DoD Space Planning Criteria

Chapter 310: Audiology, Hearing Conservation, Speech-Language Pathology and ENT Clinic
September 7, 2021

Originating Component: Defense Health Agency Facilities Enterprise

Effective: September 7, 2021

Releasability: No Restrictions

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

SUMMARY of CHANGE

This revision, dated September 7, 2021 includes the following:

- Converted to SEPS compatible format.
- Sections renamed and numbered: design considerations moved to the front of the document.
- Reduced the NSF on select clinical and administrative spaces throughout the chapter.
- Removed workload driven formula example; now located in Chapter 110.
- Workload driven defaults are now fixed values for this chapter.
- The following spaces have been moved to Chapter 610 Common Areas: staff toilets, lockers, lounges, and conference rooms.
- Moved Graduate Medical Education resident administrative spaces to Chapter 230 Education and Training.
- Added new definition of Room Utilization Factor and Office, Private in Glossary.

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SECTION 1: PURPOSE AND SCOPE

This chapter outlines space planning criteria as it applies to all eligible beneficiaries/ populations receiving Audiology, Hearing Conservation, Speech-Language Pathology (SLP) and Ear, Nose and Throat (ENT) services. All of these services, or a select number of them, may be located inside or immediately adjacent to an MTF that may include inpatient care, tertiary specialty services, or full scope ancillary departments. Additionally, some of these individual services may be located in a freestanding facility, such as Hearing Conservation.

As part of space optimization, the spaces in Functional Area 6: Support are intended to be shared between all clinical services, and they will not be duplicated in each clinical Patient / Treatment Functional Area. Where clinical services are not collocated together in the same area of the facility, then the planner will provide the appropriate type of support spaces from Functional Area 6 to support each clinical Patient / Treatment area.

The focus of these services is to improve a patient's ability to communicate (language and speech), understand, and process what is communicated to them (hearing). The objective is to prevent, reduce or remediate communication or swallow disorders. The services provided include assessment, treatment, consultation, and education.

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. Space planning criteria have been developed on the basis of an understanding of the activities involved in the functional areas required for Audiology, Hearing Conservation, Speech-Language Pathology, and ENT Clinic and its relationship with other services of a medical facility. These criteria are predicated on established and/or anticipated best practice standards, as adapted to provide environments supporting the highest quality health care for Service Members and their dependents.

3. 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.

4. To enhance patient safety, provide a Medication Safety Zone for the ENT area. 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 ancillary pharmacy, and then administered to the patient by ENT staff in single, unit doses. In this instance, no medication prep room is required in the ENT area. If the ENT staff are calculating dosages, preparing the medication and administering it to the patient, an enclosed Medication Preparation Room (MEDP1) will be programmed in the ENT area.

5. 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.

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

7. 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: *please see Table 1*, *see Glossary for definition of ALOE. See Table 1*

d. Room Utilization Factor SEPS default: 80%

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

310: AUDIOLOGY, HEARING CONSERVATION, SPEECH-LANGUAGE PATHOLOGY AND ENT CLINIC				
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%)**
Auditory Electrophysiology	60	80%	1,536	307
Posturography	180	80%	512	102
Vestibulography	120	80%	768	154
Diagnostic Audiology	60	80%	1,536	307
Hearing Conservation Screening (8 Stations)	60	80%	12,288	2,458
Speech-Language Pathology Exam Room	60	80%	1,536	307
ENT Exam Room	30	80%	3,072	614

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 latest version of 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 Audiology, Hearing Conservation, Speech-Language Pathology, and ENT Clinic 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 and 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. Consider technology requirements early on in design. Technology can be leveraged for safety and efficiency.

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

3. 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.

4. Provide a separate staff/delivery entrance in the off-stage area of the clinic. 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.

3.2. RECEPTION.

1. Seating in the waiting area 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 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 service hours.

4. Locate the Patient Education Room near the front of the Exam Patient care area for patient convenience and to reduce unnecessary traffic through the clinic.

3.3. PATIENT AREA.

1. Exam Rooms: No exam room is intended to be dedicated to any specific provider; rather all exam rooms can be used at all times. The planner must assess the requirement for a Bariatric Exam room (EXB01) based on the population served at the MTF. If a Bariatric Exam room is programmed, it will be included as one of the total number of calculated Exam rooms. Also program a Bariatric Toilet (TLTB1) to replace one Patient Toilet in the Exam Patient Area.

2. 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.

3. The audiology assessment and treatment spaces should not be adjacent to mechanical systems or vibration inducing components, or other noisy areas.

4. Audio booths should be located in interior space for isolation from external noise sources.

3.4 CLINIC SUPPORT.

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

2. In all equipment storage rooms, assure adequate power is provided for all equipment housed 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.

3.5. STAFF AND ADMINISTRATION.

1. Determine whether administrative spaces such as the Practice Manager or OIC, should be located towards the front of the patient care area for ease of access, or be located in the off stage administrative area.

2. Locate the Team Workroom(s) in close proximity to the associated team exam rooms.

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 Auditory Electrophysiology Audiology encounters are projected? (W)
2. How many annual in-person Diagnostic Audiology encounters are projected? (W)
3. How many annual in-person Screening Audiology encounters are projected? (W)
4. How many annual in-person Posturography Audiology encounters are projected? (W)
5. How many annual in-person Vestibulography Audiology encounters are projected? (W)
6. How many annual in-person Hearing Conservation Screening encounters are projected? (W)
7. How many annual in-person Speech-Language Pathology encounters are projected? (W)
8. How many annual in-person ENT encounters are projected? (W)
9. Will the ENT staff be calculating medication dosages, preparing the medication and administering it to the patient? (M)
10. Is a Bone Dissection Laboratory projected to support an ENT Graduate Medical Education program? (M) (Note: This is a Temporal Bone Dissection skills Lab for Residents to gain a thorough knowledge of temporal bone anatomy.)
11. How many hard copy records are projected to be stored in the Audiology, Hearing Conservation, SPL and ENT clinic? (Misc)

4.2 COMPUTED STATEMENTS.

1. Room Utilization Factor (Computed) (Default: .80)
2. Hours per day (Computed) (Default:8)
3. Days per year (Computed) (Default: 240)
4. Patient care hours per year (Computed) (Default: [Hours per day] x [Days per year])
5. Auditory Electrophysiology Average Length of Encounter (ALOE) in Hours (Computed) (Default: 1.0)
6. Posturography Average Length of Encounter (ALOE) in Hours (Computed) (Default: 3.0)
7. Vestibulography Average Length of Encounter (ALOE) in Hours (Computed) (Default: 2.0)
8. Diagnostic Audiology Average Length of Encounter (ALOE) in Hours (Computed) (Default: 1.0)
9. Speech-Language Pathology Exam Room Average Length of Encounter (ALOE) in Hours (Computed) (Default: 1.0)
10. ENT Exam Room Average Length of Encounter (ALOE) in Hours (Computed) (Default: .50)
11. Auditory Electrophysiology Room Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Auditory Electrophysiology Average Length of Encounter (ALOE) in Hours])
12. Calculated number of Auditory Electrophysiology rooms based on workload (Computed) (Default: Round Up From (.5, [How many annual in-person Auditory Electrophysiology Audiology encounters are projected?] / [Auditory Electrophysiology Room Workload Capacity]))

13. Posturography Room Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Posturography Average Length of Encounter (ALOE) in Hours])
14. Calculated number of Posturography rooms based on workload (Computed) (Default: Round Up From (.5, [How many annual in-person Posturography Audiology encounters are projected?] / [Posturography Room Workload Capacity]))
15. Vestibulography Room Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Vestibulography Average Length of Encounter (ALOE) in Hours])
16. Calculated number of Vestibulography rooms based on workload (Computed) (Default: Round Up From (.5, [How many annual in-person Vestibulography Audiology encounters are projected?] / [Vestibulography Room Workload Capacity]))
17. Diagnostic Audiology Room Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Diagnostic Audiology Average Length of Encounter (ALOE) in Hours])
18. Calculated number of Diagnostic Audiology rooms based on workload (Computed) (Default: Round Up From (.5, [How many annual in-person Diagnostic Audiology encounters are projected?] / [Diagnostic Audiology Room Workload Capacity]))
19. Speech-Language Pathology Exam Room Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Speech-Language Pathology Exam Room Average Length of Encounter (ALOE) in Hours])
20. Calculated number of Speech-Language Pathology Exam rooms based on workload (Computed) (Default: Round Up From (.5, [How many annual in-person Speech-Language Pathology encounters are projected?] / [Speech-Language Pathology Exam Room Workload Capacity]))
21. ENT Exam Room Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [ENT Exam Room Average Length of Encounter (ALOE) in Hours])
22. Calculated number of ENT Exam rooms based on workload (Computed) (Default: Round Up From (.5, [How many annual in-person ENT encounters are projected?] / [ENT Exam Room Workload Capacity]))
23. Total number of Audiology Audiometric Booths (Computed) (Default: [Audiometric Booth, Diagnostic, Single-Patient (PEHS3)], [Audiometric Booth, Screening, Single-Patient (PEHS1)])
24. Total number of Audiology rooms (Computed) (Default: [Audiometric Booth, Diagnostic, Single-Patient (PEHS3)], [Audiometric Booth, Screening, Single-Patient (PEHS1)], [Auditory Electrophysiology Room (OPAE1)], [Posturography Room (OPAP1)], [Exam, Vestibular (EXVE1)], [Rotary Chair Room (OPAR1)], [Hearing Aid Fitting and Modification (HAFR1)])
25. Total number of Speech Language Pathology rooms (Computed) (Default: [Speech Therapy Group (OPMP1)], [Special Procedures (TREN1)], [Exam, Speech-Language Pathology (EXOS1)])
26. Total number of ENT rooms (Computed) (Default: [Exam, ENT (EXEN1)], [Treatment Room, ENT (TREN1)], [Exam, Vestibular (EXVE1)])

27. Total number of Exam Rooms (Computed) (Default: [Auditory Electrophysiology Room (OPAE1)], [Posturography Room (OPAP1)], [Rotary Chair Room (OPAR1)], [Hearing Aid Fitting and Modification (HAFR1)], [Audiometric Booth, Diagnostic, Single-Patient (PEHS3)], [Audiometric Booth, Screening, Single-Patient (PEHS1)], [Exam, Otoscopy (EXEN1)], [Voice Analysis Lab (TREN2)], [Speech Therapy Group (OPMP1)], [Special Procedures (TREN1)], [Exam, Speech-Language Pathology (EXOS1)], [Exam, ENT (EXEN1)], [Treatment Room, ENT (TREN1)], [Exam, Vestibular (EXVE1)])

4.3. SHORTCUTS.

1. number of Auditory Electrophysiology rooms: [Calculated number of Auditory Electrophysiology rooms based on workload]
2. number of Posturography rooms: [Calculated number of Posturography rooms based on workload]
3. number of Vestibulography rooms: [Calculated number of Vestibulography rooms based on workload]
4. number of Diagnostic Audiology rooms: [Calculated number of Diagnostic Audiology rooms based on workload]
5. number of Speech-Language Pathology exam rooms: [Calculated number of Speech-Language Pathology Exam rooms based on workload]
6. number of ENT exam rooms: [Calculated number of ENT Exam rooms based on workload]

SECTION 5: SPACE PLANNING CRITERIA

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

5.1. FA1: RECEPTION.

The spaces in this Functional Area support collocated Audiology, Hearing Conservation, Speech-Language Pathology and ENT services.

1. Waiting (WRC01) — 120 NSF

a. Provide one
b. Provide an additional 64 NSF for every increment of two [Total number of Exam Rooms] greater than four

The minimum NSF accommodates 6 chairs at 16 NSF and 1 chair at 25 NSF.

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

a. Provide one
b. Provide an additional one for every increment of eight [Total number of Exam Rooms] greater than sixteen

3. Reception (RECP1) — 100 NSF

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

Minimum allocated NSF accommodates two FTEs.

4. Consult Room (OFDC2) — 120 NSF

a. Provide one
b. Provide an additional one for every increment of sixteen [Total number of Exam Rooms] greater than sixteen

5.2. FA2: AUDIOLOGY PATIENT AREA.

1. Auditory Electrophysiology Room (OPAE1) — 150 NSF

a. Provide one per each [number of Auditory Electrophysiology rooms]

This room accommodates the specialized equipment utilized in measuring auditory evoked potentials, such as brainstem auditory evoked potentials (ABR) or electrocochleography (ECOG) for diagnostic purposes.

2. Posturography Room (OPAP1) 150 NSF

a. Provide one per each [number of Posturography rooms]

Allocated NSF accommodates standing balance function tests in both static or dynamic conditions, and the associated equipment.

3. Exam, Vestibular (EXVE1) 120 NSF

a. Provide one per each [number of Vestibulography rooms]

Allocated NSF accommodates special balance tests including electronystagmography (ENG), and videonystagmography (VNG).

4. Rotary Chair Room (OPAR1) 175 NSF

a. Provide one if [Total number of Audiology Audiometric Booths] is at least one

Room accommodates the chair and the associated rotation dimensions.

5. Hearing Aid Fitting and Modification (HAFR1) 100 NSF

a. Provide one if [Total number of Audiology Audiometric Booths] is at least one

6. Audiometric Booth, Diagnostic, Single-Patient (PEHS3) 240 NSF

a. Provide one per each [number of Diagnostic Audiology rooms]

Allocated NSF accommodates a two-room suite audio booth.

7. Audiometric Booth, Screening, Single-Patient (PEHS1) 120 NSF

a. Provide one if [How many annual in-person Screening Audiology encounters are projected?] is at least 2458

Allocated NSF accommodates the audiometric booth at 200 NSF and administrative workstation. Where workload exceeds 2458 annual screening, the planner should consider programming a multi patient screening booth (PEHS2), and an administrative workstation at 200 NSF in lieu of a single patient booth.

8. Exam, Otoscopy (EXEN1) 120 NSF

a. Provide one per each [Total number of Audiology Audiometric Booths]

Allocated NSF accommodates space for otoscopic exam, consultation and post-test education.

9. Toilet, Unisex (TLTU1) 60 NSF

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

5.3. FA3: HEARING CONSERVATION PATIENT AREA.

1. Waiting, Hearing Conservation (WRC01) 120 NSF

a. Provide one if [How many annual in-person Hearing Conservation Screening encounters are projected?] is at least 2458
b. Provide an additional 120 NSF if [How many annual in-person Hearing Conservation Screening encounters are projected?] is greater than 12,288

The minimum NSF accommodates 6 chairs at 16 NSF and 1 chair at 25 NSF.

2. Audiometric Booth, Hearing Conservation, Multi-Patient (PEHS2) 200 NSF

a. Provide one if [How many annual in-person Hearing Conservation Screening encounters are projected?] is at least 2458
b. Provide an additional 200 NSF if [How many annual in-person Hearing Conservation Screening encounters are projected?] is greater than 12,288

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

3. Hearing Protection Fit Test (HAFR1) 100 NSF

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

5.4. FA4: SPEECH-LANGUAGE PATHOLOGY PATIENT AREA.

1. Voice Analysis Lab (TREN2) 120 NSF

a. Provide one if [number of Speech-Language Pathology exam rooms] is at least two
b. Provide an additional one for every increment of ten [number of Speech-Language Pathology exam rooms] greater than ten

Allocated NSF provides space for voice and speech diagnosis and treatment; a sound proof booth is provided.

2. Speech Therapy Group (OPMP1) 240 NSF

a. Provide one if [number of Speech-Language Pathology exam rooms] is at least two
b. Provide an additional one for every increment of ten [number of Speech-Language Pathology exam rooms] greater than ten

This room includes closed circuit TV and supports adults or pediatric patients.

3. Special Procedures (TREN1) 175 NSF

a. Provide one if [number of Speech-Language Pathology exam rooms] is at least two

Allocated NSF accommodates swallowing evaluations, video stroboscopy, laryngeal exams, laser treatments and ENT chair.

4. Exam, Speech-Language Pathology (EXOS1) 120 NSF

a. Provide one per each [number of Speech-Language Pathology exam rooms]

5. Toilet, Unisex (TLTU1) 60 NSF

a. Provide one
b. Provide an additional one for every increment of eight [Total number of Speech Language Pathology rooms] greater than eight

5.5. FA5: ENT PATIENT AREA.

1. Exam, ENT (EXEN1) 120 NSF

a. Provide one per each [number of ENT exam rooms]

2. Treatment Room, ENT (TREN1) 175 NSF

a. Provide one if [number of ENT exam rooms] is at least two
b. Provide an additional one for every increment of ten [number of ENT exam rooms] greater than ten

Allocated NSF includes space for laser units.

3. Laboratory, Bone Dissection (LBDS1) 240 NSF

a. Provide one if [number of ENT exam rooms] is at least two and [Is a Bone Dissection Laboratory projected to support an ENT Graduate Medical Education program?]

This is a temporal bone dissection skills lab for residents to gain a thorough knowledge of temporal bone anatomy.

4. Exam, Vestibular (EXVE1) 120 NSF

a. Provide one if [number of ENT exam rooms] is at least two
b. Provide an additional one for every increment of ten [number of ENT exam rooms] greater than ten

5. Toilet, Unisex (TLTU1) 60 NSF

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

5.6. FA6: CLINIC SUPPORT.

1. Decontamination / Scope Wash (USCL2) 90 NSF

a. Provide one if [Total number of ENT rooms] is at least two

This room is part of a two-room suite (USCL2 and UCCL2); this USCL2 room is for initial decontamination with a pass-through to the Utility, Clean Scope for instrument washing / high level disinfecting.

2. Utility, Clean Scope (UCCL2) 100 NSF

a. Provide one if [Total number of ENT rooms] is at least two

This room is part of a two-room suite (USCL2 and UCCL2); it should have a pass-through from Decontamination / Scope Wash.

3. Medication Room (MEDP1) 100 NSF

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

4. Utility Room, Clean (UCCL1) 100 NSF

a. Provide one
b. Provide an additional one for every increment of eight [Total number of Exam Rooms] greater than eight

5. Utility Room, Soiled (USCL1) 90 NSF

a. Provide one
b. Provide an additional one for every increment of sixteen [Total number of Exam Rooms] greater than sixteen

6. Storage, Equipment (SRSE1) 100 NSF

a. Provide one
b. Provide an additional 50 NSF for every increment of eight [Total number of Exam Rooms] greater than eight

7. Alcove, Wheelchair (SRLW1) 15 NSF

a. Provide one
b. Provide an additional one for every increment of sixteen [Total number of Exam Rooms] greater than sixteen

5.7. FA7: STAFF AND ADMINISTRATION.

If additional administrative spaces other than those listed in this Functional Area are required to support patient care, consider adding shared offices or cubicles, and include comments with justification in the PFD. Refer to Chapter 210: General Administration for administrative space criteria.

1. Office, Audiology Supervisor (OFA04) 100 NSF

a. Provide one

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

2. Office, Hearing Conservation Supervisor (OFA04) 100 NSF

a. Provide one

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

3. Office, Speech-Language Pathology Supervisor (OFA04) 100 NSF

a. Provide one

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

4. Office, ENT Supervisor (OFA04) 100 NSF

a. Provide one

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

5. Audiology Team Workroom (WKTM1) 380 NSF

a. Provide one

Accommodates two providers and one RN work spaces at 50 NSF each, four LPN work spaces and two shared hot desks for techs/medics at 30 NSF each, and a collaboration area. Adjust the size based on the number of providers and support staff on the team.

6. ENT Team Workroom (WKTM1) 380 NSF

a. Provide one

Accommodates two providers and one RN work spaces at 50 NSF each, four LPN work spaces and two shared hot desks for techs/medics at 30 NSF each, and a collaboration area. Adjust the size based on the number of providers and support staff on the team.

7. Storage, Patient Records (FILE1) 100 NSF

a. Provide one if [How many hard copy records are projected to be stored in the Audiology, Hearing Conservation, SPL and ENT clinic?] 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 Audiology, Hearing Conservation, SPL and ENT clinic?] greater than 3804

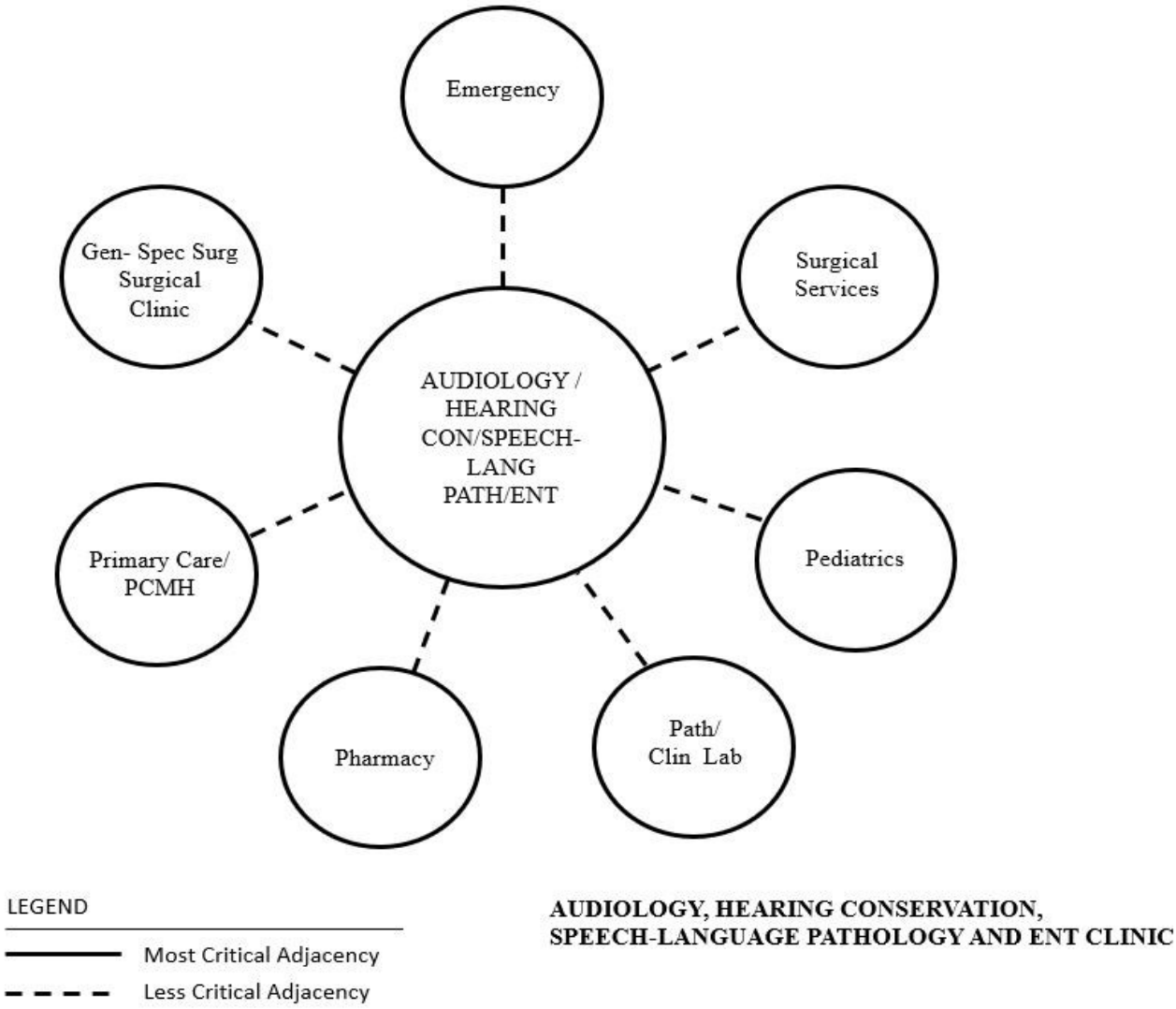
8. Copy / Office Supply (RPR01) 50 NSF

a. Provide one

Planner must determine the availability and the volume of use of each Copy /Office Supply space within the specific service or the facility in order to share the function and optimize the space requirement for copy areas.

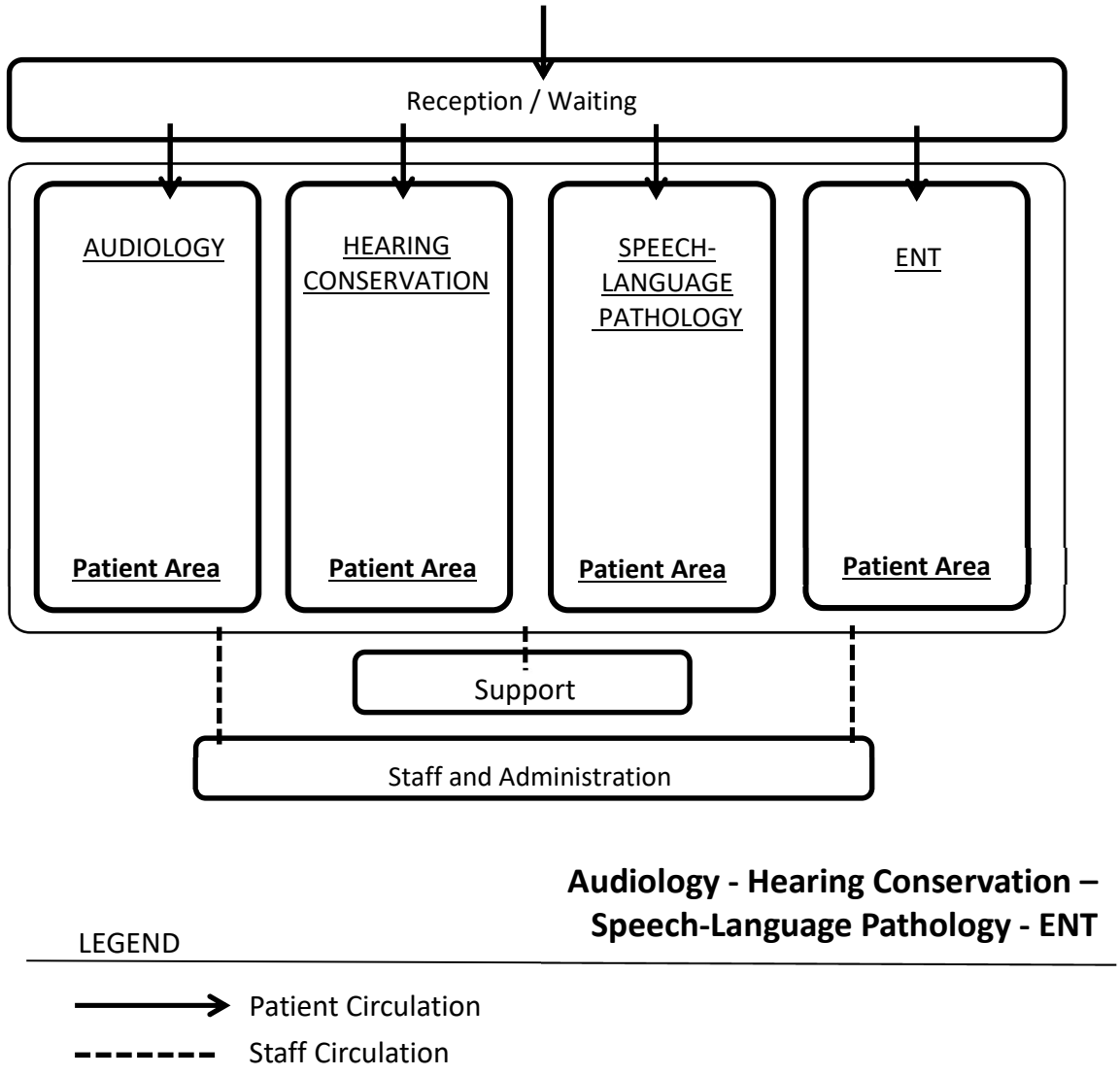
SECTION 6: FUNCTIONAL RELATIONSHIPS (INTERDEPARTMENTAL)

The Audiology, Hearing Conservation, Speech-Language Pathology and ENT Clinic 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 Audiology, Hearing Conservation, Speech-Language Pathology and ENT Clinic. 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

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.

Assessment: The patient is formally assessed using standardized assessment tools by a speech-language pathologist or audiologist. Verbal responses to queries are evaluated. Audiologists use equipment to assess level of hearing impairment.

Audiology: Audiology services in military treatment facilities provide the following types of services: evaluation of the auditory system to include pure tone air and bone conduction, speech threshold and recognition testing, electrophysiological testing, vestibular evaluations, pre and post-operative exams, dispensing and fitting of hearing aids and hearing protection, and hearing conservation services.

Audiometric Booth: This space provides a self-contained environment for hearing conservation programs. Testing booths are offered with a range of acoustical performance levels, variations in floor plans, and numerous options.

Average Length of Encounter (ALOE): In these space criteria, an encounter is defined as a face-to-face professional contact between a patient and a provider vested with responsibility for diagnosing, evaluating, and treating the patient's condition. The Length of Encounter is the time between set-up and clean-up of the Exam / 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.

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.

Electrophysiology: Special diagnostic tests involving the measurement of auditory evoked potentials from the cochlea, auditory nerve, or brain including electrocochleography, auditory brainstem response (ABR), middle latency potentials (MLR), late potentials, and other specialized evoked potential techniques.

Ear, Nose and Throat (ENT): Also known as Otolaryngology or ENT, this is the branch of medicine and surgery that specializes in the diagnosis and treatment of disorders of the head and neck.

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.

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 Area, Patient Exam and Treatment Area, Clinic Support, Staff and Administration.

Group Therapy: A patient may participate in group therapy led by a Speech-Language Pathologist (SLP). This provides an opportunity for a patient to practice conversation skills and communicate in real-life situations. The SLP may lead the group through structured discussions, focusing on improving initiation of conversation, turn-taking, and repairing conversational breakdowns. Group therapy is also provided for children, typically in small groups of no more than four children.

Hearing Aid Fitting/Modification Room: This room accommodates the special equipment used to program and fit digital hearing aids and bioelectric implants. Modifications to the fit may be made based on feedback from the patient.

Hearing Conservation: These services are provided separately from Clinical Audiology Services. Hearing Conservation will provide the following services: hearing testing for the determination of temporary or permanent threshold shift (TTS/PTS), fitting of appropriate hearing protection, and health education.

Hearing Protection Fit Test: Fit testing provides a formal metric from which one can determine whether patients are receiving optimal protection for their noise environment, require additional training on how to fit their ear plugs, or need to try a different model. Fit-testing of earplugs provides immediate feedback to wearers. Users know right away whether their fit is acceptable or not and can make immediate adjustments.

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.

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.

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.

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

Otoscopy: An examination that involves looking into the ear with an instrument called an otoscope. This is performed in order to examine the 'external auditory canal' – the tunnel that leads from the outer ear (pinna) to the eardrum.

Posturography: A 20-minute computerized clinical test used to assess balance function. Muscles and nerves in the legs (somato-sensory system), inner ear balance (vestibular system), and vision are three components the human uses to maintain balance. Posturography tests isolate each of these components to assess where the deficit may be. The test also evaluates the automatic motor system's ability to recover after sudden, unexpected movements.

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.

Rotary Chair Room: Used for analyzing horizontal canal vestibuloocular reflex (VOR). Rotation of the chair is performed with the assumption that the stimulus applied to the whole body is the same as the stimulus that is applied to the head. A Rotary Chair test typically takes 15 minutes.

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).

Speech-Language Pathology: This service in military treatment facilities provides diagnosis and treatment of speech, language, voice, and swallowing disorders. Patients with such communication disorders often have hearing deficiencies.

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

Tier 1 Supervisor: Add this definition

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.

Vestibular Testing: This consists of a number of tests that help determine if there is something wrong with the vestibular (balance) portion of the inner ear. These tests can help isolate dizziness symptoms to a specific cause that can often be treated.

Vestibulography: Vestibulography is a general class of special balance tests including Electronystagmography (ENG), videonystagmography (VNG), and sinusoidal vertical axis rotational testing (Rotary Chair). These tests record nystagmus and eye movement to diagnose peripheral and central vestibular disorders.

Voice Analysis Laboratory: This is a room to evaluate the patient's voice signal in terms of pitch, loudness, and quality, as well as to measure the aerodynamic parameters and breathing dynamics.

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.