DoD Space Planning Criteria

Chapter 311: Specialty Services
January 18, 2022

Originating Component: Defense Health Agency Facilities Enterprise

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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 January 18, 2022 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 clinical spaces from Chapter 314: Urology and Chapter 315: Medical Specialty Clinics have been incorporated into this chapter content and will no longer be available as individual chapters on the Whole Building Design Guide website or within the Space and Equipment Planning System (SEPS) tool.
- 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 tertiary Specialty services related to Allergy / Immunology, Dermatology, Endocrine, Gastroenterology, Hematology / Oncology, Infectious Disease, Internal Medicine, Nephrology, Neurology, Rheumatology, Urology, and General / Plastic surgery. Space planning criteria described in this chapter applies generally to each of the above service lines. Specialty room types that apply to these specialties are also noted for non-invasive diagnostic testing and procedures. 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, or full scope ancillary departments.

Space planning criteria related to Specialty services that perform procedures that may require greater than minimal sedation, which is a drug-induced relief of apprehension with minimal effect on sensorium, or local anesthetics, and require pre- and post-procedure care, e.g., Endoscopy, Colonoscopy, or Cystoscopy may be found in Chapter 440: Surgical / Interventional Services & Ambulatory Surgery Center.

As part of space optimization, the spaces in Functional Area 4: Clinic 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 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 the Specialty Services 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. The minimum sized Specialty Services Clinic 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

4. The planner should evaluate any of the specialties in this chapter that have high workload / throughput demands, or specific patient population concerns, i.e., immuno-compromised Hematology /Oncology patients, and consider programming that specialty as a separate clinic that will include all of the required functional areas and spaced needed to meet the mission.

5. 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.

6. To enhance patient safety, provide a Medication Safety Zone for the Specialty Services Clinic. 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 Specialty Services Clinic staff in single, unit doses. In this instance, no medication prep room is required in the clinic area. If the Specialty Services Clinic staff are calculating dosages, preparing the medication and administering it to the patient, an enclosed Medication Preparation Room (MEDP1) will be programmed in the Specialty Services Clinic area.

7. 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.

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

9. For calculation of the number of General Exam rooms the planner will utilize all workload for in-person encounters for each specialty as defined by the scope of this chapter.

10. The range of 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.

    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): *Please refer to Table 1*, *see Glossary for definition of ALOE.*

    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

311: SPECIALTY SERVICES 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%)**
General Exam	45	80%	2,048	410
Urodynamics Exam (Non-Invasive)	20	80%	4,655	931
Biofeedback Therapy	60	80%	1,536	307
Allergy / Immunization Injection	15	80%	6,144	1,229

Allergy Skin Testing	30	80%	3,072	614
Phototherapy	30	80%	3,072	614
Laser Treatment	50	80%	1,850	370
General Infusion Station	300	80%	307	61
Chemotherapy Infusion Station	120	80%	768	154
Electrocardiogram (EKG)	15	80%	6,144	1,229
Electroencephalography (EEG)	90	80%	1,024	205
Electromyography (EMG)	90	80%	1,024	205
Evoked Potential	60	80%	1,536	307
Esophageal Manometry	50	80%	1,850	370
Dialysis Station	300	80%	307	61

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 Specialty Services 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 clinics. 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 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.

3.4. PATIENT AREA.

1. General Exam Rooms: No general exam room (EXRG1) is intended to be dedicated to any specific provider or specialty; rather all general exam rooms can be used at all times. The use of a cart stocked with various equipment to support each specialty may be considered for immediate functional use as needed, and to provide greater versatility of the general exam room. 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 general exam rooms (EXRG1s). Also program a Bariatric Toilet (TLTB1) to replace one Patient Toilet in the Exam Patient Area.

2. Team Workroom: Each specialty care team will 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 EEG room requires radio frequency shielding; also consider increased sound attenuation which may include the use of a booth.

3.5. DIALYSIS PATIENT AREA.

1. Consider accommodating a floor digital scale in the dialysis area so that patients in wheelchairs can be easily weighed prior to their treatment/visit.

2. Ensure a balance between visibility and privacy in the dialysis area. The nursing staff must have clear visibility of the patient's dialysis line insertion site as they receive their treatment.

3. Consider providing exterior views from the dialysis patient area to offer patients some orientation and visual relief during their extended stays. Provision must be made to ensure visual privacy for patients from the exterior into the dialysis area.

4. Space criteria provides single-patient dialysis stations which may be allocated as double or multi-station areas as needed. Consider grouping the dialysis stations (or bays) in small groupings and plan for accommodating at least one family member.

3.6. GENERAL AND CHEMOTHERAPY INFUSION AREAS.

1. Space criteria provides single-patient infusion stations which may be allocated as double or multi-station areas as needed. Consider grouping the infusion stations (or bays) in small groupings and plan for accommodating at least one family member.

2. Plan the infusion area(s) to allow visibility by staff of all patients.

3. Like renal dialysis, consider providing exterior views from the infusion stations while preserving visual patient privacy.

4. If there is a Chemotherapy Compounding Pharmacy, locate it adjacent to the Chemotherapy Infusion area. Compliance with USP <797> and <800> is required for the four rooms that support handling of sterile hazardous drugs (HDs) such as antineoplastic chemotherapy agents.

5. The HD receiving / unpacking room must be neutral or negative pressure to the surrounding areas, and unpacking may not occur in sterile compounding areas or in positive pressure areas.

6. Final dosage forms of sterile antineoplastic HDs may be stored with other non-sterile HD inventory; however, antineoplastic HDs requiring manipulation in the pharmacy must be stored in the negative pressure HD Storage room. It is best to store the HDs on shelving units or in cabinets that do not sit flush with floor.

3.7. 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.

3.8. STAFF AND ADMINISTRATION.

1. Determine whether administrative spaces such as the Clinic Supervisor 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.

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 Specialty Services encounters are projected? (W) (Note: This is the total number of in-person Allergy / Immunology, Dermatology, Endocrinology, Gastroenterology, Hematology / Oncology, Infectious Diseases, Internal Medicine, Nephrology, Neurology, Rheumatology, Urology, General Surgery, and Plastic Surgery annual encounters)
2. How many annual in-person non-invasive Urodynamics encounters are projected? (W)
3. How many annual in-person Biofeedback Therapy encounters are projected to support Urology? (W)
4. How many annual Allergy Skin Testing encounters are projected to support Allergy / Immunology? (W)
5. Is Allergen Preparation within the Specialty Services Clinic projected to support Allergy / Immunology? (M)
6. Is a Point of Care Lab within Specialty Services Clinic projected to provide rapid point-of-care testing? (M)
7. How many annual Allergy / Immunization injection encounters are projected? (W)
8. How many annual Phototherapy Treatment encounters are projected to support Dermatology? (W)
9. How many annual Laser Treatment encounters are projected to support Dermatology? (W)
10. Is a Dermatology Lab projected in the Specialty Services Clinic to support Dermatology procedures? (M)
11. How many annual Electrocardiogram (EKG) encounters are projected? (W)
12. How many annual Electroencephalography (EEG) encounters are projected to support Neurology? (W)
13. How many annual Electromyography (EMG) encounters are projected to support Neurology? (W)
14. How many annual Evoked Potential encounters are projected to support Neurology? (W)
15. How many annual Esophageal Manometry encounters are projected to support Gastroenterology? (W)
16. How many annual General infusion encounters are projected? (W)
17. How many annual Chemotherapy infusion encounters are projected? (W)
    17.1. Will Chemotherapeutics Compounding be performed in the Specialty Services Clinic to support Chemotherapy Infusion? (M) (Note: If no chemotherapy medications are compounded in the Specialty Services Clinic, then that function will be provided elsewhere in the MTF or outsourced to the network as required)
18. How many annual Dialysis Station encounters are projected? (W)
    18.1. Is water-softening equipment required in the Specialty Services Clinic to support Dialysis treatment? (Misc)
19. Will the Specialty Services Clinic staff be calculating medication dosages, preparing the medication and administering it to the patient? (M)

20. How many hard copy records are projected to be stored in the Specialty Services clinic area? (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. General Exam Room Average Length of Encounter (ALOE) in Hours (Computed) (Default: .75)
6. Non-invasive Urodynamics Exam Room Average Length of Encounter (ALOE) in Hours (Computed) (Default: .33)
7. Biofeedback Therapy Average Length of Encounter (ALOE) in Hours (Computed) (Default: 1.0)
8. Allergy / Immunization Injection Station Average Length of Encounter (ALOE) in Hours (Computed) (Default: .25)
9. Allergy Skin Testing Average Length of Encounter (ALOE) in Hours (Computed) (Default: .50)
10. Phototherapy Average Length of Encounter (ALOE) in Hours (Computed) (Default: .50)
11. Laser Treatment Average Length of Encounter (ALOE) in Hours (Computed) (Default: .83)
12. General Infusion Station Average Length of Encounter (ALOE) in Hours (Computed) (Default: 5.0)
13. Chemotherapy Infusion Station Average Length of Encounter (ALOE) in Hours (Computed) (Default: 2.0)
14. Electrocardiogram (EKG) Average Length of Encounter (ALOE) in Hours (Computed) (Default: .25)
15. Electroencephalography (EEG) Average Length of Encounter (ALOE) in Hours (Computed) (Default: 1.5)
16. Electromyography (EMG) Average Length of Encounter (ALOE) in Hours (Computed) (Default: 1.5)
17. Evoked Potential Average Length of Encounter (ALOE) in Hours (Computed) (Default: 1.0)
18. Esophageal Manometry Average Length of Encounter (ALOE) in Hours (Computed) (Default: .83)
19. Dialysis Station Average Length of Encounter (ALOE) in Hours (Computed) (Default: 5.0)
20. General Exam Room Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [General Exam Room Average Length of Encounter (ALOE) in Hours])
21. Calculated number of General Exam rooms based on workload (Computed) (Default: Round Up From (.5, [How many annual in-person Specialty Services encounters are projected?] / [General Exam Room Workload Capacity]))
22. Non-invasive Urodynamics Exam Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Non-invasive Urodynamics Exam Room Average Length of Encounter (ALOE) in Hours])

23. Calculated number of non-invasive Urodynamics Exam rooms based on workload (Computed) (Default: Round Up From (.5, [How many annual in-person non-invasive Urodynamics encounters are projected?] / [Non-invasive Urodynamics Exam Workload Capacity]))
24. Biofeedback Therapy Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Biofeedback Therapy Average Length of Encounter (ALOE) in Hours])
25. Calculated number of Biofeedback Therapy rooms based on workload (Computed) (Default: Round Up From (.5, [How many annual in-person Biofeedback Therapy encounters are projected to support Urology?] / [Biofeedback Therapy Workload Capacity]))
26. Allergy / Immunization Injection Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Allergy / Immunization Injection Station Average Length of Encounter (ALOE) in Hours])
27. Calculated number of Allergy / Immunization Injection Stations based on workload (Computed) (Default: Round Up From (.5, [How many annual Allergy / Immunization injection encounters are projected?] / [Allergy / Immunization Injection Workload Capacity]))
28. Allergy Skin Testing Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Allergy Skin Testing Average Length of Encounter (ALOE) in Hours])
29. Calculated number of Allergy Skin Testing rooms based on workload (Computed) (Default: Round Up From (.5, [How many annual Allergy Skin Testing encounters are projected to support Allergy / Immunology?] / [Allergy Skin Testing Workload Capacity]))
30. Phototherapy Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Phototherapy Average Length of Encounter (ALOE) in Hours])
31. Calculated number of Phototherapy rooms based on workload (Computed) (Default: Round Up From (.5, [How many annual Phototherapy Treatment encounters are projected to support Dermatology?] / [Phototherapy Workload Capacity]))
32. Laser Treatment Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Laser Treatment Average Length of Encounter (ALOE) in Hours])
33. Calculated number of Laser Treatment rooms based on workload (Computed) (Default: Round Up From (.5, [How many annual Laser Treatment encounters are projected to support Dermatology?] / [Laser Treatment Workload Capacity]))
34. General Infusion Station Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [General Infusion Station Average Length of Encounter (ALOE) in Hours])
35. Calculated number of General Infusion stations based on workload (Computed) (Default: Round Up From (.5, [How many annual General infusion encounters are projected?] / [General Infusion Station Workload Capacity]))
36. Chemotherapy Infusion Station Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Chemotherapy Infusion Station Average Length of Encounter (ALOE) in Hours])

37. Calculated number of Chemotherapy Infusion stations based on workload (Computed) (Default: Round Up From (.5, [How many annual Chemotherapy infusion encounters are projected?] / [Chemotherapy Infusion Station Workload Capacity]))
38. Electrocardiogram (EKG) Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Electrocardiogram (EKG) Average Length of Encounter (ALOE) in Hours])
39. Calculated number of Electrocardiogram (EKG) rooms based on workload (Computed) (Default: Round Up From (.5, [How many annual Electrocardiogram (EKG) encounters are projected?] / [Electrocardiogram (EKG) Workload Capacity]))
40. Electroencephalography (EEG) Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Electroencephalography (EEG) Average Length of Encounter (ALOE) in Hours])
41. Calculated number of Electroencephalography (EEG) rooms based on workload (Computed) (Default: Round Up From (.5, [How many annual Electroencephalography (EEG) encounters are projected to support Neurology?] / [Electroencephalography (EEG) Workload Capacity]))
42. Electromyography (EMG) Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Electromyography (EMG) Average Length of Encounter (ALOE) in Hours])
43. Calculated number of Electromyography (EMG) rooms based on workload (Computed) (Default: Round Up From (.5, [How many annual Electromyography (EMG) encounters are projected to support Neurology?] / [Electromyography (EMG) Workload Capacity]))
44. Evoked Potential Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Evoked Potential Average Length of Encounter (ALOE) in Hours])
45. Calculated number of Evoked Potential rooms based on workload (Computed) (Default: Round Up From (.5, [How many annual Evoked Potential encounters are projected to support Neurology?] / [Evoked Potential Workload Capacity]))
46. Esophageal Manometry Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Esophageal Manometry Average Length of Encounter (ALOE) in Hours])
47. Calculated number of Esophageal Manometry rooms based on workload (Computed) (Default: Round Up From (.5, [How many annual Esophageal Manometry encounters are projected to support Gastroenterology?] / [Esophageal Manometry Workload Capacity]))
48. Dialysis Station Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Dialysis Station Average Length of Encounter (ALOE) in Hours])
49. Calculated number of Dialysis stations based on workload (Computed) (Default: Round Up From (.5, [How many annual Dialysis Station encounters are projected?] / [Dialysis Station Workload Capacity]))
50. Total number of Specialty Services Clinic Rooms (Computed) (Default: [Exam, General (EXRG1)], [Exam, Airborne Infection Isolation (AII) (EXRG6)], [Exam, Telehealth (EXTH1)], [Exam Room, Urodynamics (EXUD1)], [Biofeedback Therapy Room (OPMH3)], [Procedure Room, Specialty (TRGS1)], [Allergy Skin Testing (OPAS1)], [Allergy / Immunization Injection (OPAI1)], [Treatment Room, Phototherapy (OPDU1)], [Treatment

Room, Laser (TRGS3)], [Electrocardiogram (EKG) Room (OPEC1)], [Electroencephalography (EEG) Room (OPEE1)], [Electromyography (EMG) Room (PTEM1)], [Evoked Potential Room (EVPR1)], [General Infusion Therapy Station (OPCT1)], [Chemotherapy Infusion Station (OPCT1)], [Dialysis Station (RDC02)])

4.3. SHORTCUTS.

1. number of General Exam rooms: [Calculated number of General Exam rooms based on workload]
2. number of non-invasive Urodynamics Exam rooms: [Calculated number of non-invasive Urodynamics Exam rooms based on workload]
3. number of Biofeedback Therapy rooms: [Calculated number of Biofeedback Therapy rooms based on workload]
4. number of Allergy / Immunization Injection Stations: [Calculated number of Allergy / Immunization Injection Stations based on workload]
5. number of Allergy Skin Testing rooms: [Calculated number of Allergy Skin Testing rooms based on workload]
6. number of Phototherapy rooms: [Calculated number of Phototherapy rooms based on workload]
7. number of Laser Treatment rooms: [Calculated number of Laser Treatment rooms based on workload]
8. number of General Infusion stations: [Calculated number of General Infusion stations based on workload]
9. number of Chemotherapy Infusion Stations: [Calculated number of Chemotherapy Infusion stations based on workload]
10. number of Electrocardiogram (EKG) rooms: [Calculated number of Electrocardiogram (EKG) rooms based on workload]
11. number of Electroencephalography (EEG) rooms: [Calculated number of Electroencephalography (EEG) rooms based on workload]
12. number of Electromyography (EMG) rooms: [Calculated number of Electromyography (EMG) rooms based on workload]
13. number of Evoked Potential rooms: [Calculated number of Evoked Potential rooms based on workload]
14. number of Esophageal Manometry rooms: [Calculated number of Esophageal Manometry rooms based on workload]
15. number of Dialysis Stations: [Calculated number of Dialysis stations 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.

1. Waiting (WRC01) 120 NSF

a. Provide one
b. Provide an additional 64 NSF for every increment of two [Total number of Specialty Services Clinic 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 Specialty Services Clinic 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 Specialty Services Clinic Rooms] greater than sixteen

Minimum allocated NSF accommodates two FTEs.

5.2. FA2: PATIENT EXAM AREA.

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

a. Provide one
b. Provide an additional one for every increment of eight [Total number of Specialty Services Clinic 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 clinic, 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, General (EXRG1) 120 NSF

a. Provide one per each [number of General Exam rooms]
b. Deduct the total number of [Exam, Airborne Infection Isolation (AII) (EXRG6)], [Exam, Telehealth (EXTH1)]

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

a. Provide one
b. Provide an additional one for every increment of sixteen [number of General 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, Airborne Infection Isolation (AII) (EXRG6)]

5. Exam, Telehealth (EXTH1) 120 NSF

a. Provide one

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. This room is part of the total number of workload driven exam rooms. This room also accommodates the Photography function in support of Plastic Surgery in the Specialty Services Clinic.

6. Exam Room, Urodynamics (EXUD1) 175 NSF

a. Provide one per each [number of non-invasive Urodynamics Exam rooms]

Accommodates non-invasive urodynamic flow testing.

7. Toilet, Urodynamics (TLTU1) 60 NSF

a. Provide one per each [Exam Room, Urodynamics (EXUD1)]

8. Biofeedback Therapy Room (OPMH3) 120 NSF

a. Provide one per each [Procedure Room, Specialty (TRGS1)]

9. Toilet, Unisex (TLTU1) 60 NSF

a. Provide one
b. Provide an additional one for every increment of eight ([number of General Exam rooms], [number of Biofeedback Therapy rooms]) greater than eight

5.3. FA3: PATIENT TREATMENT AREA.

1. Phlebotomy Station (LBVP1) 120 NSF

a. Provide one

Locate proximate to the main waiting area as patients often require lab tests prior to their clinic encounter and will return to the main waiting area pending lab results.

2. Toilet, Specimen Collection (TLTU1) 60 NSF

a. Provide one

This room may have a specimen pass-through to the Point of Care Laboratory.

3. Sub-Waiting, Pre / Post Procedure (WRC03) 60 NSF

a. Provide one
b. Provide an additional 30 NSF per each [Procedure Room, Specialty (TRGS1)], [Allergy Skin Testing (OPAS1)], [Treatment Room, Phototherapy (OPDU1)], [Treatment Room, Laser (TRGS3)], [Esophageal Manometry (EXEN1)] greater than two

Allocated NSF provides space for patients waiting in a chair prior to proceeding to the procedure room, and post procedure; it must be in line of sight to the Nurse Station.

4. Toilet, Procedure Patient (TLTU1) 60 NSF

a. Provide one
b. Provide an additional one for every increment of eight [Procedure Room, Specialty (TRGS1)], [Allergy Skin Testing (OPAS1)], [Treatment Room, Phototherapy (OPDU1)], [Treatment Room, Laser (TRGS3)], [Esophageal Manometry (EXEN1)] greater than eight

5. Cubicle, Patient Dressing (DR001) 50 NSF

a. Provide one
b. Provide an additional one for every increment of two [Procedure Room, Specialty (TRGS1)], [Treatment Room, Phototherapy (OPDU1)], [Treatment Room, Laser (TRGS3)] greater than two

Allocated NSF provides space for a seat or bench, mirror, locker for securing valuables and provisions for hanging patients' clothing. Cubicles should be provided convenient to the waiting areas and procedure room(s) and may be grouped together.

6. Nurse Station (NSTA1) 100 NSF

a. Provide one if [Procedure Room, Specialty (TRGS1)], [Allergy Skin Testing (OPAS1)], [Treatment Room, Phototherapy (OPDU1)], [Treatment Room, Laser (TRGS3)], [Esophageal Manometry (EXEN1)] is at least two

This space is the control station for pre / post procedures.

7. Procedure Room, Specialty (TRGS1) 175 NSF

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

This room accommodates Moh’s and other clean procedures such as vasectomy, bone marrow biopsy or dialysis stent adjustment.

8. Allergy Skin Testing (OPAS1) 120 NSF

a. Provide one per each [number of Allergy Skin Testing rooms]

9. Allergy / Immunization Injection (OPAI1) 240 NSF

a. Provide one if [number of Allergy / Immunization Injection Stations] is at least two
b. Provide an additional 60 NSF for every increment of one [number of Allergy / Immunization Injection Stations] greater than two

The minimum NSF accommodates two injection stations.

10. Waiting, Allergy / Immunization Injection (WRC01) 120 NSF

a. Provide one if [Allergy / Immunization Injection (OPAI1)] is at least one
b. Provide an additional 30 NSF for every increment of one [number of Allergy / Immunization Injection Stations] greater than two

11. Treatment Room, Phototherapy (OPDU1) 150 NSF

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

12. Shower, Phototherapy Patient (TLTS2) 60 NSF

a. Provide one if [Treatment Room, Phototherapy (OPDU1)] is at least one

13. Treatment Room, Laser (TRGS3) 175 NSF

a. Provide one per each [number of Laser Treatment rooms]

14. Electrocardiogram (EKG) Room (OPEC1) 120 NSF

a. Provide one per each [number of Electrocardiogram (EKG) rooms]

15. Electroencephalography (EEG) Room (OPEE1) 120 NSF

a. Provide one per each [number of Electroencephalography (EEG) rooms]

16. Electromyography (EMG) Room (PTEM1) 120 NSF

a. Provide one per each [number of Electromyography (EMG) rooms]

17. Evoked Potential Room (EVPR1) 120 NSF

a. Provide one per each [number of Evoked Potential rooms]

18. Esophageal Manometry (EXEN1) 120 NSF

a. Provide one per each [number of Esophageal Manometry rooms]

5.4. FA4: CLINIC SUPPORT.

1. Medication Room (MEDP1) 100 NSF

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

b. Provide an additional one for every increment of sixteen ([number of General Exam rooms], [Procedure Room, Specialty (TRGS1)], [Treatment Room, Phototherapy (OPDU1)], [Treatment Room, Laser (TRGS3)], [Esophageal Manometry (EXEN1)]) greater than sixteen

2. Point of Care Laboratory (LBPC1) 100 NSF

a. Provide one if [Is a Point of Care Lab within Specialty Services Clinic projected to provide rapid point-of-care testing?]

3. Allergen Preparation (LBAP1) 100 NSF

a. Provide one if [Is Allergen Preparation within the Specialty Services Clinic projected to support Allergy / Immunology?]

4. Laboratory, Dermatology (LBDE1) 120 NSF

a. Provide one if [Is a Dermatology Lab projected in the Specialty Services Clinic to support Dermatology procedures?]

5. Utility Room, Clean (UCCL1) 100 NSF

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

6. Utility Room, Soiled (USCL1) 90 NSF

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

7. Decontamination / Scope Wash (USCL2) 90 NSF

a. Provide one if [Esophageal Manometry (EXEN1)] 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.

8. Utility, Clean Scope (UCCL2) 100 NSF

a. Provide one if [Esophageal Manometry (EXEN1)] is at least two

9. Storage, Equipment (SRSE1) 100 NSF

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

10. Alcove, Wheelchair (SRLW1) 15 NSF

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

5.5. FA5: GENERAL INFUSION PATIENT AREA.

1. General Infusion Therapy Station (OPCT1) 120 NSF

a. Provide one per each [number of General Infusion stations]

Planner shall allocate the total number of calculated General Infusion Therapy Stations in single-station rooms or in multi-station rooms as needed.

2. Nurse Station, Infusion Therapy (NSTA1) 100 NSF

a. Provide one if [number of General Infusion stations] is at least two

3. Toilet, Infusion Therapy (TLTU1) 60 NSF

a. Provide one if [number of General Infusion stations] is at least two
b. Provide an additional one for every increment of eight [number of General Infusion stations] greater than eight

4. Medication Room (MEDP1) 100 NSF

a. Provide one if [number of General Infusion stations] is at least two

5. Alcove, Nourishment (NCWD4) 40 NSF

a. Provide one if [number of General Infusion stations] is at least two

6. Alcove, Blanket Warmer (RCA04) 15 NSF

a. Provide one if [number of General Infusion stations] is at least two

5.6. FA6: CHEMOTHERAPY INFUSION PATIENT AREA.

1. Chemotherapy Infusion Station (OPCT1) 120 NSF

a. Provide one per each [number of Chemotherapy Infusion Stations]

Planner shall allocate the total number of Chemotherapy Infusion Stations in single-station rooms or in multi-station room as needed.

2. Toilet, Chemotherapy Infusion Patient (TLTU1) 60 NSF

a. Provide one if [number of Chemotherapy Infusion Stations] is at least two
b. Provide an additional one for every increment of eight [number of Chemotherapy Infusion Stations] greater than eight

3. Nurse Station, Chemotherapy Infusion (NSTA1) 100 NSF

a. Provide one if [number of Chemotherapy Infusion Stations] is at least two

4. Medication Room (MEDP1) 100 NSF

a. Provide one if [number of Chemotherapy Infusion Stations] is at least two

5. Alcove, Nourishment (NCWD4) 40 NSF

a. Provide one if [number of Chemotherapy Infusion Stations] is at least two

6. Alcove, Blanket Warmer (RCA04) 15 NSF

a. Provide one if [number of Chemotherapy Infusion Stations] is at least two

7. Receiving / Unpacking Hazardous Drugs (MMRP1) 60 NSF

a. Provide one if [Will Chemotherapeutics Compounding be performed in the Specialty Services Clinic to support Chemotherapy Infusion?]

This room supports the receipt of and unpacking of hazardous drug from external shipping containers that must be opened in a dedicated receiving room.

8. Storage, Hazardous Drugs (SRHM1) 60 NSF

a. Provide one if [Will Chemotherapeutics Compounding be performed in the Specialty Services Clinic to support Chemotherapy Infusion?]

9. Anteroom, Chemotherapeutics Compounding (PHAR1) 120 NSF

a. Provide one if [Will Chemotherapeutics Compounding be performed in the Specialty Services Clinic to support Chemotherapy Infusion?]

This negative pressure anteroom is divided into a clean and a dirty zone. The clean zone accommodates handwashing and donning of Personal Protective Equipment (PPE).

10. Buffer Room, Sterile Chemotherapeutics Compounding (PHC01) 120 NSF

a. Provide one if [Will Chemotherapeutics Compounding be performed in the Specialty Services Clinic to support Chemotherapy Infusion?]

This room serves as the clean room and must meet ISO Class 7 secondary engineering controls. The room includes biological safety cabinet(s) that must meet ISO 5 or higher requirements.

5.7. FA7: DIALYSIS PATIENT AREA.

1. Dialysis Station (RDC02) 120 NSF

a. Provide one per each [number of Dialysis Stations]
b. Deduct the total number of [Dialysis Station, Airborne Infection Isolation (RDC01)]

Planner should allocate the total number of Dialysis Stations in Single Station Rooms or in a Multi Station Room as needed.

2. Toilet Dialysis Patient (TLTU1) 60 NSF

a. Provide one if the number of [Dialysis Station (RDC02)] is at least one
b. Provide an additional one for every increment of eight [Dialysis Station (RDC02)] greater than eight

3. Dialysis Station, Airborne Infection Isolation (RDC01) 120 NSF

a. Provide one if [number of Dialysis Stations] is at least one

The number of airborne infection isolation rooms shall be determined by the infection control risk assessment (ICRA), which shall be conducted during the early planning phase of a project. This room is part of the total number of workload driven dialysis stations.

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

a. Provide one for each [Dialysis Station, Airborne Infection Isolation (RDC01)]

5. Nurse Station, Dialysis (NSTA1) 100 NSF

a. Provide one if [number of Dialysis Stations] is at least two

6. Medication Room (MEDP1) 100 NSF

a. Provide one if [number of Dialysis Stations] is at least two

7. Alcove, Nourishment (NCWD4) 40 NSF

a. Provide one if [number of Dialysis Stations] is at least two

8. Alcove, Blanket Warmer (RCA04) 15 NSF

a. Provide one if [number of Dialysis Stations] is at least two

9. Storage, Dialysis Equipment (RDP01) 100 NSF

a. Provide one if [number of Dialysis Stations] is at least two
b. Provide an additional 30 NSF for every increment of eight [number of Dialysis Stations] greater than eight

10. Water Treatment Room (RDWT1) 100 NSF

a. Provide one if [Is water-softening equipment required in the Specialty Services Clinic to support Dialysis treatment?]
b. Provide an additional 30 NSF per each [number of Dialysis Stations] greater than eight (maximum 240 NSF)

5.8. FA8: 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, Specialty Services Clinic Supervisor (OFA04) 100 NSF

a. Provide one

2. Team Workroom (WKTM1) 380 NSF

a. Provide one

b. Provide an additional one for every increment of four [number of General Exam rooms] greater than four

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 quantity of team work rooms based on the number of specialty services, and the size of the team work rooms based on the number of providers and support staff on each specialty team. The planner must determine whether each type of specialty will have a dedicated team workroom or if specialties with fewer staff members can be combined in one team workroom with other specialty staff.

3. Storage, Patient Records (FILE1) 100 NSF

a. Provide one if [How many hard copy records are projected to be stored in the Specialty Services clinic area?] 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 Specialty Services clinic area?] greater than 3804

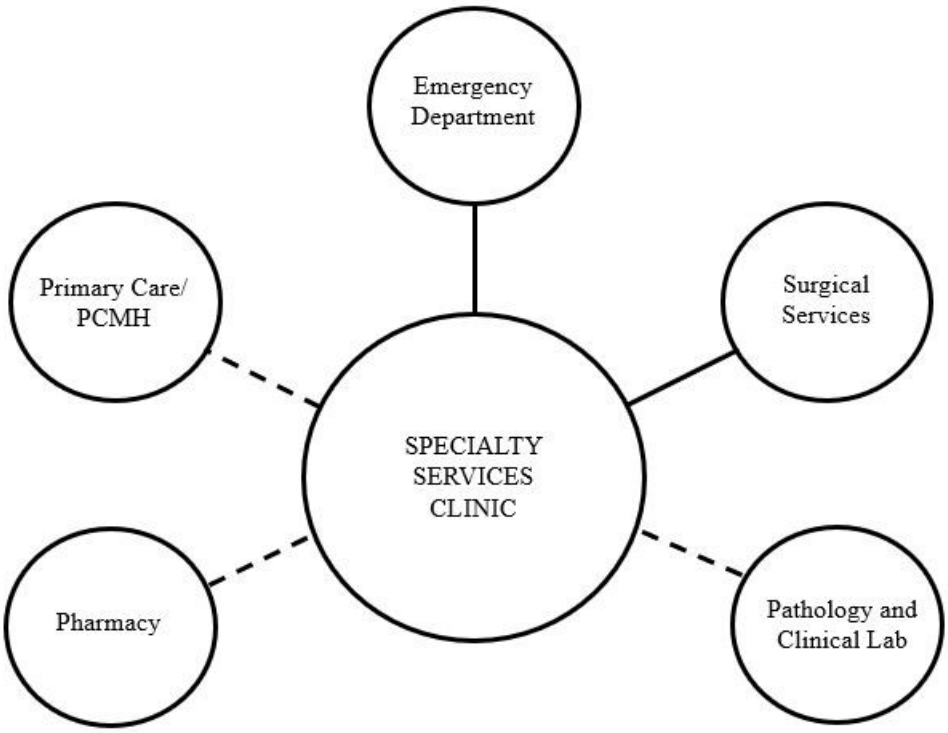
4. Copy / Office Supply (RPR01) 50 NSF

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 Specialty Services 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.



LEGEND

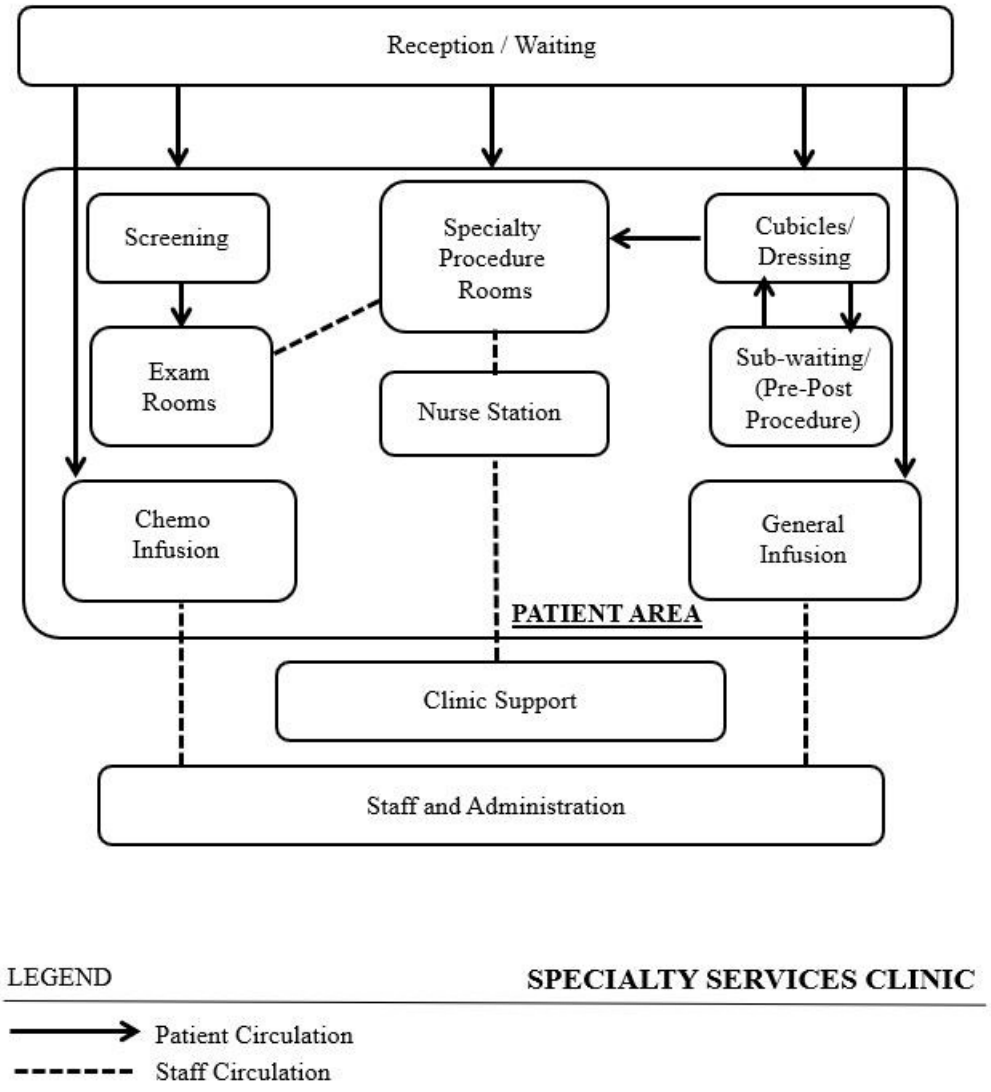
Most Critical Adjacency

Less Critical Adjacency

SPECIALTY SERVICES CLINIC

SECTION 7: FUNCTIONAL DIAGRAM (INTRADEPARTMENTAL)

The diagram below illustrates intradepartmental relationships among key areas / spaces within the Specialty Services 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

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.

Allergen Preparation: The mixing and preparation of allergens, the substances that cause an allergic reaction, under a controlled, clean environment. The allergens are applied to patients during allergy skin testing.

Allergy / Immunization Injection Room: This is the location where patients receive their allergy or immunization injections; it consists of multiple injection stations.

Allergy / Immunization Injection Observation Waiting: A sub waiting area for direct nurse or staff observation of post-allergy injection or immunization patients.

Allergy Skin Testing: A method of testing for allergies to specific substances that utilize liquid extracts of common allergens like pollen, mold, foods and animal dander by placing these allergens onto or just under the skin to triggers an allergic reaction. These tests should be done under the supervision of medical personnel.

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 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.

Bariatrics: Bariatrics is the branch of medicine that deals with the causes, prevention, and treatment of obesity. A bariatric patient is one that is severely obese, overweight by 100 to 200 lbs., or having a body weight of greater than 300 lbs. A Body Mass Index (BMI) of greater than 40 is considered bariatric.

Bariatric Exam Room: This room is sized and equipped to accommodate the bariatric patient and their family member(s). It is sized for easier access. Minimum door width should be 4' to accommodate bariatric wheelchairs, and a minimum of a 6' turning radius should be provided. When provided, these rooms should be located towards the front (entrance) of the Patient Exam and Treatment areas.

Bariatric Patient Toilet: This space is the bathroom for the bariatric patient. Planner should refer to the FGI Guidelines for the preferred bariatric design solutions for this room. This bathroom should be located proximate to the Bariatric Patient Exam / Treatment Room; however, it is not solely dedicated to the bariatric patient. It may be used by other patients for added flexibility.

Biofeedback Therapy: Biofeedback is a simple painless teaching technique, providing people with instant feedback about a particular function of their body. In urology, it is often used with patients who have pelvic muscle dysfunction, which can lead to symptoms such as incontinence, urgency or frequency of urination, difficulty emptying the bladder or pelvic pain. External sensors are placed on the patient's abdomen, and the sensors are connected to a computer.

Chemotherapeutics Compounding Buffer Room: This is part of the infusion clinic pharmacy. It is space where the sterile chemotherapeutic drugs are mixed in a clean environment. This clean room follows strict standards, including the USP <797> and <800> Standards issued by U.S. Pharmacopeia, the authority for all prescription and over-the-counter medicines. Air quality is controlled through the use negative pressure controls, HEPA filters, and biosafety cabinets or hoods to ensure it is pure and clean.

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.

Dialysate: A solution of water and chemicals used in renal replacement therapy which is used to provide an artificial replacement for lost kidney functions.

Dialysis: A standard treatment for kidney disease. There are two main forms of dialysis: Hemodialysis and Peritoneal Dialysis, both of which are considered forms of life support treatment. Dialysis may be used for patients who have recently lost kidney functions (acute renal failure) or for stable patients who have permanently lost kidney functions (chronic or end-stage renal failure).

Dialysis Center: A highly specialized program which provides facilities for the treatment of patients with irreversible renal insufficiencies. The Dialysis Center may serve inpatients and outpatients, depending upon the medical facility type, and may provide self-dialysis training for Peritoneal Dialysis in addition to on-site assisted dialysis.

Electrocardiogram (EKG or ECG): A type of noninvasive cardiac diagnostic test that records the electrical activity and output of the heart using electrodes placed on a patient's chest, arms and legs. Electrocardiograms are used during routine physicals or to investigate and diagnose symptoms related to heart disease.

Electroencephalograms (EEG): A form of neuro-diagnostic test that measures and records electrical activity in the brain using a series of electrodes attached directly to the patient's head.

Electromyography (EMG): A type of diagnostic test to evaluate the electrical potential of muscle cells when such cells are electrically or neurologically stimulated. Two forms of EMG's are commonly used: intramuscular, where a needle and fine wire are inserted directly into the muscle tissue, and surface, where a noninvasive electrode is placed on the patient's skin.

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.

Esophageal Manometry: A study performed by a Gastroenterologist using a nasopharyngeal catheter to measure esophageal pressure and records the duration and sequence of contractions in the esophagus.

Evoked Potential: A form of neuro-diagnostic test used to measure electrical activity in specific pathways of the brain and spinal cord. Types of evoked potential testing includes: Visual Evoked Potential, Auditory Evoked Potential, Median Nerve Sensory Evoked Potential, Posterior Tibial Nerve Sensory Evoked Potential, and Evoked Potential Back Averaging.

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.

Hazardous Drug (HD): A HD is any drug identified as hazardous or potentially hazardous by the National Institute for Occupational Safety and Health (NIOSH) on the basis of at least one of the following six criteria: carcinogenicity, teratogenicity or developmental toxicity, reproductive toxicity in humans, organ toxicity at low doses in humans or animals, genotoxicity, and new drugs that mimic existing HDs in structure or toxicity. NIOSH maintains a list of antineoplastic and other hazardous drugs used in healthcare settings.

Hemodialysis: The form of renal dialysis typically conducted in a Dialysis Center. Hemodialysis relies on convective transport of a dialysate and utilizes counter-current flow where the dialysate is flowing in the opposite direction to blood flow in an extracorporeal circuit.

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.

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.

Infusion Therapy: Refers to intravenous infusion (IV), which is the installation of a large amount of fluid and/or electrolytes, or nutrient substances into a vein. It is given to patients who require extra fluid or to those who cannot take fluids or nutrient substances orally. An IV is also a port for administration of medication.

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.

Invasive Urodynamics: An Urodynamics test requiring one or more catheters to be introduced into the bladder, including filling cystometry and pressure flow studies. Invasive Urodynamics can be combined with imaging such as fluoroscopic urodynamic studies (video-urodynamics) and ultrasound (transabdominal or transvaginal).

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.

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.

Non-invasive Urodynamics: Some Urodynamics tests are simple basic non-invasive tests. Examples of such are frequency / volume charting or bladder diary, uroflowmetry (measurement of urinary flow rate without catheterization) and residual urine volume measurement by ultrasound scan.

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.

Peritoneal Dialysis (PD): A form of renal dialysis typically conducted in the patient's home and/or workplace. PD is based on the principle that the peritoneal membrane which surrounds the intestine can act as a natural semi-permeable membrane and that if a dialysate is instilled within the membrane through a catheter, intracorporeal dialysis can occur by diffusion.

Photography Room: Dedicated studio for taking preoperative and postoperative photos for Plastic Surgery patients.

Phototherapy: The therapeutic use of ultraviolet light, either UVA or UVB, alone or in combination with a topical or oral medication to treat a variety of dermatological abnormalities. Phototherapy is most often delivered using a specially designed phototherapy booth.

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 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 or Environmental Services.

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).

Sub-Waiting, Pre / Post-Procedure: This is space for patient waiting in a chair prior to proceeding to the treatment room. It is similar to pre-procedure holding. Depending on the treatment performed, a patient may need extra time to sit up in a chair post-treatment (or procedure) prior to going home. This space is allocated for that purpose, as an option for short-term recovery.

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.

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.

Urodynamics: A study that assesses how the bladder and urethra are performing their job of storing and releasing urine.

Urology: The medical and surgical specialty concerned with the male and female urinary tract and the male reproductive organs.

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.

USP 797: Chapter <797> of the United States Pharmacopeia, more commonly known as USP 797, sets practice standards regarding the preparation of sterile compounds.

USP 800: Chapter <800> of the United States Pharmacopeia, more commonly known as USP 800, sets practice standards regarding the handling of hazardous drugs where there is a risk of exposure to patients, healthcare workers, and the environment.

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.