DoD Space Planning Criteria

Chapter 315: Specialty Medical Clinics
July 1, 2017

Originating Component: Defense Health Agency Facilities Division

Effective: July 1, 2017

Releasability: No Restrictions

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 July 1, 2017 includes the following:

- On page 15, section 4.3. FA3: SPECIALTY MEDICAL CLINICS PATIENT AREA, room 13, Laboratory, Point of Care (LBSP1), changed the room code to "(LBPC1)" and the stated net square footage from 120 NSF to 60 NSF to align with SEPS.

- On page 26, Section 6: FUNCTIONAL RELATIONSHIPS, corrected section to reference an "Intradepartmental" relationship; change narrative to read "The diagrams that follow illustrate intradepartmental relationships among key areas / spaces within Specialty Medical Clinic. The diagrams are necessarily generic. The planner shall use this as a basis for design only and shall consider project-specific requirements for each Military Treatment Facility."

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SECTION 1: PURPOSE AND SCOPE

1.1. PURPOSE AND SCOPE This chapter outlines space planning criteria for services and programs provided in the outpatient Specialty Medical Clinics. Outpatient clinics include both freestanding community-based facilities, as well as ambulatory clinics in or directly adjacent to hospital-based services. More specifically, the Specialty Medical Clinics chapter covers the departments of Allergy / Immunology, Dermatology, Endocrine, Gastroenterology, Hematology / Oncology, Infectious Disease, Internal Medicine, Nephrology, Neurology, and Rheumatology. Space planning criteria described in this chapter applies to each of the above clinic types generally. Any specialty room types that apply to limited clinical specialties are also noted.

The functional areas within this chapter that pertain to the Renal Dialysis Unit (also known as Hemodialysis Unit) can be utilized by the planner to design a Renal Dialysis Unit that will serve both inpatients and outpatients, depending on the facility type. The planner must coordinate with the Renal Dialysis / Nephrology Service. Nephrology Clinic exam rooms are provided in this chapter in the space criteria functional area called Specialty Medical Clinics Patient Area.

The functional areas within this chapter that pertain to the Hematology/Oncology Infusion Clinic provide space criteria for cancer patients receiving chemotherapy treatments as well as other intravenous treatments as an outpatient. It also includes space criteria for a decentralized Hematology/Oncology pharmacy. The Hematology/Oncology Clinic exam rooms are provided in this chapter in the space criteria functional area called Specialty Medical Clinics Patient Area.

Please refer to 440: Surgical / Interventional Services and Ambulatory Care Center (ASC) for space planning criteria for the Endoscopy Suite.

The space planning criteria in this chapter apply to all Military Medical 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 (RC's) 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. 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 MTFs 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 Specialty Medical Clinics 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 Rooms, Procedure Rooms, Injection / Immunization Stations, Dialysis Stations, and Infusion Stations in Functional Area 3: Specialty Medical Clinics Patient Area, Functional Area 4: Renal Dialysis Unit Patient Area, Functional Area 4: Chemotherapy Infusion Patient Area is derived from workload projections via the workload Input Data Statements as outlined below. Most of the rooms in the remaining functional areas 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 3: Input Data Questions and Section 4: Space Planning Criteria have been implemented and tested in SEPS.

G. Exam room capacity calculation is based on the following formula / parameters:

Formula 1:

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

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 Dermatology Exam Room:

Formula 2:

$$\frac{(\mathbf{240\ Operating\ Days\ per\ Year})(\mathbf{8\ Hours\ of\ Operation\ per\ Day})}{\mathbf{45\ Minutes\ \div\ 60\ Minutes}}(\mathbf{0.80}) = \mathbf{2,048}$$

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.

$$\frac{3{,}164}{1{,}536} = 2.05$$

Two additional rooms generated

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

$$(2)(1{,}536) = 3{,}072$$

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.

$$92 < 307$$

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.

$$\frac{13{,}464}{1{,}536} = 8.76$$

Eight additional rooms generated

Step 3: Multiply the whole value ("8" in the previous step) by the increment.

$$(8)(1{,}536) = 12{,}288$$

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.

$$1{,}176 > 307$$

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.

$$12{,}500 - 6{,}144\ ((3{,}072)(2)) = 6{,}356$$

Two rooms generated

Step 2: Divide the resulting value by the increment.

$$\frac{6{,}356}{3{,}072} = 2.06$$

Two additional rooms generated

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

$$(2)(3{,}072) = 6{,}144$$

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.

$$212 < 614$$

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.

$$18{,}000 - 6{,}144\ ((3{,}072)(2)) = 11{,}856$$

Two rooms generated

Step 2: Divide the resulting value by the increment.

$$\frac{11{,}856}{3{,}072} = 3.85$$

Three additional rooms generated

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

$$(3)(3{,}072) = 9{,}216$$

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.

$$2{,}640 > 614$$

One additional room generated.

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

TABLE 1: WORKLOAD PARAMETER CALCULATION

315: SPECIALTY MEDICAL CLINICS				
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%)**
Allergy / Immunology	45	80%	2,048	410
Dermatology	45	80%	2,048	410
Endocrinology	45	80%	2,048	410
Gastroenterology	45	80%	2,048	410
Hematology-Oncology	45	80%	2,048	410
Infectious Diseases	45	80%	2,048	410
Internal Medicine	45	80%	2,048	410
Nephrology	45	80%	2,048	410
Neurology	45	80%	2,048	410
Rheumatology	45	80%	2,048	410
Allergy / Immunization Injection	15	80%	6,144	1,229
Dermatology Infusion	300	80%	307	61
Endocrinology Infusion	300	80%	307	61
Internal Med Infusion	300	80%	307	61
Neurology Infusion	300	80%	307	61
Rheumatology Infusion	300	80%	307	61
EKG	15	80%	6,144	1,229
Electroencephalography (EEG)	90	80%	1,024	205
Electromyography (EMG)	90	80%	1,024	205
Evoked Potential	60	80%	1,536	307
Gastroenterology Exam	30	80%	3,072	614
Esophageal Motility Procedure	45	80%	2,048	410
Dialysis Station	300	80%	307	61
Chemotherapy Infusion Treatment	120	80%	768	154

(*) 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 Input Data Statements.

SECTION 3: PROGRAM DATA REQUIRED: SPECIALTY MEDICAL CLINICS

SPECIALTY MEDICAL CLINICS: Allergy / Immunology, Dermatology, Endocrinology, Gastroenterology, Hematology-Oncology, Infectious Disease, Internal Medicine, Nephrology, Neurology or Rheumatology

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

1. Is Specialty Medical Clinics authorized? (M)
    a. (1) Are Specialty Medical Clinics authorized to operate outside the standard 8-hour per day shift? (Misc); if not:
        i. (2) Are Specialty Medical Clinics 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
2. (3) Are Specialty Medical Clinics authorized to operate outside the standard 240 days per year? (Misc); if not:
    a. (4) Are Specialty Medical Clinics authorized to operate 232 days per year? (Misc) (If not, 250 days per year will be used to calculate workload driven spaces)
3. Are Screening Rooms for the Specialty Medical Clinics Patient Area authorized? (M)
4. Is a Point of Care Laboratory for the Specialty Medical Clinics Patient Area authorized? (M)
    a. Is a Phlebotomy Station for Specialty Medical Clinics authorized? (M)
5. How many Airborne Infection Isolation (AII) Exam Rooms greater than one are authorized per the MTFs Infection Control Risk Assessment (ICRA)? (Misc)
6. Is a Bariatric Exam Room for the Specialty Medical Clinics Patient Area authorized? (M)
7. How many Telehealth Exam Rooms greater than one for the Specialty Medical Clinics Patient Area are authorized? (Misc)
8. Is Allergy / Immunology authorized to operate within the Specialty Medical Clinics? (M)
    a. How many annual Allergy / Immunology encounters are projected? (W)
    b. Is Allergen Preparation for Specialty Medical Clinics authorized? (M)
    c. How many annual Allergy injection encounters are projected? (W)
    d. Is Allergy Skin Testing for Specialty Medical Clinics authorized? (M)
    e. How many annual Immunization injection encounters are projected? (W)
9. Is Dermatology authorized to operate within the Specialty Medical Clinics? (M)
    a. How many annual Dermatology encounters are projected? (W)
    b. How many annual Dermatology infusion encounters are projected? (W)
    c. Is a Dermatology Laboratory for the Specialty Medical Clinics Patient Area authorized? (M)
    d. How many Phototherapy Treatment Rooms greater than one are authorized for the Specialty Medical Clinics (Misc)
    e. Will Moh's procedures be performed in the Specialty Medical Clinics Patient Area? (M)
10. Is Endocrinology authorized to operate within the Specialty Medical Clinics? (M)

a. How many annual Endocrinology encounters are projected? (W)
b. How many annual Endocrinology infusion encounters are projected? (W)

11. Is Gastroenterology authorized to operate within the Specialty Medical Clinics? (M)
    a. How many annual Gastroenterology encounters are projected? (W)
12. Is Hematology-Oncology authorized to operate within the Specialty Medical Clinics? (M)
    a. How many annual Hematology-Oncology encounters are projected? (W)
    b. Is a Chemotherapy Infusion Patient Area authorized to operate within the Specialty Medical Clinics? (M)
    c. How many annual Chemotherapy Infusion encounters are projected? (W)
    d. Is a Chemotherapeutics Pharmacy authorized to operate in the Specialty Medical Clinics? (M)
13. Is infectious Disease authorized to operate within the Specialty Medical Clinics? (M)
    a. How many annual Infectious Disease encounters are projected? (W)
14. Is Internal Medicine authorized to operate within the Specialty Medical Clinics? (M)
    a. How many annual Internal Medicine encounters are projected? (W)
    b. How many annual Internal Medicine infusion encounters are projected? (W)
    c. How many annual EKG encounters are projected? (W)
    d. Is a Cardiology Clinic available in the MTF? (M)
15. Is Nephrology authorized to operate within the Specialty Medical Clinics? (M)
    a. How many annual Nephrology encounters are projected? (W)
    b. Is Renal Dialysis authorized to operate within the Specialty Medical Clinics? (M)
        i. How many annual Renal Dialysis Station Encounters are projected? (W)
        ii. Is an Airborne Infection Isolation (AII) Dialysis Station authorized per the MTFs Infection Control Risk Assessment (ICRA)? (Misc)
        iii. Is water-softening equipment for the Water Treatment Room authorized? (Misc.)
16. Is Neurology authorized to operate within the Specialty Medical Clinics? (M)
    a. How many annual Neurology encounters are projected? (W)
        i. How many annual Neurology infusion encounters are projected? (W)
        ii. How many annual Electroencephalography (EEG) encounters are projected? (W)
        iii. How many annual Electromyography (EMG) encounters are projected? (W)
        iv. How many annual Evoked Potential encounters are projected? (W)
17. Is Rheumatology authorized to operate within the Specialty Medical Clinics? (M)
    a. Is Rheumatology authorized to operate within the Specialty Medical Clinics? (M)
    b. How many annual Rheumatology encounters are projected? (W)How many annual Rheumatology infusion encounters are projected? (W)
18. How many Specialty Medical Clinics FTE positions are authorized? (S)
    a. How many Specialty Medical Clinics FTEs are authorized to have a private office? (Misc.)
    b. How many Specialty Medical Clinics FTEs are authorized to have a shared office? (Misc.)
    c. How many Specialty Medical Clinics FTEs are authorized to have a cubicle? (Misc.)

   d. How many Specialty Medical Clinics FTEs will work on peak shift? (Misc.)
19. Is a Sub-Waiting in the Staff and Administration authorized? (Misc.)
20. Is Patient Records Storage in the Specialty Medical Clinics Staff and Administration authorized? (Misc.)
21. Is a Graduate Medical Education program for Allergy / Immunology, Dermatology, Endocrinology, Gastroenterology, Hematology-Oncology, Infectious Disease, Internal Medicine, Nephrology, Neurology or Rheumatology Specialty Medical Clinics authorized? (M)
    a. How many Allergy / Immunology, Dermatology, Endocrinology, Gastroenterology, Hematology-Oncology, Infectious Disease, Internal Medicine, Nephrology, Neurology or Rheumatology Resident / Student FTE positions are authorized? (S)

SECTION 4: SPACE PLANNING CRITERIA

4.1. FA1: EXAM ROOM CALCULATION.

1. **Number of General Exam Rooms (CALC1)** **0 NSF**

   Provide one for every increment of 2,048 projected annual Allergy / Immunology, Dermatology, Endocrinology, Gastroenterology, Hematology-Oncology, Infectious Disease, Internal Medicine, Nephrology, Neurology, and Rheumatology encounters; the minimum workload to generate an Exam Room is 410.

4.2. FA2: SPECIALTY MEDICAL CLINICS RECEPTION.

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

2. **Playroom (PLAY1)** **120 NSF**
   Provide one for Specialty Medical Clinics.

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

3. **Reception (RECP1)** **120 NSF**
   Minimum NSF; provide an additional 60 NSF for every increment of sixteen Exam Rooms, of all types, greater than sixteen; maximum 240.

   Minimum allocated NSF accommodates two FTEs.

4. **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.

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

4.3. FA3: SPECIALTY MEDICAL CLINICS PATIENT AREA.

1. **Screening Room (EXRG4)** **120 NSF**
   Minimum one if Screening Rooms are authorized; provide an additional one for every increment of eight Exam Rooms, of all types, greater than eight.

2. **Alcove, Height / Weight (EXR11)** **30 NSF**
   Minimum one if Screening Rooms are not authorized; provide an additional one for every increment of eight Exam Rooms, of all types, greater than eight.

3. **Toilet, Patient (TLTU1)** **60 NSF**
   Minimum one; provide an additional one for every increment of eight Exam Rooms, of all types, greater than eight.

4. **Exam / Consult (EXR10)** **120 NSF**
   Minimum one; provide an additional one for every increment of sixteen Exam Rooms, of all types, greater than sixteen.

5. **Exam, General (EXRG1)** **120 NSF**
   Calculate the number of Exam Rooms (FA 1, Room 1); minimum one, provide an additional one per each calculated Exam Room; deduct the Airborne Infection Isolation, Bariatric and Telehealth Exam Rooms.

6. **Exam, Airborne Infection Isolation (EXRG6)** **120 NSF**
   Minimum one; provide an additional one for each Airborne Infection Exam Room, greater than one, authorized by the MTF's Infection Control Risk Assessment (ICRA), which shall be conducted during the early planning phase of a project.

   This room is part of the total number of workload driven exam rooms.

7. **Toilet, Airborne Infection Isolation (TLTU1)** **60 NSF**
   Provide one per each Airborne Infection Isolation Exam Room.

8. **Exam, Bariatric (EXB01)** **150 NSF**
   Provide one if a Bariatric Exam Room for the Specialty Medical Clinics is authorized.

   This room is part of the total number of workload driven exam rooms.

9. **Toilet, Bariatric Patient (TLTB1)** **75 NSF**
   Provide one if a Bariatric Exam Room for the Specialty Medical Clinics is authorized.

10. **Exam, Telehealth (EXTH1)** **120 NSF**
    Minimum one; provide an additional one per each Telehealth Exam Room, greater than one, authorized.

    This room is part of the total number of workload driven exam rooms.

11. **Sub-Waiting, Satellite Laboratory (WRC03)** **60 NSF**
    Provide one if a Satellite Laboratory for the Patient Area is authorized.

12. **Phlebotomy Station (LBVP1)** **120 NSF**
    Provide one if a Phlebotomy Station for the Patient Area is authorized.

13. **Laboratory, Point of Care (LBPC1)** **60 NSF**
    Provide one if a Point of Care Laboratory is authorized.

14. **Toilet, Specimen Collection (TLTU1)** **60 NSF**
    Provide one if a Point of Care Laboratory is authorized.

15. **Observation / IV Hydration Room (OOHR1)** **120 NSF**
    Minimum one; provide an additional one for every increment of sixteen Exam Rooms, of all types, greater than sixteen.

16. **Allergen Preparation (LBAP1)** **120 NSF**
    Provide one for Specialty Medical Clinics Support if Allergy / Immunology is authorized to operate within the Specialty Medical Clinics and if Allergen Preparation is authorized.

17. **Allergy Skin Testing (OPAS1)** **150 NSF**
    Provide one if Allergy / Immunology is authorized to operate within the Specialty Medical Clinics and if Allergy Skin Testing is authorized.

18. **Allergy Injection Room (OPAI1)** **240 NSF**
    Minimum NSF if Allergy / Immunology is authorized to operate within the Specialty Medical Clinics; provide an additional 60 NSF for every increment of 6,144 projected annual Allergy Injections greater than 12,288; the minimum annual workload to generate an Allergy Injection Station is 1,229.

    The minimum NSF accommodates two injection stations.

19. **Immunization Room (OPIR1)** **240 NSF**
    Minimum NSF if Allergy / Immunology is authorized to operate within the Specialty Medical Clinics; provide an additional 60 NSF for every increment of 6,144 projected annual Allergy Injections greater than 12,288; the minimum annual workload to generate an Allergy Injection Station is 1,229.

    The minimum NSF accommodates two injection stations.

20. **Waiting, Allergy Injection / Immunization (WRC01) 120 NSF**
Minimum NSF if Allergy / Immunology is authorized to operate within the Specialty Medical Clinics; provide an additional 120 NSF for every increment of 1,229 projected annual Allergy and Immunization Injections greater than 1,229.

21. **Infusion Therapy Station, General (OPCT1) 120 NSF**
Provide one if the projected annual Dermatology, Endocrinology, Internal Medicine, Neurology, and Rheumatology Infusion encounters is between 61 and 307; provide an additional one for every increment of 307 projected annual Dermatology, Endocrinology, Internal Medicine, Neurology, and Rheumatology Infusion encounters; the minimum annual workload to generate an Infusion Therapy Station is 61. (Refer to Section 2)

Planner shall allocate the total number of calculated General Infusion Therapy Stations in Single-Station Rooms or in Multi-Station Rooms as needed.

22. **Nurse Station, Infusion Therapy (NSTA1) 120 NSF**
Minimum NSF; provide an additional 60 NSF for every increment of six Infusion Therapy Stations greater than six.

The purpose of this Nurse Station is for the observation and monitoring of patients receiving infusion therapy; it should be proximate to the Infusion Area.

23. **Sub-Waiting, Pre / Post Procedure (WRC03) 60 NSF**
Minimum NSF; provide an additional 60 NSF for every increment of three Multipurpose, Phototherapy, Laser Treatment Rooms and the Specialty Procedure Room, greater than three.

24. **Cubicle, Patient Dressing (DR001) 60 NSF**
Provide one for every increment of two Multipurpose, Phototherapy, and Laser Treatment Rooms and the Specialty Procedure Room.

25. **Nurse Station (NSTA1) 120 NSF**
Provide one for the Specialty Medical Clinics Patient Area.

This space is the control station for pre/post procedures.

26. **Treatment Room, Multipurpose (TRGM1) 180 NSF**
Minimum one; provide an additional one for every increment of sixteen Exam Rooms, of all types, greater than sixteen.

27. **Toilet, Treatment Patient (TLTU1) 60 NSF**
Minimum one; provide an additional one for every increment of four Multipurpose, Phototherapy, Laser Treatment and the Specialty Procedure Rooms, greater than four.

28. **Treatment Room, Phototherapy (OPDU1)** **180 NSF**
Minimum one if Dermatology is authorized to operate within the Specialty Medical Clinics; provide an additional one per each Phototherapy Treatment Room authorized, greater than one.

29. **Shower, Phototherapy Patient (TLTS2)** **60 NSF**
Provide one for the Specialty Medical Clinics Patient Area.

30. **Treatment Room, Laser (TRGS3)** **180 NSF**
Provide one for the Specialty Medical Clinics Patient Area.

31. **Procedure Room, Specialty (TRGS1)** **180 NSF**
Provide one if Moh's procedures are performed in the Specialty Medical Clinics Patient Area.

This room accommodates Moh's and other clean procedures such as bone marrow biopsy or dialysis stent adjustment.

32. **Laboratory, Dermatology (LBDE1)** **120 NSF**
Provide one for Specialty Medical Clinics Support if a Dermatology Laboratory is authorized.

33. **Treadmill Room (OPTM1)** **180 NSF**
Provide one if Internal Medicine is authorized to operate within the Specialty Medical Clinics and if a Cardiology Clinic is not available in the MTF.

34. **EKG Room (OPEC1)** **120 NSF**
Minimum one if Internal Medicine is authorized to operate within the Specialty Medical Clinics and if the projected annual EKG encounters is between 1,229 and 6,144; provide an additional one for every increment of 6,144 projected annual EKG greater than 6,144; the minimum workload to generate an additional EKG Room is 1,229. (Refer to Section 2).

35. **Electroencephalography (EEG) Room (OPEE1)** **120 NSF**
Minimum one if Neurology is authorized to operate within the Specialty Medical Clinics and if the projected annual Electroencephalography (EEG) encounters is between 205 and 1,024; provide an additional one for every increment of 1,024 projected annual Electroencephalography (EEG) greater than 1,024; the minimum workload to generate an additional Electroencephalography (EEG) Room is 205. (Refer to Section 2).

36. **Electromyography (EMG) Room (PTEM1)** **120 NSF**
Minimum one if Neurology is authorized to operate within the Specialty Medical Clinics and if the projected annual Electromyography (EMG) encounters is between 205 and 1,024; provide an additional one for every increment of 1,024 projected

annual Electromyography (EMG) greater than 1,024; the minimum workload to generate an additional Electromyography (EMG) Room is 205. (Refer to Section 2)

37. **Evoked Potential Room (EVPR1)** **120 NSF**
Minimum one if Neurology is authorized to operate within the Specialty Medical Clinics and if the projected annual Evoked Potential encounters is between 307 and 1,536; provide an additional one for every increment of 1,536 projected annual Evoked Potential greater than 1,536; the minimum workload to generate an additional Evoked Potential Room is 307. (Refer to Section 2)

4.4. FA4: RENAL DIALYSIS PATIENT AREA.

1. **Renal Dialysis Station (RDC02)** **120 NSF**
Minimum one if Nephrology and Renal Dialysis are authorized to operate within the Specialty Medical Clinics, and if the projected annual Dialysis Station encounters is between 61 and 307; provide an additional one for every increment of 307 projected annual Dialysis Station encounters greater than 307; the minimum workload to generate an additional Dialysis Station is 61. (Refer to Section 2)

   Planner shall allocate the total number of Dialysis Stations in Single-Station Rooms or in a Multi-Station Room as needed.

2. **Toilet, Dialysis Patient (TLTU1)** **60 NSF**
Minimum one; provide an additional one for every increment of eight Renal Dialysis Stations greater than eight.

3. **Dialysis Station, Airborne Infection Isolation (RDC01)** **120 NSF**
Provide one for Renal Dialysis Unit Patient Area if authorized per the ICRA.

   The number of airborne infection isolation rooms shall be determined by the infection control risk assessment (ICRA), which shall be conducted during the early planning phase of a project.

   This room is part of the total number of workload driven Renal Dialysis Stations.

4. **Toilet, Airborne Infection Isolation Patient (TLTU1)** **60 NSF**
Provide one for each Airborne Infection Isolation Dialysis Station.

5. **Nurse Station, Renal Dialysis (NSTA1)** **120 NSF**
Minimum NSF; provide an additional 30 NSF for every increment of eight Dialysis Stations greater than eight.

6. **Medication Room (MEDP1)** **120 NSF**
Provide one for Renal Dialysis Patient Area.

7. **Alcove, Nourishment (NCWD4)** **60 NSF**
   Provide one for the Renal Dialysis Patient Area.

8. **Alcove, Blanket Warmer (RCA04)** **30 NSF**
   Provide one for the Renal Dialysis Patient Area.

9. **Storage, Dialysis Equipment (RDP01)** **120 NSF**
   Minimum NSF; provide an additional 30 NSF for every increment of eight Dialysis Stations greater than eight.

10. **Water Treatment Room (RDWT1)** **120 NSF**
    Minimum NSF; provide an additional 30 NSF if water-softening equipment is authorized; provide an additional 30 NSF per Dialysis Station greater than eight; maximum 240 NSF if water softener is not authorized; maximum 300 NSF if water softener is authorized.

4.5. FA5: CHEMOTHERAPY INFUSION PATIENT AREA.

1. **Group Therapy Room (OPMH1)** **240 NSF**
   Provide one for the Chemotherapy Infusion Patient Area.

2. **Chemotherapy Infusion Station (OPCT1)** **120 NSF**
   Provide one if Hematology-Oncology and a Chemotherapy Infusion Patient Area are authorized to operate within the Specialty Medical Clinics, and if the projected annual Chemotherapy Infusion encounters is between 154 and 768; provide an additional one for every increment of 768 projected annual Chemotherapy Infusion encounters; the minimum annual workload to generate a Chemotherapy Therapy Infusion Station is 154. (Refer to Section 2)

   Planner shall allocate the total number of Chemotherapy Infusion Stations in Single-Station Rooms or in a Multi-Station Room as needed.

3. **Toilet, Patient (TLTU1)** **60 NSF**
   Minimum one; provide an additional one for every increment of eight Chemotherapy Infusion Stations greater than eight.

4. **Nurse Station, Chemotherapy Infusion (NSTA1)** **120 NSF**

   Minimum NSF; provide an additional 30 NSF for every increment of eight Chemotherapy Infusion Stations greater than eight.

5. **Medication Room (MEDP1)** **120 NSF**
   Provide one for the Chemotherapy Infusion Patient Area.

6. **Alcove, Nourishment (NCWD4)** **60 NSF**
   Provide one for the Chemotherapy Infusion Patient Area.

7. **Alcove, Blanket Warmer (RCA04)** **30 NSF**
   Provide one for Chemotherapy Infusion Patient Area.

8. **Vestibule, Chemotherapeutics Compounding (PHAR1)** **60 NSF**
   Provide one if a Chemotherapeutics Pharmacy is authorized.

   This vestibule accommodates space for gowning and a transaction area as part of a decentralized pharmacy in the Chemotherapy Infusion Patient Area.

9. **Anteroom, Chemotherapeutics Compounding (PHAR1)** **120 NSF**
   Provide one if a Chemotherapeutics Pharmacy is authorized.

   This anteroom accommodates space for Cytotoxic Storage as part of a decentralized pharmacy in the Chemotherapy Infusion Patient Area.

10. **Clean Room, Chemotherapeutics Compounding (PHC01)** **120 NSF**
    Provide one if a Chemotherapeutics Pharmacy is authorized.

4.6. FA6: SPECIALTY MEDICAL CLINICS SUPPORT.

1. **Medication Room (MEDP1)** **120 NSF**
   Provide one for Specialty Medical Clinics Support.

2. **Utility Room, Clean (UCCL1)** **120 NSF**
   Minimum NSF; provide an additional 30 NSF for every increment of eight Exam Rooms of all types, Allergy / Immunization Stations, Renal Dialysis Stations, General and Chemotherapy Infusion Stations, Multipurpose and Laser Treatment Rooms, Specialty Procedure Room, EKG, Electroencephalography (EEG), Electromyography (EMG), and Evoked Potential Rooms greater than eight.

3. **Utility Room, Soiled (USCL1)** **90 NSF**
   Minimum NSF; provide an additional 30 NSF for every increment of eight Exam Rooms of all types, Allergy / Immunization Stations, Renal Dialysis Stations, General and Chemotherapy Infusion Stations, Multipurpose and Laser Treatment Rooms, Specialty Procedure Room, EKG, Electroencephalography (EEG), Electromyography (EMG), and Evoked Potential Rooms greater than eight.

4. **Storage, Equipment (SRSE1)** **120 NSF**
   Minimum NSF; provide an additional 30 NSF for every increment of eight Exam Rooms of all types, Allergy / Immunization Stations, Renal Dialysis Stations, General and Chemotherapy Infusion Stations, Multipurpose and Laser Treatment Rooms, Specialty Procedure Room,, EKG, Electroencephalography (EEG), Electromyography (EMG), and Evoked Potential Rooms greater than eight.

5. **Alcove, Crash Cart (RCA01)** **30 NSF**
Minimum one; provide an additional one for every increment of sixteen Exam Rooms of all types, Allergy / Immunization Stations, Renal Dialysis Stations, General and Chemotherapy Infusion Stations, Multipurpose and Laser Treatment Rooms, Specialty Procedure Room**,** EKG, Electroencephalography (EEG), Electromyography (EMG), and Evoked Potential Rooms greater than sixteen.

6. **Alcove, Portable Imaging (XRM01)** **30 NSF**
Provide one for Specialty Medical Clinics Support.

7. **Alcove, Wheelchair (SRLW1)** **30 NSF**
Minimum one; provide an additional one for every increment of sixteen Exam Rooms of all types, Allergy / Immunization Stations, Renal Dialysis Stations, General and Chemotherapy Infusion Stations, Multipurpose and Laser Treatment Rooms, Specialty Procedure Room, EKG, Electroencephalography (EEG), Electromyography (EMG), and Evoked Potential Rooms greater than sixteen.

4.7. FA7: SPECIALTY MEDICAL CLINICS STAFF AND ADMINISTRATION.

1. **Office, Clinic Chief (OFA04)** **120 NSF**
Provide one for Specialty Medical Clinics.

2. **Sub-Waiting (WRC03)** **60 NSF**
Provide one if a Sub-Waiting for Specialty Medical Clinics Staff and Administration is authorized.

3. **Office, NCOIC / LCPO / LPO (OFA04)** **120 NSF**
Provide one for Specialty Medical Clinics.

4. **Team Collaboration Room (WRCH1)** **120 NSF**
Minimum one; provide an additional one for every increment of eight Exam Room of all types, Allergy / Immunization Stations, Renal Dialysis Stations, General and Hematology-Oncology Infusion Therapy Stations, Multipurpose and Laser Treatment Rooms, Specialty Procedure Room, EKG, Electroencephalography, Electromyography, and Evoked Potential Rooms greater than eight.

5. **Office, Private (OFA04)** **120 NSF**
Provide one per each Specialty Medical Clinics FTE position authorized to have a private office.

6. **Office, Shared (OFA05)** **120 NSF**
Provide one for every increment of two Specialty Medical Clinics FTE positions authorized to have a shared office.

7. **Cubicle (OFA03)** **60 NSF**
   Provide one per each Specialty Medical Clinics FTE position authorized to have a cubicle.

   These cubicles may be collocated in a shared space or dispersed as required.

8. **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.

9. **Storage, Patient Records (FILE01)** **120 NSF**
   Provide one if Patient Records storage for Specialty Medical Clinics Staff and Administration is authorized.

10. **Copy/ Office Supply (RPR01)** **120 NSF**
    Provide one for Specialty Medical Clinics Staff and Administration.

11. **Lounge, Staff (SL001)** **120 NSF**
    Minimum NSF if the number of Specialty Medical Clinics FTEs working on peak shift is ten, provide an additional 60 NSF for every increment of five Specialty Medical Clinics 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 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 Specialty medical Clinics FTE positions not assigned a private office, a shared office or a cubicle, greater than eight.

4.8. FA8: SPECIALTY MEDICAL CLINICS GME EDUCATION / TRAINING.

1. **Office, Residency Program Director (OFA04)** **120 NSF**
   Provide one if a Graduate Medical Education program for Allergy/Immunology Dermatology, Endocrinology, Gastroenterology, Hematology-Oncology, Infectious Disease, Internal Medicine, Nephrology, Neurology or Rheumatology Specialty Medical Clinics is authorized.

2. **Resident Collaboration Room (WKTM1)** **240 NSF**
   Minimum NSF if a Graduate Medical Education program for Allergy/Immunology, Dermatology, Endocrinology, Gastroenterology, Hematology-Oncology, Infectious

Disease, Internal Medicine, Nephrology, Neurology or Rheumatology Specialty Medical Clinics is authorized; provide an additional 60 NSF per each Resident / Student FTE position authorized greater than two.

Minimum NSF accommodates two residents and a collaboration/reference area.

3. **Conference / Classroom (CLR01) 240 NSF**
Provide one if a Graduate Medical Education program for Allergy / Immunology, Dermatology, Endocrinology, Gastroenterology, Hematology-Oncology, Infectious Disease, Internal Medicine, Nephrology, Neurology or Rheumatology Specialty Medical Clinics is authorized, and if the total number of Resident / Student FTE positions 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 Specialty Medical Clinics 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. Refer to UFC 4-510-01, Chapter 2 and DoD Space Planning Criteria Chapter 130: Net to Gross Conversion Factors.

5.2. RECEPTION AREAS. Where possible, centralized intake should be considered where multiple clinics are co-located.

5.3. PATIENT AREAS.

a. Consider placing high volume, quick turn encounters near the front of the Patient Care area.

b. Space Criteria provides Single-Station Rooms for the calculated number stations. Planner shall allocate these in double or multi-station rooms as needed.

5.4. OTHER GENERAL DESIGN CONSIDERATIONS.

a. If the planner determines that any of the specific services that are noted in the scope of this Chapter are to be separate and not collocated within the Specialty Medicine Clinics, the spaces that are listed for Reception, Support, Staff and Administration, and the Patient Care Area will need to be programmed accordingly for each distinct, separate clinic.

b. 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.)

c. Functional areas should be designed to provide flexibility in order to accommodate a variety of patient visit types and specialties. Consider standardized modules so that clinics can use available adjacent space as demand fluctuates from one clinic to the next.

5.5. RENAL DIALYSIS SPECIFIC DESIGN CONSIDERATIONS.

a. Consider accommodating floor digital scale for both nephrology and renal dialysis so that patients in wheelchairs can be easily weighed prior to their treatment/visit.

b. Ensure a balance between visibility and privacy in the dialysis infusion area. The nursing staff should be able to easily view the patients as they receive their treatment.

c. Consider providing exterior views from the renal dialysis unit patient area to offer patients some orientation and visual relief during their extended stays. Provision must be made to ensure that views into the patient treatment spaces are not possible from the exterior.

5.7. CHEMOTHERAPY INFUSION CLINIC DESIGN CONSIDERATIONS.

a. Consider offering a mixture of private infusion stations/rooms and semi-private infusion stations. Consider grouping the infusion stations (or bays) so that there are groupings of 5 to 6 chairs that can accommodate family members.

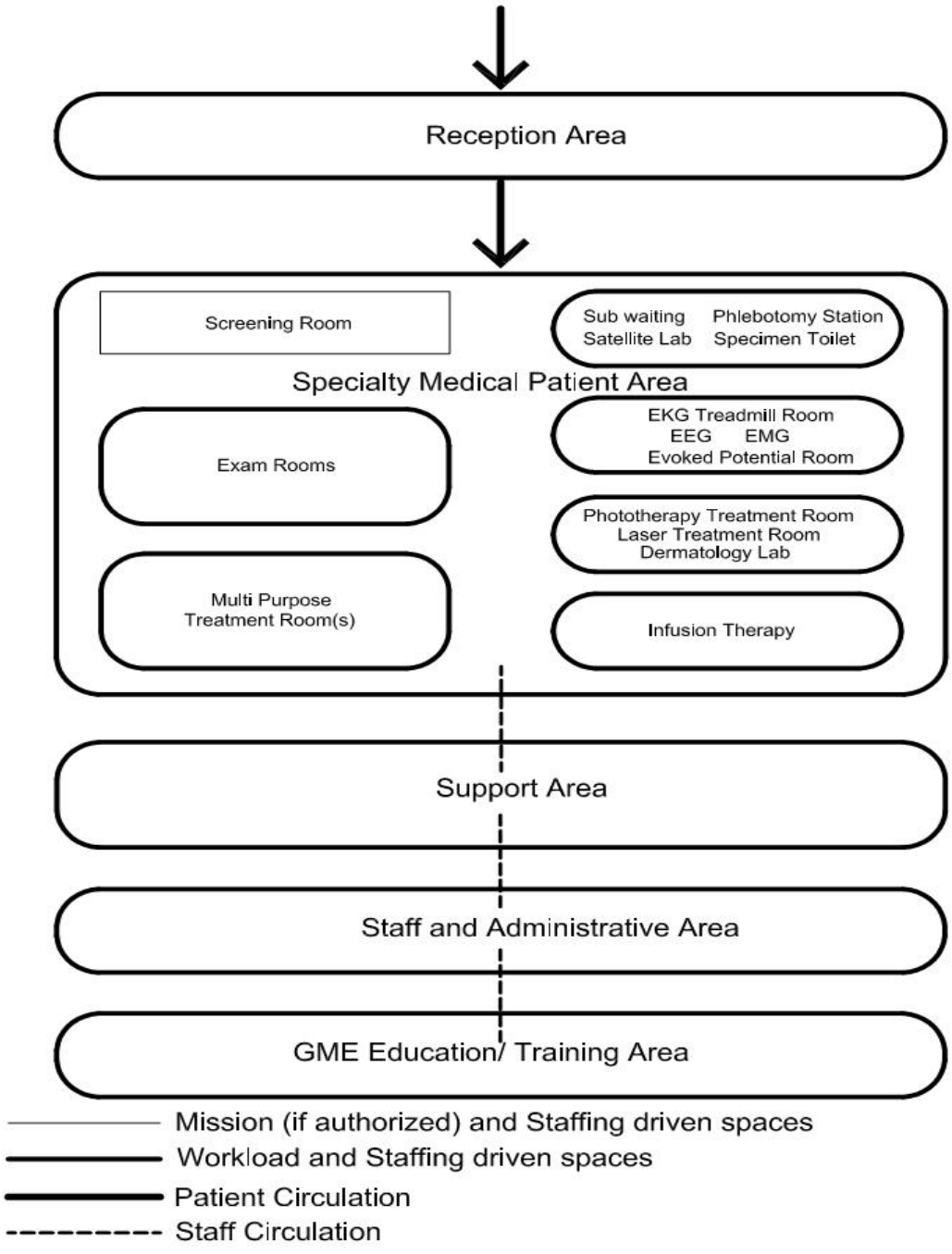
b. Plan the Infusion Clinic Patient Area to allow visibility by staff of all patients.

c. Like renal dialysis, consider providing exterior views from the infusion stations while preserving patient privacy.

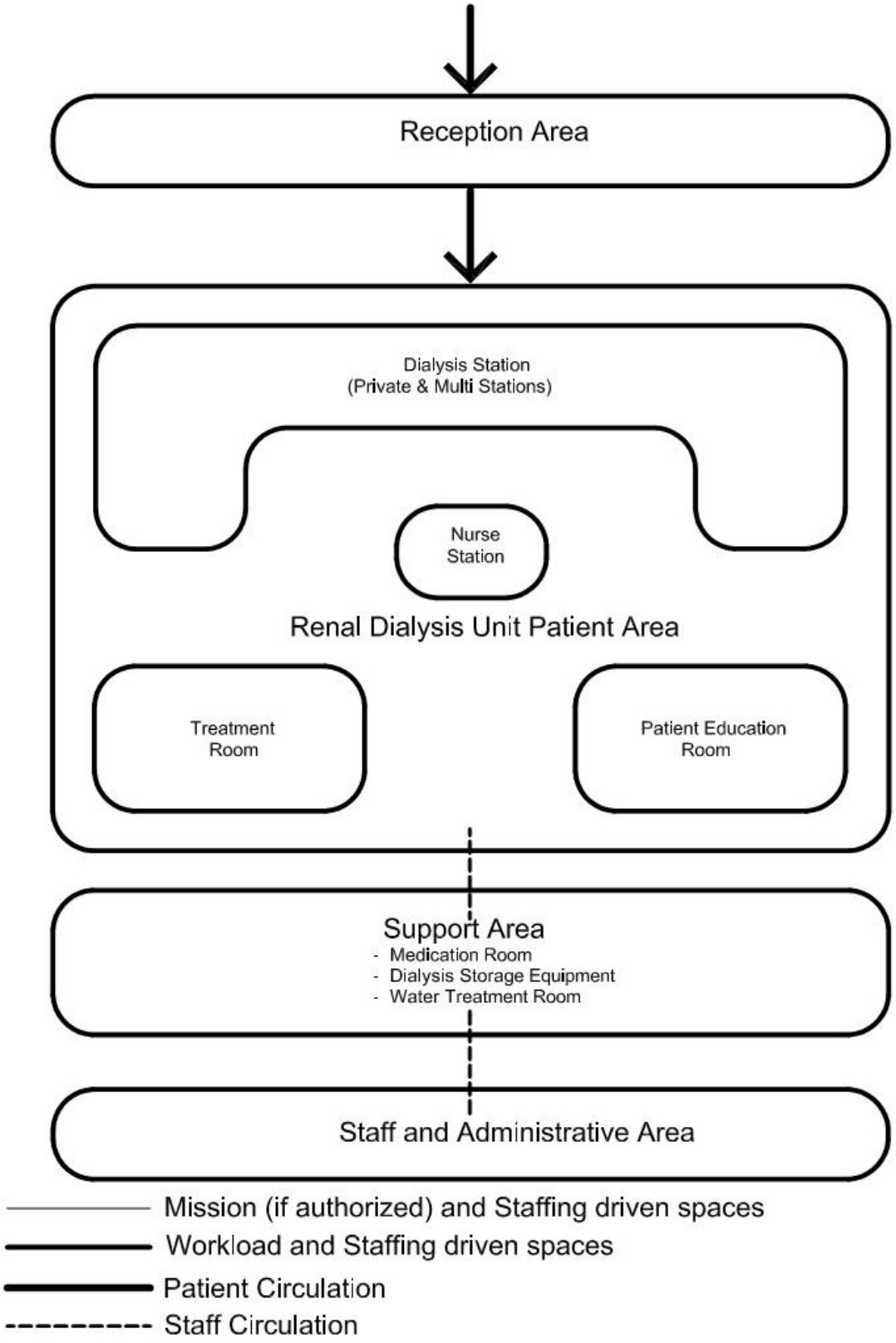
d. If there is a Chemotherapy Compounding Pharmacy, locate it adjacent to the Infusion Clinic Patient Area.

SECTION 6: FUNCTIONAL DIAGRAMS (INTRADEPARTMENTAL)

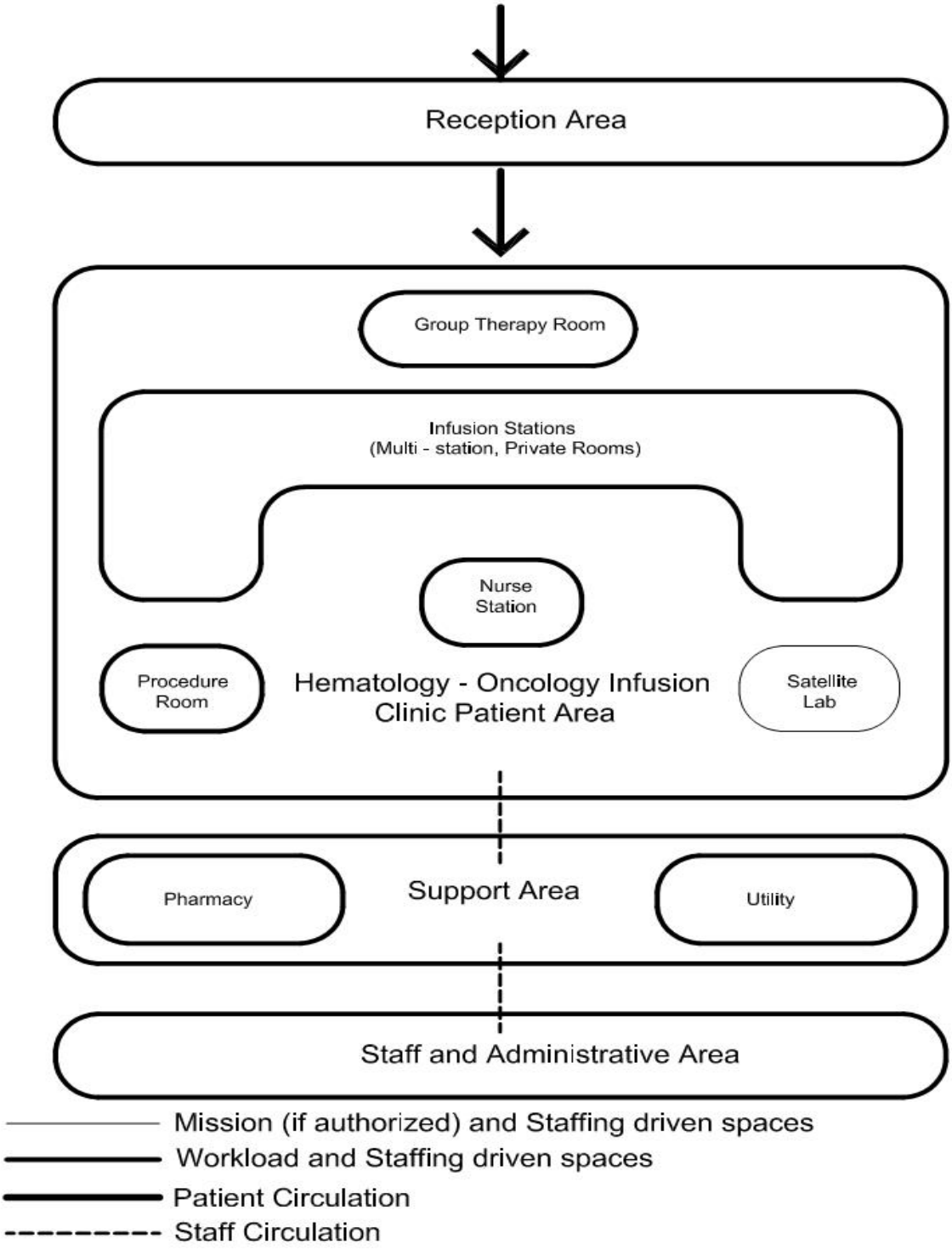
6.1. FUNCTIONAL DIAGRAM: SPECIALTY MEDICAL CLINIC. The diagrams that follow illustrate intradepartmental relationships among key areas / spaces within Specialty Medical Clinic. The diagrams are necessarily generic. The planner shall use this as a basis for design only and shall consider project-specific requirements for each Military Treatment Facility.



6.2. FUNCTIONAL DIAGRAM: RENAL DIALYSIS.



6.3. FUNCTIONAL DIAGRAM: CHEMOTHERAPY INFUSION.



GLOSSARY

G.1. DEFINITIONS.

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.

Allergen Preparation: The mixing and preparation of allergens, the substances that cause an allergic reaction, under a controlled, clean environment. The allergens are applied to patients during allergy skin testing.

Allergy Injection Room: This is the location where patients receive their allergy injections; it consists of multiple injection stations.

Allergy Skin Testing: A method of testing for allergies to specific substances that utilize liquid extracts of common allergens like pollen, mold, foods and animal dander by placing these allergens onto or just under the skin to triggers an allergic reaction. These tests should be done under the supervision of medical personnel.

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 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.

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.

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’ to accommodate bariatric wheelchairs, and a minimum of a 6’ turning radius should be provided. When provided, these rooms should be located towards the front (entrance) of the clinical suite.

Bariatric Patient Toilet: This space is the bathroom for the bariatric patient. Planner should refer to the FGI Guidelines for the preferred bariatric design solutions for this room. This bathroom should be located proximate to the Bariatric Patient Exam / Treatment Room; however, it is not solely dedicated to the bariatric patient. It may be used by other patients for added flexibility.

Chemotherapeutics Compounding Area Clean Room: This is part of the infusion clinic pharmacy. It is space where the IV Chemotherapeutic Drugs are mixed in a clean environment. A Clean Room follows strict standards, including the USP 797 Standards (Chapter 797 of the Guidebook to Pharmaceutical Compounding & Sterile Preparations, a set of standards issued by U.S. Pharmacopeia), the authority for all prescription and over-the-counter medicines. Air quality is controlled through the use of HEPA filters and hoods to ensure it is pure and clean. This helps the cancer patient who has a compromised immune system, which means they're more susceptible to infection.

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.

Colonoscopy: Examination of the entire length of the colon, or large intestine, using an endoscope to detect early signs of cancer, inflamed tissue, abnormal growths, ulcers, and/or bleeding in the colon or rectum.

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.

Dialysate: A solution of water and chemicals used in renal replacement therapy which is used to provide an artificial replacement for lost kidney functions.

Dialysis: A standard treatment for kidney disease. There are two main forms of dialysis: Hemodialysis and Peritoneal Dialysis, both of which are considered forms of life support treatment. Dialysis may be used for patients who have recently lost kidney functions (acute renal failure) or for stable patients who have permanently lost kidney functions (chronic or end-stage renal failure).

Dialysis Center: A highly specialized program which provides facilities for the treatment of patients with irreversible renal insufficiencies. Treatment procedures require professional supervision by staff experienced in renal pathophysiology. The Dialysis Center may serve either

or both inpatients and outpatients, depending upon the medical facility type, and may provide self-dialysis training for Peritoneal Dialysis in addition to on-site assisted dialysis.

Electrocardiogram (EKG or ECG): A type of noninvasive cardiac diagnostic test that records the electrical activity and output of the heart using electrodes placed on a patient's chest, arms and legs. Electrocardiograms are used during routine physicals or to investigate and diagnose symptoms related to heart disease.

Electroencephalograms (EEG): A form of neuro-diagnostic test that measures and records electrical activity in the brain using a series of electrodes attached directly to the patient's head.

Electromyography (EMG): A type of diagnostic test to evaluate the electrical potential of muscle cells when such cells are electrically or neurologically stimulated. Two forms of EMG's are commonly used: intramuscular, where a needle and fine wire are inserted directly into the muscle tissue, and surface, where a noninvasive electrode is placed on the patient's skin.

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.

Esophageal Manometry: Also called Esophageal Motility Study, uses a catheter to measure esophageal pressure and records the duration and sequence of contractions in the esophagus.

Esophageal Motility Study: See Esophageal Manometry.

Esophagogastroduodenoscopy (EGD): Endoscopic examination of the esophagus, stomach and duodenum (the first part of the small intestine). Also called Upper Endoscopy.

Evoked Potential: A form of neuro-diagnostic test used to measure electrical activity in specific pathways of the brain and spinal cord. Types of evoked potential testing includes: Visual Evoked Potential, Auditory Evoked Potential, Median Nerve Sensory Evoked Potential, Posterior Tibial Nerve Sensory Evoked Potential, and Evoked Potential Back Averaging.

Flexible Sigmoidoscopy: See Sigmoidoscopy.

Fluoroscopy: The radiographic technique used to produce and evaluate real time motion. A non-ionic contrast material is injected or consumed by the patient to enhance visualization of various organs. A constant stream of radiation passes through the patient and strikes a fluorescent screen creating shadows of the opaque internal organs. Images produced by this

modality include upper and lower gastrointestinal series, cystography, pyelography, and esophageal motility studies.

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: The grouping of rooms and spaces based on their function within a clinical service. Typical Functional Areas are Reception, Patient Area, Support, Staff and Administration, and Education.

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.

Hemodialysis: The form of renal dialysis typically conducted in a Dialysis Center. Hemodialysis relies on convective transport of a dialysate and utilizes counter-current flow where the dialysate is flowing in the opposite direction to blood flow in an extracorporeal circuit.

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 immunization injections; it consists of multiple immunization stations.

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.

Infusion Therapy: Refers to intravenous infusion (IV), which is the installation of a large amount of fluid and/or electrolytes, or nutrient substances into a vein. It is given to patients who require extra fluid or to those who cannot take fluids or nutrient substances orally. An IV is also a port for administration of medication.

Injection / Immunization Observation Waiting: A sub waiting area for direct nurse or staff observation of post-injection or immunization patients.

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.

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 / IV 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.

Outpatient Clinic: A clinic providing outpatient service in both freestanding community-based facilities, as well as ambulatory clinics in or directly adjacent to hospital-based services.

Peritoneal Dialysis (PD): A form of renal dialysis typically conducted in the patient's home and/or workplace. PD is based on the principle that the peritoneal membrane which surrounds the intestine can act as a natural semi-permeable membrane and that if a dialysate is instilled within the membrane through a catheter, intracorporeal dialysis can occur by diffusion.

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.

Phototherapy: The therapeutic use of ultraviolet light, either UVA or UVB, alone or in combination with a topical or oral medication to treat a variety of dermatological abnormalities. Phototherapy is most often delivered using a specially designed phototherapy booth.

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

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.

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.

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).

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.

Sigmoidoscopy: A diagnostic procedure that allows the physician to examine the lower one-third of the large intestine. Sigmoidoscopy is helpful in identifying the causes of diarrhea, abdominal pain, constipation, abnormal growths, and bleeding. It may also be used to obtain biopsies and to perform procedures such as the removal of polyps or hemorrhoids. A short, flexible, lighted tube, called a sigmoidoscope, is inserted into the intestine through the rectum into the lower part of the large intestine. Air is injected into the intestine through the sigmoidoscope to inflate it for better viewing.

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 to staff.

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.

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.

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.

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.

Treadmill Stress Test: A type of dynamic electrocardiogram test in which a patient's cardiac function is monitored during exercise on a treadmill.

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.

Workload: The anticipated number of encounters or procedures processed through a clinic. The projected Specialty Medical Clinic workload for a given location determines the number of Exam and Treatment Rooms in the Program for Design.