



# DoD SPACE PLANNING CRITERIA

## CHAPTER 303: PEDIATRIC CLINIC

### JUNE 1, 2016

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**Originating Component:** Defense Health Agency Facilities Division

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**Releasability:** No Restrictions

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**Purpose:** This issuance: To provide space planning criteria guidance in support of planning, programming and budgeting for DoD Military Health System (MHS) facilities.

# ***SUMMARY of CHANGE***

This revision, dated June 1, 2016 includes the following:

- On page 5, SECTION 2: OPERATING RATIONALE AND BASIS OF CRITERIA, paragraph 2.1.B, changed first sentence to read “Space planning criteria have been developed on the basis of an understanding of the activities involved in the functional areas required for Pediatric Clinic, and its relationship with other services of a medical facility.”
- On page 5, SECTION 2: OPERATING RATIONALE AND BASIS OF CRITERIA, paragraph 2.1.D, changed to read “Calculation of the number and -in some cases- the area (NSF) of rooms is performed in one of the following methods:
  1. Directly workload-driven. The directly workload-driven rooms are based on workload projections entered in response to the Workload Input Data Statements (IDSs) included in Section 3. The directly workload driven rooms in this chapter are the total number of Exam Rooms, including General Exam Rooms, Airborne Infection Isolation (AII) Exam Rooms, and Bariatric Exam Rooms.
  2. Indirectly workload-driven. The indirectly workload-driven rooms are derived from the preceding group. They are typically in the Reception and Support Functional Areas. Examples are Waiting, or the number of clean or soiled utility rooms.
  3. Mission or Staffing-driven. The mission / staffing-driven rooms are created based on Boolean ‘yes/no’ or numeric responses to the Mission and Staffing Input Data Statements (IDSs).”
- On page 11, section 4.3. FA3: EXAM PATIENT AREA, room 4, Exam Room, General (EXRG1), change the criteria statement to read “Minimum one; provide an additional one per each Pediatric Exam Room calculated (refer to FA 1) greater than two; deduct the number of Airborne Infection Isolation (AII) Exam and Telehealth Exam rooms from the total number of workload driven Exam Rooms.
- On page 11, section 4.3. FA3: EXAM PATIENT AREA, room 7, Office, Behavioral Health Provider (OFDC1), deleted the descriptor sentence “This room is part of the total number of workload driven exam rooms.”

- On page 22, Section G.1. DEFINITIONS, changed the last sentence in the definition for Behavioral Health to read “Dedicated space must be provided for this service in the Pediatric Clinic.”

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## **SECTION 1: PURPOSE AND SCOPE**

### **1.1.**

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

Spaces in this chapter support the Patient Centered Medical Home (PCMH) model of patient care. The PCMH model has been implemented across the Services, and it is applicable to Primary Care settings such as Pediatric, Family Medicine and Internal Medicine. If a Primary Care / Family Medicine Clinic is being planned concurrently or located nearby, planner should consider combining pediatric clinical spaces.

As part of the PCMH model of care, Behavioral Health Services are embedded into this clinic. The Behavioral Health Provider meets the mental health needs of the enrolled population as part of improving their overall health. The main goal is to provide early recognition, treatment, and management of psychosocial/behavioral problems and conditions.

The minimum sized Pediatric Clinic will include one Exam Room and one Airborne Infection Isolation (AII) Exam Room.

#### References:

- A. ASD (HA) Policy Memorandum: Implementation of the ‘Patient-Centered Medical Home’ Model of Primary Care in MTFs’, 18 Sept 2009
- B. OPORD 11-20 (Army Patient-Centered Medical Home) – USAMEDCOM, January 2011.
- C. BUMED Instruction 6300.19: Primary Care Services in Navy Medicine, 26 May 2010.
- D. Air Force Instruction 44-171: Patient Centered Medical Home and Family Health Operations, 18 Jan 2011.

The space planning criteria in this chapter apply to all Military Treatment Facilities (MTFs) and are based on current DoD policies and directives, established and/or anticipated best practices, industry guidelines and standards, and input from DoD Subject Matter Experts (SME) and Defense Health Agency (DHA) Service contacts. As directed by the DHA, these space criteria are primarily workload driven; additional drivers are staffing and mission. Room Codes (RCs) in this document are based on the latest version of DoD UFC-4-510-01, Appendix B.

## **SECTION 2: OPERATING RATIONALE AND BASIS OF CRITERIA**

### **2.1.**

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 Pediatric 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. Calculation of the number and -in some cases- the area (NSF) of rooms is performed in one of the following methods:

1. Directly workload-driven. The directly workload-driven rooms are based on workload projections entered in response to the Workload Input Data Statements (IDSs) included in Section 3. The directly workload driven rooms in this chapter are the total number of Exam Rooms, including General Exam Rooms, Airborne Infection Isolation (AII) Exam Rooms, and Bariatric Exam Rooms.
2. Indirectly workload-driven. The indirectly workload-driven rooms are derived from the preceding group. They are typically in the Reception and Support Functional Areas. Examples are Waiting, or the number of clean or soiled utility rooms.
3. Mission or Staffing-driven. The mission / staffing-driven rooms are created based on Boolean 'yes/no' or numeric responses to the Mission and Staffing Input Data Statements (IDSs).

E. The Net Square Feet (NSF) and Room Code (RC) for each room in Section 4: Space Planning Criteria of this chapter was provided by or approved by the Defense Health Agency (DHA) Template Board.

F. Section 3: Input Data Statements and Section 4: Space Planning Criteria have been implemented and tested in the Space and Equipment Planning System (SEPS). To gain access to SEPS planner should contact a Defense Health Agency (DHA) representative; access to SEPS is provided via a 16-hour hands-on training session.

G. Calculation of each of the directly workload-driven room types is implemented in SEPS based on the following formulae:

Formula 1: Annual Room Workload Capacity

$$\frac{(\text{Operating Days per year})(\text{Hours of Operation per Day})}{\frac{\text{Average Length of Encounter (ALOE) in Minutes}}{60 \text{ Minutes}}}$$

Where:

- 1 Operating Days per Year is a user provided value: Range 232 – 251 days  
SEPS default: 240 days
- 2 Hours of Operation per Day is user provided value: Range 6 – 10 hours  
SEPS default: 8 hours
- 3 Average Length of Encounter (ALOE) is a user provided value: Range 30 – 45 minutes  
SEPS default: 40 minutes

Formula 2: Project-based Annual Room Workload Capacity:

$$(\text{Annual Room Workload Capacity})(\text{Utilization Factor})$$

Where:

Utilization Factor: 80% if GME is not authorized; 70% if GME is authorized.

Typically, a workload value 20% above the Project-based Annual Room Workload Capacity generates an additional Room.

Formula 3: Number of directly workload-driven rooms:

$$\frac{(\text{Number of Projected Annual Encounters})}{(\text{Project Based Annual Workload Capacity})}$$

Example: Calculation the number of Pediatric Exam Rooms based on the following parameters:

- a. Operating Days per Year: 240
- b. Hours of Operation per Day: 8
- c. Average Length of Encounter: 40 minutes
- d. Utilization Factor: 80%
- e. Projected workload: 68,750 annual Pediatric Exam Rooms encounters

**Step 1:** Pediatric Exam Rooms Workload Capacity calculation.

$$\frac{(240)(8)}{\frac{40}{60}} = 2,880 \text{ Encounters}$$

**Step 2:** Project-based Pediatric Exam Rooms Workload Capacity calculation.

$$(2,880)(0.80) = 2,304 \text{ Encounters}$$

**Step 3:** Number of Pediatric Exam Rooms.

$$\frac{68,750}{2,304} = 30 \text{ Pediatric Exam Rooms}$$



## **SECTION 3: PROGRAM DATA REQUIRED**

**3.1. INPUT DATA STATEMENTS.** Input Data Statements are based on questions about Workload (W), Mission (M), Staffing (S) and Miscellaneous (Misc) information.

1. How many annual Pediatric Clinic encounters are projected? (W)
  - a. How many days per year is the Pediatric Clinic authorized to operate? (Range 232 to 251; SEPS default 240 ) (Misc)
  - b. How many hours a day is the Pediatric Clinic authorized to operate? (Range 6 to 10; SEPS default 8 hours) (Misc)
  - c. What is the Pediatric Clinic Average Length of Encounter (ALOE) in minutes? (Range 30 to 45 minutes; SEPS default: 40) (Misc)
2. How many Airborne Infection Isolation (AII) Exam Rooms, greater than one, are authorized by the MTFs ICRA? (Misc)
3. How many Telehealth Rooms, greater than one, are authorized? (Misc)
4. Is a Referral Appointments Office for the Patient Exam Area authorized? (M)
5. Is a Vision/ Hearing Screening Room authorized for Pediatric Patient Treatment Area? (M)
6. Is an Immunization Room authorized for the Pediatric Patient Treatment Area? (M)
7. Is a Point of Care Laboratory for the Pediatric Treatment Patient Area authorized? (M)
8. Is a General Radiographic Room for the Pediatric Treatment Patient Area authorized? (M)
9. How many Pediatric FTE positions are authorized? (S)
  - a. How many FTE positions are authorized to have a private office in the Pediatric Staff and Administration? (Misc)
  - b. How many FTE positions are authorized to have a shared office in the Pediatric Staff and Administration? (Misc)
  - c. How many FTE positions are authorized to have a cubicle in the Pediatric Staff and Administration? (Misc)
  - d. How many Pediatric FTEs will work on peak shift? (Misc)
  - e. How many embedded Behavioral Health provider FTE positions are authorized? (S)
10. Is a Patient Records Storage in Pediatric Staff and Administration authorized? (Misc)
11. Is a Pediatric Graduate Medical Education (GME) Program authorized? (M) (If yes, Utilization Factor: 70%; if no, Utilization Factor: 80%) (M)
  - a. Is a Pediatric Residency Coordinator authorized? (Misc)
  - b. How many Pediatric Resident / Student FTE positions are authorized? (S)

### **3.2. COMPUTED**

1. Step 1: Pediatric Clinic Annual Room Workload Capacity (Computer calculated value; user input not applicable).

2. Step 2A: Pediatric Clinic Project-Based Annual Room Workload Capacity without GME Program authorized (80% of Step 1) (Computer calculated value, user input not applicable).
3. Step 2B: Pediatric Clinic Project-Based Annual Room Workload Capacity with GME Program authorized (70% of Step 1) (Computer calculated value, user input not applicable).
4. Total number of FTEs not assigned a private office, shared office or cubicle. (Computer calculated value; user input not applicable).

## SECTION 4: SPACE PLANNING CRITERIA

For calculation of the number of Vending Machine areas, Public Toilets, Communication Closets, and Janitor Closets for this Chapter, please refer to DoD Space Planning Criteria Chapter 610: Common Areas.

### 4.1. FA1: EXAM ROOM CALCULATION

1. **Number of Exam Rooms (CALC1)** **0 NSF**  
Refer to Formulas 1 & 2 in Section 2: Operating Rationale and Basis of Criteria.

### 4.2. FA2: RECEPTION

1. **Waiting (WRC01)** **120 NSF**  
Minimum NSF; provide an additional 60 NSF for every increment of two Exam Rooms, of all types, greater than four.

2. **Playroom (PLAY1)** **120 NSF**  
Provide one for the Pediatric Clinic Reception.

This space is provided to accommodate children's play activities, maybe an open or an enclosed area, and should be included within or adjacent to Waiting.

3. **Kiosk, Patient Check-In (CLSC1)** **30 NSF**  
Minimum one; provide an additional one for every increment of sixteen Exam Rooms, of all types, greater than sixteen.

4. **Reception (RECP1)** **120 NSF**  
Minimum NSF; provide an additional 60 NSF for every increment of sixteen Exam Rooms, of all types, greater than sixteen.

Minimum Allocated NSF accommodates two FTEs.

5. **Patient Education (CLSC3)** **120 NSF**  
Minimum NSF; provide an additional 120 NSF for every increment of sixteen Exam Rooms, of all types, greater than sixteen.

### 4.3. FA3: EXAM PATIENT AREA

1. **Alcove, Height / Weight (EXR11)** **30 NSF**  
Minimum one; provide an additional one for every increment of eight Exam Rooms, of all types, greater than eight.

2. **Screening (EXRG4)** **120 NSF**  
Minimum one, provide an additional one for every increment of eight Exam Rooms, of all types, greater than eight.

3. **Office, Referral Appointments (OFA04)** **120 NSF**  
Provide one if a Referral Appointments Office for the Patient Exam Area is authorized.
  
4. **Exam Room, General (EXRG1)** **120 NSF**  
Minimum one, provide an additional one per each Pediatric Exam Room calculated (refer to FA 1) greater than two; deduct the number of Airborne Infection Isolation (AII) Exam and Telehealth Exam rooms from the total number of workload driven Exam Rooms.
  
5. **Exam Room, Airborne Infection Isolation (AII) (EXRG6)** **180 NSF**  
Minimum one; provide an additional one per each Airborne Infection Isolation (AII) Exam Room, greater than one, authorized by ICRA.  
  
The number, location and type of Airborne Infection Isolation (AII) Exam Rooms shall be determined by the Infection Control Risk Assessment (ICRA), which shall be conducted during the early planning phase of the project. This room is part of the total number of workload driven exam rooms.
  
6. **Toilet, Airborne Infection Isolation (AII) Patient (TLTU1)** **60 NSF**  
Provide one per each Airborne Infection Isolation (AII) Exam Room.
  
7. **Office, Behavioral Health Provider (OFDC1)** **120 NSF**  
Provide one for each embedded Behavioral Health provider FTE position authorized.
  
8. **Toilet, Patient (TLTU1)** **60 NSF**  
Minimum one; provide an additional one for every increment of eight General Exam, and Exam/Consult Rooms greater than eight.
  
9. **Exam / Consult (EXR10)** **120 NSF**  
Minimum one; provide an additional one for every increment of sixteen Exam Rooms, of all types, greater than sixteen.
  
10. **Telehealth Room (EXTH1)** **120 NSF**  
Minimum one; provide an additional one per each Telehealth Room, greater than one, authorized.  
  
This room is part of the total number of workload driven exam rooms.
  
11. **Lactation Room (LAC01)** **120 NSF**  
Provide one for the Pediatric Exam Patient Area.

#### **4.4. FA4: TREATMENT PATIENT AREA**

1. **Waiting, Immunization / Observation (WRC01)** **120 NSF**  
Provide one if an Immunization Room is authorized for the Pediatric Treatment Patient Area.
2. **Immunization (OPIR1)** **240 NSF**  
Provide one if an Immunization Room is authorized for the Pediatric Treatment Patient Area.
3. **Treatment Room, General (TRGM1)** **180 NSF**  
Minimum one; provide an additional one for every increment of sixteen Exam Rooms, of all types, greater than sixteen.
4. **Toilet, Patient (TLTU1)** **60 NSF**  
Provide one for the Pediatric Treatment Patient Area.
5. **Observation / Hydration (OOHR1)** **120 NSF**  
Minimum one; provide an additional one for every increment of sixteen Exam Rooms, of all types, greater than sixteen.
6. **Vision / Hearing Screening Room (PEVH2)** **120 NSF**  
Provide one if a Vision / Hearing Screening Room for the Pediatric Treatment Patient Area is authorized.
7. **Laboratory, Point of Care (LBPC1)** **60 NSF**  
Provide one if a Point of Care Laboratory for the Pediatric Treatment Patient Area is authorized.
8. **Storage, Point of Care Laboratory (SRS01)** **60 NSF**  
Provide one if a Point Of Care Laboratory for the Pediatric Treatment Patient Area is authorized.
9. **Toilet, Specimen Collection (TLTU1)** **60 NSF**  
Provide one if a Point of Care Laboratory for the Pediatric Treatment Patient Area is authorized.
10. **General Radiographic Room (XDR01)** **300 NSF**  
Provide one if a General Radiographic Room for the Pediatric Treatment Patient Area is authorized.
11. **Cubicle, Patient Dressing (DR001)** **60 NSF**  
Provide one if a General Radiographic Room for the Pediatric Treatment Patient Area is authorized.

12. **Viewing Room, Picture Archiving and Communication System (PACS) (XVC01)** **120 NSF**  
Provide one if a General Radiographic Room for the Pediatric Treatment Patient Area is authorized.

#### 4.5. FA 5: SUPPORT

1. **Medication Room (MEDP1)** **120 NSF**  
Minimum one; provide an additional one for every increment of sixteen Exam Rooms, of all types, greater than sixteen.
2. **Storage, Equipment (SRE01)** **120 NSF**  
Minimum one; provide an additional one for every increment of sixteen Exam Rooms, of all types, greater than sixteen.
3. **Utility Room, Clean (UCCL1)** **120 NSF**  
Minimum one; provide an additional one for every increment of sixteen Exam Rooms, of all types, greater than sixteen.
4. **Utility Room, Soiled (USCL1)** **90 NSF**  
Minimum one; provide an additional one for every increment of sixteen Exam Rooms, of all types, greater than sixteen.
5. **Alcove, Wheelchair (SRLW1)** **30 NSF**  
Provide one for the Pediatric clinic.
6. **Alcove, Crash Cart (RCA01)** **30 NSF**  
Provide one for the Pediatric clinic.

#### 4.6. FA6: STAFF AND ADMINISTRATION.

1. **Office, Clinic Chief (OFA04)** **120 NSF**  
Provide one for the Pediatric Staff and Administration.
2. **Office, NCOIC / LCPO / LPO (OFA04)** **120 NSF**  
Provide one for the Pediatric Staff and Administration.
3. **Office, Nurse Manager (OFA04)** **120 NSF**  
Provide one for the Pediatric Staff and Administration.
4. **Team Collaboration Room (WRCH1)** **120 NSF**  
Minimum one; provide an additional one for every increment of eight Exam Rooms; of any type, greater than eight.

5. **Office, Private (OFA04)** **120 NSF**  
Provide one per each FTE position authorized to have a private office in the Pediatric Staff and Administration.
6. **Office, Shared (OFA05)** **120 NSF**  
Provide one for every increment of two FTE positions authorized to have a shared office in the Pediatric Staff and Administration.
7. **Cubicle (OFA03)** **60 NSF**  
Provide one per each FTE position authorized to have a cubicle in the Pediatric Staff and Administration.  
  
These cubicles may be collocated in a shared space or dispersed as required.
8. **Storage, Patient Records (FILE1)** **120 NSF**  
Provide one if a Patient Records Storage is authorized in the Pediatric Staff and Administration.
9. **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.
10. **Copy / Office Supply (RPR01)** **120 NSF**  
Minimum NSF; provide an additional 60 NSF for every increment of sixteen Exam Rooms, of all types, greater than sixteen.
11. **Lounge, Staff (SL001)** **120 NSF**  
Minimum NSF, if the number of Pediatric FTEs working on peak shift is ten provide an additional 60 NSF for every increment of five Pediatric FTEs working on peak shift greater than ten; maximum 360 NSF.
12. **Toilet, Staff (TLTU1)** **60 NSF**  
Minimum one; provide an additional one for every increment of fifteen FTEs working on peak shift greater than fifteen.
13. **Lockers, Personal Property (LR001)** **30 NSF**  
Minimum NSF; provide an additional 30 NSF for every increment of four Pediatric FTE positions not assigned a private office, a shared office or a cubicle greater than eight.

**4.7. FA7: GME EDUCATION / TRAINING.**

1. **Office, Residency Program Director (OFA04)** **120 NSF**  
Provide one if a Pediatric Graduate Medical Education (GME) Program is authorized.
2. **Office, Residency Coordinator (OFA04)** **120 NSF**  
Provide one if a Residency Coordinator is authorized and if a Pediatric Graduate Medical Education (GME) Program is authorized.
3. **Storage, Residency Records (FILE1)** **60 NSF**  
Provide one if a Pediatric Graduate Medical Education (GME) Program is authorized.
4. **Office, Preceptor (OFD01)** **120 NSF**  
Provide one if a Pediatric Graduate Medical Education (GME) Program is authorized.
5. **Resident Collaboration Room (WKTM1)** **240 NSF**  
Minimum NSF if a Pediatric Graduate Medical Education (GME) Program is authorized; provide an additional 60 NSF for each Pediatric Resident/ Student FTE position authorized greater than two.  
  
Minimum NSF accommodates two Residents and a Collaboration / Reference area.
6. **Conference / Classroom (CRA01)** **240 NSF**  
Provide one if a Pediatric Graduate Medical Education Program is authorized and if the number of Resident / Student FTE positions authorized is greater than five.



## **SECTION 5: 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 Outpatient Facilities of the FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities by the Facility Guidelines Institute (FGI Guidelines) for additional information.

### **5.1. NET-TO-DEPARTMENT GROSS FACTOR**

The net-to-department gross factor (NTDG) for the Pediatric 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 as well as other construction elements not defined by the net square foot area. Refer to UFC 4-510-01, Section 2-3.4.2.2 and DoD Space Planning Criteria Chapter 130: Net to Gross Conversion Factors.

### **5.2. GENERAL DESIGN CONSIDERATIONS**

- a. In the PCMH model of care, there are more members of the primary care team than there are in the traditional model (e.g., Case Managers, Behavioral Health Providers, Clinical Pharmacists, Dietitians, etc.). The key design consideration in supporting the PCMH model is the proximity of the primary care team. Proximity alone facilitates ease of collaboration, treatment planning, consultation and having multiple team members see the patient during the same visit or at the same time. Consideration must be given to co-locating key members of the primary care team within the same area of the clinical space or, if not logistically possible, as close to one another as feasible.
- b. Consideration shall be given to providing pediatric clinic space within the Primary Care / Family Practice clinics when volume of pediatric visits is low.
- c. A separate Adolescent Clinic area may be provided based on adolescent patient workload.
- d. Consider technology requirements early on in design. Technology can be leveraged for safety and efficiency.
- e. Consider space (temporary or fixed) and IM/IT capabilities for all team members to be able to accomplish their required documentation.
- f. Space for Vending, Public Toilets, and Family Toilet Rooms is provided in Chapter 610 Common Areas.

### **5.3. RECEPTION**

- a. Waiting:

- 1 Seating should be comfortable with adequate space for patients with wheelchairs and walking aids.
  - 2 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.
  - 3 The playroom (or play area) for children shall be constructed of surfaces and materials that are easy to clean and durable (nonporous and smooth).
- b. Locate the Patient Education / Resource Room near the patient care areas for patient convenience and to reduce unnecessary traffic through the clinic. If more than one classroom is provided, consider co-locating these spaces and provide a moveable wall partition or similar system.

#### **5.4. PATIENT EXAM AND TREATMENT AREAS**

- a. Exam Rooms: No exam room is intended to be dedicated to any specific provider; rather all exam rooms can be used at all times.
- b. Team Collaboration Room: Each PCMH team shall be collocated in a Team Collaboration Room rather than in individual offices. This promotes improved collaboration and coordination of care through increased communication and staff efficiency. Team Collaboration Rooms and staff areas should be located so staff members may have private conversations regarding patients and clinical matters without being heard by patients or visitors.
- c. Observation / Hydration Room may be combined and planned as multi-station rooms during design.
- d. Locate the Immunization Observation / Waiting area in line of sight to the immunization treatment area or to another staff occupied area. This area may be co-located with other waiting areas if the above requirement is met.

#### **5.5. SUPPORT**

- a. Medication preparation areas should be enclosed to minimize distractions. A glass wall or window may be provided to observe patients and clinic activities.
- b. Optimize staff efficiency and performance by providing decentralized support spaces (e.g. charting, supplies, medications and equipment). Keep staff travel distances to a minimum.
- c. In all equipment storage rooms, assure adequate power is provided for all equipment housed within these rooms.

- d. Careful consideration should be given to both the type of handwashing station that is installed and its placement. Handwashing sinks and alcohol-based hand-rub dispensers must be visible and accessible in exam rooms and treatment areas.

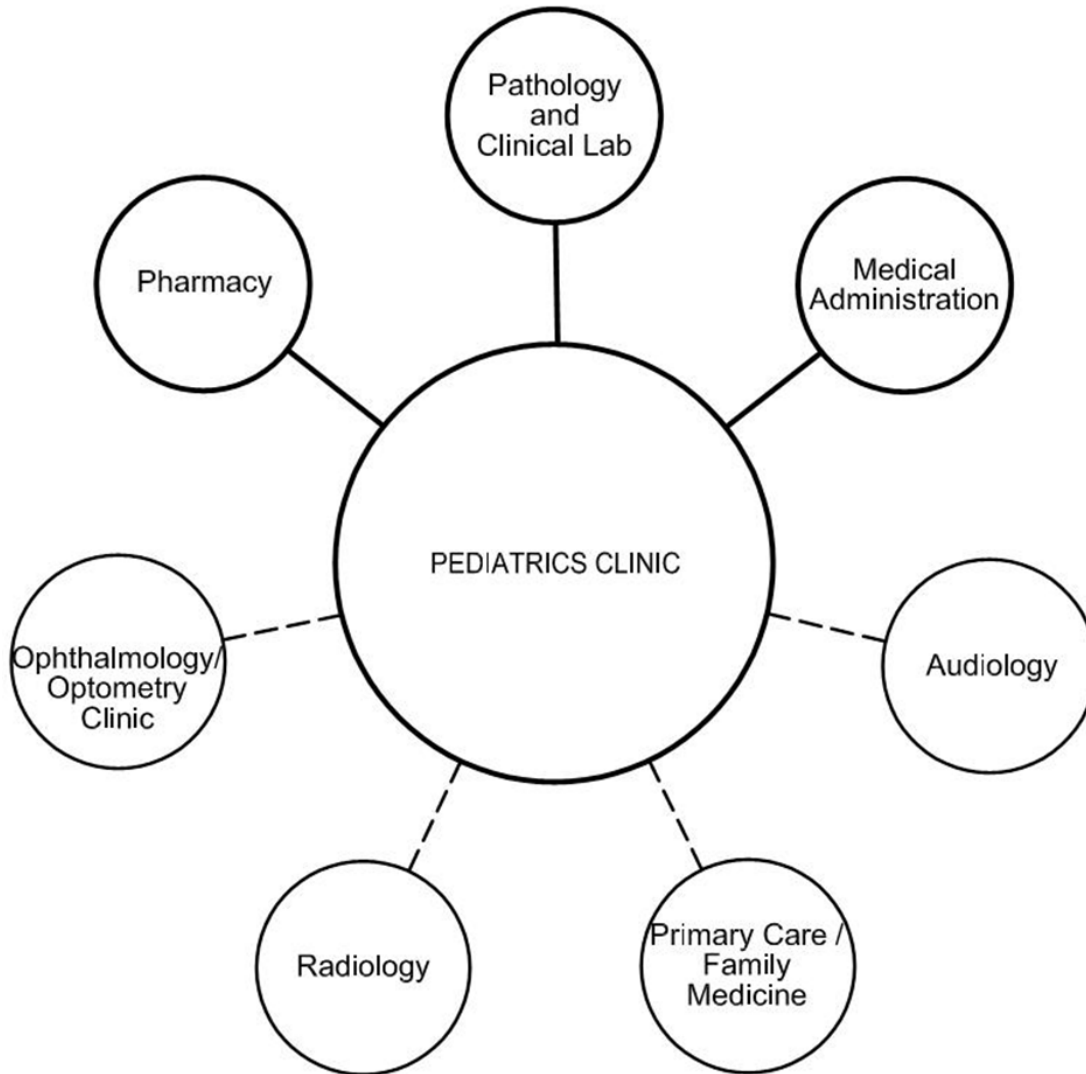
## **5.6. STAFF AND ADMINISTRATION**

- a. The Conference Room may be also used for patient education in smaller facilities. In such case, consider locating it near the Reception Area. Planner must determine adequacy and availability of existing Conference Room in order to optimize resources with other clinics.
- b. Consider designing the staff lounge as a place of respite, utilizing lighting and technology. (e.g., backlit art; controllable lighting; soft, natural colors; ergonomically supportive furniture; and soft music).

## SECTION 6: FUNCTIONAL RELATIONSHIPS (INTRADEPARTMENTAL)

### 6.1.

The Pediatric Clinic will rely on a number of other services in a Military Treatment Facility (MTF) for patient care and support functions. The diagram below represents desirable relationships based on efficiency and functional considerations.



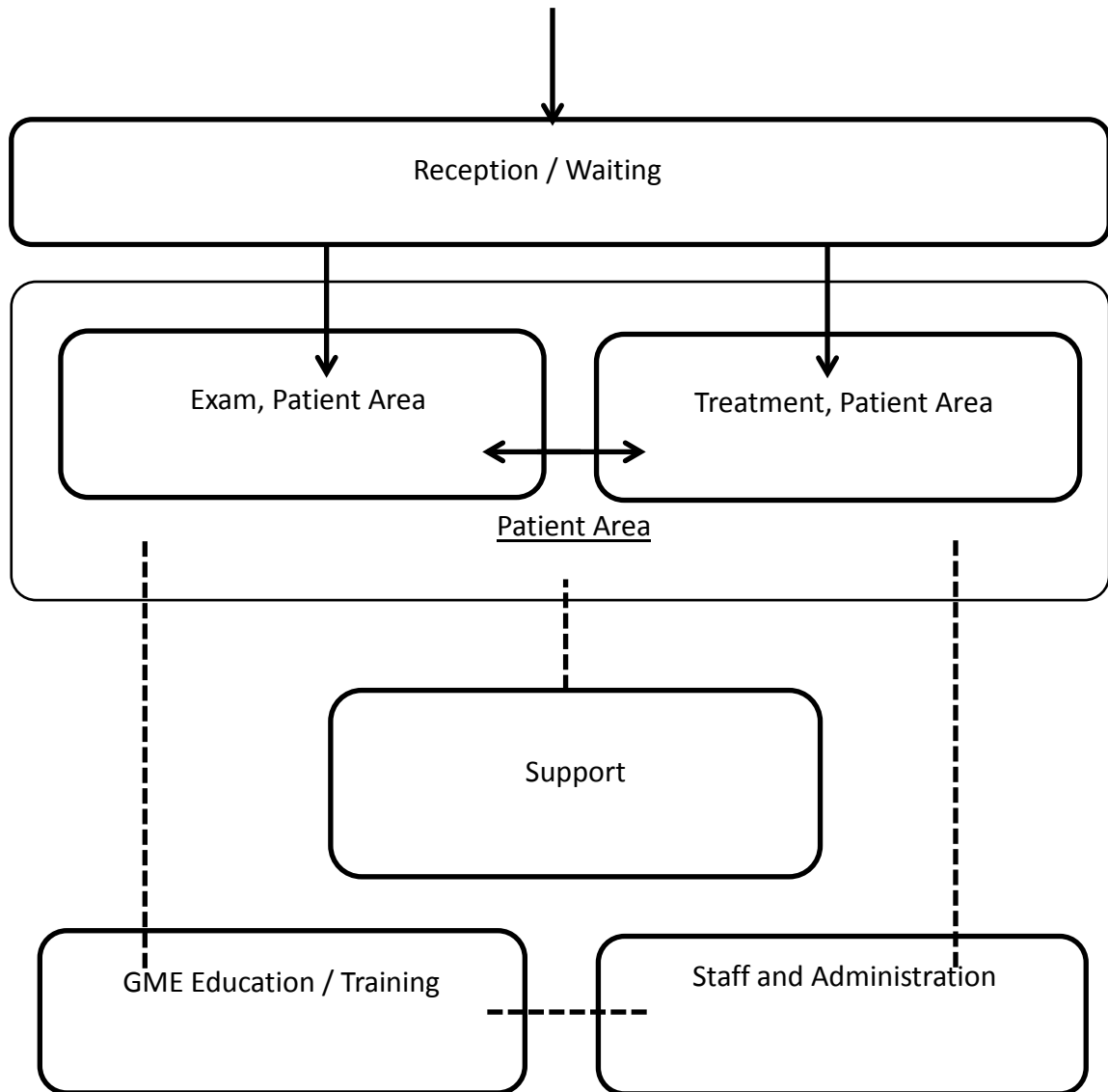
#### LEGEND

- Most Critical Adjacency
- - - - - Less Critical Adjacency

## SECTION 7: FUNCTIONAL DIAGRAM (INTERDEPARTMENTAL)

### 7.1.

The diagram below illustrates intradepartmental relationships among key areas / spaces within the Pediatric Clinic. The diagram is necessarily generic. The planner shall use this as a basis for design only and shall consider project-specific requirements for each Military Treatment Facility.



LEGEND

**PEDIATRIC**

—————> Patient Circulation

- - - - - Staff Circulation

## **GLOSSARY**

### **G.1. DEFINITIONS**

Adolescent: A child between the ages of 11 and 18.

Airborne Infection Isolation (AII) Room: Formerly called negative pressure isolation room, an AII Room is a single-occupancy patient-care room used to isolate persons with certain suspected or confirmed infections. Examples are tuberculosis, measles, and chicken pox. Environmental factors are controlled in AII Rooms to minimize the transmission of infectious agents that are usually spread from person-to-person by droplet nuclei associated with coughing or aerosolization of contaminated fluids.

Authorized: This document uses the term “authorized” to indicate that, during a project’s space plan development, a planner shall seek approval from the appropriate official in the chain of command to activate certain spaces or certain groups of spaces. Typical components that may require authorization are certain programs or services that activate Functional Areas (e.g., GME); office spaces (e.g., FTE position); specialized rooms (e.g., Hybrid OR) or other spaces (e.g., On-Call Room). Typically, Mission, Staffing and Miscellaneous Input Data Statements require authorization, while directly and indirectly workload driven rooms / spaces do not.

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 an Exam / Treatment 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.

Behavioral Health: Behavioral Health refers to a continuum of services for individuals at risk of, or suffering from, mental, behavioral, or addictive (e.g., substance abuse) disorders. Behavioral Health, as a discipline, refers to mental health, psychiatric, marriage and family counseling, addictions treatment, and includes services provided by Behavioral Health Providers (BHPs). Behavioral Health is integrated into PCMH through embedding BHPs to support this effort. Dedicated space must be provided for this service in the Pediatric Clinic.

Behavioral Health Provider: The Behavioral Health Provider provides behavioral health services. These providers include psychiatrists, psychologists, psychiatric nurse practitioners and social workers.

Clean Utility Room: This room is used for the storage and holding of clean and sterile supplies. 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.

Consult Room: This is a consultation room for family members to meet with physicians or other providers privately and is ideally located near the waiting room.

Cubicle: A cubicle is a partially enclosed workspace, separated from neighboring workspaces by partitions. Managers and other staff with no supervisory responsibilities as well as part-time, seasonal, and job-sharing staff may qualify for a cubicle.

Encounter: A contact between an eligible beneficiary and a credentialed provider. An encounter may consist of examination, diagnosis, treatment, evaluation, consultation or counseling or a combination of the above. The encounter may take place in a clinic, by telephone, computer, or in other treatment or observation areas. Encounter volume used to generate exam room requirements should not include telephone encounters.

Exam/Consult Room: This room is intended to support one on one consults with a staff member and patient; it is outfitted with comfortable chairs, but it is also equipped with a sink or capped plumbing to facilitate easy conversion to an exam room. This room is located in the patient care zone, proximate to the exam rooms and not in the public zone or waiting room.

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 per week workload. The FTE measure may also be used for specific workload staffing parameters such as a clinical FTE; the amount of time assigned to an employee providing clinical care. For example, a 0.5 clinical FTE for a healthcare worker would indicate that the healthcare worker provides clinical care half of the time per a 40-hour work week.

Functional Area (FA): The grouping of rooms and spaces based on their function within a service. Typical Functional Areas in clinical services are Reception Area, Patient Area, Support Area, Staff and Administrative Area, and Education Area.

General Treatment Room: This room, used for invasive diagnostic and therapeutic treatment of patients, will be stretcher and wheelchair accessible, accommodate sterile technique, and comfortably fit 1-2 providers, an assistant, and the patient.

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.

Hours of Operation per Day: These are the hours of operation within a department. For example, a hospital nursing unit and an emergency department will operate 24 hours per day; whereas a clinic may be operational 8 hours or more, depending on the clinic.

Immunization Room: This is the location where patients receive their allergy and immunization injections.

The Immunization / Observation Waiting: A sub waiting area for direct nurse observation of post-immunization patients.

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.

Input Data Statement: A set of questions designed to elicit information about the healthcare project in order to create a Program for Design (PFD) (see definition below); based on the space criteria parameters (refer to Section 4) set forth in this document. Input Data Statements are defined as Mission, Workload, Staffing or Miscellaneous.

Laboratory, Point Of Care: A laboratory that is located permanently away from the central laboratory, with one or several analyzers operated by either laboratory or non-laboratory personnel. The objective of creating this laboratory is to provide rapid point-of-care tests and improve turnaround time for critical tests.

Lactation Room: Private space which accommodates an individual for breast feeding. Must include sink, flat surface for breast pumps, trash receptacle and baby change table.

Net-to-Department Gross Factor (NTDG): A parameter used to calculate the Department Gross Square Foot (DGSF) area based on the programmed Net Square Foot (NSF) area. Refer to DoD Chapter 130 for the NTDG factors for all Space Planning Criteria chapters.

Observation / Hydration Room: This is the room where IV hydration and observation takes place. IV hydration is the replacement of necessary fluids via an IV infusion which consists of pre-packaged fluids and electrolytes. IV hydration occurs for more than 30 minutes, and the patient is observed until his/her disposition is determined.

Office, Private: A single occupancy office provided for confidential communication.

Office, Shared: An office that accommodates two workstations.

Operating Days per Year: The number of days per calendar year a facility is operational for patient care (refer to Section 2).

Patient-Centered Medical Home (PCMH): PCMH is an established model of primary care that improves continuity of care and enhances access through patient-centered care and effective patient-provider communication. Every Prime patient is assigned a primary care manager by name (PCMBN) and each Primary Care Manager (PCM) is part of a team practice. The PCM team ensures patients have access to advice and provider continuity 24 hours 7 days a week.

Pediatric Clinic: A clinic where all pediatric services including well baby and adolescent services are provided in one location. The clinic provides care for any acute illness to children from birth to 18 years of age, well baby care to infants up to age 2, and physicals to children from 2 to 18 years of age.

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.

Picture Archiving and Communication System (PACS) Viewing Room: A digital radiology reading room that consists of workstations for interpretation.

Preceptor Office: A location for residents in training to discuss cases in private with supervising physicians (preceptors). These discussions may occur during patient visits, requiring proximity to exam space.

Program for Design (PFD): A listing of all of the rooms / spaces generated based on answers to the Input Data Statements (see Section 3) and the space planning criteria outlined in this document (Section 4) in SEPS. The list is organized by Functional Area and includes the Room Quantity, Room Code, Room Name and generated Net Square Feet (NSF), Construction Phase and Construction Type.

Project Room Contents (PRC): A listing of the assigned contents (medical equipment, FF&E, etc.) for each room in a PFD generated by SEPS.

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.

Resident Collaboration Room: This room is provided for the Residents. It will contain one cubicle per Resident, a table with chairs for collaboration space and bookcases.

Room Efficiency factor: Room for minimally-invasive interventions (see Interventional). Interventional procedures may be conducted in rooms located within the Surgical / Interventional Services Procedure area or in rooms distributed elsewhere throughout the facility.

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.

Space and Equipment Planning System (SEPS): 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 approved Space Planning Criteria, the chapter and specific project-related Mission, Workload and Staffing information entered in response to the Program Data Required - Input Data Statements (IDSs).

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 readily accessible to staff.

Team Collaboration Room: This space provides staff with an environment conducive to collaboration. Room contains computer workstations for documentation and a table with chairs to hold meetings.

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.

Utilization Factor: Also known as capacity utilization rate, this factor provides flexibility in the utilization of a room to account for patient delays, scheduling conflicts and equipment maintenance. A room with an 80% utilization factor provides a buffer to assume that this room would be available 20% of the time beyond the planned operational practices for this room.

Well Baby Care: A term used to designate routine and comprehensive health care examinations to determine if an infant under age 2 is developing normally. Well baby visits may also include visits made for routine immunizations.

Workload: Space Planning Criteria per DHA Policy shall be workload driven. Workload projections divided by the throughput determined in this document for each workload driven room determines the quantity of rooms needed to satisfy the projected workload demand.