DoD Space Planning Criteria

Chapter 302: Patient Centered Medical Home (Freestanding)
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Purpose: This issuance: To provide space planning criteria guidance in support of planning, programming and budgeting for military Medical Treatment Facilities (MTF) that fall under the authority of the Defense Health Agency (DHA).

SUMMARY of CHANGE

This revision, dated June 24, 2021 includes the following:

- Sections renamed and numbered: design considerations moved to the front of the document.

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SECTION 1: PURPOSE AND SCOPE

This chapter outlines space planning criteria that is applicable to all eligible beneficiaries receiving services in a DHA military Medical Treatment Facility (MTF) that provides Patient Centered Medical Home (Freestanding) services. The intent is to provide a streamlined method for programming PCMH services in a freestanding MTF.

For PCMH services that are located inside or immediately adjacent to an MTF that includes tertiary services or full scope ancillary departments, use Chapter 301: Primary Care / Patient Centered Medical Home to program project requirements.

The minimum sized Patient Centered Medical Home will include the following four exam rooms:

A. Two General Exam Rooms
B. One Airborne Infection Isolation (AII) Exam Room
C. One Telehealth Exam Room

Spaces in this chapter support the PCMH model of patient care. The PCMH model is applicable to Primary Care settings such as Flight Medicine, Internal Medicine and Pediatrics. If a separate Pediatric service is part of the approved requirement, the planner must refer to Chapter 303, Pediatric Ambulatory Care Services.

As part of the PCMH model of care, behavioral health providers are included as part of the PCMH team. The behavioral health provider meets the mental health needs of the enrolled population as part of improving their overall health. The main goal is to provide early triage of psychosocial/behavioral problems and conditions. When the full component of an embedded Behavioral Health service is part of the approved requirement, the planner must refer to Chapter 318: Behavioral Health Clinic.

The following functions are also included to support patient-centered care: immunizations, pharmacy, specimen collection and limited point of care testing, general radiology, and physical therapy.

Limited space for administrative and logistical support services is allocated, assuming most support comes from a nearby parent organization.

The space planning criteria in this chapter apply to all DHA MTFs and are based on current DHA policies and directives, established and/or anticipated best practices, industry guidelines and standards, and input from MHS Subject Matter Experts (SME) and DHA Directorates. 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 UFC 4-510-01 Design: Military Medical Facilities, Appendix B Architectural and Engineering Design Requirements.

SECTION 2: PLANNING AND PROGRAMMING REQUIREMENTS

1. Planners will consider local workload projections, staffing, and anticipated services to develop a project based on these criteria. The staffing projections used by planners to program requirements must be validated and aligned with the authorized manning document for the project. When no official guidance, policy or directive exists to validate space or program requirements, the planner will consult with their supervisor, and at their supervisor's discretion, the issue(s) may be elevated to senior leadership for the determination of the final project requirements.

2. When utilizing the Space and Equipment Planning System (SEPS) to program the requirements of this MTF, select facility type A-Ambulatory Care Center. This freestanding MTF will normally include in the Program for Design (PFD), one department, Primary Care /PCMH and multiple Functional Areas to include Lab and Radiology, Pharmacy, and Physical Therapy.

3. The baseline PFD is intended to support one PCMH team responsible for 4,000 to 5,000 patients. The PFD can be modified to accommodate additional PCMH teams by adding more rooms, or increasing the size of certain rooms as directed by the individual room comment in Section 5.

4. Primary Care staffing assumptions are based on DHA PCMH guidance for a single PCMH team, and includes the following full-time equivalents (FTEs): four to five providers, two RNs, ten LPNs, ten medics, two medical clerks, one behavioral health provider, one dietician, one clinical pharmacist, and one case manager. To support the MTF, one referral coordinator is often located on site.

5. Total number of FTE staff estimated at 35 – 45 for one PCMH team.

6. One dedicated telehealth exam room (EXTH1) is provided as part of the workload generated exam room count. If additional telehealth exams will be programmed based on the Functional Program requirements, deduct the total number of EXTH1 exam rooms from the total number of workload driven EXRG1 exam room count.

7. The basic spaces to support Hearing Conservation, an audio booth and administrative workstation, are provided. A single-person or multi-person audio booth will be programmed based on annual hearing screening workload.

8. Physical Exam evaluations for Active Duty may be provided in the PCMH. The vision screening room is provided when there is workload to support the function.

9. Pharmacy support is primarily intended for clinic enrollees, the minimal space provided should be utilized by the planner as the starting point. Given the structure of the DoD pharmacy benefit program, additional space may be required to accommodate demand from non-enrolled beneficiaries. Minimum staffing includes either one pharmacist and one

technician, or two technicians with remote connection to a pharmacist. Refer to Chapter 550: Pharmacy for additional space requirements, and guidance on compliance with United States Pharmacopeia (USP).

10. To enhance patient safety, provide a Medication Safety Zone for the PCMH. It can be a medication preparation room (MEDP1), or an area in the treatment/procedure room, as well as a self-contained medication dispensing unit, an automated medication dispensing station, or another system located in the clean utility (UCCL1). The planner should determine whether medications are prepared in the pharmacy, and then administered to the patient by PCMH staff in single, unit doses. In this instance, no medication prep room is required in the PCMH area. If the PCMH staff are calculating dosages, preparing the medication and administering it to the patient, an enclosed Medication Preparation Room (MEDP1) will be programmed in the PCMH.

11. One general radiographic unit is included, assuming one technician is on staff and the radiograph interpretation is performed at another location or facility. While the capacity of the general radiology unit exceeds the likely demand from this one-team clinic, the convenience of being able to rapidly diagnose fractures is an investment the MHS supports. Planners should verify this assumption.

12. Physical Therapy concept includes an initial evaluation and treatment plan by a therapist, and clinical phase recovery supervised by two technicians. The post-clinical recovery phase is typically accomplished at an athletic or similar facility.

13. A small supply room provides space for central receiving and processing of equipment and supplies, staffed by one technician.

14. For calculation of the number of building support spaces (Vestibules, Lobbies, -Multi-fixture Public and Staff Toilets, Staff Lounges and Locker Rooms, Conference Rooms, Communication Closets, and Janitor Closets), please refer to Chapter 610: Common Areas.

15. For space criteria requirements to support Graduate Medical Education in the MTF, refer to Chapter 230: Education and Training

16. When specialty clinical services beyond what is provided in this Chapter will be provided in the MTF, please refer to the individual space planning criteria chapter for space requirements.

17. The range of exam room throughput is based upon a calculation that first quantifies the full capacity of that fixed space, then estimates how many annual encounters it should support, based on other variable resources such as availability of providers, support staff, and patients.

Exam Room Default Parameters:

a. Operating Days per Year SEPS default: 240 days

b. Hours of Operation per Day SEPS default: 8 hours

c. Average Length of Encounter (ALOE) SEPS default: 40 minutes, *see Glossary for definition of ALOE.*

d. Room Utilization Factor SEPS default: 65%

Calculation of directly workload-driven room types is implemented in SEPS based on the following table and answers to the Input Data Statements:

TABLE 1: WORKLOAD PARAMETER CALCULATION

302: PCMH (FREESTANDING)				
CLINICAL ENCOUNTERS / PROCEDURES	**AVERAGE LENGTH OF CLINIC ENCOUNTER (minutes)**	**ROOM UTILIZATION FACTOR**	**ANNUAL WORKLOAD PER EXAM / PROCEDURE ROOM (*)**	**MINIMUM ANNUAL WORKLOAD TO GENERATE ONE ROOM (20%)**
General Exam	40	65%	1863	373

See Chapter 110: General for an example calculation.

SECTION 3: 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 the Facility Guidelines Institute (FGI) Guidelines for Design and Construction of Hospitals and Guidelines for Design and Construction of Outpatient Facilities for additional information.

3.1. NET-TO-DEPARTMENT GROSS FACTOR.

The net-to-department gross factor (NTDG) for PCMH (Freestanding) 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, and DoD Space Planning Criteria Chapter 130: Net to Gross Conversion Factors.

3.2. GENERAL DESIGN CONSIDERATIONS.

1. In the PCMH model of care, there are more members of the primary care team than there are in the traditional model (e.g., Case Managers, Behavioral Health Providers, Clinical Pharmacists, Dietitians, etc.). The key design consideration in supporting the PCMH model is the proximity of the primary care team. Proximity alone facilitates ease of collaboration; treatment planning, consultation and having multiple team members see the patient during the same visit or at the same time. Consideration must be given to co-locating key members of the primary care team within the same area of the clinical space or, if not logistically possible, as close to one another as feasible.

2. Consider technology requirements early on in design. Technology can be leveraged for safety and efficiency.

3. Consider space (temporary or fixed) and IM/IT capabilities for all team members to be able to accomplish their required documentation.

4. The clinic design shall be zoned for patient, visitor, support and staff areas to improve efficiency. A separate flow will be created between patients and visitors (on stage) and staff (off stage) to optimize privacy, safety and overall satisfaction. “On Stage” is defined as the Public / Reception Zone and the Patient Care / Treatment Zone. “Off Stage” is defined as the Staff / Administration Zone, the Clinic Support Zone and staff/service corridors.

5. Provide a separate staff/delivery entrance in the off-stage area of the MTF. This will be utilized for patient transport to a higher level of care in the event of an emergency, and it will accommodate an ambulance gurney and delivery carts.

3.3. RECEPTION.

1. Seating should be comfortable with adequate space for patients with wheelchairs and walking aids. Consider arranging seats into separate, small clusters to accommodate social distancing and enhance physical separation of well and sick patients.

2. To maximize speech privacy for patients at Reception, provide open, clear floor area between the waiting seats and Reception.

3. Consider flexible seating options that can accommodate greater demands during peak sick call hours.

3.4. PATIENT EXAM AND TREATMENT AREAS.

1. Locate the Referral Coordinator near the front of the patient care area for patient convenience, and to reduce unnecessary traffic through the Patient Care / Treatment Zone.

2. Exam Rooms: No exam room is intended to be dedicated to any specific provider; rather all exam rooms can be used at all times.

3. Team Workroom: Each PCMH team shall be collocated in a Team Workroom rather than in individual offices. This promotes improved collaboration and coordination of care through increased communication and staff efficiency. Team Workrooms and staff areas should be located so staff members may have private conversations regarding patients and clinical matters without being heard by patients or visitors.

4. Locate the Immunization / Observation Waiting area in line of sight to the Treatment Zone or to another staff occupied area. This area may be co-located with other waiting areas if the above requirement is met.

3.5. PCMH SUPPORT.

1. Optimize staff efficiency and performance by providing decentralized support spaces (e.g. charting, supplies, medications and equipment). Keep staff travel distances to a minimum.

2. In all equipment storage rooms, assure adequate power outlets are provided to support all equipment charging within these rooms.

3. The location and number of recessed or semi-recessed Automatic External Defibrillator (AED) cabinets will be determined during project design. The Designer of Record (DOR) is responsible to ensure quantity, placement and all appropriate markings (signage) are shown in the final design solution. The DOR will coordinate with the design and construction Agent and clinical representative to ensure adequate placement and facility coverage.

4. In cases where a resuscitation cart with associated equipment and medical supplies is warranted, the planner should determine whether placement is appropriate in an alcove (RCA01) near a patient treatment zone, or if they can be added in a treatment space as part of the room code equipment contents.

3.6. STAFF AND ADMINISTRATION.

1. The Conference Room may be also used for patient education. In such case, it will be located adjacent to the Reception Area.

2. Design the staff lounge as a place of respite, utilizing lighting and technology. (e.g., backlit art; controllable lighting; soft, natural colors; ergonomically supportive furniture; and soft music).

3. Provide a separate staff/delivery entrance in the off-stage area of the facility. This will be utilized for patient transport to a higher level of care in the event of an emergency, and it will accommodate an ambulance gurney and delivery carts.

4. Lactation Room: A private room will be provided in the facility for staff who are nursing. When a lactation room is intended to be shared by staff and patients locate the room to support ease of access by all. Where separate lactation spaces are planned for patients and visitors, consider alternative solutions (e.g. lactation pod).

3.7. LAB AND RADIOLOGY.

1. The Phlebotomy area will be directly accessible to the waiting area, and will be adjacent to the Lab.

2. The Specimen toilet will be directly accessible to the waiting area, and will be adjacent to the Lab. If a pass through specimen cabinet will be provided between the toilet and the lab, it will have interlocking doors that prevent access to the specimen once it is set into the pass through.

3. Specimen shipping and receiving will be located as close to the staff/delivery entrance as possible in order to facilitate easy of specimen transport.

4. The Radiology Dressing Cubicle will be directly adjacent to the Radiology room. Visual privacy between the Dressing Cubicle and the waiting area will be provided.

3.8. PHYSICAL THERAPY.

1. Locate the Physical Therapy Treatment stations near the gym Exercise Area along a perimeter wall.

2. Locate the Physical Therapy Workstation contiguous with the Treatment Stations and the Exercise Area to allow visualization of patients at all times.

3. The Physical Therapy Exercise Area should be flexible and have the ability to accommodate changes in treatment equipment / modalities and patient needs.

4. Design the Exercise Area with minimal obstructions such as pillars and posts; maximize the number of windows for natural light, and to provide exterior views.

5. Provide full length mirrors on at least one of the walls of the Exercise Area.

6. Depending on the geographic climate and facility site, consider providing an outdoor therapy area that can be utilized for treatment activities.

SECTION 4: PROGRAM DATA REQUIRED

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

1. How many annual in-person primary care encounters are projected? (W)
2. How many annual Hearing Conservation screening encounters are projected? (W)
3. How many annual Physical Exam vision screening tests are projected? (W)
4. Will the PCMH staff be calculating medication dosages, preparing the medication and administering it to the patient? (M)
5. How many annual Pharmacy prescriptions are projected? (W)
6. How many automated robotic systems greater than one are projected? (Misc)
7. How many hard copy records are projected to be stored in the MTF for Primary Care / PCMH? (Misc)
8. How many FTE Physical Therapist positions are projected? (S)
9. How many annual Physical Therapy treatment station encounters are projected? (W)
10. What is the total BGSF for the MTF? (Misc)

4.2. COMPUTED STATEMENTS.

1. Room Utilization Factor (Computed) (Default: .65)
2. Hours per day (Computed) (Default: 8)
3. Days per year (Computed) (Default: 240)
4. Average Length of Encounter (ALOE) in Hours (Computed) (Default: .67)
5. Patient care hours per year (Computed) (Default: [Hours per day] x [Days per year])
6. Room Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Average Length of Encounter (ALOE) in Hours])
7. Calculated number of exam rooms based on workload (Computed) (Default: Round Up From (.5, [How many annual in-person primary care encounters are projected?] / [Room Workload Capacity]))

4.3. SHORTCUTS.

1. number of exam rooms: [Calculated number of exam rooms based on workload]

SECTION 5: SPACE PLANNING CRITERIA

5.1. FA1: COMMON AREAS.

These common area sizes are based on clinic size of 30,000 NSF or smaller.

1. **Lobby, Vestibule (LOB02)** **150 NSF**
   a. Provide one
2. **Lobby, Main (LOB03)** **200 NSF**
   a. Provide one
3. **Alcove, Wheelchair (SRLW1)** **15 NSF**
   a. Provide one

   This space provides storage for wheelchairs adjacent to the entrance of the facility.
4. **Conference Room (CRA01)** **300 NSF**
   a. Provide one

   Serves as a multi-function room supporting staff conferences and patient education.
5. **Lactation Room (LAC01)** **100 NSF**
   a. Provide one

   Supports both staff and patients.
6. **Central Locker, Staff Male Changing (LR002)** **100 NSF**
   a. Provide one
7. **Central Locker, Staff Female Changing (LR002)** **100 NSF**
   a. Provide one
8. **Central Locker, Staff Male Shower (SHWR1)** **60 NSF**
   a. Provide one

   Locate Male Staff Shower adjacent to Male Staff Changing.
9. **Central Locker, Staff Female Shower (SHWR1)** **60 NSF**
   a. Provide one

   Locate Female Staff Shower adjacent to Female Staff Changing.
10. **Central Locker, Staff Male Toilet (TLTM2)** **210 NSF**
    a. Provide one

Locate Male Staff Toilet adjacent to Male Staff Changing.

11. Central Locker, Staff Female Toilet (TLTF2) 210 NSF

a. Provide one

Locate Female Staff Toilet adjacent to Female Staff Changing.

12. Toilet, Public, Male (TLTM2) 210 NSF

a. Provide one

13. Toilet, Public, Female (TLTF2) 210 NSF

a. Provide one

5.2. FA2: RECEPTION / WAITING.

1. Clinic Waiting (WRC01) 360 NSF

a. Provide one
b. Provide an additional 64 NSF for every increment of two [number of exam rooms] greater than eight

The 360 NSF accommodates, 21 chairs at 16 NSF each and 1 handicapped chair at 25 NSF. Each additional 64 NSF accommodates 4 chairs.

2. Kiosk, Patient Check-In (CLSC1) 15 NSF

a. Provide one
b. Provide an additional one for every increment of eight [number of exam rooms] greater than eight

3. Reception (RECP1) 100 NSF

a. Provide one
b. Provide an additional 50 NSF for every increment of eight [number of exam rooms] greater than sixteen

Accommodates two FTEs.

4. Referral Coordinator (OFA04) 100 NSF

a. Provide one

5.3. FA3: PATIENT EXAM AREA.

1. Alcove, Height / Weight (EXR11) 15 NSF

a. Provide one
b. Provide an additional one for every increment of eight [number of exam rooms] greater than eight

The alcove supports height and weight measurements before moving the patient to the exam room for obtaining vital signs and other health information. Where infant and pediatric care is provided in the PCMH, the planner should consider an EXRG4 Screening Room in lieu of the EXR11 Alcove, Height / Weight, or programming a combination of both types of spaces.

2. Exam Room, General (EXRG1) 120 NSF

a. Provide two if [Calculated number of exam rooms based on workload] is at least four
b. Provide an additional one per each [Calculated number of exam rooms based on workload] greater than two
c. Deduct the total number of [Exam Room, Airborne Infection Isolation (AII) (EXRG6)], [Exam Room, Telehealth (EXTH1)]

3. Exam Room, Airborne Infection Isolation (AII) (EXRG6) 140 NSF

a. Provide one if [Calculated number of exam rooms based on workload] is at least four
b. Provide an additional one for every increment of sixteen [number of exam rooms] greater than sixteen

The number of Airborne Infection Isolation (AII) Exam Rooms shall be determined by the Infection Control Risk Assessment (ICRA), which shall be conducted during the early planning phase of the project. This room is part of the total number of workload driven exam rooms.

4. Toilet, Airborne Infection Isolation (AII) Patient (TLTU1) 60 NSF

a. Provide one per each [Exam Room, Airborne Infection Isolation (AII) (EXRG6)]

This is dedicated to the AII Exam and will be accessible from within the Exam room.

5. Exam Room, Telehealth (EXTH1) 120 NSF

a. Provide one if [Calculated number of exam rooms based on workload] is at least four

This room is equipped as a general exam with video/camera equipment to be used for the transmission of patient information and images to a remote location where a provider will receive the information and conduct a virtual encounter.

6. Office, Behavioral Health Provider (OFDC1) 120 NSF

a. Provide one
b. Provide an additional one for every increment of eight [number of exam rooms] greater than eight

7. Exam / Consult (EXR10) 120 NSF

a. Provide one
b. Provide an additional one for every increment of eight [number of exam rooms] greater than eight

For RNs or providers to meet with patients outside exam rooms.

8. Office, Case Manager (OFA04) 100 NSF

a. Provide one
b. Provide an additional one for every increment of eight [number of exam rooms] greater than eight

9. Consult Room (EXR10) 120 NSF

a. Provide one
b. Provide an additional one for every increment of eight [number of exam rooms] greater than eight

Intended to be used for visiting/non FTE providers (Clinical Pharmacist or Dietician) or PCMH staff to meet with patients outside exam rooms. This room is not part of the exam room count.

10. Toilet, Patient (TLTU1) 60 NSF

a. Provide one
b. Provide an additional one for every increment of eight [number of exam rooms] greater than eight

5.4. FA4: PATIENT TREATMENT AREA.

1. Waiting, Immunization / Observation (WRC01) 120 NSF

a. Provide one

2. Immunization Room (OPIR1) 240 NSF

a. Provide one

Accommodates one station with a chair and one station with a gurney or exam table. The function of the room is not intended to support mass or pre - deployment immunizations.

3. Treatment Room, General (TRGM1) 175 NSF

a. Provide one
b. Provide an additional one for every increment of eight [number of exam rooms] greater than sixteen

May include EKG machine.

4. Toilet, Patient (TLTU1) 60 NSF

a. Provide one

5. Observation / Hydration (OOHR1) 120 NSF

a. Provide one
b. Provide an additional one for every increment of eight [number of exam rooms] greater than eight

6. Audiometric Booth, Single-Person (PEHS1) 120 NSF

a. Provide one if [How many annual Hearing Conservation screening encounters are projected?] is between 307 and 2457

7. Audiometric Booth, Multi-Person (PEHS2) 200 NSF

a. Provide one if [How many annual Hearing Conservation screening encounters are projected?] is at least 2458

Allocated NSF accommodates up to an 8-person audiometric booth and an administrative workstation.

8. Vision Screening (EYVS1) 120 NSF

a. Provide one if [How many annual Physical Exam vision screening tests are projected?] is at least 1863

Accommodates an administrative workstation.

5.5. FA5: PCMH SUPPORT.

1. Medication Room (MEDP1) 100 NSF

a. Provide one if [Will the PCMH staff be calculating medication dosages, preparing the medication and administering it to the patient?]

This enclosed room is provided to decrease staff distractions and interruptions thus reducing medication administration errors.

2. Storage, Equipment (SRE01) 100 NSF

a. Provide one
b. Provide an additional 50 NSF for every increment of eight [number of exam rooms] greater than eight

3. Utility Room, Clean (UCCL1) 100 NSF

a. Provide one
b. Provide an additional one for every increment of eight [number of exam rooms] greater than eight.

4. Utility Room, Soiled (USCL1) 90 NSF

a. Provide one
b. Provide an additional one for every increment of eight [number of exam rooms] greater than sixteen

5. Alcove, Wheelchair (SRLW1) 15 NSF

a. Provide one

5.6. FA6: PHARMACY.

1. Waiting (WRC01) 120 NSF

a. Provide one
b. Provide an additional 60 NSF for every increment of eight [number of exam rooms] greater than eight

2. Patient Check-In Kiosk (CLSC1) 15 NSF

a. Provide one

3. Prescription Assembly/Holding/Staging/Dispensing (PHOD1) 500 NSF

a. Provide one
b. Provide an additional 250 NSF for every increment of 100000 [How many annual Pharmacy prescriptions are projected? (W)] greater than 100000

This area includes two dispensing windows, and the cabinetry and automation to support the following stations: controlled substance prep, oral suspension prep, automated and manual fill, verification and batching, and Will Call management.

4. Prescription Order Collation Area, Robotics / Automation (PHR01) 100 NSF

a. Provide one
b. Provide an additional 100 NSF per each [How many automated robotic systems greater than one are projected?]

5. Storage, Bulk Supplies (PHBS1) 100 NSF

a. Provide one
b. Provide an additional 100 NSF for every increment of 100000 [How many annual Pharmacy prescriptions are projected?] greater than 100000

Includes refrigeration storage.

5.7. FA7: LABORATORY AND RADIOLOGY.

1. Patient Waiting (WRC01) 120 NSF

a. Provide one
b. Provide an additional 60 NSF for every increment of eight [number of exam rooms] greater than sixteen

2. Reception (RECP3) 50 NSF

a. Provide one

Accommodates one FTE.

3. Patient Check-In Kiosk (CLSC1) 15 NSF

a. Provide one

4. Phlebotomy Multi Station (LBVP2) **240 NSF**

a. Provide one
b. Provide an additional 60 NSF if [number of exam rooms] is at least sixteen

5. Specimen Collection Toilet (TLTU1) **60 NSF**

a. Provide one
b. Provide an additional one if [number of exam rooms] is at least sixteen

6. Laboratory, Satellite (LBSP1) **100 NSF**

a. Provide one

7. Specimen Shipping/Receiving (LBSS2) **120 NSF**

a. Provide one

Supports sample prep and shipment to a central laboratory.

8. Storage, Bulk (SRS01) **100 NSF**

a. Provide one

Accommodates specimen shipment containers.

9. Cubicle, Patient Dressing (DR001) **50 NSF**

a. Provide one

10. General Radiology Room (XDR01) **300 NSF**

a. Provide one

Control area accommodates image QC.

5.8. FA8: PHYSICAL THERAPY.

1. Waiting (WRC03) **60 NSF**

a. Provide one

2. Reception (RECP3) **50 NSF**

a. Provide one

Accommodates one FTE.

3. Private Treatment Room, Physical Therapy (PTPR1) **150 NSF**

a. Provide one for each [How many FTE Physical Therapist positions are projected?]

4. Multi-Station Treatment Area, Physical Therapy (PTTC1) **240 NSF**

a. Provide one

b. Provide an additional 120 NSF for every increment of 737 [How many annual Physical Therapy treatment station encounters are projected?] greater than 7372

Minimum NSF accommodates two treatment stations.

5. Physical Therapy Exercise Area (PTEA1) 420 NSF

a. Provide one

This is an open area that includes space to accommodate exercise machines and open floor area. The allocated NSF accommodates the following equipment: one cart with free weights (20 NSF), one stair climber (80 NSF), one stair master (40 NSF), one treadmill (40 NSF), two exercise bicycles (40 NSF), one floor mat (45 NSF), and one mat platform (90 NSF). The planner must adjust the NSF according to the number and type of equipment items required by the Functional Program and/or PRC List (Refer to SPC Chapter 390, Table 2 Physical Therapy Exercise Area Calculation for equipment modality allocation).

6. Workstation, Physical Therapy Technician (PTCW1) 15 NSF

a. Provide one
b. Provide an additional one for every increment of 7372 [How many annual Physical Therapy treatment station encounters are projected?] greater than 7372

7. Physical Therapy, Treatment Support (PTTS1) 50 NSF

a. Provide one

8. Alcove, Ice Machine (ICE01) 15 NSF

a. Provide one

9. Storage, Equipment (SRE01) 100 NSF

a. Provide one
b. Provide an additional 50 NSF if [How many annual Physical Therapy treatment station encounters are projected?] is greater than 7372

Includes crutch storage.

10. Cubicle, Patient Dressing (DR001) 50 NSF

a. Provide one

11. Lockers, Personal Property (LR001) 30 NSF

a. Provide one

12. Toilet, Unisex (TLTU1) 60 NSF

a. Provide one

5.9. FA9: STAFF AND ADMINISTRATION.

1. Office, Clinic Supervisor (OFA04) 100 NSF

a. Provide one

Provide one for the individual with overall responsibility for the facility. If there are other supervisors not accounted for anywhere else, consider adding shared offices and include comments with justification.

2. Team Workroom (WKTM1) 850 NSF

a. Provide one
b. Provide an additional one for every increment of eight [number of exam rooms] greater than eight

Accommodates five providers and two RN work spaces at 50 NSF each, ten LPN work spaces and five shared hot desks for techs/medics at 30 NSF each, and a collaboration area.

3. Toilet, Staff (TLTU1) 60 NSF

a. Provide one
b. Provide an additional one for every increment of eight [number of exam rooms] greater than eight

4. Staff Lounge (SL001) 300 NSF

a. Provide one

Supports all staff working in the MTF and accommodates personal property lockers.

5. Copy / Office Supply (RPR01) 100 NSF

a. Provide one

This is a shared resource for the MTF.

6. Storage, Patient Records (FILE1) 100 NSF

a. Provide one if [How many hard copy records are projected to be stored in the MTF for Primary Care / PCMH?] is at least 3804
b. Provide an additional 8 NSF for every increment of 317 [How many hard copy records are projected to be stored in the MTF for Primary Care / PCMH?] is greater than 3804

5.10. FA10: MTF SUPPLY.

1. Vestibule (LOB02) 90 NSF

a. Provide one

2. Storage, Supplies (SRS01) 100 NSF

a. Provide one
b. Provide an additional 25 NSF for every increment of four [number of exam rooms] greater than eight

3. Cubicle, Supply Administration (OFA03) 50 NSF

a. Provide one

Accommodates supply technician. Default is one – adjust as needed based on staffing.

5.11. FA11: FACILITY SUPPORT.

1. Communications Room (COMC1) 130 NSF

a. Provide one if [What is the total BGSF for the MTF?] is at least 500
b. Provide an additional one for every increment of 10,000 [What is the total BGSF for the MTF?] greater than 20,000

2. Service Entrance Facility (COMC2) 150 NSF

a. Provide one

3. Trash Holding/Recycling (UTC01) 40 NSF

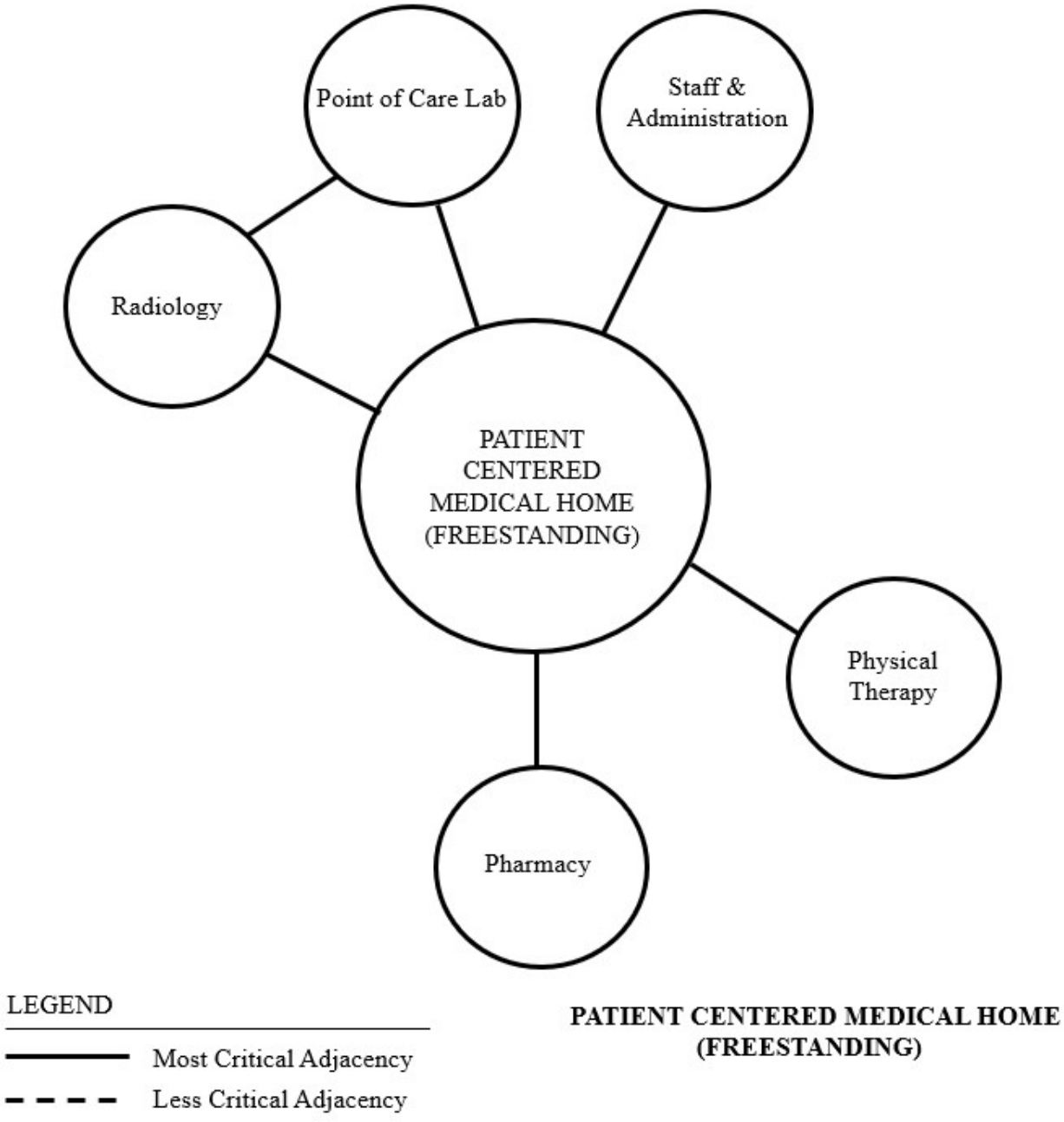
a. Provide one

4. Janitor Closet (JANC1) 40 NSF

a. Provide one if [What is the total BGSF for the MTF?] is at least 500
b. Provide an additional one for every increment of 10,000 [What is the total BGSF for the MTF?] greater than 10,000

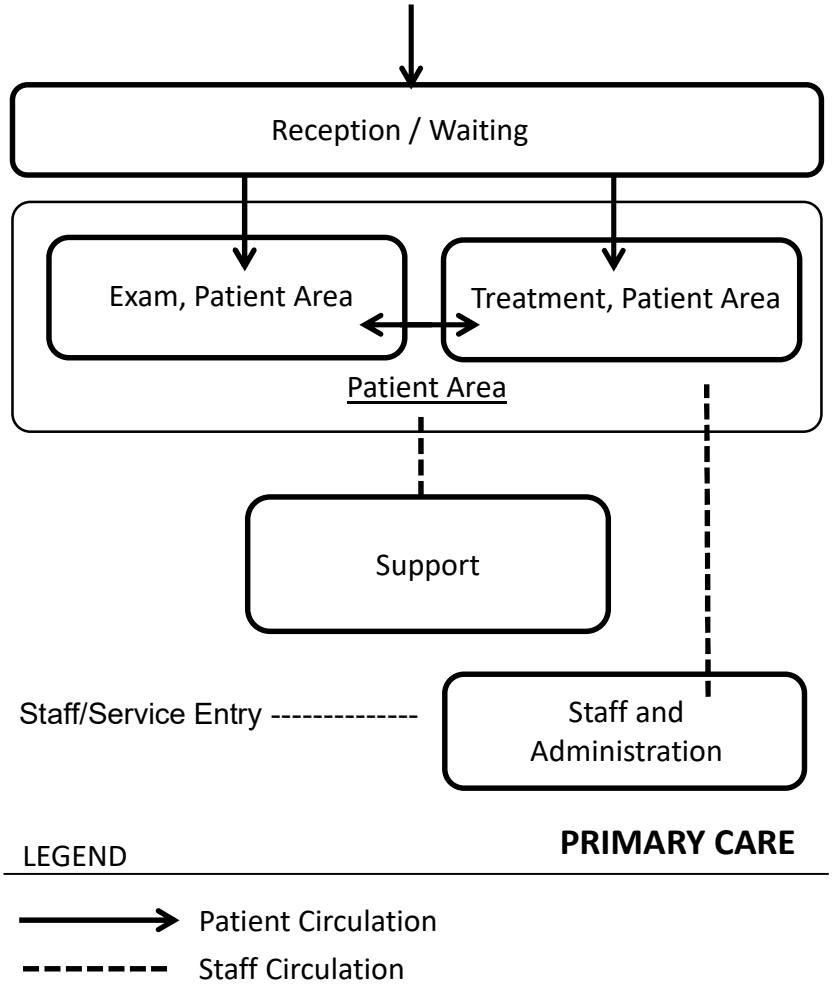
SECTION 6: FUNCTIONAL RELATIONSHIPS (INTERDEPARTMENTAL)

Patient Centered Medical Home (Freestanding) will rely on a number of other services in the MTF for patient care and support functions. The diagram below represents desirable relationships based on efficiency and functional considerations.



SECTION 7: FUNCTIONAL DIAGRAM (INTRADEPARTMENTAL)

The diagram below illustrates intradepartmental relationships among key areas / spaces within Patient Centered Medical Home (Freestanding). The diagram is necessarily generic. The planner shall use this as a basis for design only and shall consider project-specific requirements for each MTF.



GLOSSARY

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.

Ambulatory Care Center: A Medical Treatment Facility (MTF) providing outpatient care services in both a freestanding building, as well as within or directly adjacent to an MTF that provides inpatient-care services.

Average Length of Encounter (ALOE): In these space criteria, an encounter is defined as a face-to-face professional contact between a patient and a provider vested with responsibility for diagnosing, evaluating, and treating the patient's condition. The Length of Encounter is the time between set-up and clean-up of an Exam / Treatment Room. The Average Length of Encounter is used to capture variations in Length of Encounter among similar clinical encounters that will take place in an Exam Room.

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

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

Clean Utility Room: This room is used for the storage and holding of clean and sterile supplies. Clean linen may be stored in a designated area in the clean utility room if space is not provided in a separate room or in an alcove.

Consult Room: This is a consultation room for patients 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. Staff with no supervisory responsibilities, or who do not deal with confidential information for 75% or more of their work day, as well as part-time, seasonal, and job-sharing staff will be assigned a cubicle.

Encounter: A contact between an eligible beneficiary and a credentialed provider. An encounter may consist of examination, diagnosis, treatment, evaluation, consultation or

counseling or a combination of the above. The encounter will take place in an exam room, or in other treatment or observation areas. Encounter volume used to generate exam room or other workload driven rooms will not include telephone encounters.

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

Full-Time Equivalent (FTE): A staffing parameter equal to the amount of time assigned to one full time employee. It may be composed of several part-time employees whose total time commitment equals that of a full-time employee. One FTE equals a 40-hour a week workload. The FTE measure may also be used for specific workload staffing parameters such as a clinical FTE; the amount of time assigned to an employee providing clinical care. For example, a 0.5 clinical FTE for a healthcare worker would indicate that the healthcare worker provides clinical care half of the time per a 40-hour work week.

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

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.

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

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

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

Infection Control Risk Assessment (ICRA): An ICRA is a multidisciplinary, organizational, documented process that considers the medical facility's patient population and mission to reduce the risk of infection based on knowledge about infection, infectious agents, and the care environment, permitting the facility to anticipate potential impact.

Input Data Statement: A set of questions designed to elicit information about the healthcare project in order to create a Program for Design (PFD) (see definition below); based on the space criteria parameters (refer to Section 5) set forth in this document. Input Data Statements are defined as Mission, Workload, Staffing or Miscellaneous.

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

Lactation Room: Private space which accommodates an individual for breast feeding or pumping. It must include a sink, chair, flat surface for breast pumps, trash receptacle and baby changing table.

Net-to-Department Gross Factor (NTDG): A parameter used to calculate the Department Gross Square Foot (DGSF) area based on the programmed Net Square Foot (NSF) area. Refer to Section 3.

Net Square Feet (NSF): The area of a room or space derived by multiplying measurements of the room or space taken from the inside surface of one wall to the inside surface of the opposite wall.

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

Office, Private: A single occupancy office provided for an FTE Tier 1 Supervisor who per DHA guidance, typically oversees 7-10 staff members and performs supervisory functions at least 50% of the time, or other FTE positions that directly interacts with patients for 50% or more of their work day, or require a private room for confidentiality based on their job duties. Union documents must specifically state that a specific FTE is required to have a private space.

Office, Shared: An office that accommodates two workstations for FTE positions who do not meet the requirement for a private, single office, but do require a quiet work environment that reduces distractions and promotes concentration.

Operating Days per Year: The number of days per calendar year a facility is operational for patient care.

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

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.

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.

Room Utilization Factor: The percentage of time that a room is in use to the time it could be in use over the course of a year. This factor provides flexibility to accommodate variability caused by other resources and processes involved in patient encounters. Smaller clinics like this one-team PCMH facility should assume a lower utilization factor than larger clinics, because operational issues like provider and support staff absences and seasonal demand fluctuations have more significant impacts on patient scheduling.

Shortcuts: Shortcuts can be used by criteria managers to make the space criteria document more readable. They are used to replace any part of a condition with more readable text.

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 Sterile Processing.

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 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).

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

Telehealth: The use of technology, such as computers and mobile devices, to manage healthcare remotely. It includes a variety of health care services, including but not limited to online support groups, online health information and self-management tools, email and online communication with health care providers, remote monitoring of vital signs, video or online doctor visits. Usually, the telehealth room should be equipped as an exam room or as a consult room with mobile video / camera capability to support transmission of patient information to a remote receiving location.

Unit Dose: A medication that is purchased or re-packaged in unit-of-use format, typically utilizing barcode technology to facilitate medication management. Unit dose medications can be dispensed directly to patients.

Workload: Space Planning Criteria per DHA Policy takes projected workload into account. In-person patient encounter projections divided by the throughput range included in this document for each exam room assists planners with estimating the quantity of rooms needed to satisfy the projected workload demand.