DoD Space Planning Criteria

Chapter 210: General Administration
August 31, 2015

Originating Component: Defense Health Agency Facilities Division

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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.

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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 General Administration within the Military Health System (MHS). Space in this chapter is provided for, but is not limited to, the following: Command Suite, Administration and Support, Business / Resource Management, and Emergency Operations and Medical Readiness.

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 (RCs) in this document are based on the latest version of DoD's 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 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 General Administration 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 healthcare for Service Members and their dependents.

C. In general, calculation of the number and -in some cases- the area (NSF) of rooms is executed in one of the following methods:

1. Directly workload-driven

2. Indirectly workload-driven

3. Mission or Staffing-driven

The directly workload-driven rooms are based on workload projections entered in response to the Workload Input Data Statements (IDSs) in Section 3.

The indirectly workload-driven rooms are derived from the preceding group.

The mission / staffing-driven rooms are created based on Boolean 'yes/no' or numeric responses to the Mission and Staffing Input Data Statements (IDSs). All rooms in this chapter are driven by Mission, Staffing or Miscellaneous IDSs.

D. The Net Square Feet (NSF) and Room Code (RC) for each room in Section 5: Space Planning Criteria of this chapter was provided by or approved by the Defense Health Agency (DHA) Template Board.

E. 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.

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. Is a Command Suite authorized? (M)
   a. Is the Command Suite authorized to serve a Hospital or Medical Center? (Misc)
   b. How many Commander's Secretary FTE positions are authorized? (S)
   c. How many Command Suite Executive FTE positions are authorized? (S)
   d. How many Command Suite Executive Secretary FTE positions are authorized? (S)
   e. How many Command Suite FTEs will work on peak shift? (Misc)
2. Is Administration and Support authorized? (M)
   a. How many Administration and Support Secretary FTE positions are authorized? (S)
   b. How many Administration and Support FTE positions are authorized to have a private office? (S)
   c. How many Administration and Support FTE positions are authorized to have a shared office? (S)
   d. How many Administration and Support FTE positions are authorized to have a cubicle? (S)
   e. Is Documents Storage for Administration and Support authorized? (Misc)
   f. Is a Conference Room for Administration and Support authorized? (Misc)
   g. How many Administration and Support FTEs will work on peak shift? (Misc)
3. Is Business / Resource Management authorized? (M)
   a. How many Business / Resource Management Secretary FTE positions are authorized? (S)
   b. How many Business / Resource Management FTE positions are authorized to have a private office? (S)
   c. How many Business / Resource Management FTE positions are authorized to have a shared office? (S)
   d. How many Business / Resource Management FTE positions are authorized to have an administrative cubicle? (S)
   e. Is Documents Storage for Business / Resource Management authorized? (Misc)
   f. Is a Conference Room for Business / Resource Management authorized? (Misc)
   g. How many Business / Resource Management FTEs will work on peak shift? (Misc)
4. Is Emergency Operations authorized? (M)
   a. Is Emergency Operations authorized to serve a Hospital or Medical Center? (Misc)
5. Is Medical Readiness authorized? (M)
   a. How many Medical Readiness FTE positions are authorized to have a private office? (S)

b. How many Medical Readiness FTE positions are authorized to have a shared office? (S)
c. How many Medical Readiness FTE positions are authorized to have a cubicle? (S)
d. Is Medical Readiness authorized to serve a Hospital or Medical Center? (Misc)

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: COMMAND SUITE. The Command Suite is intended to be a separate area to accommodate the support requirements of the MTF Commander.

1. **Waiting (WRC01)** **120 NSF**
   Minimum NSF if a Command Suite is authorized; provide an additional 60 NSF if the Command Suite is authorized to serve a Hospital or Medical Center.

2. **Office, Commander (OFC01)** **180 NSF**
   Provide one if a Command Suite is authorized.

3. **Toilet, Commander (TLTU1)** **60 NSF**
   Provide one if a Command Suite is authorized.

4. **Secretary, Command Suite (SEC02)** **120 NSF**
   Provide one per each Command Suite Secretary FTE position authorized.

5. **Conference Room, Command Suite (CRC01)** **300 NSF**
   Provide one if a Command Suite is authorized.

6. **Office, Executive (OFM01)** **120 NSF**
   Provide one per each Command Suite Executive FTE position authorized.

7. **Secretary, Executive (SEC02)** **120 NSF**
   Provide one per each Executive Secretary FTE position authorized.

   Allocated space accommodates seating for visitor waiting.

8. **Copy / Office Supply (RPR01)** **120 NSF**
   Provide one if a Command Suite is authorized.

9. **Kitchenette (IPK01)** **60 NSF**
   Provide one if a Command Suite is authorized.

10. **Storage (SRS01)**   **60 NSF**

    Provide one if a Command Suite is authorized.

11. **Toilet, Staff (TLTU1)**   **60 NSF**

    Minimum one; provide an additional one for every increment of fifteen Command Suite FTEs working on peak shift greater than fifteen.

4.2. FA 2: ADMINISTRATION AND SUPPORT.

1. **Secretary, Administration and Support (SEC01)**   **120 NSF**

   Provide one per each Administration and Support Secretary FTE position authorized.

2. **Office, Private (OFA04)**   **120 NSF**

   Provide one per each Administration and Support FTE position authorized to have a private office.

3. **Office, Shared (OFA05)**   **120 NSF**

   Provide one for every increment of two Administration and Support FTE positions authorized to have a shared office.

4. **Cubicle (OFA03)**   **60 NSF**

   Provide one per each Administrative and Support FTE position authorized to have an administrative cubicle.

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

5. **Storage, Documents (FILE1)**   **120 NSF**

   Provide one if a Documents Storage for Administration and Support is authorized.

6. **Conference Room (CRA01)**   **240 NSF**

   Provide one for Administration and Support if a Conference Room is authorized.

   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.

7. **Copy / Office Supply (RPR01)**   **120 NSF**

   Provide one if Administration and Support is authorized.

8. **Lounge, Staff (SL001)**   **120 NSF**

   Minimum NSF if the number of Administration and Support FTEs working on peak shift is ten; provide an additional 60 NSF for every increment of five Administration and Support FTEs working on peak shift greater than ten; maximum 360 NSF.

9. **Toilet, Staff (TLTU1)**   **60 NSF**
   Minimum one; provide an additional one for every increment of fifteen
   Administration and Support FTEs working on peak shift greater than fifteen.

4.3. FA 3: BUSINESS / RESOURCE MANAGEMENT.

1. **Secretary, Business / Resource Management (SEC01)**   **120 NSF**
   Provide one per each Business / Resource Management Secretary FTE position
   authorized.

2. **Office, Private (OFA04)**   **120 NSF**
   Provide one per each Business / Resource Management FTE position authorized to
   have a private office.

3. **Office, Shared (OFA05)**   **120 NSF**
   Provide one for every increment of two Business / Resource Management FTE
   positions authorized to have a shared office.

4. **Cubicle (OFA03)**   **60 NSF**
   Provide one per each Business / Resource Management FTE position authorized to
   have an administrative cubicle.

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

5. **Storage, Documents (FILE1)**   **120 NSF**
   Provide one if Documents Storage for Business / Resource Management is
   authorized.

6. **Conference Room (CRA01)**   **240 NSF**
   Provide one for Business / Resource Management if a Conference Room is
   authorized.

   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.

7. **Copy / Office Supply (RPR01)**   **120 NSF**
   Provide one if Business / Resource Management is authorized.

8. **Lounge, Staff (SL001)**   **120 NSF**
   Minimum NSF if the number of Business / Resource Management FTEs working on
   peak shift is ten; provide an additional 60 NSF for every increment of five Business /
   Resource Management FTEs working on peak shift greater than ten; maximum 360
   NSF.

9. **Toilet, Staff (TLTU1)**   **60 NSF**
   Minimum one; provide an additional one for every increment of fifteen Business / Resource Management FTEs working on peak shift greater than fifteen.

4.4. FA 4: EMERGENCY OPERATIONS CENTER:.

10. **Emergency Operations Center (EOC) (CROP1)**   **240 NSF**
    Minimum NSF if Emergency Operations is authorized; provide an additional 60 NSF if Emergency Operations is authorized to serve a Hospital or Medical Center.

11. **Control Station, EOC (WRCH1)**   **120 NSF**
    Provide one if Emergency Operations is authorized to serve a Hospital or Medical Center.

    This space shall be located adjacent to the Emergency Operations Center and serve as a buffer between public spaces and the EOC.

12. **Storage, EOC (SRE01)**   **60 NSF**
    Minimum NSF if Emergency Operations is authorized; provide an additional 60 NSF if Emergency Operations is authorized to serve a Hospital or Medical Center.

13. **Toilet, Staff (TLTU1)**   **60 NSF**
    Provide one if Emergency Operations is authorized.

4.5. FA 5: MEDICAL READINESS.

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

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

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

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

4. **Storage, Secure Documents (SSS01)**   **60 NSF**
   Provide one if Medical Readiness is authorized.

5. **Storage, Field Equipment (SRS01)**   **90 NSF**
   Minimum NSF if Medical Readiness is authorized; provide an additional 60 NSF if Medical Readiness is authorized to serve a Hospital or Medical Center.

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 Public and Administrative Areas in sections 2.2–6 and 2.3-6, 3.1-6 and 3.2-6 in 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 General Administration is 1.40. 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. Planning considerations include providing an efficient work environment that encourages optimal work flow and team collaboration.

b. Flexible work spaces should be provided that accommodate a multitude of staff tasks and multidisciplinary use.

c. Adequate space for private work to minimize distractions and interruptions should be provided.

d. Work Areas should be ergonomically evaluated and designed.

SECTION 6: FUNCTIONAL RELATIONSHIPS
(INTRADEPARTMENTAL)

6.1. FUNCTIONAL RELATIONSHIPS. General Administration will rely on a number of other services and support functions in a Military Treatment Facility (MTF). The diagram below represents desirable relationships based on efficiency and functional considerations.
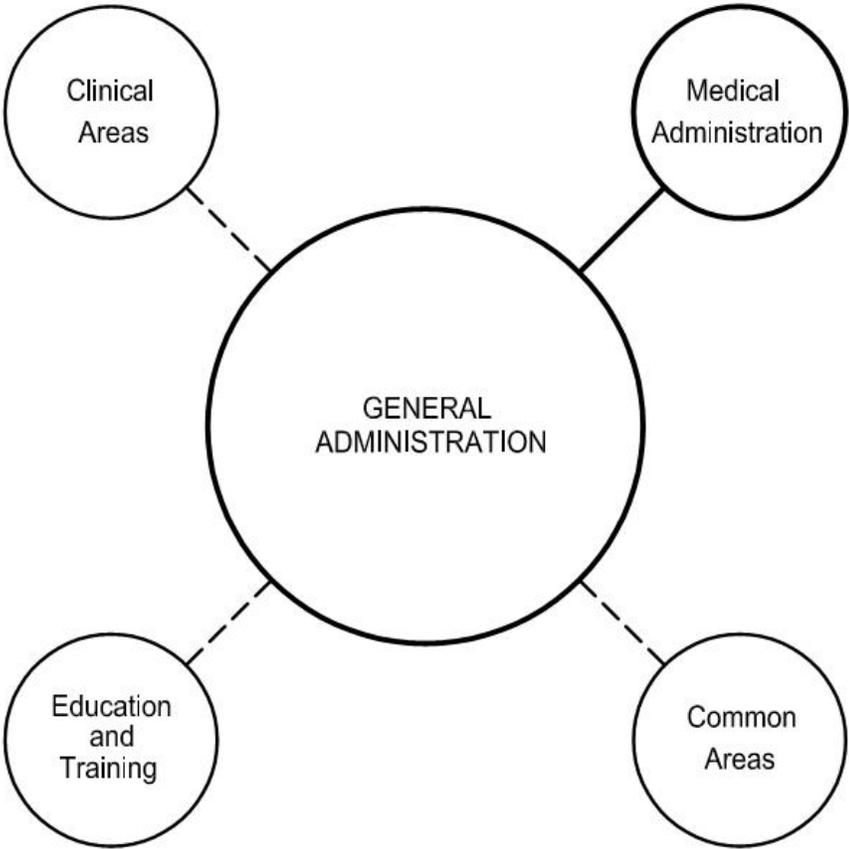
SECTION 7: FUNCTIONAL DIAGRAM (INTERDEPARTMENTAL)

7.1. FUNCTIONAL DIAGRAM. The diagram below illustrates intradepartmental relationships among key areas / spaces within General Administration. 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.
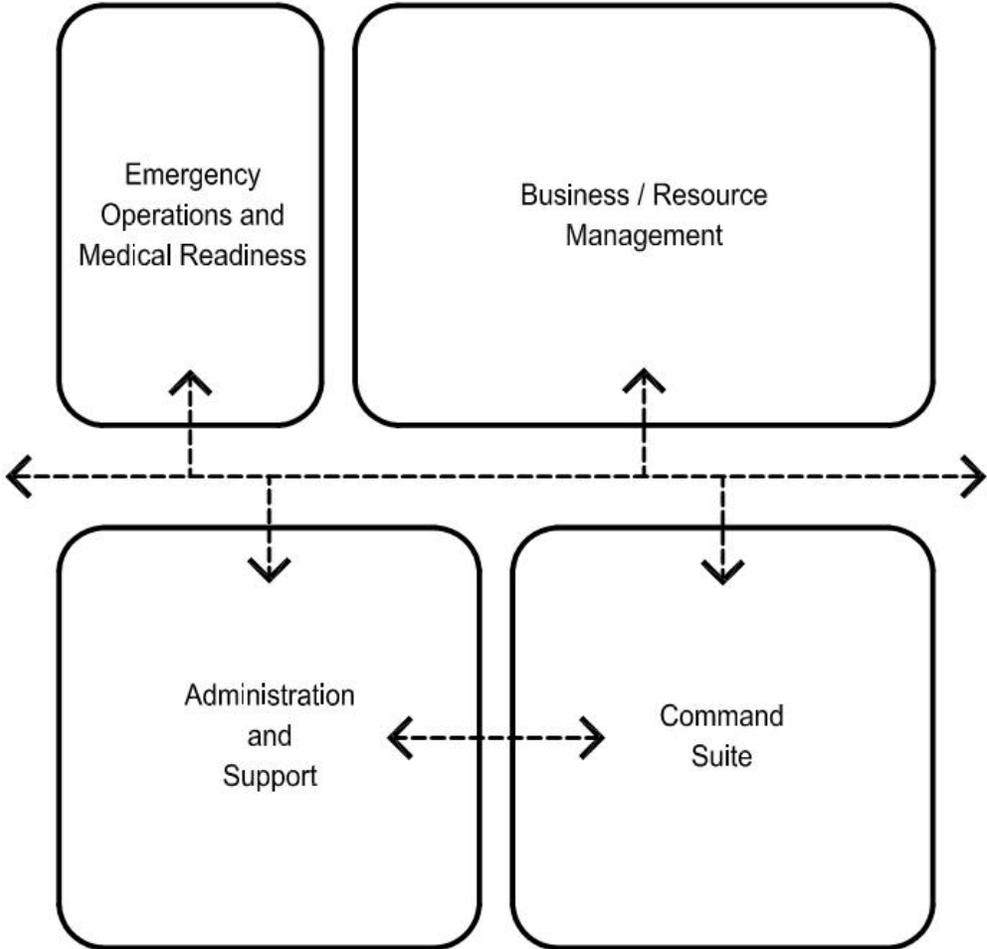
LEGEND
Patient Circulation
Staff Circulation

NOTE: Size and shapes of spaces do not reflect actual configuration or square foot area of departments.

GLOSSARY

G.1. DEFINITIONS.

Administrative Personnel: Personnel who perform work that is essential to the success of the missions assigned to a medical treatment facility (MTF). They do not counsel, diagnose, examine, or treat patients. Administrative Personnel include military who are either assigned or borrowed, contract personnel, and civilian personnel. Volunteers are not considered Administrative Personnel.

Administrative and Support: Includes Administrative and Support for the MTF; does not include Medical / Patient Administration.

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.

Command Suite: The Command Suite is the location of the office of the Commander and the Commander's supporting staff.

Commander: The officer or enlisted person who is in charge of the medical treatment facility (MTF).

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.

Emergency Operations Center: An Emergency Operations Center (EOC) is a central command and control facility responsible for carrying out the principles of emergency preparedness and emergency management.

Executive FTE: The Executive FTE includes leadership positions that are located within the Command Suite. They generally report directly to the Commander of the medical treatment facility (MTF). These include, but are not limited to, Deputy Commander in the Army, Directors in the Navy, and Medical Commanders in the Air force.

Full-Time Equivalent (FTE): A staffing parameter equal to the amount of time assigned to one full time employee. It may be composed of several part-time employees whose total time commitment equals that of a full-time employee. One FTE equals a 40-hour a week workload.

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

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.

Medical Readiness: Medical Readiness ensures that Service members are free of health-related conditions that limit their ability to actively fulfill an assigned mission. It addresses the psychological, physical and ethical behavior of the Service member, both on the battlefield and between deployments.

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.

Office, Commander: A private office that is allocated to a Commander FTE that includes additional space for an area for meetings. Commander offices are typically allocated at 180 NSF.

Office, Executive: A private office allocated to an Executive FTE that provided with a small meeting area. When executive offices are justified, they are typically allocated at 120 NSF.

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

Office, Shared: An office that accommodates two workstations.

Program for Design (PFD): A listing of all of the rooms / spaces generated based on answers to the Input Data Statements (see Section 4) and the space planning criteria outlined in this document (Section 5) 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.

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).

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.