DoD Space Planning Criteria

Chapter 210: general administration
June 24, 2021

Originating Component: Defense Health Agency Facilities Enterprise

Effective: June 24, 2021

Releasability: No Restrictions

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

SUMMARY of CHANGE

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

o   Converted to SEPS compatible format.

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

o   Reduced the NSF on select non-clinical and administrative spaces throughout the chapter.

o   The following spaces have been moved to Chapter 610 Common Areas: staff toilets, lockers, lounges, and conference rooms.

o   Added new definition of Cubicle, Private Office and Shared Office in Glossary.

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SECTION 1: PURPOSE AND SCOPE

This chapter outlines space planning criteria for General Administration as it applies to a military Medical Treatment Facility (MTF) or other type of facility that supports medical services. The Command Suite, Medical Readiness, and the Emergency Operations Center, when programmed for Ambulatory Care MTFs will require justification based on the staffing structure.

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 General Administration services and the relationship with other services in a facility.

3. The spaces programmed in this Chapter are based on the facility type, staffing structure and organization of on-site command and administrative responsibilities, and not on any specific workload metric.

4. Functional Areas (FA) 5.1, 5.2 and 5.3 of this Chapter will automatically be generated in the Program for Design if the facility is a medical center or hospital.

5. FA5.4 General Administration may include multiple administrative services (i.e., Resource Management, Credentialing, and Business Operations). The planner must identify the specific administrative services that support the operations of the facility, and manually program each service as a separate Functional Area in SEPS.

6. 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.

SECTION 3: DESIGN CONSIDERATIONS

The following design considerations are intended to provide planners and designers with guidance on how to follow world-class and evidence-based design strategies for new and renovation of existing healthcare facilities. For a more comprehensive list, refer to the World Class Checklist (https://facilities.health.mil/home/). Also refer to the Facility Guidelines Institute (FGI) Guidelines for Design and Construction of Hospitals and Guidelines for Design and Construction of Outpatient Facilities for additional information.

3.1. NET-TO-DEPARTMENT GROSS FACTOR.

The net-to-department gross factor (NTDG) for General Administration 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 as well as other construction elements not defined by the net square foot area. Refer to UFC 4-510-01 and DoD Space Planning Criteria Chapter 130: Net to Gross Conversion Factors.

3.2. GENERAL DESIGN CONSIDERATIONS.

1. Provide an efficient work environment that encourages optimal work flow and team collaboration.

2. Flexible work spaces should be provided that accommodate a multitude of staff tasks and multidisciplinary use.

3. Work Areas should be ergonomically evaluated and designed.

4. Evaluate the requirement for access control into specific departments or areas, particularly the Command Suite or EOC.

5. 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.

SECTION 4: PROGRAM DATA REQUIRED

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

1. Is the facility a Hospital or Medical Center? (M)
    1.1. How many Command Suite Executive FTE positions are projected per the authorized manning document? (S) (Values: 0 to 8)
    1.2. How many Command Suite Executive Assistant FTE positions are projected per the authorized manning document? (S) (Values: 0 to 8)
2. Is an Emergency Operations Center a support requirement within the facility? (M)
3. Is Medical Readiness a support requirement within the facility? (M)
4. Is a General Administration Services functional area (e.g., Resource Management, Credentialing, Business Operations) projected for the facility? (M) (Note: If yes, 1) Answer questions 4.1 - 4.6 for a specific General Admin Service functional area and save the input data worksheet. 2) Make a copy of the GENERAL ADMINISTRATION SERVICES functional area. It will contain the appropriate rooms based on your answers. 3) Rename the copied functional area to the appropriate General Admin Services name. 4) Repeat steps 1 through 3 for each General Administration Services functional area required for this project. 5) Once all service areas have been created, set the answer to IDS 4 to "No".)
    4.1. How many Administrative Function FTE Tier-1 Supervisor positions are authorized per the manning document in this General Administration Services functional area? (S) (Values: 0 to 12) (Note: Provide one "OFA04 - Office, Tier-1 Supervisor" per each FTE position authorized to have a private office)
    4.2. How many Administrative Function FTE positions per the authorized manning document will directly interact with patients for 50% or more of their work day, or require a private office for confidentiality, in this General Administration Services functional area? (S) (Values: 0 to 50) (Note: Provide one "OFA04 - Office, Private" per each FTE position authorized to have a private office)
    4.3. How many Administrative Function FTE positions per the authorized manning document do not meet the requirement for a private office, but require a shared office that reduces distractions and promotes concentration, in this General Administration Services functional area? (S) (Values: 0 to 50) (Note: Provide one "OFA05 - Office, Shared" for every portion of two FTE positions authorized to have a shared office)
    4.4. How many Administrative Function FTE positions per the authorized manning document do not meet the requirement for a private or shared office, but require a dedicated cubicle for 90% or more of their work day, in this General Administration Services functional area? (S) (Values: 0 to 100) (Note: Provide one "OFA03 - Cubicle" per each FTE position authorized to have a dedicated cubicle)
    4.5. How many Administrative Function FTE positions per the authorized manning document do not meet the requirement for a private or shared office, or dedicated cubicle, but require periodic access to a computer terminal in this General Administration Service Area? (S) (Values: 0 to 50) (Note: Provide one "CLSC2 - Hot Desk" for each FTE position that requires access to a hot desk)

4.6. How many linear filing feet of dedicated, secure document storage in support of Protected Health Information, HIPAA, or financial information is projected in this General Administration Services functional area? (Misc) (Values: 0 to 100) (Note: Provide one "FILE1 - Storage, Documents" room at 30 NSF. Provide an additional 15 NSF for every increment of 13 linear feet of dedicated, secure document storage required greater than 26 feet)

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: COMMAND SUITE.

The Command Suite is provided if the facility is a hospital or medical center. Programming a Command Suite for an Ambulatory Care Center or other facility that supports medical services will require justification based on the facility mission and staffing structure. It is intended to be a separate area to accommodate the support requirements of the Commander.

FA Condition: [Is the facility a Hospital or Medical Center?]

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

    a. Provide one

2. **Office, Commander (OFC01)**   **150 NSF**

    a. Provide one

3. **Toilet, Commander (TLTU1)**   **60 NSF**

    a. Provide one

4. **Secretary, Commander (SEC02)**   **100 NSF**

    a. Provide one

5. **Conference Room, Command (CRC01)**   **300 NSF**

    a. Provide one

6. **Office, Executive (OFM01)**   **120 NSF**

    a. Provide one if [How many Command Suite Executive FTE positions are projected per the authorized manning document?] is at least one
    b. Provide an additional one per each [How many Command Suite Executive FTE positions are projected per the authorized manning document?] greater than one

7. **Cubicle, Executive Assistant (OFA03)**   **50 NSF**

    a. Provide one if [How many Command Suite Executive Assistant FTE positions are projected per the authorized manning document?] is at least one
    b. Provide an additional one per each [How many Command Suite Executive Assistant FTE positions are projected per the authorized manning document?] greater than one

8. **Copy / Office Supply (RPR01)**   **50 NSF**

    a. Provide one

Allocated NSF accommodates a floor standing all-in-one copier / scanner and supplies.

9. **Kitchenette (IPK01)**   **40 NSF**

   a.   Provide one

10. **Storage (SRS01)**   **50 NSF**

   a.   Provide one

11. **Toilet, Staff (TLTU1)**   **60 NSF**

   a.   Provide one

5.2. FA2: MEDICAL READINESS.

See Section 4.4. FA4: Administrative Functions for administrative space requirements that may be required in addition to those listed below to support Medical Readiness in the MTF.

1. **Storage, Secure Documents (SSS01)**   **50 NSF**

   a.   Provide one if [Is Medical Readiness a support requirement within the facility?]

   This is a secure storage space for sensitive information; it accommodates a safe and secure file cabinets.

2. **Storage, Field Equipment (SRS01)**   **100 NSF**

   a.   Provide one if [Is Medical Readiness a support requirement within the facility?]

5.3. FA3: EMERGENCY OPERATIONS CENTER.

Programming an EOC for an MTF that is an Ambulatory Care Center will require justification based on the MTF mission and staffing structure.

1. **Emergency Operations Center (EOC) (CROP1)**   **240 NSF**

   a.   Provide one if [Is an Emergency Operations Center a support requirement within the facility?]

   Wired to support EOC Operations.

2. **Control Station, EOC (WRCH1)**   **100 NSF**

   a.   Provide one if [Is an Emergency Operations Center a support requirement within the facility?]

   This space shall be located adjacent to the Emergency Operations Center and serve as a buffer between public spaces and the EOC.

3. Storage, EOC (SRE01)   50 NSF

     a. Provide one if [Is an Emergency Operations Center a support requirement within the facility?]

5.4 FA4: GENERAL ADMINISTRATION SERVICES.

There are often multiple General Administrative Services functional areas programmed to support a Hospital, Medical Center, Ambulatory Care Center, or other facility that supports healthcare services. The rooms below are intended to be generic in nature and applicable to any type of general administrative function. The planner must identify the number of distinct General Administration Services (e.g., Resource Management, Credentialing, Business Operations) that are projected to support the facility. If there is at least one General Administrative Service, the planner will answer yes to Input Data Statement 4, then answer questions 4.1 - 4.6 for the first specific General Admin Service functional area and save the input data worksheet. Next, the planner will make a copy of the GENERAL ADMINISTRATION SERVICES functional area. It will contain the appropriate rooms based on your answers. Then the planner will rename the copied functional area to the appropriate General Admin Services name. Repeat steps 1 through 3 for each General Administration Services functional area required for the project. Once all General Administrative Service functional areas have been created, set the answer to Input Data Statement 4 to "No."

FA Condition: [Is a General Administration Services functional area (e.g., Resource Management, Credentialing, Business Operations) projected for the facility?]

1. Office, Tier-1 Supervisor (OFA04)   100 NSF

     a. Provide one per each [How many Administrative Function FTE Tier-1 Supervisor positions are authorized per the manning document in this General Administration Services functional area?]

Union documents must specifically state that a specific FTE is required to have a private space.

2. Office, Private (OFA04)   100 NSF

     a. Provide one if [How many Administrative Function FTE positions per the authorized manning document will directly interact with patients for 50% or more of their work day, or require a private office for confidentiality, in this General Administration Services functional area?] is at least one

     b. Provide an additional one per each [How many Administrative Function FTE positions per the authorized manning document will directly interact with patients for 50% or more of their work day, or require a private office for confidentiality, in this General Administration Services functional area?] greater than one

Union documents must specifically state that a specific FTE is required to have a private space.

3. Office, Shared (OFA05)   100 NSF

a. Provide one if [How many Administrative Function FTE positions per the authorized manning document do not meet the requirement for a private office, but require a shared office that reduces distractions and promotes concentration, in this General Administration Services functional area?] is at least two

b. Provide an additional one for every portion of two [How many Administrative Function FTE positions per the authorized manning document do not meet the requirement for a private office, but require a shared office that reduces distractions and promotes concentration, in this General Administration Services functional area?] greater than two

This shared office supports a maximum of two people in a quiet work environment.

4. Cubicle (OFA03)   50 NSF

a. Provide one if [How many Administrative Function FTE positions per the authorized manning document do not meet the requirement for a private or shared office, but require a dedicated cubicle for 90% or more of their work day, in this General Administration Services functional area?] is at least one

b. Provide an additional one per each [How many Administrative Function FTE positions per the authorized manning document do not meet the requirement for a private or shared office, but require a dedicated cubicle for 90% or more of their work day, in this General Administration Services functional area?] greater than one

Cubicles may be collocated in an open administrative area, dispersed individually as required, or grouped in an enclosed space. When programming more than one OFA03 in the PFD for a specific function, program a room quantity of "1", provide 50 NSF per each staff member, and enter the staff quantity in the associated column.

5. Hot Desk (CLSC2)   15 NSF

a. Provide one if [How many Administrative Function FTE positions per the authorized manning document do not meet the requirement for a private or shared office, or dedicated cubicle, but require periodic access to a computer terminal in this General Administration Service Area?] is at least one

b. Provide an additional one per each [How many Administrative Function FTE positions per the authorized manning document do not meet the requirement for a private or shared office, or dedicated cubicle, but require periodic access to a computer terminal in this General Administration Service Area?] greater than one

Hot desks may be collocated in an open administrative area, dispersed individually as required, or grouped in an enclosed space. When programming more than one CLSC2 in the PFD for a specific function, program a room quantity of "1", adjust NSF based on the number of staff, and enter the staff quantity in the associated column.

6. Storage, Documents (FILE1)   30 NSF

a. Provide one

b. Provide an additional 15 NSF for every increment of 13 [How many linear filing feet of dedicated, secure document storage in support of Protected Health Information, HIPAA, or financial information is projected in this General Administration Services functional area?] greater than 26

Minimum NSF accommodates two locking 4-drawer lateral filing units with a storage capacity of 13 linear filing feet each. Total storage requirement may be distributed in each General Administration service based on information classification and approved functional file system.

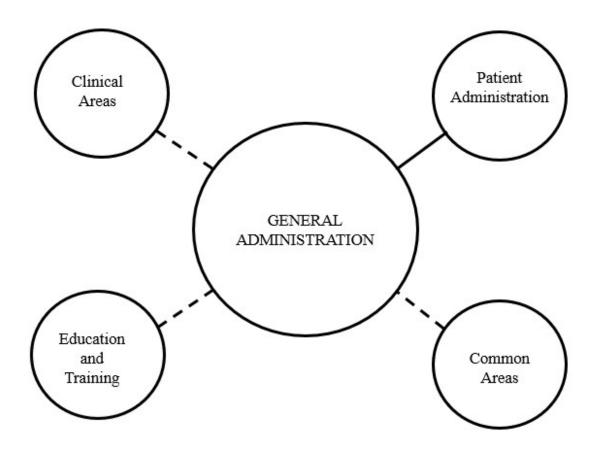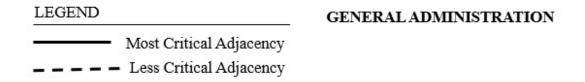## 7. Copy / Office Supply (RPR01)   50 NSF

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.

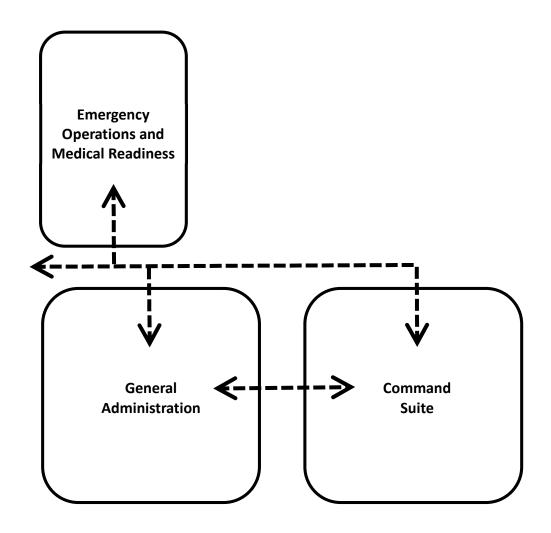## SECTION 6: FUNCTIONAL RELATIONSHIPS (INTERDEPARTMENTAL)

General Administration 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
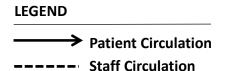
GENERAL ADMINISTRATION

SECTION 7: FUNCTIONAL DIAGRAM (INTRADEPARTMENTAL)

The diagram below illustrates intradepartmental relationships among key areas / spaces within General Administration. 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.

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│                  │
│    Emergency     │
│  Operations and  │
│ Medical Readiness│
│        ▲         │
└────────┼─────────┘
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◄────────┼──────────────────────────┐
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│        ▼         │      │         ▼        │
│                  │◄────►│                  │
│     General      │      │     Command      │
│  Administration  │      │      Suite       │
│                  │      │                  │
└──────────────────┘      └──────────────────┘
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LEGEND

→ **Patient Circulation**
- - - - → **Staff Circulation**

NOTE: Size and shapes of spaces do not reflect actual configuration or square foot area of departments.

GLOSSARY

Administrative Personnel: Personnel who perform work that is essential to the success of the missions assigned to a medical treatment facility (MTF). They do not counsel, diagnose, examine, or treat patients. Administrative Personnel include military who are either assigned or borrowed, contract personnel, and civilian personnel. Volunteers are not considered Administrative 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.

Command Conference Room: A dedicated conference room programmed for use by the Commander and the supporting staff. It is located within the Command Suite.

Command Suite: The Command Suite is comprised of dedicated rooms to support the functions of the Commander and the Commander's supporting staff.

Commander: The officer or enlisted person who is in charge of the medical treatment facility (MTF).

Cubicle: A cubicle is a partially enclosed workspace, separated from neighboring workspaces by partitions. Staff with no supervisory responsibilities, or who do not deal with confidential information for 75% or more of their work day, as well as part-time, seasonal, and job-sharing staff will be assigned a cubicle.

Emergency Operations Center (EOC): An Emergency Operations Center is a central command and control within a facility that is responsible for carrying out the principles of emergency preparedness and emergency management.

Executive FTE: The Executive FTE includes leadership positions that are located within the Command Suite. They generally report directly to the Commander of the MTF. These include, but are not limited to, Deputy Commander in the Army, Directors in the Navy, and Medical Commanders in the Air force.

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

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

General Administration: There are many administrative and support functions within the MTF; these departments/services include, but are not limited to, Business Management; Human Resources; Medical Credentialing; Quality Management; and Public Affairs. General Administration does not include Patient Administration; Patient Safety; Health Benefits; or Education and Training.

Hot Desk: An unassigned workspace used by different staff at different times as needed.

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.

Medical Readiness: Medical Readiness ensures that Service members are free of health-related conditions that limit their ability to actively fulfill an assigned mission. It addresses the psychological and physical well-being of the Service member, both on the battlefield and between deployments.

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.

Office, Commander: A private office that is allocated to a Commander that includes a small area for collaboration.

Office, Executive: A private office allocated to an Executive staff member within the Command Suite.

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.

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.

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).

Tier 1 Supervisor: In the context of assigned private administrative office space, a Tier 1 supervisor is responsible for the daily productivity and actions of at least seven employees.

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.