# **CHAPTER 360: WOMEN'S HEALTH CLINIC**

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#### 1 PURPOSE AND SCOPE

This chapter outlines space planning criteria for services and programs provided in the Women's Health Clinic within the Military Health System (MHS). These services include the OB/GYN Clinic, the Midwife Clinic, and Family Planning and Women's Health Services, which may be provided in either this chapter and/or in other chapters of these criteria. Examples of such services include: oncology, surgical services, counseling and women's imaging services with such procedures such as ultrasound, mammography and bone densitometry.

Planner must give careful consideration to the "Clinic Concept of Operations". There is a considerable range of services, which can be included under the title of "women's health." One option is to program a clinic, which provides obstetrics and gynecological services. This clinic could refer women elsewhere for such things as laboratory work, imaging, counseling, etc. Another option is to program a clinic, which provides a "one stop" location for all women's health services. Such an all-inclusive option would result in the programming of laboratory services, radiology/imaging services and counseling services in the women's health clinic. This option may also cross-traditional organizational lines, and personnel command chains of departments (OB / GYN, Surgery, Nursing, and Social Work Services). Care must be taken to avoid duplicate programming of equipment based on the same workload count - for example mammography units in both the Women's Health Clinic and the Radiology department. Special attention should also be given to assuring that the resources (to include staffing) necessary to provide all services programmed are available, and fully supported by the command.

This space planning criteria applies to all Military Medical Treatment Facilities (MTFs). Policies and directives, DoD's Subject Matter Experts (SMEs), established and/or anticipated best practice guidelines / standards, and TRICARE Management Activity (TMA) provides the foundation for the workload based space criteria and Net Square Footages (NSF) for each space. The latest version of DoD's *UFC-4-510-01, Appendix B* cites all Room Codes identified in this chapter.

#### 2 **DEFINITIONS**

- A. <u>Antepartum Testing</u>: Ante (before) partum (birth) Testing involves the use of electronic fetal monitoring or ultrasound to assess fetal well-being as determined by the fetal heart rate and other characteristics during the Antepartum period, which is the period spanning from conception to labor. Antepartum tests include the nonstress test (NST), modified biophysical profile (MBPP), contraction stress test (CST), oxytocin contraction stress test (OCT), biophysical profile (BPP), doppler flow studies, amniocentesis, cordocentesis, and fetal echocardiography.
- B. <u>Automated External Defibrillator (AED)</u>: An AED or automated external defibrillator is a computerized medical device which can check a person's heart rhythm. It can recognize a rhythm that requires a shock, and it can advise the rescuer when a shock is needed. AEDs are typically placed in targeted public areas such as outpatient clinics, doctor's offices, office complexes, sports arenas, gated communities, shopping malls, and many others. They are wall-mounted, highly visible, and accessible to everyone. The Americans with Disabilities Act requires that objects not protrude more than 4 inches into foot traffic areas of open aisles and walkways (hallways) unless the object's bottom edge is no higher than 27 inches from the ground.

- C. <u>Average Length of Encounter (ALOE)</u>: 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 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.
- D. <u>Clean Utility Room</u>: This room is used for the storage and holding of clean and sterile supplies. Additionally it may provide space to prepare patient care items. 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.
- E. <u>DEXA Scan</u>: Stands for dual energy x-ray absorptiometry and determines bone density. DEXA scans are requested to determine the strength of the bone, and are often used in patients who are at an increased risk of osteoporosis, or thinning of the bones. Such patients include post-menopausal women, those who have undergone steroid use and people with low body mass index or recurrent fractures. There are two forms of DEXA scanning machines: one that scans peripheral bones such as the heel or fingers and one that measures the central skeleton such as hips and vertebrae. The amount of x-rays that pass through the bone is detected, and a computer calculates the scores.
- F. <u>Fluoroscopy</u>: Uses x-ray to produce real-time video images. After the x-rays pass through the patient, they are captured by a device called an image intensifier and converted into light. The light is then captured by a TV camera and displayed on a video monitor. This procedure makes it possible to see internal organs in motion. Fluoroscopy is used both for diagnostic functions and guiding procedures it is an integral part of interventional radiology. Procedures that commonly rely on the real-time moving images provided fluoroscopy include investigation of the gastrointestinal tract, cardiac catheterization, IV catheter insertion, orthopedic surgery, urological surgery and implantation of pacemakers or similar devices.
- G. <u>Forensic Evidence Storage</u>: This is a room to store evidence collected during the forensic medical exam. It is for short-term storage while awaiting law enforcement to transport the evidence to their agency.
- H. <u>Full-Time Equivalent (FTE)</u>: 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.
- I. <u>Functional Area</u>: The grouping of rooms and spaces based on their function within a clinical service. Typical Functional Areas are Reception Area, Patient Area, Support Area, Staff and Administrative Area, and Education Area.
- J. <u>Graduate Medical Education (GME)</u>: After a physician completes 4 years of medical school, they must then complete an internship (also called PGY1 or Post Graduate Year 1) and then a residency (also termed GME or Graduate Medical Education). An internship typically lasts one year, and a residency can last from three to seven years depending on the specialty that is chosen.
- *K.* <u>Infection Control Risk Assessment (ICRA)</u>: 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.

- L. <u>Input Data Statement</u>: A set of questions designed to elicit information about the healthcare project in order to create a Program for Design (PFD) based on the criteria parameters set forth in this chapter. Input Data Statements could be mission related, based on the project's Concept of Operations; and they could be workload or staffing related, based on projections for the facility.
- M. <u>Lactation Room</u>: Private space which accommodates an individual for breast feeding. Must include sink, flat surface for breast pumps, trash receptacle and baby change table.
- N. <u>Maternal Fetal Medicine</u>: Branch of obstetrics that focuses on the medical and surgical management of high-risk pregnancies. Management includes monitoring and treatment including comprehensive ultrasound, chorionic villus sampling, genetic amniocentesis, and fetal surgery or treatment.
- O. <u>Military Sexual Trauma (MST) (defined according to Title 38 U.S. Code 1720D)</u>: MST is a "physical assault, of a sexual nature, battery of a sexual nature or sexual harassment that occurred while a Veteran was serving on active duty or active duty for training." Sexual harassment is further defined as "repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character." The location where the sexual trauma occurred, the genders of the people involved, and their relationship to each other do not matter.
- P. <u>Negative Pressure Isolation Room</u>: A type of Airborne Infection Isolation Room that is provided for the isolation of patients with airborne contagious diseases such as tuberculosis and is designed to direct air flow from outside corridors and rooms into the patient room, preventing the chance for contaminated air to flow to other parts of a building. An anteroom is not required in an outpatient setting.
- Q. <u>Net-to-Department Gross Factor (NTDG)</u>: This number, when multiplied by the programmed net square foot (NSF) area, determines the departmental gross square feet (DGSF).
- R. <u>Non-Stress Test / Fetal Monitoring</u>: Fetal Non-Stress Test is a non-invasive test performed in pregnancies over 28 weeks gestation. The test is named "non-stress" because no stress is placed on the fetus during the test. The primary goal is to measure the heart rate of the fetus in response to its own movements. The test is to assist with identifying issues that would impede oxygen to the fetus, such as placental abnormalities or umbilical cord.
- S. Office:
  - 1. <u>Private Office</u>: Generally speaking, a private office is needed for the supervisory and/or managerial role. It may be justified for a provider or a non-provider, depending upon the nature of their work. Private offices are needed where confidential communication in person or on the telephone takes place. When private offices are justified, they are typically 120 NSF.
  - 2. <u>Shared Office</u>: Staff may be assigned to share an office space of 120 NSF, which amounts up to 60 NSF per person. This can be a good solution for staff for whom a quiet office environment is important for conducting confidential communication in person or on the telephone.

- 3. <u>Cubicle</u>: A cubicle is provided in an open room. Managers and other staff with no direct reports as well as part-time, seasonal and job-sharing staff may qualify for a cubicle environment. Cubicle environments can have the benefit of being more open, airy and light, and can make more efficient use of space. Such environments are particularly conducive to team-oriented office groupings. Cubicle environments work best when they contain adequate numbers of conference and small group meeting spaces, for confidential conversations and/or group tasks. A 60 square foot cubicle is the preferred size.
- T. <u>Outpatient Clinic</u>: A clinic providing outpatient services in both freestanding community-based facilities, as well as ambulatory clinics in or directly adjacent to hospital-based services.
- U. <u>Personal Property Lockers</u>: This is a small-sized locker, commonly called purse or cell phone locker, and is generally used to secure purses and smaller valuables. Staff members who do not have an office or cubicle space where they can safely store belongings will be assigned these lockers.
- V. <u>Picture Archiving and Communication System (PACS) Viewing Room</u>: A digital radiology reading room that consists of workstations for interpretation.
- W. <u>Program for Design (PFD)</u>: A listing of all of the spaces and rooms included within a service and the corresponding net square foot area of each space and room. This listing of spaces and rooms is based on criteria set forth in this chapter and specific information about mission, workload projections and staffing levels authorized.
- X. <u>Provider</u>: 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.
- Y. <u>Reproductive Endocrinology / Infertility</u>: A branch of medicine that identifies and treats infertility in both men and women.
- Z. <u>Screening Room</u>: After patients are checked in at reception they may proceed to the screening room for weights and vital signs prior to going to an exam room. However, activities such as screening, medical history, vitals, height and weight can also be conducted in the exam room. The inclusion of the Screening Room will depend upon the individual facility's model of care. Consideration should be given to models that facilitate gaining healthcare delivery efficiencies and an enhanced patient experience.
- AA. <u>SEPS</u>: Acronym for Space and Equipment Planning System, 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 healthcare project based on specific information entered in response to Input Data Statements.
- BB. <u>Sexual Assault Nurse Examiner (SANE)</u>: A registered nurse who has completed specialized education and clinical preparation in the medical forensic care of the patient who has experienced sexual assault or abuse.
- CC. <u>Soiled Utility Room</u>: 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 Central Sterile or similar service. It should be accessible from the main corridor.

- DD. <u>Stereotactic Breast Biopsy</u>: A safe and minimally invasive form of breast biopsy. It is used to obtain tiny samples from an abnormal breast mass for examination by a pathologist. Patient lays face down on a special table with a hole through which the breast is placed and aligned with the imaging unit beneath. Two x-ray images of breast tissue are taken at different angles. A computer uses the images to locate the abnormality and calculate precise coordinates. Then the computer guides the physician in placing a needle at the target. The procedure is completed on an outpatient basis with a minimum of discomfort and recovery time.
- EE. <u>Team Collaboration Room</u>: This space provides staff with an environment conducive to collaboration. Room contains touchdown computer workstations for documentation and a table with chairs to hold meetings.
- FF. <u>Telehealth</u>: 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. Depending on the concept of operations for this space, it may be equipped as an exam room or as a consult room with video / camera capability.
- GG. <u>Workload</u>: The anticipated number of encounters or procedures processed through a clinic. The projected Women's Health Clinic workload for a given location determines the number of Exam and Treatment Rooms in the Program for Design.

#### **3 OPERATING RATIONALE AND BASIS OF CRITERIA**

- A. Workload projections and planned services / modalities for a specific MHS facility project shall be sought by the planner in order to develop a project based on these Criteria. Healthcare and clinical planners working on military hospitals, medical centers and clinics shall utilize and apply the workload based criteria set forth herein for identified services and modalities to determine space requirements for the project.
- B. Space planning criteria have been developed on the basis of an understanding of the activities involved in the functional areas required for Women's Health 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 heath care for Service Members and their dependents.
- C. These criteria are subject to modification relative to equipment, medical practice, vendor requirements, and subsequent planning and design. The final selection of the size and type of medical equipment is determined during the design process.
- D. The area for each room (NSF) in this chapter has been provided by the Military Health System (MHS) Space Template Board.
- E. Calculation of the exam rooms in Functional Area 3: General Patient Area and Functional Area 5: Diagnostic Imaging Patient Areas is derived from workload projections via the workload Input Data Statements as outlined below. Most of the remaining rooms in those functional areas and in Functional Area 2: Reception Area and Functional Area 6: Support Area are determined based on the number of Exam and Procedure Rooms generated by workload. Mission, Staffing and Miscellaneous Input Data Questions drive the rest of the spaces in this chapter.

- F. Section 4: Input Data Questions and Section 5: Space Planning Criteria have been implemented and tested in SEPS II.
- G. Exam room capacity calculation is based on the following formula / parameters:

Formula:

Operating Days per Year x Hours of Operation per Day

Average Length of Encounter (ALOE) in Minutes / 60 Minutes

User-defined Value:

- 1. Operating Days per Year: 232, 240 or 250. (default in SEPS: 240)
- 2. Hours of Operation per Day: 6, 7, or 8 (default in SEPS: 8)

Fixed Value:

1. Utilization Factor: 80%

Calculation: Annual Workload for one Exam Room (Reproductive Endocrinology / Infertility Exam Room):

240 Operating Days per Year x 8 Hours of Operation per Day

X 0.80 = 1,536

#### 60 Minutes / 60 Minutes

Minimum Annual Workload to generate an Exam Room: 20% of Annual Workload for one Exam Room.

- H. Workload based room calculation examples:
  - 1. Room Criteria Statement (Room 1):

Minimum one if the projected annual clinic encounters is between 307 and 1,536; provide an additional one for every increment of 1,536 projected annual clinic encounters greater than 1,536; the minimum workload to generate an additional room is 307.

a. <u>Input Data Statement 1, Answer 1</u>: How many annual clinic encounters are projected? (W) = 4,700

Step 1: Subtract the increment from the projected annual encounters to account for the "Minimum one" condition. 4,700 – 1,536 = 3,164 One room generated

- Step 2: Divide the resulting value by the increment. 3,164 / 1,536 = 2.05*Two additional rooms generated*
- Step 3: Multiply the whole value ("2" in the previous step) by the increment.  $2 \times 1,536 = 3,072$
- Step 4: Subtract Step 3 from Step 1. 3,164 - 3,072 = 92

Step 5: Compare Step 4 with the "minimum workload to generate an additional room" value; if higher, provide an additional room.
92 is less than 307
No additional rooms generated.

#### Total number of rooms generated by 4,700 annual encounters: 3

- b. <u>Input Data Statement 1, Answer 2</u>: How many annual clinic encounters are projected? (W) = 15,000
  - Step 1: Subtract the increment from the projected annual encounters to account for the "Minimum one" condition. 15,000 – 1,536 = 13,464 One room generated
  - Step 2: Divide the resulting value by the increment. 13,464 / 1,536 = 8.76 *Eight additional rooms generated*
  - Step 3: Multiply the whole value ("8" in the previous step) by the increment. 8 x 1,536 = 12,288
  - Step 4: Subtract Step 3 from Step 1. 13,464 – 12,288 = 1,176
  - Step 5: Compare Step 4 with the "minimum workload to generate an additional room" value; if higher, provide an additional room.
    1,176 is greater than 307
    One additional room generated.

#### Total number of rooms generated by 15,000 annual encounters: 10

2. <u>Room Criteria Statement (Room 2)</u>:

Minimum two if the projected annual encounters is between 614 and 6,144; provide an additional one for every increment of 3,072 projected annual encounters greater than 6,144; the minimum workload to generate an additional room is 614.

- a. <u>Input Data Statement 2, Answer 1</u>: How many annual clinic encounters are projected? (W) = 12,500
  - Step 1: Subtract the increment from the projected annual encounters to account for the "Minimum one" condition.  $12,500 - 6,144 (3,072 \times 2) = 6,356$ *Two rooms generated*
  - Step 2: Divide the resulting value by the increment. 6,356 / 3,072 = 2.06*Two additional rooms generated*
  - Step 3: Multiply the whole value ("2" in the previous step) by the increment.  $2 \times 3,072 = 6,144$
  - Step 4: Subtract Step 3 from Step 1. 6,356 - 6,144 = 212
  - Step 5: Compare Step 4 with the "minimum workload to generate an additional room" value; if higher, provide an additional room.

212 is less than 614 *No additional rooms generated.* 

#### Total number of rooms generated by 12,500 annual encounters: 4

- b. <u>Input Data Statement 2, Answer 2</u>: *How many annual clinic encounters are projected? (W)* = 18,000
  - Step 1: Subtract the increment from the projected annual encounters to account for the "Minimum one" condition.  $18,000 - 6,144 (3,072 \times 2) = 11,856$ *Two rooms generated*
  - Step 2: Divide the resulting value by the increment. 11,856 / 3,072 = 3.85 *Three additional rooms generated*
  - Step 3: Multiply the whole value ("3" in the previous step) by the increment.  $3 \times 3,072 = 9,216$
  - Step 4: Subtract Step 3 from Step 1. 11,856 – 9,216 = 2,640
  - Step 5: Compare Step 4 with the "*minimum workload to generate an additional room*" value; if higher, provide an additional room. 2,640 is greater than 614 *One additional room generated.*

Total number of rooms generated by 18,000 annual encounters: 6

#### **TABLE 1: WORKLOAD PARAMETER CALCULATION**

360: WOMEN'S HEALTH CLINIC				
CLINICAL ENCOUNTERS / PROCEDURES	AVERAGE LENGTH OF CLINIC ENCOUNTER (minutes)	UTILIZATION RATE	ANNUAL WORKLOAD PER EXAM / PROCEDURE ROOM (*)	MINIMUM ANNUAL WORKLOAD TO GENERATE ONE ROOM (20%)
General Exam Room: OB / GYN	45	80%	2,048	410
General Exam Room: URO-GYN	45	80%	2,048	410
General Exam Room: Maternal Fetal Medicine	45	80%	2,048	410
General Exam Room: Reproductive Endocrinology / Infertility	60	80%	1,536	307
Antepartum Testing	45	80%	2,048	410
Mammography Room	30	80%	3,072	614

Fluoroscopy				
Room	30	80%	3,072	614
Diagnostic				
Imaging Patient				
Area Ultrasound				
Room	45	80%	2,048	410
Stereotactic				
Biopsy Room	60	80%	1,536	307

(\*) Values in this column are representative and are based on an 8-hour per day and a 240-day per year default value. SEPS calculates this value dynamically based on answers to the following Input Data Statements:

For Women's Health Clinic:

- (1) Is Women's Health Clinic authorized to operate outside the standard 8-hour per day shift? (Misc); if not:
  - (2) Is Women's Health Clinic authorized to operate a 6-hour per day shift? (Misc) (If not, a 7-hour per day shift will be used to calculate workload driven spaces), and
- (3) Is Women's Health Clinic authorized to operate outside the standard 240 days per year? (Misc); if not:
  - (4) Is Women's Health Clinic authorized to operate 232 days per year? (Misc) (If not, 250 days per year will be used to calculate workload driven spaces)

#### 4 PROGRAM DATA REQUIRED (Input Data Questions)

- A. Mission Input Data Statements
  - 1. Is a Satellite Laboratory authorized? (M)
  - 2. Is a Screening Room authorized? (M)
  - 3. Is a Height / Weight Alcove authorized? (M)
  - 4. Is an Alternative Therapy Treatment Room authorized? (M)
  - 5. Are Sexual Assault (SA) / Military Sexual Trauma (MST) / Domestic Violence (DS) Patient Services authorized? (M)
  - 6. Is a Breast Ultrasound Room authorized? (M)
  - 7. Is an Ultrasound Room (Diagnostic Imaging Patient Area) authorized? (M)
  - 8. Is a DEXA Scan Room authorized? (M)
  - 9. Is a Women's Health Clinic Graduate Medical Education program authorized? (M)
    - a. How many Women's Health Clinic resident / student FTE positions are authorized? (S)
- B. Workload Input Data Statements
  - 1. How many annual OB / GYN encounters are projected? (W)
  - 2. How many annual URO-GYN encounters are projected? (W)
  - 3. How many annual Maternal Fetal Medicine encounters are projected? (W)
  - 4. How many annual Reproductive Endocrinology Infertility encounters are projected? (W)
  - 5. How many annual Antepartum Testing encounters are projected? (W)
  - 6. How many annual Mammography Procedures are projected? (W)
  - 7. How many annual Fluoroscopy Procedures are projected? (W)
  - 8. How many annual (Diagnostic Imaging Patient Area) Ultrasound encounters are projected? (W)
  - 9. How many annual Stereotactic Biopsy Procedures are projected? (W)

- C. <u>Staffing Input Data Statements</u>
  - 1. How many Women's Health Clinic provider FTE positions are authorized? (S)
    - a. How many Women's Health Clinic provider FTE positions are authorized to have a private office? (Misc)
    - b. How many Women's Health Clinic provider FTE positions are authorized to have a shared office? (Misc)
    - c. How many Women's Health Clinic provider FTE positions are authorized to have a cubicle? (Misc)
  - 2. How many Women's Health Clinic non-provider FTE positions are authorized? (S)
    - a. How many Women's Health Clinic non-provider FTE positions are authorized to have a private office? (Misc)
    - b. How many Women's Health Clinic non-provider FTE positions are authorized to have a shared office? (Misc)
    - c. How many Women's Health Clinic non-provider FTE positions are authorized to have a cubicle? (Misc)
  - How many Women's Health Clinic Social Worker FTE positions are authorized? (S)
- D. <u>Miscellaneous Input Data Statements</u>
  - 1. Is a Sub-Waiting in the Staff and Administrative Area authorized? (Misc)
  - 2. Is a Patient Records Storage Room authorized? (Misc)
  - 3. How many FTEs will work on peak shift? (Misc)
  - 4. (1) Is the Women's Health Clinic authorized to operate outside the standard 8hour per day shift? (Misc)
    - a. (2) Is the Women's Health Clinic authorized to operate a 7-hour per day shift? (Misc) (If not, a 6-hour per day shift will be used to calculate workload driven spaces)
  - 5. (3) Is the Women's Health Clinic authorized to operate outside the standard 240 days per year? (Misc)
    - a. (4) Is the Women's Health Clinic authorized to operate 250 days per year? (Misc) (If not, 232 days per year will be used to calculate workload driven spaces)
  - 6. Total number of Patient Rooms (Computer calculated value, user input not applicable).
  - 7. Total number of Diagnostic Imaging Patient Rooms (Computer calculated value, user input not applicable).

#### 5 SPACE PLANNING CRITERIA

For calculation of the number of Vending Machine areas, Public Toilets, Communication Closets, and Janitors Closets for this Chapter, please refer to DoD Space Planning Criteria Chapter 6.1: Common Areas.

#### A. FA 1: Reception Area:

Minimum allocated NSF accommodates three standard seats at 16 NSF plus one wheelchair space at 25 NSF and one bariatric bench seat at 36 NSF and circulation area. Depending on the concept of operations for this chapter, waiting space across all units may be combined or dispersed.

2. Playroom (PLAY1) ...... 120 NSF Provide one for Women's Health Clinic.

This space is provided to accommodate children's play activities; it shall be outfitted with appropriate furniture and accessories. It can be an open or enclosed area included in or adjacent to General Waiting.

Allocated NSF accommodates up to four receptionists and circulation.

Room used for one-on-one patient education and includes space for family to accompany the patient.

### B. FA 2: General Patient Area:

Allocated NSF accommodates three standard seats at 18 NSF and circulation area.

- 2. **Toilet, Patient (TLTU1)......60 NSF** Minimum one; provide an additional one for every increment of fifteen General Ultrasound and Procedure Rooms greater than fifteen.

Procedure Rooms is between six and ten; provide an additional 240 NSF if the total number of OB / GYN, URO-GYN, Maternal Fetal Medicine, Reproductive Endocrinology / Infertility and Isolation Negative Pressure Exam Rooms, Antepartum Testing Stations and Procedure Rooms is between eleven and fifteen; provide an additional 360 NSF if the total number of OB / GYN, URO-GYN, Maternal Fetal Medicine, Reproductive Endocrinology / Infertility and Isolation Negative Pressure Exam Rooms, and Procedure Rooms is greater than sixteen.

Allocated NSF provides space for the many classes offered in this clinic such as classes on pregnancy, childbirth, baby care and parenting. Depending on the size of the facility, birth planning classes may have up to 40 people in attendance, and lactation classes may have up to 30 people. If more than one classroom is generated on the PFD, they should be collocated and dividable for maximum flexibility. This Room Code provides table and chairs; if writing armchairs and no conference table are to be provided, use CLR02. Prenatal classes utilize exercise balls and mats as opposed to chairs and tables.

Allocated NSF provides space for two draw-stations. Specimen holding is included in this room.

- 8. Exam Room,

**OB / GYN, URO-GYN, Maternal Fetal Medicine (EXRG8)**......**120 NSF** *Minimum two if the projected annual OB / GYN, URO-GYN, Maternal Fetal Medicine encounters is between 410 and 4,096; provide an additional one for every increment of 2,048 projected annual OB / GYN, URO-GYN, Maternal Fetal Medicine encounters greater than 4,096; the minimum workload to generate an additional OB / GYN, URO-GYN, Maternal Fetal Medicine Procedure Room is 410. (Refer to Section 3)* 

Exam Room to accommodate the following services: OB / GYN, Maternal Fetal Medicine, Reproductive Endocrinology Infertility, URO-GYN. This room will be able to accommodate a Bariatric patient. Screening may also takes place in this room.

#### 9. Exam Room,

Exam Room to accommodate the following services: OB / GYN, Maternal Fetal Medicine, Reproductive Endocrinology Infertility, URO-GYN. This room will be able to accommodate a Bariatric patient. Screening may also takes place in this room.

10. **Toilet, Exam Room Patient (TLTU1)**.....**60 NSF** *Minimum one; provide an additional one for every increment of four OB / GYN, URO-GYN, Maternal Fetal Medicine, Reproductive Endocrinology / Infertility Exam Rooms greater than four.* 

This room should be able to accommodate a bariatric patient.

The number, location and type of airborne infection isolation and protective environment rooms shall be determined by the infection control risk assessment (ICRA), which shall be conducted during the early planning phase of a project.

Planner shall allocate the total number of calculated Antepartum Testing Stations in Single-Station Rooms or in Multi-Station Rooms as needed.

14. Toilet,

Dedicated to Maternal Fetal Medicine (MFM) / High Risk patients, Reproductive Endocrinology Infertility (REI); accommodates Level 2 Ultrasounds and Amniocentesis.

Includes Colposcopy procedures and procedures related to the following services: URO-GYN and Reproductive Endocrinology Infertility.

To accommodate multiple alternative therapies such as massage, chiropractic, acupuncture, aromatherapy, etc.

#### C. <u>FA 3: Sexual Assault (SA) / Military Sexual Trauma (MST) / Domestic Violence</u> (DV) Patient Area:

This room includes locker space and is part of a suite along with SA / MST / DVS Sub Exam Room, Patient Toilet / Shower, Consult Room, Team Room, Blanket Warmer Alcove, Evidence Laboratory and Equipment Storage.

To assess, complete forensic examination, and provide care and treatment for the victims of sexual assault, domestic violence or military sexual trauma. This room is part of a suite along with SA / MST / DVS Sub-Waiting, Exam Room, Patient Toilet / Shower, Consult Room, Team Room, Blanket Warmer Alcove, Forensic Evidence and Equipment Storage. When not in use, this Exam Room can be used for general clinic use.

3. Toilet / Shower, SA / MST / DVS Patient (TLTS2) ......60 NSF Provide one if Sexual Assault (SA) / Military Sexual Trauma (MST) / Domestic Violence (DV) Patient Services are authorized.

This room is part of a suite along with SA / MST / DVS Sub-Waiting, Exam Room, Patient Toilet / Shower, Consult Room, Team Room, Blanket Warmer Alcove, Forensic Evidence and Equipment Storage.

This room is part of a suite along with SA / MST / DVS Sub-Waiting, Exam Room, Patient Toilet / Shower, Consult Room, Team Room, Blanket Warmer Alcove, Forensic Evidence and Equipment Storage.

Sexual Assault Nurse, Police, Chaplain. Flexible workspace that accommodates multiple disciplines with a multitude of staff tasks. Separate private area for confidential communication. This room is part of a suite along with SA / MST / DVS Sub-Waiting, Exam Room, Patient Toilet / Shower, Consult Room, Team Room, Blanket Warmer Alcove, Forensic Evidence and Equipment Storage.

This room is part of a suite along with SA / MST / DVS Sub-Waiting, Exam Room, Patient Toilet / Shower, Consult Room, Team Room, Blanket Warmer Alcove, Forensic Evidence and Equipment Storage.

Includes a refrigerator and will be a secured room. This room is part of a suite along with SA / MST / DVS Sub-Waiting, Exam Room, Patient Toilet / Shower, Consult Room, Team Room, Blanket Warmer Alcove, Forensic Evidence and Equipment Storage.

Previously named: Laboratory, Evidence

This room will include the SANE Cart and is part of a suite along with SA / MST / DVS Sub-Waiting, Exam Room, Patient Toilet / Shower, Consult Room, Team Room, Blanket Warmer Alcove and Evidence Laboratory.

#### D. FA 4: Diagnostic Imaging Patient Area:

Minimum allocated NSF accommodates three standard seats at 18 NSF and circulation area.

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 rooms and may be grouped together.

For all fluoroscopic procedures including infertility fluoroscopy.

- 8. Toilet, Fluoroscopy Patient (TLTU1)......60 NSF Provide one per Fluoroscopy Room.

Allocated NSF provides space for trans-abdominal and trans-vaginal (A/V) ultrasounds.

- 10. Toilet, Ultrasound Patient (TLTU1)......60 NSF Provide one per each Diagnostic Imaging Patient Area Ultrasound Room.

Allocated NSF provides space for performing bone densitometry.

12. **Stereotactic Biopsy Room (XDM02)**.....**180 NSF** Provide one for every increment of 1,536 projected annual Stereotactic Biopsy procedures greater than 1,536; the minimum annual workload to generate an additional Stereotactic Biopsy Room is 307. (Refer to Section 3)

Allocated NSF provides space for performing Stereotactic Breast Biopsy.

13. Viewing Room,

Picture Archiving and Communication System (PACS) (XVC01) .......120 NSF Provide one per Diagnostic Imaging Patient Area.

#### E. FA 5: Support Area:

This room is part of a two-room suite; it should have a pass-through to Clean Scope Utility. The first room is for initial decontamination with a pass-through to the clean side for instrument washing / high level disinfecting. It should have appropriate ventilation.

2. Utility, Clean Scope Wash (UCCL2)......120 NSF Provide one for Women's Health Clinic. This room is part of a two-room suite; it should have a pass-through from Decontamination / Scope Wash. Provide one for Women's Health Clinic. Allocated NSF provides space for a work counter, sink, refrigerator and locked storage for biological or drugs. Accommodates space for automated medication dispensing machine. 4. Utility Room, Clean (UCCL1)......120 NSF Provide one for Women's Health Clinic. Allocated NSF provides space for a work counter, a handwashing station and storage facilities for clean and sterile supplies such as shelving and automated dispensing machines. 5. Utility Room, Soiled (USCL1)......120 NSF Provide one for Women's Health Clinic. Allocated NSF provides space for a handwashing station, a work counter, space for waste receptacles and soiled linen receptacles and provisions for disposal of liquid waste. 6. Storage, Equipment (SRSE1)......120 NSF Provide one for Women's Health Clinic. F. FA 6: Staff and Administrative Area: 1. Office, Department / Clinic Chief (OFA04)......120 NSF Provide one for Women's Health Clinic. 2. Office, Executive Assistant (OFA04) ..... 120 NSF Provide one for Women's Health Clinic. Provide one for Women's Health Clinic if authorized. Allocated NSF provides space for minimum of two seats plus circulation. 4. Office, NCOIC / LCPO / LPO (OFA04) ...... 120 NSF Provide one for Women's Health Clinic. Provide one per each Women's Health Clinic Social Worker FTE position authorized.

Allocated NSF provides space for staff collaboration with touchdown computer stations for documentation and a table with chairs.

Providers and non-providers who must comply with privacy requirements shall be provided with this space.

- 9. **Cubicle (OFA03)**.....**60 NSF** Provide one per each Women's Health Clinic provider or non-provider FTE position authorized to have a cubicle.

These cubicles may be collocated in a shared space or dispersed as required.

10. Storage, Patient Records (MRS01)......120 NSF Provide one for Women's Health Clinic if authorized.

The Military Health System is moving towards an integrated electronic medical record. If required, space for paper medical records for patients will be planned.

Planner must determine adequacy and availability of existing Conference Room space and the ability to optimize resources by sharing Conference Room space with other departments.

This is a room for the copier / printer / scanner. It may be located directly adjacent to the reception area or in the clinic staff support area.

Allocated NSF provides space for office supplies, patient forms and literature.

#### G. FA 7: GME Education / Training Area:

- 1. Office, Residency Program Director (OFA04)...... 120 NSF Provide one if a Women's Health Clinic Graduate Medical Education program is authorized.

This room should contain one cubicle per Resident / Student at 60 NSF. In addition to the cubicles, a table with chairs for collaboration space and bookcases will be provided.

Planner must determine adequacy and availability of existing Classroom / Conference Room space and the ability to optimize resources by sharing Classroom / Conference Room space with other GME programs.

#### 6 PLANNING AND 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* (<u>https://facilities.health.mil/home/</u>). Also refer to Section 1.2 – 6, Design Considerations and Requirements of the latest version of *Guidelines for Design and Construction of Health Care Facilities of the Facility Guidelines Institute (FGI)*.

#### A. Net-to-Department Gross Factor

1. The net-to-department gross factor (NTDG) for Women's Health is **1.35** 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.

#### B. Reception Areas

- 1. Where possible, centralized intake should be considered where multiple clinics are co-located.
- 2. Consider designing clinic areas such that walking distances from intake to exam are kept to a minimum.
- 3. Visual and auditory privacy is required at intake, vitals collection, and scheduling activities.
- 4. Consideration should be given to special needs of specific patient groups in a shared/general waiting area. For example, adolescent and geriatric patients may require different seating options and environments.

5. The Playroom shall be constructed of surfaces and materials that are easy to clean and durable (nonporous and smooth).

#### C. Patient Areas

- 1. In all exam rooms the exam table shall be situated to have foot of table facing away from room access door and shall be fully shielded by privacy curtains.
- 2. Exam rooms should be designed with dedicated patient, provider, and family zones where appropriate.
- 3. Patient care areas should be located near the front of the clinic to minimize patient walking distances and to maximize the "on-stage / off stage" flow.
- 4. Consider placing high volume, quick turn encounters near the front of the Patient Care area.
- 5. Provide patient changing area behind privacy curtain within each exam room.
- 6. Patient toilets should be adjacent to Ultrasound, SA/MST/DV and treatment rooms.
- 7. Provide same-handed patient care and treatment rooms where appropriate.
- 8. Complete visual privacy for patients in examination, treatment and procedure areas is a critical design consideration.
- 9. Control of sound transmission between examination, treatment and procedure rooms is a critical design consideration.
- 10. Consider adopting the same NSF for rooms with similar functions, such as treatment and exam rooms, to achieve standardization.
- 11. Provisions for bariatric patients should be included where applicable.
- 12. Consider efficiency of operations and a layout such that walking distances of the routes staff repeatedly take from consult room to the exam rooms, to the work areas (e.g. charting, supplies, medications), back to exam rooms are kept to a minimum.

#### D. Support Areas

 Medication preparation areas should be enclosed to minimize distractions. A glass wall or window may be provided to permit observation of patients and clinic activities.

#### E. Other General Design Considerations

- Consider efficiency of operations and a layout such that walking distances of the routes staff repeatedly take from consult room to the exam rooms, to the work areas (e.g. charting, supplies, medications), back to exam rooms are kept to a minimum.
- 2. Restrict access to corridors of patients/staff/visitors that do not work or have a need to be in the Women's Health Clinic.
- 3. Provide for Stretcher / gurney access as required for transfers of patients that must be admitted after receiving Antepartum Testing or care from other departments in the MTF.
- 4. When and where possible clinics will be collocated adjacent to inpatient units with the same specialty. For instance, when Women's Health is located on a hospital campus, provide links to Labor and Delivery / Obstetrics Unit and the Emergency Department where possible.
- 5. The SA/MST/DV area should be located away from the general clinic area and have controlled access for the privacy, safety of staff and patients.
- 6. Provide flexible, standardized and modular blocks of clinic space that include dedicated zones (e.g. intake/waiting, exam room, support core, administrative core, procedure and diagnostic core, etc.)

- 7. Functional areas should be designed to provide flexibility in order to accommodate a variety of patient visit types and specialties. Standardized modules should be configured so that clinics can use available adjacent space as demand fluctuates from one clinic to the next.
- 8. Where possible, clinic modules should include internal connecting corridors to allow circulation of staff, materials and sometimes patients in off-stage areas.
- 9. Design for flexibility and adaptability to accommodate future expansion.
- 10. Clearly define patient flows and facilitate wayfinding.
- 11. Design space to foster effective team collaboration, especially important in innovative care delivery models such as the patient-centered medical home model (PCMH). Central location of circulating corridors and visually open workstations will increase the quality and probability of unplanned interactions. Informal meeting spaces along hallways with flexibly arranged furniture and small niches with surfaces that allow stand-up work will encourage informal collaboration. Locating the team collaboration rooms and conference rooms close to individual spaces will promote problem solving.
- 12. Create separate paths of travel where possible between patients and staff ("on stage" and "off stage") to support privacy, safety and patient/staff satisfaction.
- 13. Consider physical layouts and design features which minimize institutional and maximize non-institutional aspects in order to provide a more therapeutic healing environment that promotes quicker recovery.
- 14. Create welcoming environments for patients and families by reducing environmental stressors. Daylighting, window views of nature, gardens, indoor plants, and nature photography may alleviate patient anxiety, and provide positive distractions in waiting areas and treatment rooms.
- 15. Where possible, locate clinics proximate to public parking and the main outpatient building entry to improve access and minimize travel distance.
- 16. Consider convenient access to both the Outpatient Pharmacy and Lab and Diagnostic and Treatment services as needed.

#### 7 FUNCTIONAL RELATIONSHIPS

Relationship of DoD 360: Women's Health Clinic to services listed below:

#### TABLE 2: WOMEN'S HEALTH CLINIC FUNCTIONAL RELATIONSHIP MATRIX

Services	Relationship	Reasons
Surgery (if C-Section ORs collocated)	1, 2, 3, 4	С
C-Section ORs	1, 2, 3, 4	С
Labor-Delivery/Obstetrics Unit	1, 2, 3, 4	A, C, G, H, I
Emergency	2, 3	H, I
Radiology (If not in Women's Health Clinic	1, 2	G,H, I
Outpatient Pharmacy	3	H, I
Laboratory	3	H, I

Legend:

Relationship:

- 1. Adjacent
- 2. Close / Same Floor
- 3. Close / Different Floor Acceptable
- 4. Limited Traffic

Reasons:

(Use as many as appropriate)

- A. Common use of resources
- B. Accessibility of supplies
- C. Urgency of contact
- D. Noise or vibration
- E. Presence of odors or fumes
- F. Contamination hazard
- G. Sequence of work
- H. Patient's convenience
- I. Frequent contact
- J. Need for security

#### 8 FUNCTIONAL DIAGRAM

Functional Diagrams show the relationship of each functional area to the whole department. In some instances it shows important spaces within a functional area and how staff and patients may flow through the department. This diagram is not intended to serve as a "bubble diagram" that the planner / designer will create for an individual project. Size and shapes of spaces do not reflect actual configuration or square footage of spaces / rooms.

Refer to Functional Diagram(s) on next page(s)

# Lactation **Reception Area** Room General Patient Area Waiting Exam Room(s) General Diagnostic Imaging Waiting Alternative Therapy Ultrasound Patient Area Treatment Room Room TO L&D Antepartum Procedure / Treatment Sexual Assault/ Room(s) Testing Military Sexual Trauma/ Domestic Violence Support Area Staff and Administrative Area GME Education/ Training Area - Mission (if authorized) and Staffing driven spaces Workload and Staffing driven spaces Patient Circulation ----- Staff Circulation

#### 8 FUNCTIONAL DIAGRAM WOMEN'S HEALTH CLINIC

# 9 Appendix A: SPACE PLANNING CRITERIA SUMMARY

Room Name	Room Code	NSF	Space Criteria
	WRC03		Minimum NSF; provide an additional 60 NSF for every increment of four OB / GYN, URO-GYN, Maternal Fetal Medicine, Reproductive Endocrinology / Infertility and Isolation Negative Pressure Exam Rooms, Antepartum Testing Stations, General Ultrasound, Procedure, Alternative Therapy Treatment, Breast Ultrasound, Mammography, Fluoroscopy, (Diagnostic Imaging Patient Area) Ultrasound, DEXA Scan, and Stereotactic Biopsy Rooms
Waiting	WRC03	120	greater than four. Provide one for Women's Health
Playroom	PLAY1	120	Clinic.
Reception	RECP1	120	Minimum NSF; provide an additional 30 NSF for every increment of twelve OB / GYN, URO-GYN, Maternal Fetal Medicine, Reproductive Endocrinology / Infertility and Isolation Negative Pressure Exam Rooms, Antepartum Testing Stations, General Ultrasound, Procedure, Alternative Therapy Treatment, Breast Ultrasound, Mammography, Fluoroscopy, (Diagnostic Imaging Patient Area) Ultrasound, DEXA Scan, and Stereotactic Biopsy Rooms greater than twelve.
Kiosk, Patient Check-in	CLSC1	30	Provide one for Women's Health Clinic.
Patient Education / Consult	CLSC3	120	Provide one for Women's Health Clinic.
Lactation Room	LAC01	120	Provide one for Women's Health Clinic.
Toilet, Lactation Room	TLTU1	60	Provide one for Women's Health Clinic.

# FA 1: Reception Area:

			Provide one for Women's Health
Alcove, Wheelchair	SRLW1	60	Clinic.

## FA2: General Patient Area:

Room Name	Room Code	NSF	Space Criteria
			Minimum NSF; provide an additional 30 NSF per each General Ultrasound and Procedure Rooms greater than
Sub-Waiting	WRCO3	60	four.
Toilet, Patient	TLTU1	60	Minimum one; provide an additional one for every increment of fifteen General Ultrasound and Procedure Rooms greater than fifteen.
Classroom, Women's Health	CLR05	240	Minimum NSF; provide an additional 120 NSF if the total number of OB / GYN, URO-GYN, Maternal Fetal Medicine, Reproductive Endocrinology / Infertility and Isolation Negative Pressure Exam Rooms, Antepartum Testing Stations and Procedure Rooms is between six and ten; provide an additional 240 NSF if the total number of OB / GYN, URO-GYN, Maternal Fetal Medicine, Reproductive Endocrinology / Infertility and Isolation Negative Pressure Exam Rooms, Antepartum Testing Stations and Procedure Rooms is between eleven and fifteen; provide an additional 360 NSF if the total number of OB / GYN, URO-GYN, Maternal Fetal Medicine, Reproductive Endocrinology / Infertility and Isolation Negative Pressure Exam Rooms, Antepartum Testing Stations and Procedure Rooms is detween eleven and fifteen; Reproductive Endocrinology / Infertility and Isolation Negative Pressure Exam Rooms, Antepartum Testing Stations and Procedure Rooms is greater than sixteen.
Phlebotomy Station	LBVP1	120	Provide one for Women's Health Clinic.
Laboratory, Satellite	LBSP1	120	Provide one if authorized.
Screening Room	EXRG4	120	Provide one if authorized.

1	I	1	
Alcove, Height / Weight	EXR11	30	Provide one if authorized.
			Minimum two; provide an additional one for every
			increment of 2,048 projected
			annual OB / GYN, ÚRÓ-GYN,
Even Deem			Maternal Fetal Medicine greater
Exam Room, OB / GYN, URO-GYN,			than 4,096; the minimum annual workload to generate one Exam
Maternal Fetal Medicine	EXRG8	120	Room is 307. (Refer to Table 1)
			Minimum two; provide an
			additional one for every
			increment of 1,536 Reproductive Endocrinology / Infertility
			encounters greater than 3,072;
Exam Room,			the minimum annual workload to
Reproductive Endocrinology			generate one Exam Room is
/ Infertility	EXRG8	120	410. (Refer to Table 1)
			Minimum one; provide an additional one for every
			increment of four OB / GYN,
			URO-GYN, Maternal Fetal
			Medicine, Reproductive
Toilet, Exam Room Patient	TLTU1	60	Endocrinology / Infertility Exam Rooms greater than four.
Exam Room, Isolation		00	Provide one for Women's Health
Negative Pressure	EXRG6	180	Clinic.
Tailet lealation Datient			Provide one for Women's Health
Toilet, Isolation Patient	TLTU1	60	Clinic. Minimum two; provide an
			additional Antepartum Testing
			Station for every increment of
			2,048 projected annual
			Antepartum Testing encounters
			greater than 4,096; the minimum annual workload to generate one
			Antepartum Testing Station is
Antepartum Testing Station	LDAT1	120	410.
			Minimum one; provide an additional one for every
			increment of four Exam
Toilet,			Antepartum Testing Stations
Antepartum Testing Patient	TLTU1	60	greater than four.
			Provide one for Women's Health
Ultrasound Room, General	XDUS1	120	Clinic.

			Minimum one; provide an
			additional one for every
			increment of six OB / GYN,
			URO-GYN and Maternal Fetal
			Medicine and Reproductive
			Endocrinology / Infertility Exam
Procedure Room	TROB1	180	Rooms greater than six.
			Provide one per Procedure
Toilet, Procedure Room	TLTU1	60	Room.
Treatment Room, Alternative			
Therapy	PTBT1	180	Provide one if authorized.
			Minimum one; provide an
			additional one for every
			increment of ten OB / GYN,
			URO-GYN and Maternal Fetal
			Medicine and Reproductive
			Endocrinology / Infertility Exam
Exam Room / Consult	EXR10	120	Rooms greater than ten.

# FA3:Sexual Assault (SA) / Military Sexual Trauma (MST) / Domestic Violence (DV) Patient Area:

Room Name	Room Code	NSF	Space Criteria
Sub-Waiting	WRC03	60	Provide one if Sexual Assault (SA) / Military Sexual Trauma (MST) / Domestic Violence (DV) Patient Services are authorized.
Exam Room, SA / MST / DV	EXRG9	120	Provide one if Sexual Assault (SA) / Military Sexual Trauma (MST) / Domestic Violence (DV) Patient Services are authorized.
Toilet / Shower, SA / MST / DVS Patient	TLTS2	60	Provide one if Sexual Assault (SA) / Military Sexual Trauma (MST) / Domestic Violence (DV) Patient Services are authorized.
Exam Room / Consult	EXR10	120	Provide one if Sexual Assault (SA) / Military Sexual Trauma (MST) / Domestic Violence (DV) Patient Services are authorized.
Team Room, SA / MST / DVS	WRCH1	120	Provide one if Sexual Assault (SA) / Military Sexual Trauma (MST) / Domestic Violence (DV) Patient Services are authorized.

Alcove, Blanket Warmer	RCA04	30	Provide one if Sexual Assault (SA) / Military Sexual Trauma (MST) / Domestic Violence (DV) Patient Services are authorized.
Storage, Forensic Evidence	SRS01	120	Provide one if Sexual Assault (SA) / Military Sexual Trauma (MST) / Domestic Violence (DV) Patient Services are authorized.
Storage, Equipment	SRSE1	120	Provide one if Sexual Assault (SA) / Military Sexual Trauma (MST) / Domestic Violence (DV) Patient Services are authorized.

# FA4: Diagnostic Imaging Patient Area:

Room Name	Room Code	NSF	Space Criteria
Sub-Waiting	WRC03	60	Minimum NSF; provide an additional 30 NSF per each Breast Ultrasound, Mammography, Fluoroscopy, (Diagnostic Imaging Patient Area) Ultrasound, DEXA Scan, and Stereotactic Biopsy Rooms greater than four.
Exam Room / Consult	EXR10	120	Provide one per Diagnostic Imaging Patient Area.
Cubicle, Patient Dressing	DR001	60	Provide one per each Breast Ultrasound, Mammography, Fluoroscopy, (Diagnostic Imaging Patient Area) Ultrasound, DEXA Scan, and Stereotactic Biopsy Room.
			Minimum one; provide an additional one for every increment of six Breast Ultrasound, Mammography, Fluoroscopy, (Diagnostic Imaging Patient Area) Ultrasound, DEXA Scan, and Stereotactic Biopsy Rooms
Toilet, Patient	TLTU1	60	greater than six.
Breast Ultrasound Room	XDUS1	120	Provide one if authorized.

Mammography Room	XDM01	180	Minimum one; provide an additional one for every increment of 3,072 projected annual Mammography procedures greater than 3,072; the minimum annual workload to generate one room is 614. (Refer to Table 1)
Fluoroscopy Room	XDRF1	180	Minimum one; provide an additional one for every increment of 3,072 projected annual Fluoroscopy procedures greater than 3,072; the minimum annual workload to generate one room is 614. (Refer to Table 1)
Toilet, Fluoroscopy Patient	TLTU1	60	Provide one per Fluoroscopy Room.
Ultrasound Room	XDUS1	120	Minimum one; provide an additional one for every increment of 2,048 projected annual (Diagnostic Imaging Patient Area) Ultrasound encounters greater than 2,048; the minimum annual workload to generate one room is 410. (Refer to Table 1)
Toilet, Ultrasound Patient	TLTU1	60	Provide one per each Diagnostic Imaging Patient Area Ultrasound Room.
DEXA Scan Room	XDBD1	120	Provide one if a DEXA Scan Room is authorized.
Stereotactic Biopsy Room	XDM02	180	Provide one for every increment of 1,536 projected annual Stereotactic Biopsy procedures greater than 1,536; the minimum annual workload to generate one room is 307. (Refer to Table 1)
Viewing Room, Picture Archiving and Communication System (PACS)	XVC01	120	Provide one per Diagnostic Imaging Patient Area.

#### FA5:Support Area:

Room Name	Room Code	NSF	Space Criteria
			Provide one for Women's Health
Utility, Soiled Scope Wash	USCL2	120	Clinic.

Utility, Clean Scope Wash	UCCL2	120	Provide one for Women's Health Clinic.
Medication Room	MEDP1	120	Provide one for Women's Health Clinic.
Utility Room, Clean	UCCL1	120	Provide one for Women's Health Clinic.
Utility Room, Soiled	USCL1	120	Provide one for Women's Health Clinic.
Storage, Equipment	SRSE1	120	Provide one for Women's Health Clinic.
Alcove, Blanket Warmer	RCA04	30	Provide one for Women's Health Clinic.
Alcove, Crash Cart	RCA01	30	Provide one for Women's Health Clinic.
Storage, Stretcher	SRLW1	60	Provide one for Women's Health Clinic.

# FA6:Staff and Administrative Area:

Paor Name					
Room Name	Room Code	NSF	Space Criteria		
Office, Department / Clinic Chief	OFA04	120	Provide one for Women's Health Clinic.		
Office, Executive Assistant	OFA04	120	Provide one for Women's Health Clinic.		
Sub-Waiting	WRC03	60	Provide one for Women's Health Clinic if authorized.		
Office, NCOIC / LCPO / LPO	OFA04	120	Provide one for Women's Health Clinic.		
Office, Social Worker	OFDC1	120	Provide one per each Women's Health Clinic Social Worker FTE position authorized.		
			Minimum one; provide an additional one for every increment of eight OB / GYN, URO-GYN, Maternal Fetal Medicine and Reproductive Endocrinology / Infertility Exam Rooms, Isolation Negative, Antepartum Testing Stations, General Ultrasound, Procedure, Alternative Therapy Treatment, Breast Ultrasound, Mammography, Fluoroscopy, (Diagnostic Imaging Patient Area) Ultrasound, DEXA Scan, and Stereotactic Biopsy		
Team Collaboration Room	WRCH1	120	Rooms greater than eight.		

			1
Office, Private	OFA04	120	Provide one per each Women's Health Clinic provider and non- provider FTE position authorized to have a private office. Provide one for every increment of two Women's Health Clinic provider and non-provider FTE
Office, Shared	OFA05	120	positions authorized to have a shared office.
Cubicle	OFA03	60	Provide one per each Women's Health Clinic provider or non- provider FTE position authorized to have a cubicle.
Storage, Patient Records	MRS01	120	Provide one for Women's Health Clinic if authorized.
Conference Room	CRA01	240	Minimum NSF; provide an additional 60 NSF if the total number of FTE positions authorized is greater than ten.
Copier	RPR01	120	Provide one for Women's Health Clinic.
Storage, Office Supplies	SRS01	60	Provide one for Women's Health Clinic.
Lounge, Staff	SL001	120	Minimum NSF, provide an additional 60 NSF for every increment of five FTEs working on peak shift greater than ten; maximum 360 NSF.
Lockers, Personal Property	LR001	30	Minimum NSF, provide an additional 3 NSF per each FTE position not assigned a private office, shared office or cubicle greater than ten.
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# FA7:GME Education / Training Area:

Room Name	Room Code	NSF	Space Criteria
Office, Residency Program			Provide one if a Women's Health Clinic Graduate Medical
Director	OFA04	120	Education program is authorized.
			Minimum NSF; provide an
			additional 60 NSF per each
			Resident / Student FTE position
			authorized greater than two if a
			Graduate Medical Education
Resident Collaboration			program for Women's Health
Room	WKTM1	240	Clinic is authorized.

			Provide one if the total number of
			Resident / Student FTE positions
			is greater than five if a Graduate
			Medical Education program for
Classroom / Conference			Women's Health Clinic is
Room	CLR01	240	authorized.