



DoD SPACE PLANNING CRITERIA

CHAPTER 120: OCCUPANCY RATES

JUNE 1, 2016

Originating Component: Defense Health Agency Facilities Division

Effective: June 1, 2016

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 1 June 2016 includes the following:

- On page 5, in SECTION 2.1.BED SIZING CONFIDENCE CRITERIA, added “430 NICU” in paragraph to read “The following hospital inpatient occupancy rates shall be used in planning the number of beds in MTFs. The occupancy rates selected will then be applied to the formula for determining bed needs, located in their respective chapters (Chapter 410: Nursing Units, Chapter 420: Labor & Delivery / Obstetric Unit, Chapter 430: Neonatal Intensive Care Unit and Chapter 460: Behavioral Health Inpatient Unit).
- On page 6, section A. paragraph b. changed sentence to read “The recommended minimum number of ICU / CCU beds per Unit is eight.”
- On page 6, included Tables for “CHAPTER 430: NEONATAL INTENSIVE CARE UNIT (NICU) BED OCCUPANCY RATES” and “RECOMMENDED NUMBER OF NEONATAL INTENSIVE CARE UNIT (NICU) BEDS”

TABLE OF CONTENTS

SECTION 1: PURPOSE AND SCOPE..... 4
SECTION 2: BED SIZING CONFIDENCE CRITERIA 5
SECTION 3: PLANNING EXAMPLES 7

SECTION 1: PURPOSE AND SCOPE

1.1. PURPOSE AND SCOPE The Office of the Assistant Secretary of Defense for Health Affairs (ASDHA) has primary responsibility for establishing functional space and equipment planning criteria and standards for all the facilities in the Military Health System (MHS). The purpose of this document is to outline the way the Space and Equipment Planning documents are organized in order to facilitate planning, programming, and budgeting for DoD Medical Facilities for all services. Space Planning Criteria is organized by Chapter, a chapter corresponds to a Department or Departments with similar clinical functions in a healthcare facility. The intent of the Space Planning Criteria chapters and their implemented version in SEPS is to aid the space planner working on a MHS project create a baseline Space Program, Program for Design (PFD) and a Program Room Contents (PRC) using DoD approved standards.

The Space and Equipment Planning documentation is available on the World-Class Facilities website at the following link: <https://facilities.health.mil/home/>. It is accessible from the home page under “CONNECT” and selecting the SPC icon.

SECTION 2: BED SIZING CONFIDENCE CRITERIA

2.1. BED SIZING CONFIDENCE CRITERIA. The following hospital inpatient occupancy rates (ADPL – Average Daily Patient Load) shall be used in planning the number of beds in MTFs. The occupancy rates selected will then be applied to the formula for determining bed needs, located in their respective chapters (Chapter 410: Nursing Units, Chapter 420: Labor & Delivery / Obstetric Unit, Chapter 430: Neonatal Intensive Care Unit and Chapter 460: Behavioral Health Inpatient Unit).

Table 1: CHAPTER 410: NURSING UNITS BED OCCUPANCY RATES

Medical-Surgical Units	
ADPL Beds	ADPL Occupancy Rates
Less than 26	60%
26-50	75%
51-100	80%
101-250	85%
Greater than 250	90%
ICU / CCU Units	
ADPL Beds	ADPL Occupancy Rates
8 or greater	60%
Pediatric Units	
ADPL Beds	ADPL Occupancy Rates
Less than 31	65%
Greater than 31	75%
Substance Abuse / Alcohol Rehabilitation Units	
ADPL Beds	ADPL Occupancy Rates
8 or greater	90%

Table 2: CHAPTER 420: LABOR AND DELIVERY / OBSTETRIC UNITS BED OCCUPANCY RATES

Obstetric Units	
ADPL Beds	ADPL Occupancy Rates
Less than 11	60%
Greater than 11	75%

A. Intensive Care and Coronary Care Units (ICU / CCU):

The total number of critical care beds will be supported by a specific justification. The justification will address factors such as hospital mission, expected mission change, projected

work load, and geographical location. If space is requested for a laboratory to support these special care functions, it will be supported by a similar justification. The following guidelines serve as a baseline for programming these units when Intensive Care and / or Coronary Care Unit capability is justified.

If the ADPL data for the ICU / CCU is not available, the following criteria may be used to estimate the ICU / CCU bed requirements.

- a. The recommended baseline for number of critical care beds (i.e., total ICU and CCU beds) is 13 percent of the total programmed bed capacity.
- b. The recommended minimum number of ICU / CCU beds per Unit is eight.

Table 3: RECOMMENDED NUMBER OF ICU / CCU BEDS

MTF Total Bed Capacity	Number of ICU / CCU Beds
99 or less	8 - 13
100 - 199	13 - 26
200 - 299	26 - 39
300 - 399	39 - 52
400+	Authorization Required

Table 4: CHAPTER 430: NEONATAL INTENSIVE CARE UNIT (NICU) BED OCCUPANCY RATES

Neonatal Intensive Care (NICU) Units	
ADPL Beds	ADPL Occupancy Rates
4 or greater	70%

Table 5: RECOMMENDED NUMBER OF NEONATAL INTENSIVE CARE UNIT (NICU) BEDS

MTF Total Bed Capacity	Number of NICU Beds
49 or less	4 - 9
50 - 99	10 - 15
100 - 199	16 - 21
200 - 299	22 - 27

SECTION 3: PLANNING EXAMPLES

3.1. PLANNING EXAMPLES.

Case 1: Bed calculation using ADPL projections (including ICU / CCU)

Based on the following ADPL projections:

1. Medical- Surgical = 150
2. Pediatrics = 8
3. Substance Abuse / Alcohol Rehab = 10
4. Behavioral Health Inpatient = 8
5. Obstetric (Postpartum/Antepartum) = 15
6. ICU / CCU = 16

Calculation:

Medical-Surgical beds	=	$\frac{150}{0.85}$	= 177
Pediatric beds	=	$\frac{8}{0.65}$	= 13
Substance Abuse / Alcohol Rehab	=	$\frac{10}{0.90}$	= 12
Behavioral Health Inpatient beds	=	$\frac{8}{0.90}$	= 9
Obstetric (Postpartum/Antepartum) beds	=	$\frac{15}{0.75}$	= 20
ICU / CCU beds	=	$\frac{16}{0.60}$	= 27

Total = 258 beds

Case 2: Bed calculation using ADPL projections (excluding ICU / CCU)

Based on the following ADPL projections:

1. Medical-Surgical= 150
2. Pediatrics = 8
3. Substance Abuse / Alcohol Rehab = 10
4. Behavioral Health = 8
5. Obstetric = 15

Calculation:

$$\text{Medical-Surgical beds} = \frac{150}{0.85} = 177$$

$$\text{Pediatric beds} = \frac{8}{0.65} = 13$$

$$\text{Substance Abuse / Alcohol Rehab beds} = \frac{10}{0.90} = 12$$

$$\text{Behavioral Health Inpatient beds} = \frac{8}{0.90} = 9$$

$$\text{Obstetric (Postpartum/Antepartum beds)} = \frac{15}{0.75} = 20$$

Total = 231 beds

ICU / CCU beds calculated as a percentage:

$$\text{ICU / CCU beds} = (231)(0.13) = 30.03 = 31$$

$$\text{Total Number of Beds} + 231 + 31 = 262$$