

DoD Space Planning Criteria for Health Facilities

Pediatrics

3.3.1. PURPOSE AND SCOPE:

This chapter provides guidance for the planning of Outpatient Pediatric Services. These services include preventive, diagnostic and curative healthcare provided to children (under the age of 18 years). These services may be further subdivided into Pediatric, Well-baby and Adolescent Services.

3.3.2 DEFINITIONS:

Administrative Personnel: Administrative personnel are all personnel who do not counsel, diagnosis, examine or treat patients, but who do work that is essential for the accomplishment of the missions of a medical treatment facility. This does include military (assigned and borrowed), contract and civilian personnel. It does not include volunteers.

Adolescent: An adolescent is a teenager between the ages of 13 to 18 years of age.

Clinic Visit: A visit is a contact between an eligible beneficiary and a medical care provider. A visit consists of an examination, diagnosis, treatment, evaluation, consultation, counseling, or medical advice in a clinic itself, or treatment/observation in quarters. (Source: DoD 6015-M, Glossary of Healthcare Terminology, 1999)

Full-Time Equivalent (FTE): A work force equivalent to one individual working full time for a specific period, which may be made up of several part-time individuals or one full-time individual. This will include everyone working in the facility; military, civilian and contractor personnel.

Isolation Suite - Provided for seclusion of patients with infectious diseases or compromised immune systems. The suite includes an exam room and a dedicated toilet.

Office: A private office is an enclosed room outfitted with either standard furniture (Room Code OFA01) or systems furniture (Room Code OFA02). An administrative cubicle is within an open room and is constructed out of system furniture (Room Code OFA03)

Pediatric Health Services: Pediatrics is a branch of medicine dealing with the development, care and diseases of children.

Preceptor/Consult Rooms: - A location is required for residents in training to be able to discuss cases in private with supervising staff physicians (preceptors). These discussions occur during the course of a patient visit, requiring proximity to exam room areas. In clinic configurations with staff physician offices clustered near exam rooms, precepting may be feasible from the staff physician's own office and not from a dedicated central preceptor room. **Note** that any space provided for precepting must afford privacy from eavesdropping patients and passers-by ... hence an open area accessible by non-staff is **NOT** acceptable.

Primary Care Clinic: A primary care clinic may be referred by various names (Troop Medical Clinic, Family Practice Clinic, Pediatric Clinic and others). A primary care clinic provides the office, examination and treatment space for Primary Care Managers in the Military Health System (MHS).

Primary Care Manager (PCM): A primary care manager is a medical provider, such as a primary care physician, family physician, family nurse practitioner, internist or pediatrician, who provides primary care and family medicine services to empanelled TRICARE patients, and who supervises the patients' overall health and wellness.

Provider: An individual, who examines, diagnoses, treats, prescribes medication and manages the care of patients within his or her scope of practice as established by the governing body of a healthcare organization. General providers are physicians, physician's assistants and clinical nurse practitioners. The term 'staff physician' in relation to a Residency Program, does not include physician assistants, nurse practitioners or residents.

DoD Space Planning Criteria for Health Facilities

Pediatrics

3.3.2 DEFINITIONS: Continued

Rotating Resident: A rotating resident is one from any Graduate Medical Education (GME) specialty program (Internal Medicine, Pediatrics, Surgery, Family Practice, etc.) who, in the course of his or her education, must spend time in the services of another specialty. For example, Internal Medicine residents are required to “do a rotation” in the OB/GYN service.

Well Baby: Well baby is a term used to designate an infant who receives routine healthcare examinations to determine if the infant is developing normally. Well baby visits may also include those visits made for routine immunizations.

3.3.3 POLICIES:

Administrative Offices: The office space required to provide administrative support to operate the clinic services will be provided in accordance with criteria for Chapter 2.1 (General Administration).

Adolescent: A separate Adolescent Clinic will be programmed when justified by work load. (Two Adolescent Medicine providers)

Offices, Private: With the exception of the office provided for “Key Personnel,” all other private offices will be 120 net square feet as stated in Chapter 2.1 (General Administration), paragraph 2.1.5. Private offices will be provided to following personnel:

- a) Staff who must meet with patients/customers on a regular basis and hold private consultations/discussion.
- b) The senior officer and enlisted member of a department.
- c) Staff who supervise others and must hold frequent, private counseling sessions with their junior staff. This does not include staff who supervise a very small number of people, and who would only occasionally need private counseling space. These staff can use available conference rooms or other private areas for their infrequent counseling needs
- d) Any personnel who interview or counsel patients with patient privacy concerns.

Office, Non-Private or Shared Space: Personnel, who require office space, but not a private office, will be provided space in a shared office. Non-private or shared office space will be programmed at 60 net square feet per occupant

Patient Education Classroom: The primary purpose of this room is for group education and/or group therapy classes. Some examples would include, initial OB education, diabetics group discussions, pediatric development classes, etc. This room needs to be located near the patient care areas for easy patient access.

Patient Education Cubicle: The cubicle will have a Computer, DVD player and video player and printer. This will allow patient to complete self-assessment health surveys, investigate material based on their diagnosis, print material, and watch videos specific to their treatment/procedure. This area needs to maintain patient privacy and be located near the Patient care areas.

Pediatric Clinic: A Pediatric Clinic may be provided when there is a minimum of two pediatricians assigned.

Providers’ Examination Rooms: Each provider will be provided with two examination rooms.

Providers’ Offices: Generally, each provider (physician, physician's assistant, clinical nurse practitioner, and allied scientist) on the staff will be provided a private office (excluded offices are provided under other criteria, such as Radiologists, Pathologists, Anesthesiologists, Commanders, etc.). However, shared office space is encouraged and is an option if it is within the Clinic Concept of Operations.

DoD Space Planning Criteria for Health Facilities Pediatrics

3.3.3 POLICIES: Continued

Public Toilets, Staff Lounges and Locker Areas: The criteria for public toilets, staff lounges and locker rooms are provided in Chapter 6.1 (Common Areas).

Residents' Cubicle Space: Private office space will not be programmed for GME residents. GME residents will be provided with shared office space at 60 nsf per resident for Navy/Air Force and 40 nsf for Army. An office for a rotating resident may be programmed in the clinic for residents who see patients.

Resident's Office/Examination Rooms: Additional office and examination room space may be programmed into a clinic to provide space for "rotating residents" to see patients. A resident during his or her rotation in the clinic will use this space when seeing patients as walk-ins or by appointment. One office and two examination rooms may be programmed for each resident FTE projected to be in the clinic seeing patients. **Note:** These residents are not necessarily Pediatric residents; Family Practice, Internal Medicine and other Residency programs may require a rotation in the Pediatric clinic.

3.3.4 PROGRAM DATA REQUIRED:

How many FTE providers are projected?
How many nurse managers are projected?
How many FTE nursing staff is projected?
How many NCOIC/LCPO/LPO are projected?
How many officer or officer equivalents are projected? Note: This information is used to calculate the size of the Conference Room. See Chapter 2.1 (General Administration), paragraph 2.1.2, Personnel Equivalent Chart.
How many advice/triage nurses are projected?
How many staff will require a private office? Note: Do not count providers, nurse managers, advice/triage nurses, or NCOIC/LCPO/LPOs.
How many staff will require a dedicated cubicle? Note: Do not include providers or nursing staff.
How many social workers are projected?
How many staff will require a locker? Note: Do not include staff with offices or cubicles.
How many FTEs on peak shift are projected? Note: This information is used to calculate the number of Staff Toilets and the size of the Staff Lounge.
Will patient records be stored in this clinic?
How many patient records will be stored in this clinic?
Will patient records use fixed shelving?
Will patient records use moveable shelving?
How many shelves high (5 or 6) will be used?
Is an isolation room required?
Will immunizations be performed in the clinic?
Will there be vending machines in the staff lounge?
Will there be a Residency Program?
Will there be a Residency Program Director?
Will there be a Residency Program Secretary?
How many Residents are projected?
How many Residency Staff require a private administrative office?
How many Residency Administrative Staff cubicles are required?
How many Staff Physicians are projected? Do not count residents.

DoD Space Planning Criteria for Health Facilities Pediatrics

3.3.5. SPACE CRITERIA:

Note to Programmer: The Clinic Concept of Operations is important to programming. It may be more practical, due to resource constraints in a small facility, to program only a Pediatric Clinic without separate Well-baby or Adolescent Clinics. In a smaller facility, using the same providers and scheduling these clinics at different times may meet the Well-baby and Adolescent Clinic requirements. Bear in mind that while scheduling can be an effective use of resources, there will always be a requirement for access to care for ill pediatric patients. In a single Pediatric facility (i.e. one facility which provides well-baby and/or adolescent services in the same facility via scheduling) there must be facilities to separate potentially infectious patients from those patients awaiting routine well-baby care (isolation vs. main waiting areas).

If the Clinic Concept of Operations is to have separate clinics (sick versus well), then each clinic should be studied very carefully to maximize the sharing of resources and minimize the duplication of functions.

NOTE: GP indicates that a guideplate exists for that particular Room Code.

FUNCTION	ROOM CODE	AUTHORIZED		PLANNING RANGE/COMMENTS
		m ²	nsf	
RECEPTION AREAS				
Clinic Waiting	WRC01	5.57	60	Minimum. Provide five seats per each projected FTE provider. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting). <u>Main waiting</u> : Recommend providing 67% of space for a main waiting area.
	WRC02	5.57	60	Minimum. <u>Isolation waiting</u> : Negative pressure. Recommend providing 33% of space for a isolation waiting area. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting). If programming does not allow for separate services (isolation waiting vs. main waiting), then combine waiting space appropriately.
Playroom Waiting (GP)	PLAY1	11.15	120	One per clinic.
Toy Storage Area	SRS01	5.57	60	One per clinic.
Reception (GP)	RECP1	13.01	140	Minimum. Provide 140 nsf for the first eight providers. Increase 60 nsf for each increment of four providers over the initial eight providers.
Patient Education Cubicle	CLSC2	2.78	30	Provide if in Clinic Concept of Operations. Includes a computer workstation for patient self-assessment, printing educational brochures, etc.
Patient Education Classroom	CLR02	23.23	250	Provide one classroom for up to eight projected FTE providers. If nine or more projected FTE providers, then maximum two classrooms.
Lactation Room	NYFA1	9.29	100	Minimum. One room per clinic.
Public Toilets	NA	NA	NA	Space will be provided in Chapter 6.1 (Common Areas).

DoD Space Planning Criteria for Health Facilities

Pediatrics

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m ²	nsf	

PATIENT AREAS

Pediatric Screening/Weights & Measures Room (GP)	EXRG5	11.15	120	Minimum up to four projected FTE providers. One additional room for increment of four providers or portion thereof.
Vision /Hearing Screening Room	PEVH2	11.15	120	One per clinic.
Pediatric Exam Room	EXRP1	11.15	120	Two per projected FTE staff provider minus one isolation exam room. Do not count residents as providers. Resident's exam rooms are included in the Residency Functional Area.
Isolation Exam Room (GP)	EXRG6	13.01	140	One per Pediatric Clinic. (negative pressure)
Isolation Toilet (GP)	TLTU1	4.65	50	Single occupancy toilet with diaper changing counter. Located in the Isolation Exam Room.
Treatment Room (GP)	TRGM1	16.26	175	Minimum up to six projected FTE providers. One additional room for increment of six providers or portion thereof.
Observation/Hydration Room	OOHR1	11.15	120	One per Pediatric Clinic.
Immunization Room (GP)	OPIR1	20.44	220	One per Pediatric Clinic, if required in Clinic Concept of Operations.
Waiting - Immunization/Observation	WRC01	11.15	120	One per Pediatric Clinic, if required in Clinic Concept of Operations.
Patient Toilet (GP)	TLTU1	4.65	50	One if number of projected FTE providers is between three and eight. Provide two toilets if number of projected FTE providers are between nine and fifteen. If number of projected FTE providers is sixteen or more, provide three toilets. Maximum of three toilets.

STAFF AND ADMINISTRATIVE AREAS

Provider Office (GP)	OFD01	11.15	120	Army - One per projected FTE staff provider. Do not count residents as providers. Resident's exam rooms are included in the Residency Functional Area.
	OFD02			Navy - One per projected FTE staff provider.
	OFD03			Air Force - One per projected FTE staff provider.
Nurse Manager Office	OFA01	11.15	120	Private Office, Standard Furniture. One per projected FTE Nurse Manager.
	OFA02			Private Office, Systems Furniture. One per projected FTE Nurse Manager.
Nurse Workroom	WRCH1	11.15	120	Army/Navy. Minimum. Add 40 nsf for each projected FTE nurse above four.
	OFA03	5.57	60	Air Force. Cubicle, Systems Furniture. One per projected FTE Nurse.
NCOIC/LCPO/LPO Office	OFA01	11.15	120	One per project FTE.
	OFA02			

DoD Space Planning Criteria for Health Facilities Pediatrics

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m ²	nsf	

STAFF AND ADMINISTRATIVE AREAS: Continued

Advice/Triage Nurse Office	OFA01 OFA02	11.15	120	One per projected FTE Advice/Triage Nurse.
Private Office	OFA01 OFA02	11.15	120	One per projected FTE requiring a private office. See Chapter 2.1 (General Administration), paragraph 2.1.3. Some examples are Group Practice Manager, Nurse Educator, Health Care Integrator, any staff who interviews or counsels patients.
Administrative Cubicle	OFA03	5.57	60	Per projected FTE requiring a dedicated work-space but not a private office. See Chapter 2.1 (General Administration), paragraph 2.1.3.
Social Worker Office	OFA01 OFA02	11.15	120	One per projected FTE Social Worker.
Patient Records Storage	MRS01	11.15	120	Minimum. Fixed shelving. If outpatient records are stored within the Pediatric Clinic. See Chapter 2.1 (General Administration), paragraph 2.5 for increase in size.
	MRS02			Minimum. Movable shelving. If outpatient records are stored within the Pediatric Clinic. See Chapter 2.1 (General Administration), paragraph 2.5 for increase in size.
Copy Room	RPR01	9.29	100	For Copier/Fax/Mailbox distribution.
Forms/Literature Storage	SRS01	9.29	100	One per clinic.
Conference Room (GP)	CRA01	23.23	250	Minimum use CRA01. One per Department with eight to twelve officers or officer equivalents. See Chapter 2.1 (General Administration), paragraph 2.1.2 for Personnel Equivalent Chart.
	CRA02	27.87	300	One per Department with thirteen to sixteen officers or officer equivalents.
	CRA03	37.16	400	One per Department with greater than sixteen officers or officer equivalents.
Staff Lounge (GP)	SL001	13.01	140	Minimum 140 nsf for 10 FTEs on peak shift. Add 5 nsf for each peak shift FTE over 10. Maximum size is 300 nsf without vending machines and 320 nsf if vending machines are included.
Personal Property Lockers (GP)	LR001	2.32	25	Minimum for the first 10 FTEs on peak shift. Add 2.5 nsf for FTE over 10. For staff without a dedicated office/cubicle space. See Chapter 6.1 (Common Areas) for Locker Room, Changing criteria.
Staff Toilets (GP)	TLTU1	4.65	50	Minimum of one for the first 15 FTEs on peak shift. Add one TLTU1 for every additional 15 FTEs on peak shift. Can be combined into multi-stall toilets.

DoD Space Planning Criteria for Health Facilities Pediatrics

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m ²	nsf	

CLINIC SUPPORT AREAS

Clean Utility (GP)	UCCL1	11.15	120	For up to 6 projected FTE providers.
		13.94	150	For 7 – 12 projected FTE providers.
		16.72	180	For more than 12 projected FTE providers.
Soiled Utility (GP)	USCL1	8.36	90	For up to 6 projected FTE providers.
		11.15	120	For 7 – 12 projected FTE providers.
		13.94	150	For more than 12 projected FTE providers.
Litter/Wheelchair Storage	SRLW1	5.57	60	One per clinic.
Crash Cart Alcove	RCA01	1.86	20	One per clinic. Can be shared between several clinics if fully accessible to all.
Equipment Storage	SRE01	9.29	100	One per clinic.

Functions which are required for Residency Education in Pediatrics:

The following areas must be programmed if the MTF provides a Pediatrics Residency Program.

RESIDENCY PROGRAM

Residency Program Director (GP)	OFD01	11.15	120	Army – One per Residency Program director
	OFD02			Navy – One per Residency Program director
	OFD03			Air Force – One per Residency Program director
Secretary to Director with Visitor Waiting	SEC01	11.15	120	One per projected FTE secretary.
Private Office	OFA01	11.15	120	One per projected FTE that requires a private office. Do not include Resident Providers.
	OFA02			
Administrative Cubicle	OFA03	5.57	60	One per projected FTE Residency staff that requires a dedicated workspace but not a private office.
Resident Cubicle	OFA03	5.57	60	One per projected Resident, Navy/Air Force.
		3.72	40	One per projected Resident, Army.
Residency Library	LIBB1	13.01	140	One per Residency Program. Can be combined with Conference Room.
Conference Room (GP)	CRA01	23.23	250	One per Residency Program.
Resident Exam Room (GP)	EXRP1	11.15	120	One per projected Resident. Minus the two monitored exam rooms.
Monitored Exam Room - Subject & Observer Room (GP)	EXRP1	11.15	120	Provide two exam rooms per Residency Program and one CMP02. These rooms use cameras and videotapes.
	CMP02	5.57	60	One room per two Monitored Exam Rooms. This room holds the video recorders.

DoD Space Planning Criteria for Health Facilities
Pediatrics

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m ²	nsf	

RESIDENCY PROGRAM: Continued

Preceptor/Consult Room	OFDC1	11.15	120	One per eight staff physicians per Clinic Concept of Operations. Do not include Residents. May use OFD01/OFD02/OFD03 if within clinical area.
------------------------	-------	-------	-----	---