and 1,536; provide an additional one for every increment of 1,536 projected annual clinic encounters greater than 1,536; the minimum workload to generate an additional room is 307.

- a. Input Data Statement 1, Answer 1:

How many annual clinic encounters are projected? (W) = 4,700

Step 1: Subtract the increment from the projected annual encounters to account for the "Minimum one" condition.

$$4,700 - 1,536 = 3,164$$

One room generated

Step 2: Divide the resulting value by the increment.

$$3,164 / 1,536 = 2.05$$

Two additional rooms generated

Step 3: Multiply the whole value ("2" in the previous step) by the increment.

$$2 \times 1,536 = 3,072$$

Step 4: Subtract Step 3 from Step 1.
 $3,164 - 3,072 = 92$

Step 5: Compare Step 4 with the “minimum workload to generate an additional room” value; if higher, provide an additional room.
92 is less than 307
No additional rooms generated.

Total number of rooms generated by 4,700 annual encounters: 3

b. Input Data Statement 1, Answer 2:

How many annual clinic encounters are projected? (W) = 15,000

Step 1: Subtract the increment from the projected annual encounters to account for the “Minimum one” condition.
 $15,000 - 1,536 = 13,464$
One room generated

Step 2: Divide the resulting value by the increment.
 $13,464 / 1,536 = 8.76$
Eight additional rooms generated

Step 3: Multiply the whole value (“8” in the previous step) by the increment.
 $8 \times 1,536 = 12,288$

Step 4: Subtract Step 3 from Step 1.
 $13,464 - 12,288 = 1,176$

Step 5: Compare Step 4 with the “minimum workload to generate an additional room” value; if higher, provide an additional room.
1,176 is greater than 307
One additional room generated.

Total number of rooms generated by 15,000 annual encounters: 10

2. Room Criteria Statement (Room 2):

Minimum two if the projected annual encounters is between 614 and 6,144; provide an additional one for every increment of 3,072 projected annual encounters greater than 6,144; the minimum workload to generate an additional room is 614.

a. Input Data Statement 2, Answer 1:

How many annual clinic encounters are projected? (W) = 12,500

Step 1: Subtract the increment from the projected annual encounters to account for the “Minimum one” condition.
 $12,500 - 6,144 (3,072 \times 2) = 6,356$
Two rooms generated

Step 2: Divide the resulting value by the increment.
 $6,356 / 3,072 = 2.06$
Two additional rooms generated

Step 3: Multiply the whole value (“2” in the previous step) by the increment.
 $2 \times 3,072 = 6,144$

Step 4: Subtract Step 3 from Step 1.
 $6,356 - 6,144 = 212$

Step 5: Compare Step 4 with the “minimum workload to generate an additional room” value; if higher, provide an additional room.
 212 is less than 614
No additional rooms generated.

Total number of rooms generated by 12,500 annual encounters: 4

b. Input Data Statement 2, Answer 2:

How many annual clinic encounters are projected? (W) = 18,000

Step 1: Subtract the increment from the projected annual encounters to account for the “Minimum one” condition.
 $18,000 - 6,144 (3,072 \times 2) = 11,856$
Two rooms generated

Step 2: Divide the resulting value by the increment.
 $11,856 / 3,072 = 3.85$
Three additional rooms generated

Step 3: Multiply the whole value (“3” in the previous step) by the increment.
 $3 \times 3,072 = 9,216$

Step 4: Subtract Step 3 from Step 1.
 $11,856 - 9,216 = 2,640$

Step 5: Compare Step 4 with the “minimum workload to generate an additional room” value; if higher, provide an additional room.
 2,640 is greater than 614
One additional room generated.

Total number of rooms generated by 18,000 annual encounters: 6

TABLE 1: WORKLOAD PARAMETER CALCULATION

314: UROLOGY CLINIC				
CLINICAL ENCOUNTERS / PROCEDURES	AVERAGE LENGTH OF CLINIC ENCOUNTER (minutes)	UTILIZATION RATE	ANNUAL WORKLOAD PER EXAM / PROCEDURE ROOM (*)	MINIMUM ANNUAL WORKLOAD TO GENERATE ONE ROOM (20%)
General Urology	30	80%	3,072	614
Non-Invasive Urodynamics Exam	15	80%	6,144	1,229
Biofeedback Therapy	60	80%	1,536	307
Urology Procedure	60	80%	1,536	307
Cystoscopy	45	80%	2,048	410
Cystoscopy with Fluoroscopy	80	80%	1,152	230

(*) Values in this column are representative and are based on an 8-hour per day and a

240-day per year default value. SEPS calculates this value dynamically based on answers to the following Input Data Statements:

For Urology Clinic:

- (1) Is the Urology Clinic authorized to operate outside the standard 8-hour per day shift? (Misc); if not:
 - (2) Is the Urology Clinic authorized to operate a 6-hour per day shift? (Misc) (If not, a 7-hour per day shift will be used to calculate workload driven spaces), and
- (3) Is the Urology Clinic authorized to operate outside the standard 240 days per year? (Misc); if not:
 - (4) Is the Urology Clinic authorized to operate 232 days per year? (Misc) (If not, 250 days per year will be used to calculate workload driven spaces)

4 PROGRAM DATA REQUIRED (Input Data Questions)

A. Mission Input Data Statements

1. Are Screening Rooms authorized? (M) (If not, Patient Screening will take place in the Exam Rooms)
2. Is a Bariatric Exam Room authorized for the Urology Patient Area? (M)
3. Is a Graduate Medical Education program for Urology Clinic authorized? (M)
 - a. How many Urology Clinic resident / student FTE positions are authorized? (S)

B. Workload Input Data Statements

1. How many annual Urology encounters are projected? (W)
2. How many annual Non-Invasive Urodynamics encounters are projected? (W)
3. How many annual Biofeedback Therapy encounters are projected? (W)
4. How many annual Urology procedures are projected? (W)
5. How many annual Cystoscopy procedures are projected? (W)
6. How many annual Cystoscopy with Fluoroscopy procedures are projected? (W)

C. Staffing Input Data Statements

1. How many Urology Clinic provider FTE positions are authorized? (S)
 - a. How many Urology Clinic provider FTE positions are authorized to have a private office? (Misc)
 - b. How many Urology Clinic provider FTE positions are authorized to have a shared office? (Misc)
 - c. How many Urology Clinic provider FTE positions are authorized to have a cubicle? (Misc)
2. How many Urology Clinic non-provider FTE positions are authorized? (S)
 - a. How many Urology Clinic non-provider FTE positions are authorized to have a private office? (Misc)
 - b. How many Urology Clinic non-provider FTE positions are authorized to have a shared office? (Misc)
 - c. How many Urology Clinic non-provider FTE positions are authorized to have a cubicle? (Misc)

D. Miscellaneous Input Data Statements

1. Is an additional Negative Pressure Isolation Exam Room authorized? (Misc)
2. Is a Patient Classroom in the Reception Area authorized? (Misc)
3. Is a Sub-Waiting in the Staff and Administrative Area authorized? (Misc)
4. Is a Patient Records Storage Room in the Staff and Administrative Area authorized? (Misc)

5. Are Staff Lockers / Changing Rooms authorized? (Misc)
6. Are Staff Toilet / Shower Rooms authorized? (Misc)
7. How many Urology Clinic FTEs will work on peak shift? (Misc)
8. (1) Is the Urology Clinic authorized to operate outside the standard 8-hour per day shift? (Misc)
 - a. (2) Is the Urology Clinic authorized to operate a 7-hour per day shift? (Misc) (If not, a 6-hour per day shift will be used to calculate workload driven spaces)
9. (3) Is the Urology Clinic authorized to operate outside the standard 240 days per year? (Misc)
 - a. (4) Is the Urology Clinic authorized to operate 250 days per year? (Misc) (If not, 232 days per year will be used to calculate workload driven spaces)

5 SPACE PLANNING CRITERIA

For calculation of the number of Vending Machine areas, Public Toilets, Communication Closets, and Janitors Closets for this Chapter, please refer to DoD Space Planning Criteria Chapter 6.1: Common Areas.

A. FA 1: Exam Room Calculation:

1. **Number of Exam Rooms (CALC1)0 NSF**
Minimum two if the projected annual General Urology Exam encounters is between 614 and 6,144; provide an additional one for every increment of 3,072 projected annual General Urology Exam encounters greater than 6,144; the minimum workload to generate an additional Exam Room is 614. (Refer to Section 3)

B. FA 2: Reception Area:

1. **Waiting (WRC01)120 NSF**
Minimum NSF; provide an additional 60 NSF for every increment of four General and Urodynamics Exam Rooms; Biofeedback Therapy Room; Urology, Cystoscopy, and Cystoscopy with Fluoroscopy Procedure Rooms, greater than four.

Minimum allocated NSF accommodates three standard seats at 16 NSF plus one wheelchair space at 25 NSF and one Bariatric bench seat at 36 NSF and circulation area. Depending on the concept of operations for this chapter, waiting space across all units may be combined or dispersed.

2. **Playroom (PLAY1).....120 NSF**
Provide one for Urology Clinic.

This space is provided to accommodate children’s play activities; it shall be outfitted with appropriate furniture and accessories. It can be an open or enclosed area. May be included within or adjacent to General Waiting.

3. **Reception (RECP1)120 NSF**
Minimum NSF; provide an additional 30 NSF for every increment of twelve General and Urodynamics Exam Rooms; Biofeedback Therapy Room; Urology, Cystoscopy, and Cystoscopy with Fluoroscopy Procedure Rooms, greater than twelve.

Allocated NSF accommodates up to four receptionists and circulation.

- 4. **Kiosk, Patient Check-in (CLSC1)** 30 NSF
Provide one for Urology Clinic.
- 5. **Patient Classroom (CLR01)**..... 240 NSF
Provide one for Urology Clinic if authorized.
 Room used for one-on-one patient education and includes space for family to accompany the patient.
- 6. **Alcove, Wheelchair (SRLW1)** 60 NSF
Provide one for Urology Clinic.

C. FA 3: Urology Patient Area:

- 1. **Screening Room (EXRG4)**..... 120 NSF
Minimum one; provide an additional one for every increment of four General and Urodynamics Exam Rooms, and Biofeedback Therapy Room greater than four if Screening Rooms are authorized.
- 2. **Laboratory, Urology (LBUR1)** 120 NSF
Provide one for Urology Clinic.
- 3. **Toilet, Laboratory Patient (TLTU1)** 60 NSF
Provide two for Urology Clinic.
 This toilet will have a specimen pass-through window to the Urology Laboratory.
- 4. **Exam Room / Consult (EXR10)** 120 NSF
Provide one for Urology Clinic.
 Allocated NSF provides space for pre- and post-surgical consultations.
 Pre- and postsurgical consultations may be performed here.
- 5. **Exam Room, General (EXRG1)** 120 NSF
Calculate the number of General Exam Rooms (refer to FA 1, Room 1). Minimum two; provide additional ones per each General Exam Room calculated; deduct the Bariatric and Negative Pressure Isolation Exam Rooms.
- 6. **Toilet, General Exam Patient (TLTU1)** 60 NSF
Minimum one; provide an additional one for every increment of ten General Exam Rooms greater than ten.
- 7. **Exam Room, Negative Pressure Isolation (EXRG6)**..... 120 NSF
Minimum one; provide an additional one per each Negative Pressure Isolation Exam Room authorized greater than one.
 The number, location and type of airborne infection isolation and protective environment rooms shall be determined by the infection control risk assessment (ICRA), which shall be conducted during the early planning phase of a project.
- 8. **Toilet, Isolation Patient (TLTU1)** 60 NSF
Provide one per each Negative Pressure Isolation Exam Room.
- 9. **Exam Room, Bariatric (EXB01)** 120 NSF
Provide one if a Bariatric Exam Room is authorized for Urology Patient Area.

10. **Toilet, Bariatric Patient (TLTB1)**60 NSF
Provide one for the Bariatric Exam Room.
11. **Exam Room, Urodynamics (EXUD1)**.....120 NSF
Minimum one if the projected annual Urology encounters is between 1,229 and 6,144; provide an additional one for every increment of 6,144 projected annual Urology greater than 6,144; the minimum workload to generate an additional Urology Procedure Room is 1,229. (Refer to Section 3)

Non-invasive urodynamic flow testing takes place in this Exam Room.
12. **Toilet, Urodynamics Patient (TLTU1)**.....60 NSF
Provide one per each Urodynamics Exam Room.
13. **Patient Education (CLSC3)**.....120 NSF
Minimum one; provide an additional one for every increment of six General and Urodynamics Exam Rooms greater than six.

Patient will proceed to this room after the provider visit for one-on-one education and counseling on topics such as vasectomy counseling, peripheral nerve stimulation, penile injection, and self-catheterization.
14. **Biofeedback Therapy Room (OPMH3)**.....180 NSF
Provide one for every increment of 1,536 projected annual Biofeedback Therapy encounters; the minimum workload to generate a room is 307. (Refer to Section 3)

This room may be utilized for biofeedback, tibial nerve stimulation, test dosing for erectile dysfunction, and sensitive specimen retrieval.
15. **Toilet, Biofeedback Patient (TLTU1)**60 NSF
Provide one per each Biofeedback Therapy Room.
Scenario 1 did not generate

D. FA 4: Urology Procedure Patient Area:

1. **Sub-Waiting, Pre-Procedure Patient (WRC03)**60 NSF
Minimum NSF; provide an additional 30 NSF per each Urology, Cystoscopy, and Cystoscopy with Fluoroscopy Procedure Rooms greater than two.

Allocated NSF provides space for patients waiting in a chair prior to proceeding to the procedure room; it must be monitored by the Nurse Station. Allocated NSF accommodates three standard seats at 18 NSF and circulation area.
2. **Sub-Waiting, Post-Procedure Patient (WRC03)**60 NSF
Minimum NSF; provide an additional 30 NSF per each Urology, Cystoscopy, and Cystoscopy with Fluoroscopy Procedure Rooms greater than two.

Allocated NSF provides space for patient waiting in a chair post-procedure prior to going home; patient must be monitored by the Nurse Station. Allocated NSF accommodates three standard seats at 18 NSF and circulation area.
3. **Toilet, Patient (TLTU1)**60 NSF
Provide one per Pre-Procedure and Post-Procedure Sub-Waiting.

Locate adjacent to the Sub-Waiting.

4. **Cubicle, Urology Patient Dressing (DR001)** **60 NSF**
Minimum one; provide an additional one for every increment of three Urology Procedure Rooms greater than three.

Allocated NSF provides space for a seat or bench, mirror, locker for securing valuables and provisions for hanging patients' clothing. Cubicles should be provided convenient to the waiting areas and procedure rooms and may be grouped together.

5. **Procedure Room, Urology (TRGS1)** **180 NSF**
Minimum one if the projected annual Urology encounters is between 307 and 1,536; provide an additional one for every increment of 1,536 projected annual Urology encounters greater than 1,536; the minimum workload to generate an additional Urology Procedure Room is 307. (Refer to Section 3)

Serves as a minor procedure room with ceiling mounted surgical light and a surgical / endoscopic table. Could be used for minor procedures, ultrasound procedures, circumcisions, vasectomies, prostate biopsies and cystoscopies.

6. **Toilet, Urology Patient (TLTU1)** **60 NSF**
Provide one per each Urology Procedure Room.

7. **Cubicle, Cystoscopy Patient Dressing (DR001)** **60 NSF**
Minimum one; provide an additional one for every increment of three Cystoscopy Procedure Rooms greater than three.

Allocated NSF provides space for a seat or bench, mirror, locker for securing valuables and provisions for hanging patients' clothing. Cubicles should be provided convenient to the waiting areas and procedure rooms and may be grouped together.

8. **Operating Room, Cystoscopy (ORCS2)** **300 NSF**
Minimum one if the projected annual Cystoscopy procedures is between 410 and 2,048 ; provide an additional one for every increment of 2,048 projected annual Cystoscopy procedures greater than 2,048; the minimum workload to generate an additional Cystoscopy Procedure Room is 410. (Refer to Section 3)

Urology Clinic should coordinate the location of the Cystoscopy and Cystoscopy with Fluoroscopy Procedure Rooms with the Surgery Department.

9. **Toilet, Cystoscopy Patient (TLTU1)** **60 NSF**
Provide one per each Cystoscopy Procedure Room.

10. **Cubicle, Cystoscopy with Fluoroscopy Patient Dressing (DR001)** **60 NSF**
Minimum one; provide an additional one for every increment of three Cystoscopy with Fluoroscopy Procedure Rooms greater than three.

Allocated NSF provides space for a seat or bench, mirror, locker for securing valuables and provisions for hanging patients' clothing. Cubicles should be provided convenient to the waiting areas and procedure rooms and may be grouped together.

11. **Procedure Room, Cystoscopy with Fluoroscopy (XDRF1)** **480 NSF**
Minimum one if the projected annual Cystoscopy with Fluoroscopy procedures is

between 230 and 1,152 ; provide an additional one for every increment of 1,152 projected annual Cystoscopy procedures greater than 1,152; the minimum workload to generate an additional Cystoscopy with Fluoroscopy Procedure Room is 230. (Refer to Section 3)

This room is for performing Cystoscopy and Cystoscopy with Fluoroscopy procedures. Invasive urodynamics could also be performed in this room. This room is lead-lined, and shielded control is provided within the room. The Urology Clinic must coordinate the location of the Cystoscopy and Cystoscopy with Fluoroscopy Procedure Rooms with the Surgery Department.

12. **Toilet, Cystoscopy with Fluoroscopy Patient (TLTU1)**.....60 NSF
Provide one per each Cystoscopy with Fluoroscopy Procedure Room.

13. **Scrub Sink Area (ORSA1)**.....60 NSF
Minimum one; provide an additional one for every increment of two Cystoscopy and Cystoscopy with Fluoroscopy Procedure Rooms greater than two.

Allocated NSF allows for two scrub positions located near the entrance of the Cystoscopy with Fluoroscopy Procedure Room, in the semi-restricted area, recessed into an alcove out of the main traffic area.

14. **Recovery Room, Multi-Station (RROP2)**.....240 NSF
Minimum NSF; provide an additional 120 NSF, for one station, per each Cystoscopy, and Cystoscopy with Fluoroscopy Procedure Rooms greater than two.

Allocated NSF accommodates two patients in an open or semi-enclosed space with curtains or a wall on three sides. Patients may be in a stretcher or chair. Pre-op and recovery can take place in this room. These patient stations (or cubicles) should be provided in pairs to allow hand washing stations between them, refer to Space Template

15. **Toilet, Recovery Patient (TLTU1)**60 NSF
Provide one per Urology Procedure Patient Area.

Locate adjacent to the Recovery Room.

16. **Nurse Station, Recovery Room (NSTA2)**.....60 NSF
Minimum NSF; provide an additional 30 NSF for every increment of four Cystoscopy, and Cystoscopy with Fluoroscopy Procedure Rooms greater than four.

The purpose of this Nurse Station is for the observation and monitoring of patients pre and post procedure. Locate adjacent to Recovery Room(s) for ease of patient visualization. Additional charting space is allocated in Team Collaboration Room, Staff and Administration Area.

17. **Utility, Soiled Scope Wash (USCL2)**120 NSF
Provide one if at least one Urology, Cystoscopy or Cystoscopy with Fluoroscopy Procedure Room is generated.

This room, as part of a two room suite, is utilized for initial decontamination. It should have a pass-through to the Clean Scope Wash Utility Room for scope washing / high level disinfecting.

18. **Utility, Clean Scope Wash (UCCL2)**..... 120 NSF
Provide one if at least one Urology, Cystoscopy or Cystoscopy with Fluoroscopy Procedure Room is generated.

This room is part of a two-room suite; it should have a pass-through from Decontamination / Scope Wash. This room is for scope washing / high level disinfecting.

19. **Viewing Room, Picture Archiving and Communication System (PACS) (XVC01)**..... 120 NSF
Provide one for Urology Clinic.

E. FA 5: Support Area:

1. **Utility Room, Clean (UCCL1)**..... 120 NSF
Minimum NSF; provide an additional 30 NSF for every increment of eight General and Urodynamics Exam Rooms; Biofeedback Therapy Room; Urology, Cystoscopy, and Cystoscopy with Fluoroscopy Procedure Rooms, greater than eight.

Allocated NSF includes space for a work counter, a handwashing station and storage facilities for clean and sterile supplies such as shelving and automated dispensing machines.

2. **Utility Room, Soiled (USCL1)**..... 120 NSF
Minimum NSF; provide an additional 30 NSF for every increment of eight General and Urodynamics Exam Rooms; Biofeedback Therapy Room; Urodynamics, Cystoscopy, and Cystoscopy with Fluoroscopy Procedure Rooms, greater than eight.

Allocated NSF provides space for a handwashing station, a work counter, space for waste receptacles and soiled linen receptacles and provisions for disposal of liquid waste.

3. **Storage, Stretcher (SRLW1)**..... 60 NSF
Provide one for Urology Clinic.

4. **Storage, Equipment (SRSE1)**..... 120 NSF
Minimum NSF; provide an additional 30 NSF for every increment of eight General and Urodynamics Exam Rooms; Biofeedback Therapy Room; Urology, Cystoscopy, and Cystoscopy with Fluoroscopy Procedure Rooms, greater than eight.

5. **Alcove, Crash Cart (RCA01)**..... 30 NSF
Provide one for Urology Clinic.

6. **Alcove, Portable Imaging (XRM01)**..... 30 NSF
Provide one for Urology Clinic.

Allocated space provides NSF for storing portable equipment including bladder scanners.

7. **Telehealth Room (WKT M2)** 120 NSF
Provide one for Urology Clinic.

F. FA 6: Staff and Administrative Area:

1. **Office, Department / Clinic Chief (OFA04)** 120 NSF
Provide one for Urology Clinic.
2. **Office, Executive Assistant (OFA04)**..... 120 NSF
Provide one for Urology Clinic.
3. **Sub-Waiting (WRC03)**60 NSF
Provide one for Urology Clinic if authorized.

Allocated NSF provides space for minimum of two seats plus circulation.
4. **Office, NCOIC / LCPO / LPO (OFA04)**..... 120 NSF
Provide one for Urology Clinic.
5. **Team Collaboration Room (WRCH1)** 120 NSF
Minimum one; provide an additional one for every increment of eight General and Urodynamics Exam Rooms; Biofeedback Therapy Room; Urology, Cystoscopy, and Cystoscopy with Fluoroscopy Procedure Rooms, greater than eight.

This space is furnished with touchdown workstation(s) for provider charting.
6. **Office, Private (OFA04)** 120 NSF
Provide one per each Urology Clinic provider and non-provider FTE position authorized to have a private office.
7. **Office, Shared (OFA05)** 120 NSF
Provide one for every increment of two Urology Clinic provider and non-provider FTE positions authorized to have a shared office.
8. **Cubicle (OFA03)**60 NSF
Provide one per each Urology Clinic provider and non-provider FTE position authorized to have a cubicle.

These cubicles may be collocated in a shared space or dispersed as required.
9. **Storage, Patient Records (MRS01)**..... 120 NSF
Provide one if authorized.

The Military Health System is moving towards an integrated electronic medical record. If required, space for paper medical records for patients will be planned.
10. **Conference Room (CRA01)**240 NSF
Minimum NSF; provide an additional 60 NSF if the total number of FTE positions authorized is greater than ten.

Planner must determine adequacy and availability of existing Conference Room space and the ability to optimize resources by sharing Conference Room space with other departments.
11. **Copier (RPR01)**..... 120 NSF
Provide one for Urology Clinic.

This is a room for the copier / printer / scanner. It may be located directly adjacent to the reception area or in the clinic staff support area.
12. **Storage, Office Supplies (SRS01)**60 NSF
Provide one for Urology Clinic.

Allocated NSF provides space for office supplies and patient forms and literature.

- 13. **Lounge, Staff (SL001)**..... **120 NSF**
Minimum NSF if the number of FTEs working on peak shift is ten; provide an additional 60 NSF for every increment of five FTEs working on peak shift greater than ten; maximum 360 NSF.
- 14. **Locker / Changing Room, Male Staff (LR002)**..... **120 NSF**
Provide one if authorized.
- 15. **Locker / Changing Room, Female Staff (LR002)**..... **120 NSF**
Provide one if authorized.
- 16. **Toilet / Shower, Male Staff (TLTS1)** **60 NSF**
Provide one if authorized.
- 17. **Toilet / Shower, Female Staff (TLTS1)** **60 NSF**
Provide one if authorized.
- 18. **Lockers, Personal Property (LR001)** **30 NSF**
Minimum NSF, provide an additional 3 NSF per each FTE position not assigned a private office, shared office or cubicle greater than ten.

G. FA 7: GME Education / Training Area:

- 1. **Office, Residency Program Director (OFA04)**..... **120 NSF**
Provide one if a Graduate Medical Education program for Urology Clinic is authorized.
- 2. **Resident Collaboration Room (WKTm1)** **240 NSF**
Minimum NSF; provide an additional 60 NSF per each Resident / Student FTE position authorized greater than two if a Graduate Medical Education program for Urology Clinic is authorized.

This room should contain one cubicle per Resident / Student at 60 NSF. In addition to the cubicles, a table with chairs for collaboration space and bookcases will be provided.

- 3. **Classroom / Conference Room (CLR01)** **240 NSF**
Provide one if the total number of Resident / Student FTE positions is greater than five if a Graduate Medical Education program for Urology Clinic is authorized.

Planner must determine adequacy and availability of existing Classroom / Conference Room space and the ability to optimize resources by sharing Classroom / Conference Room space with other GME programs.

6 PLANNING AND DESIGN CONSIDERATIONS

The following design considerations are intended to provide planners and designers with guidance on how to follow world-class and evidence-based design strategies for new and renovation of existing healthcare facilities. For a more comprehensive list, refer to the *World Class Checklist* (<https://facilities.health.mil/home/>). Also refer to Section 1.2 – 6, Design Considerations and Requirements of the *Guidelines for Design and Construction of Health Care Facilities of the Facility Guidelines Institute (FGI)*.

A. Net-to-Department Gross Factor

1. The net-to-department gross factor (NTDG) for the Urology Clinic is **1.35**. This number when multiplied by the programmed net square foot (NSF) area determines the departmental gross square feet. This factor accounts for the space occupied by internal department circulation and interior partitions and other construction elements not defined by the net square foot area.

B. Reception Areas

1. Where possible, centralized intake should be considered where multiple clinics are co-located.
2. Consider designing clinic areas such that walking distances from intake to exam are kept to a minimum.
3. Visual and auditory privacy is required at intake, vitals collection, and scheduling activities.
4. Consideration should be given to special needs of specific patient groups in a shared/general waiting area. For example, adolescent and geriatric patients may require different seating options and environments.
5. The Playroom shall be constructed of surfaces and materials that are easy to clean and durable (nonporous and smooth).

C. Patient Areas

1. Exam rooms should be designed with dedicated patient, provider, and family zones where appropriate.
2. Consider placing high volume, quick turn encounters near the front of the clinical area.
3. Provide same-handed patient care and treatment rooms where appropriate.
4. Complete visual privacy for patients in examination, treatment and procedure areas is a critical design consideration.
5. Control of sound transmission between examination, treatment and procedure rooms is a critical design consideration.
6. Consider adopting the same NSF for rooms with similar functions, such as treatment and exam rooms, to achieve standardization.
7. Consider sizing rooms such that conversion from one function to another, like a consult room to exam room, can be achieved more readily.
8. Provisions for bariatric patients should be included where applicable.
9. Consider efficiency of operations and a layout such that walking distances of the routes staff repeatedly take from consult room to the exam rooms, to the work areas (e.g. charting, supplies, medications), back to exam rooms are kept to a minimum.

D. Other Design Considerations

1. Provide flexible, standardized and modular blocks of clinic space that include dedicated zones (e.g. intake/waiting, exam room, support core, administrative core, procedure and diagnostic core, etc.)
2. Functional areas should be designed to provide flexibility in order to accommodate a variety of patient visit types and specialties. Standardized modules should be configured so that clinics can use available adjacent space as demand fluctuates from one clinic to the next.
3. Where possible, clinic modules should include internal connecting corridors to allow circulation of staff, materials and sometimes patients in off-stage areas.
4. Design for flexibility and adaptability to accommodate future expansion.
5. Clearly define patient flows and facilitate wayfinding.

6. Design space to foster effective team collaboration, especially important in innovative care delivery models, such as the patient-centered medical home model (PCMH). Central location of circulating corridors and visually open workstations will increase the quality and probability of unplanned interactions. Informal meeting spaces along hallways with flexibly arranged furniture and small niches with surfaces that allow stand-up work will encourage informal collaboration. Locating the team collaboration rooms and conference rooms close to individual spaces will promote problem solving.
7. Create separate paths of travel where possible between patients and staff (“on stage” and “off stage”) to support privacy, safety and patient/staff satisfaction.
8. Consider physical layouts and design features which minimize institutional and maximize non-institutional aspects in order to provide a more therapeutic healing environment that promotes quicker recovery.
9. Create welcoming environments for patients and families by reducing environmental stressors. Daylighting, window views of nature, gardens, indoor plants, and nature photography may alleviate patient anxiety, and provide positive distractions in waiting areas and treatment rooms.
10. Where possible, locate clinics proximate to public parking and the main outpatient building entry to improve access and minimize travel distance.
11. Consider convenient access to both the Outpatient Pharmacy and Lab and Diagnostic and Treatment services as needed.
12. Collocate clinics and inpatient units with the same specialty when possible.

7 FUNCTIONAL RELATIONSHIPS

Relationship of DoD 314: Urology Clinic to services listed below:

TABLE 2: UROLOGY CLINIC FUNCTIONAL RELATIONSHIP MATRIX

Services	Relationship	Reasons
Nephrology Clinic	1, 2, 3	A, G, H
Women's Health Clinic	1, 2, 3	A, G, H
Surgery (Inpatient or Ambulatory, if Cystoscopy and / or Cystoscopy with Fluoroscopy located outside of clinic)	1, 2, 3	A, G, H, I
Radiology	1, 2, 3	A, G, I
Outpatient Pharmacy	3	H
Laboratory	3	H

Legend:

Relationship:

1. Adjacent
2. Close / Same Floor
3. Close / Different Floor Acceptable
4. Limited Traffic

Reasons:

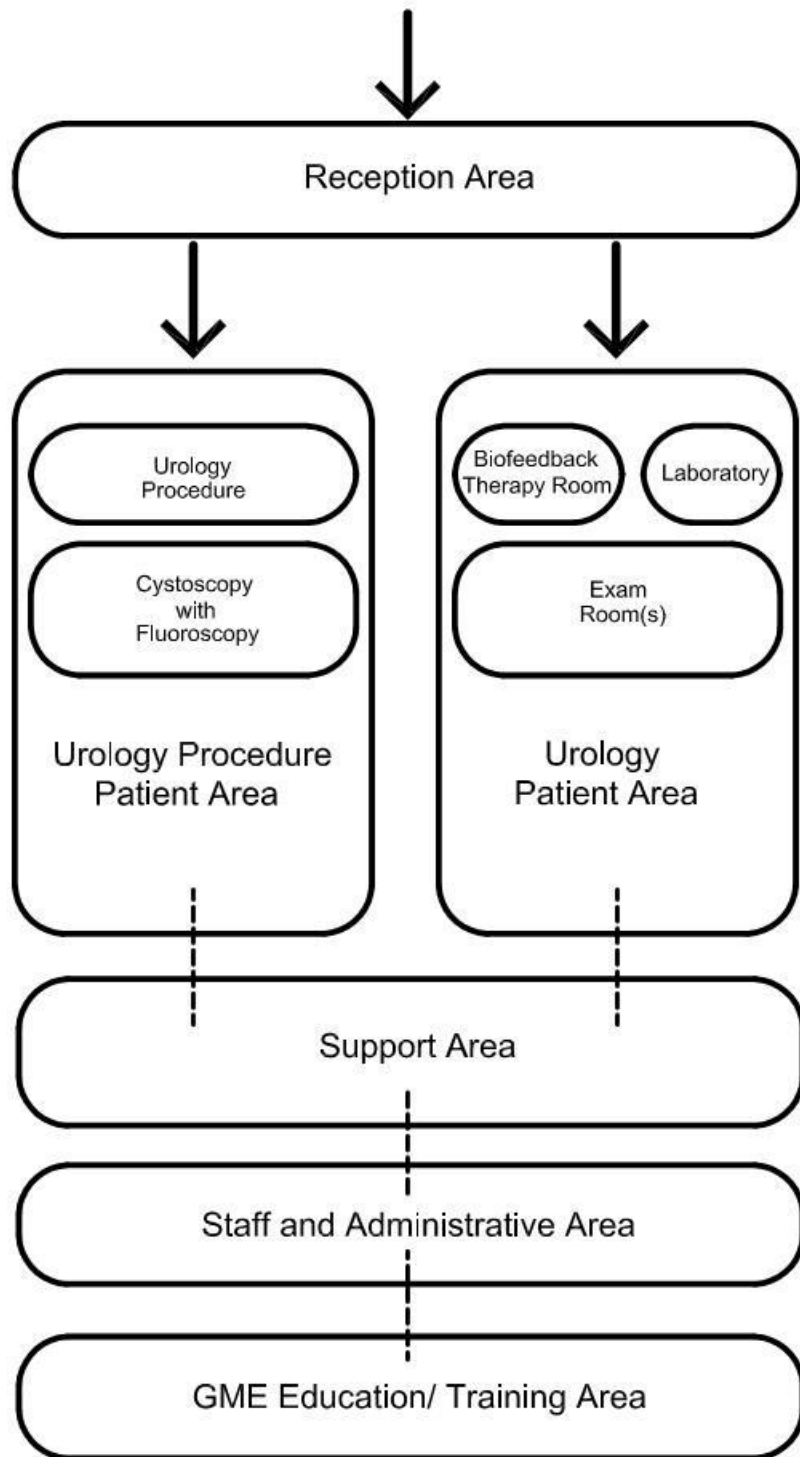
- (Use as many as appropriate)
- A. Common use of resources
 - B. Accessibility of supplies
 - C. Urgency of contact
 - D. Noise or vibration
 - E. Presence of odors or fumes
 - F. Contamination hazard
 - G. Sequence of work
 - H. Patient's convenience
 - I. Frequent contact
 - J. Need for security
 - K. Others (specify)

8 FUNCTIONAL DIAGRAM

Functional Diagrams show the relationship of each functional area to the whole department. In some instances it shows important spaces within a functional area and how staff and patients may flow through the department. This diagram is not intended to serve as a "bubble diagram" that the planner / designer will create for an individual project. Size and shapes of spaces do not reflect actual configuration or square footage of spaces / rooms.

Refer to Functional Diagram(s) on next page(s)

8 FUNCTIONAL DIAGRAM UROLOGY CLINIC



- Mission (if authorized) and Staffing driven spaces
- Workload and Staffing driven spaces
- Patient Circulation
- - - - Staff Circulation

9 Appendix A: Space Planning Criteria Summary

FA 1: Exam Room Calculation:

Room Name	Room Code	NSF	Space Criteria
Number of Exam Rooms	CALC1	0	Minimum two if the projected annual General Urology Exam encounters is between 614 and 6,144; provide an additional one for every increment of 3,072 projected annual General Urology Exam encounters greater than 6,144; the minimum workload to generate an additional Exam Room is 614. (Refer to Table 1)

FA 2: Reception Area:

Room Name	Room Code	NSF	Space Criteria
Waiting	WRC01	120	Minimum NSF; provide an additional 60 NSF for every increment of four General and Urodynamics Exam Rooms; Biofeedback Therapy Room; Urology, Cystoscopy, and Cystoscopy with Fluoroscopy Procedure Rooms, greater than four.
Playroom	PLAY1	120	Provide one for Urology Clinic.
Reception	RECP1	120	Minimum NSF; provide an additional 30 NSF for every increment of twelve General and Urodynamics Exam Rooms; Biofeedback Therapy Room; Urology, Cystoscopy, and Cystoscopy with Fluoroscopy Procedure Rooms, greater than twelve.
Kiosk, Patient Check-in	CLSC1	30	Provide one for Urology Clinic.
Patient Classroom	CLR01	240	Provide one for Urology Clinic if authorized.
Alcove, Wheelchair	SRLW1	60	Provide one for Urology Clinic.

FA3: Urology Patient Area:

Room Name	Room Code	NSF	Space Criteria
Screening Room	EXRG4	120	Minimum one; provide an additional one for every increment of four General and Urodynamics Exam Rooms, and Biofeedback Therapy Room greater than four if Screening Rooms are authorized.
Laboratory, Urology	LBUR1	120	Provide one for Urology Clinic.
Toilet, Laboratory Patient	TLTU1	60	Provide two for Urology Clinic.
Exam Room / Consult	EXR10	120	Provide one for Urology Clinic.
Exam Room, General	EXRG1	120	Calculate the number of General Exam Rooms (refer to FA 1, Room 1). Minimum two; provide additional ones per each General Exam Room calculated; deduct the Bariatric and Negative Pressure Isolation Exam Rooms. (Refer to Table 1)
Toilet, General Exam Patient	TLTU1	60	Minimum one; provide an additional one for every increment of ten General Exam Rooms greater than ten.
Exam Room, Negative Pressure Isolation	EXRG6	120	Minimum one; provide an additional one per each Negative Pressure Isolation Exam Room authorized greater than one.
Toilet, Isolation Patient	TLTU1	60	Provide one per each Negative Pressure Isolation Exam Room.
Exam Room, Bariatric	EXB01	120	Provide one if a Bariatric Exam Room is authorized for Urology Patient Area.
Toilet, Bariatric Patient	TLTB1	60	Provide one for the Bariatric Exam Room.
Toilet, Urodynamics Patient	TLTU1	60	Provide one per each Urodynamics Exam Room.
Patient Education	CLSC3	120	Minimum one; provide an additional one for every increment of six General and Urodynamics Exam Rooms greater than six.

Biofeedback Therapy Room	OPMH3	180	Provide one for every increment of 1,536 projected annual Biofeedback Therapy encounters; the minimum workload to generate a room is 307. (Refer to Table 1)
Toilet, Biofeedback Patient	TLTU1	60	Provide one per each Biofeedback Therapy Room. Scenario 1 did not generate

FA4: Urology Procedure Patient Area:

Room Name	Room Code	NSF	Space Criteria
Sub-Waiting, Pre-Procedure Patient	WRC03	60	Minimum NSF; provide an additional 30 NSF per each Urology, Cystoscopy, and Cystoscopy with Fluoroscopy Procedure Rooms greater than two.
Sub-Waiting, Post-Procedure Patient	WRC03	60	Minimum NSF; provide an additional 30 NSF per each Urology, Cystoscopy, and Cystoscopy with Fluoroscopy Procedure Rooms greater than two.
Toilet, Patient	TLTU1	60	Provide one per Pre-Procedure and Post-Procedure Sub-Waiting.
Cubicle, Urology Patient Dressing	DR001	60	Minimum one; provide an additional one for every increment of three Urology Procedure Rooms greater than three.
Procedure Room, Urology	TRGS1	180	Minimum one if the projected annual Urology encounters is between 307 and 1,536; provide an additional one for every increment of 1,536 projected annual Urology greater than 1,536; the minimum workload to generate an additional Urology Procedure Room is 307. (Refer to Table 1)
Toilet, Urology Patient	TLTU1	60	Provide one per each Urology Procedure Room.
Cubicle, Cystoscopy Patient Dressing	DR001	60	Minimum one; provide an additional one for every increment of three Cystoscopy Procedure Rooms greater than

			three.
Operating Room, Cystoscopy	ORCS2	300	Minimum one if the projected annual Cystoscopy procedures is between 410 and 2,048 ; provide an additional one for every increment of 2,048 projected annual Cystoscopy procedures greater than 2,048; the minimum workload to generate an additional Cystoscopy Procedure Room is 410. (Refer to Table 1)
Toilet, Cystoscopy Patient	TLTU1	60	Provide one per each Cystoscopy Procedure Room.
Cubicle, Cystoscopy with Fluoroscopy Patient Dressing	DR001	60	Minimum one; provide an additional one for every increment of three Cystoscopy with Fluoroscopy Procedure Rooms greater than three.
Procedure Room, Cystoscopy with Fluoroscopy	XDRF1	480	Minimum one if the projected annual Cystoscopy with Fluoroscopy procedures is between 230 and 1,152 ; provide an additional one for every increment of 1,152 projected annual Cystoscopy procedures greater than 1,152; the minimum workload to generate an additional Cystoscopy with Fluoroscopy Procedure Room is 230. (Refer to Table 1)
Toilet, Cystoscopy with Fluoroscopy Patient	TLTU1	60	Provide one per each Cystoscopy with Fluoroscopy Procedure Room.
Scrub Sink Area	ORSA1	60	Minimum one; provide an additional one for every increment of two Cystoscopy and Cystoscopy with Fluoroscopy Procedure Rooms greater than two.

Recovery Room, Multi-Station	RROP2	240	Minimum NSF; provide an additional 120 NSF, for one station, per each Cystoscopy, and Cystoscopy with Fluoroscopy Procedure Rooms greater than two.
Toilet, Recovery Patient	TLTU1	60	Provide one per Urology Procedure Patient Area.
Nurse Station, Recovery Room	NSTA2	60	Minimum NSF; provide an additional 30 NSF for every increment of four Cystoscopy, and Cystoscopy with Fluoroscopy Procedure Rooms greater than four.
Utility, Soiled Scope Wash	USCL2	120	Provide one if at least one Urology, Cystoscopy or Cystoscopy with Fluoroscopy Procedure Room is generated.
Utility, Clean Scope Wash	UCCL2	120	Provide one if at least one Urology, Cystoscopy or Cystoscopy with Fluoroscopy Procedure Room is generated.
Viewing Room, Picture Archiving and Communication System (PACS)	XVC01	120	Provide one for Urology Clinic.

FA5: Support Area:

Room Name	Room Code	NSF	Space Criteria
Utility Room, Clean	UCCL1	120	Minimum NSF; provide an additional 30 NSF for every increment of eight General and Urodynamics Exam Rooms; Biofeedback Therapy Room; Urology, Cystoscopy, and Cystoscopy with Fluoroscopy Procedure Rooms, greater than eight.
Utility Room, Soiled	USCL1	120	Minimum NSF; provide an additional 30 NSF for every increment of eight General and Urodynamics Exam Rooms; Biofeedback Therapy Room; Urodynamics, Cystoscopy, and Cystoscopy with Fluoroscopy Procedure Rooms, greater than eight.
Storage, Stretcher	SRLW1	60	Provide one for Urology Clinic.

Storage, Equipment	SRSE1	120	Minimum NSF; provide an additional 30 NSF for every increment of eight General and Urodynamics Exam Rooms; Biofeedback Therapy Room; Urology, Cystoscopy, and Cystoscopy with Fluoroscopy Procedure Rooms, greater than eight.
Alcove, Crash Cart	RCA01	30	Provide one for Urology Clinic.
Alcove, Portable Imaging	XRM01	30	Provide one for Urology Clinic.
Telehealth Room	WKTM2	120	Provide one for Urology Clinic.

FA6: Staff and Administrative Area:

Room Name	Room Code	NSF	Space Criteria
Office, Department / Clinic Chief	OFA04	120	Provide one for Urology Clinic.
Office, Executive Assistant	OFA04	120	Provide one for Urology Clinic.
Sub-Waiting	WRC03	60	Provide one for Urology Clinic if authorized.
Office, NCOIC / LCPO / LPO	OFA04	120	Provide one for Urology Clinic.
Team Collaboration Room	WRCH1	120	Minimum one; provide an additional one for every increment of eight General and Urodynamics Exam Rooms; Biofeedback Therapy Room; Urology, Cystoscopy, and Cystoscopy with Fluoroscopy Procedure Rooms, greater than eight.
Office, Private	OFA04	120	Provide one per each Urology Clinic provider and non-provider FTE position authorized to have a private office.
Office, Shared	OFA05	120	Provide one for every increment of two Urology Clinic provider and non-provider FTE positions authorized to have a shared office.
Cubicle	OFA03	60	Provide one per each Urology Clinic provider and non-provider FTE position authorized to have a cubicle.
Storage, Patient Records	MRS01	120	Provide one if authorized.

Conference Room	CRA01	240	Minimum NSF; provide an additional 60 NSF if the total number of FTE positions authorized is greater than ten.
Copier	RPR01	120	Provide one for Urology Clinic.
Storage, Office Supplies	SRS01	60	Provide one for Urology Clinic.
Lounge, Staff	SL001	120	Minimum NSF if the number of FTEs working on peak shift is ten; provide an additional 60 NSF for every increment of five FTEs working on peak shift greater than ten; maximum 360 NSF.
Locker / Changing Room, Male Staff	LR002	120	Provide one if authorized.
Locker / Changing Room, Female Staff	LR002	120	Provide one if authorized.
Toilet / Shower, Male Staff	TLTS1	60	Provide one if authorized.
Toilet / Shower, Female Staff	TLTS1	60	Provide one if authorized.
Lockers, Personal Property	LR001	30	Minimum NSF, provide an additional 3 NSF per each FTE position not assigned a private office, shared office or cubicle greater than ten.

FA7: GME Education / Training Area:

Room Name	Room Code	NSF	Space Criteria
Office, Residency Program Director	OFA04	120	Provide one if a Graduate Medical Education program for Urology Clinic is authorized.
Resident Collaboration Room	WKTM1	240	Minimum NSF; provide an additional 60 NSF per each Resident / Student FTE position authorized greater than two if a Graduate Medical Education program for Urology Clinic is authorized.
Classroom / Conference Room	CLR01	240	Provide one if the total number of Resident / Student FTE positions is greater than five if a Graduate Medical Education program for Urology Clinic is authorized.