



## DoD SPACE PLANNING CRITERIA

### CHAPTER 360: WOMEN'S HEALTH CLINIC JANUARY 1, 2024

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**Originating Component:** Defense Health Agency Facilities Enterprise

**Effective:** January 1, 2024

**Releasability:** No Restrictions

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

# ***SUMMARY of CHANGE***

This revision, dated January 1, 2024, includes the following:

- Converted to Space and Equipment Planning System (SEPS) compatible format.
- Sections renamed and numbered: design considerations moved to the front of the document.
- Reduced the Net Square Feet (NSF) on select clinical and administrative spaces throughout the chapter.
- Removed spaces supporting “Forensic Healthcare” (formerly referred to as the Sexual Assault Nurse Examiner (SANE) suite) for development as a future stand-alone SPC chapter.
- Removed workload driven formula example; now located in Chapter 110.
- Workload driven defaults are now fixed values for this chapter
- The following spaces have been moved to Chapter 610 Common Areas: staff toilets, lockers, lounges, and conference rooms
- Moved Graduate Medical Education (GME) resident administrative spaces to Chapter 230 Education and Training.
- Updated definitions 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 care in the subspecialty of Gynecologic Surgery and Obstetrics often called Women's Health. Often this clinic cares for persons who are pregnant. Examples of scope of services include oncology, surgical services, counseling and women's diagnosis and treatment. Scope includes procedures, imaging, and group education. These spaces support providers, including students, interns and or fellows. All 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.

Planner must consider the clinic Facility Planning Functional Program (FPFP), formerly referred to as "Concept of Operations". There is a considerable range of services, which can be included under the title of "women's health." Women's health continues to evolve and be less binary, opening care to all genders and sexual identities. Scope of clinics can be health care visit/procedure and support services of obstetrics and gynecological services. This clinic could refer patients elsewhere for such things as laboratory work, imaging, or therapy 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. Care must be taken to avoid duplicate programming of spaces and 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 Enterprise.

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 project requirements must be validated and aligned with Health Care Operations (HCO) approved manning documents. In the absence of an approved manning document the assigned Full Time Equivalents (FTE) will be used. 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 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 health care for Service Members and their dependents.
3. One dedicated telehealth exam room (EXTH1) is provided as part of the workload generated exam room count. If additional telehealth exams will be programmed based on the PFPF requirements, deduct the total number of EXTH1 exam rooms from the total number of workload driven EXRG8 exam room count.
4. 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 numbers of calculated exam rooms. Also program a Bariatric Toilet (TLTB1) to replace one Patient Toilet in the Exam Patient Area.
5. To enhance patient safety, provide a Medication Safety Zone for the Women's Health 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 clean utility (UCCL1), or other space designated by clinic staff. The planner should determine whether medications are prepared in the ancillary pharmacy, and then administered to the patient by Women's Health staff in single, unit doses. In this instance, no medication prep room is required in the Women's Health Clinic. If the Women's Health staff are calculating dosages, preparing the medication, and administering it to the patient, an enclosed Medication Preparation Room (MEDP1) will be programmed in the Women's Health Clinic.
6. For calculation of the number of building support spaces (Vestibules, Lobbies, Multi-fixtured Public and Staff Toilets, Staff Lounges and Locker Rooms, Conference Rooms, Communication Closets, and Janitor Closets), please refer to Chapter 610: Common Areas.
7. For space criteria requirements to support Graduate Medical Education in the MTF, refer to Chapter 230: Education and Training.

8. The range of exam room throughput is based upon a calculation that first quantifies the full capacity of that fixed space, then estimates how many annual encounters it should support, based on other variable resources such as availability of healthcare personnel to include providers, nurses, non-licensed and support staff including patients and their family members.

Room Default Parameters:

- a. Operating Days per Year SEPS default: 240 days
- b. Hours of Operation per Day SEPS default: 8 hours
- c. Average Length of Encounter (ALOE) SEPS default: *Please 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

<b>360: WOMEN'S HEALTH CLINIC</b>				
<b>CLINICAL ENCOUNTERS / PROCEDURES</b>	<b>AVERAGE LENGTH OF CLINIC ENCOUNTER (minutes)</b>	<b>ROOM UTILIZATION FACTOR</b>	<b>ANNUAL WORKLOAD PER EXAM / PROCEDURE ROOM (*)</b>	<b>MINIMUM ANNUAL WORKLOAD TO GENERATE ONE ROOM (20%)</b>
Exam Room: Obstetrics / Gynecology (OB/GYN)	45	80%	2,048	410
Exam Room: Urology- Gynecology (URO-GYN)	45	80%	2,048	410
Exam Room: Maternal Fetal Medicine	45	80%	2,048	410
Exam Room: Reproductive Endocrinology / Infertility (REI)	60	80%	1,536	307
Antepartum Testing	45	80%	2,048	410

See Chapter 110: General for an example calculation.

9. When considering including imaging modalities within the Women's Health Clinic the planner should coordinate with radiology, oncology, and urology SME's. Refer to Chapter 540: Radiology, Nuclear Medicine, and Radiation Oncology for space criteria requirements to support radiology/imaging services.

## **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 Women's Health Clinic 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. 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 Information Management/Information Technology (IM/IT) capabilities for all team members to be able to view images, review patient history and complete required documentation from most areas within the clinical space.
3. The clinic design shall be zoned for patient, visitor, support, and staff areas to improve efficiency. A separate flow will be created between patients and visitors (on stage) and staff (off stage) to optimize privacy, safety, and overall satisfaction. "On Stage" is defined as the Public / Reception Zone and the Patient Care / Treatment Zone. "Off Stage" is defined as the Staff / Administration Zone, the Clinic Support Zone and staff/service corridors.
4. Provide a separate staff/delivery entrance in the off-stage area of the clinic. This will be utilized for patient transport to a higher level of care in the event of an emergency, and it will accommodate an ambulance gurney and supply/linen/equipment transport.
5. When and where possible clinics will be proximate to inpatient units with the same specialty. For instance, when Women's Health is located on a hospital campus, antepartum testing and maternal fetal medicine clinic should be in proximity to inpatient obstetrics. GYN and REI clinics are inappropriate to be co-located with inpatient OB.



### **3.3. RECEPTION.**

1. Seating in the waiting area should be comfortable with adequate space for patients with mobility challenges using various methods of locomotion to accommodate their movement and that of a support person. This should also accommodate staff with mobility challenges to be able to service and address the patient and family at face level. 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, to include bariatric patients, family members and children.

### **3.4. PATIENT AREA.**

1. Exam Rooms: No exam room is intended to be dedicated to any specific provider; rather exam rooms can be always available for use. 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 exam room.
2. Team Workroom: Each 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 secure conversations related to patient care and clinical matters without being heard by patients or visitors.

### **3.5. 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 that includes an electrical receptacle for

equipment charging, or if they can be added in a treatment space as part of the room code equipment contents.

### **3.6. STAFF AND ADMINISTRATION.**

1. Determine whether administrative spaces such as the Clinic Supervisor or Officer In Charge (OIC) should be located towards the front of the patient care area for ease of access, or be located in the off stage administrative area.
2. Locate the Team Workroom(s) near the associated team exam rooms and treatment spaces.

## 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 OB encounters are projected? (W)
2. How many annual 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. Is a Phlebotomy Station projected to support the Women's Health Clinic? (M)
7. Will the Women's Health Clinic staff be calculating medication dosages, preparing the medication and administering it to the patient? (M)
8. Is a Point of Care Lab within Women's Health projected to provide rapid point-of-care testing? (M)
9. Is an Alternative Therapy Treatment Room projected to support the Women's Health Clinic? (M)
10. How many Women's Health Clinic Social Worker FTE positions are projected per the authorized manning document? (S)

### 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. OB Exam Average Length of Encounter (ALOE) in Hours (Computed) (Default: .75)
6. GYN Exam Average Length of Encounter (ALOE) in Hours (Computed) (Default: .75)
7. Maternal Fetal Medicine Exam Average Length of Encounter (ALOE) in Hours (Computed) (Default: .75)
8. Reproductive Endocrinology/Infertility Exam Average Length of Encounter (ALOE) in Hours (Computed) (Default: 1.0)
9. Antepartum Testing Average Length of Encounter (ALOE) in Hours (Computed) (Default: .75)
10. OB Exam Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [OB Exam Average Length of Encounter (ALOE) in Hours])
11. Calculated number of OB Exam rooms based on workload (Computed) (Default: Round Up From (.5, [How many annual OB encounters are projected?] / [OB Exam Workload Capacity]))
12. GYN Exam Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [GYN Exam Average Length of Encounter (ALOE) in Hours])
13. Calculated number of GYN Exam rooms based on workload (Computed) (Default: Round Up From (.5, [How many annual GYN encounters are projected?] / [GYN Exam Workload Capacity]))

14. Maternal Fetal Medicine Exam Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Maternal Fetal Medicine Exam Average Length of Encounter (ALOE) in Hours])
15. Calculated number of Maternal Fetal Medicine Exam rooms based on workload (Computed) (Default: Round Up From (.5, [How many annual Maternal Fetal Medicine encounters are projected?] / [Maternal Fetal Medicine Exam Workload Capacity]))
16. Reproductive Endocrinology/Infertility Exam Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Reproductive Endocrinology/Infertility Exam Average Length of Encounter (ALOE) in Hours])
17. Calculated number of Reproductive Endocrinology/Infertility Exam rooms based on workload (Computed) (Default: Round Up From (.5, [How many annual Reproductive Endocrinology Infertility encounters are projected?] / [Reproductive Endocrinology/Infertility Exam Workload Capacity]))
18. Antepartum Testing Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Antepartum Testing Average Length of Encounter (ALOE) in Hours])
19. Calculated number of Antepartum Testing stations based on workload (Computed) (Default: Round Up From (.5, [How many annual Antepartum Testing encounters are projected?] / [Antepartum Testing Workload Capacity]))
20. Total number of Women's Health Exam Rooms (Computed) (Default: [Exam Room, OB, GYN, Maternal Fetal Medicine (EXRG8)], [Exam, OB, GYN, Maternal Fetal Medicine Airborne Infection Isolation (AII) (EXRG6)], [Exam, OB, GYN, Maternal Fetal Medicine Telehealth (EXTH1)], [Exam Room, Reproductive Endocrinology / Infertility (EXRG8)])

#### **4.3. SHORTCUTS.**

1. number of OB Exam rooms: [Calculated number of OB Exam rooms based on workload]
2. number of GYN Exam rooms: [Calculated number of GYN Exam rooms based on workload]
3. number of Maternal Fetal Medicine Exam rooms: [Calculated number of Maternal Fetal Medicine Exam rooms based on workload]
4. number of Reproductive Endocrinology/Infertility Exam rooms: [Calculated number of Reproductive Endocrinology/Infertility Exam rooms based on workload]
5. number of Antepartum Testing stations: [Calculated number of Antepartum Testing rooms based on workload]

## **SECTION 5: SPACE PLANNING CRITERIA**

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

### **5.1. FA1: RECEPTION.**

**1. Waiting (WRC01) 120 NSF**

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

The minimum NSF accommodates 6 chairs at 16 NSF and 1 chair at 25 NSF. Seating configuration may be adjusted to provide for bariatric and pediatric seating, and circulation for mobility impaired.

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

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

Provide equipment that supports visual and mobility impaired.

**3. Reception (RECP1) 100 NSF**

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

Minimum allocated NSF accommodates two FTEs.

### **5.2. FA2: WOMEN'S HEALTH PATIENT EXAM AREA.**

**1. Alcove, Height / Weight (EXR11) 30 NSF**

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

The alcove supports height and weight measurements before moving the patient to the exam room for obtaining vital signs and other health information. Supports bariatric and mobility impair patients as well.

**2. Exam Room, OB, GYN, Maternal Fetal Medicine (EXRG8) 120 NSF**

- a. Provide one per each [number of OB Exam rooms], [number of GYN Exam rooms], [number of Maternal Fetal Medicine Exam rooms]
- b. Deduct the total number of [Exam, OB, GYN, Maternal Fetal Medicine Airborne Infection Isolation (AII) (EXRG6)], [Exam, OB, GYN, Maternal Fetal Medicine Telehealth (EXTH1)]

Exam Room accommodates the following services: OB, GYN, and Maternal Fetal Medicine. Deduct the Airborne Infection Isolation, the Bariatric Exam and Telehealth Exam rooms from the total number of workload driven exam rooms.

**3. Exam, OB, GYN, Maternal Fetal Medicine Airborne Infection Isolation (AII) (EXRG6) 140 NSF**

- a. Provide one
- b. Provide an additional one for every increment of sixteen [number of OB Exam rooms], [number of GYN Exam rooms], [number of Maternal Fetal Medicine 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 Women's Health exam rooms.

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

- a. Provide one per each [Exam, OB, GYN, Maternal Fetal Medicine Airborne Infection Isolation (AII) (EXRG6)]

**5. Exam, OB, GYN, Maternal Fetal Medicine 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. Additional telehealth exam rooms can be substituted for general exam spaces based on clinic concept of operations and local conditions. This room is counted part of the total number of workload-driven Women's Health exam rooms.

**6. Exam Room, Reproductive Endocrinology / Infertility (EXRG8) 120 NSF**

- a. Provide one per each [number of Reproductive Endocrinology/Infertility Exam rooms]

Exam Room to accommodate the following services: OB, GYN, Maternal Fetal Medicine, Reproductive Endocrinology Infertility. Screening may also take place in this room.

**7. Toilet, Reproductive Endocrinology / Infertility (TLTU1) 60 NSF**

- a. Provide one per each [Exam Room, Reproductive Endocrinology / Infertility (EXRG8)]

**8. Consult Room (EXR10) 120 NSF**

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

Intended to be used for visiting/non-FTE providers or Women's Health staff to meet with patients outside exam rooms. This room is not part of the exam room count.

**9. Office, Social Worker (OFDC1) 120 NSF**

- a. Provide one per each [How many Women's Health Clinic Social Worker FTE positions are projected per the authorized manning document?]

**10. Toilet, Unisex (TLTU1) 60 NSF**

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

**11. Phlebotomy Station (LBVP1) 120 NSF**

- a. Provide one if [Is a Phlebotomy Station projected to support the Women's Health Clinic?]

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.

**5.3. FA3: WOMEN'S HEALTH PATIENT TREATMENT AREA.**

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

- a. Provide one
- b. Provide an additional 30 NSF per each [Treatment, OB / GYN (TROB1)], [Antepartum Testing Station (LDAT1)] greater than two

Locate adjacent to the Treatment Rooms and Antepartum Testing Stations.

**2. Treatment, OB / GYN (TROB1) 175 NSF**

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

Accommodates Colposcopy and procedures related to URO-GYN and Reproductive Endocrinology Infertility.

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

- a. Provide one

**4. Treatment Room, Alternative Therapy (PTBT1) 150 NSF**

- a. Provide one if [Is an Alternative Therapy Treatment Room projected to support the Women's Health Clinic?]

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

**5. Antepartum Testing, Multi-Station (LDAT2) 375 NSF**

- a. Provide one

Minimum allocated NSF accommodates three testing stations.

**6. Antepartum Testing Station (LDAT1) 120 NSF**

- a. Provide one if [How many annual Antepartum Testing encounters are projected?] is greater than 6143  
b. Provide an additional one for every increment of 2048 [How many annual Antepartum Testing encounters are projected?] greater than 6144

Planner shall allocate the total number of calculated Antepartum Testing Stations in Single-Station Rooms (LDAT1) or in Multi-Station spaces (LDAT2) as needed.

**7. Toilet, Antepartum Testing (TLTU1) 60 NSF**

- a. Provide one  
b. Provide an additional one for every increment of 6144 [How many annual Antepartum Testing encounters are projected?] greater than 6144

**8. Nurse Station (NSTA1) 100 NSF**

- a. Provide one

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

**5.4. FA4: WOMEN'S HEALTH CLINIC SUPPORT.**

**1. Medication Room (MEDP1) 100 NSF**

- a. Provide one if [Will the Women's Health Clinic staff be calculating medication dosages, preparing the medication and administering it to the patient?]

**2. Point of Care Laboratory (LBPC1) 60 NSF**

- a. Provide one if [Is a Point of Care Lab within Women's Health projected to provide rapid point-of-care testing?]

Depending on clinical operations this space may be combined with Phlebotomy Station (LBVP1) when included in the program.

**3. Utility Room, Clean (UCCL1) 100 NSF**

- a. Provide one



- b. Provide an additional one for every increment of eight [Total number of Women's Health Exam Rooms] greater than eight

**4. Utility Room, Soiled (USCL1) 90 NSF**

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

**5. Storage, Equipment (SRSE1) 100 NSF**

- a. Provide one
- b. Provide an additional 25 NSF for every increment of eight [Total number of Women's Health Exam Rooms] greater than eight

**6. Storage, Supply (SRS01) 100 NSF**

- a. Provide one
- b. Provide an additional 25 NSF for every increment of eight [Total number of Women's Health Exam Rooms] greater than eight

Includes general storage space for printed materials on patient education and post treatment discharge instructions.

**7. Alcove, Warmer Cabinet, Blanket / Fluid (RCA04) 15 NSF**

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

**5.5. FA5: 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, Women's Health 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 eight [Total number of Women's Health Exam Rooms] greater than eight

Accommodates two providers and one nurse workspace at 50 NSF each, four nurse workspaces and two shared hot desks for techs/medics at 30 NSF each, and a collaboration area. Adjust the size based on the number of providers and support staff on the team. 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. Copy / Office Supply (RPR01)**

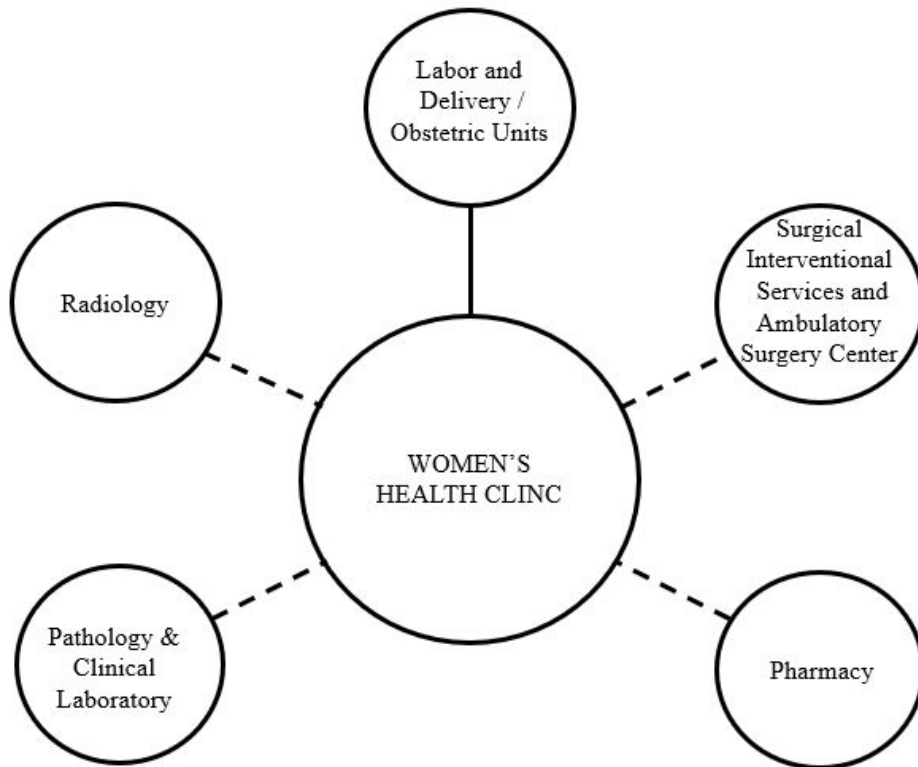
**50 NSF**

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)

Women's Health 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.



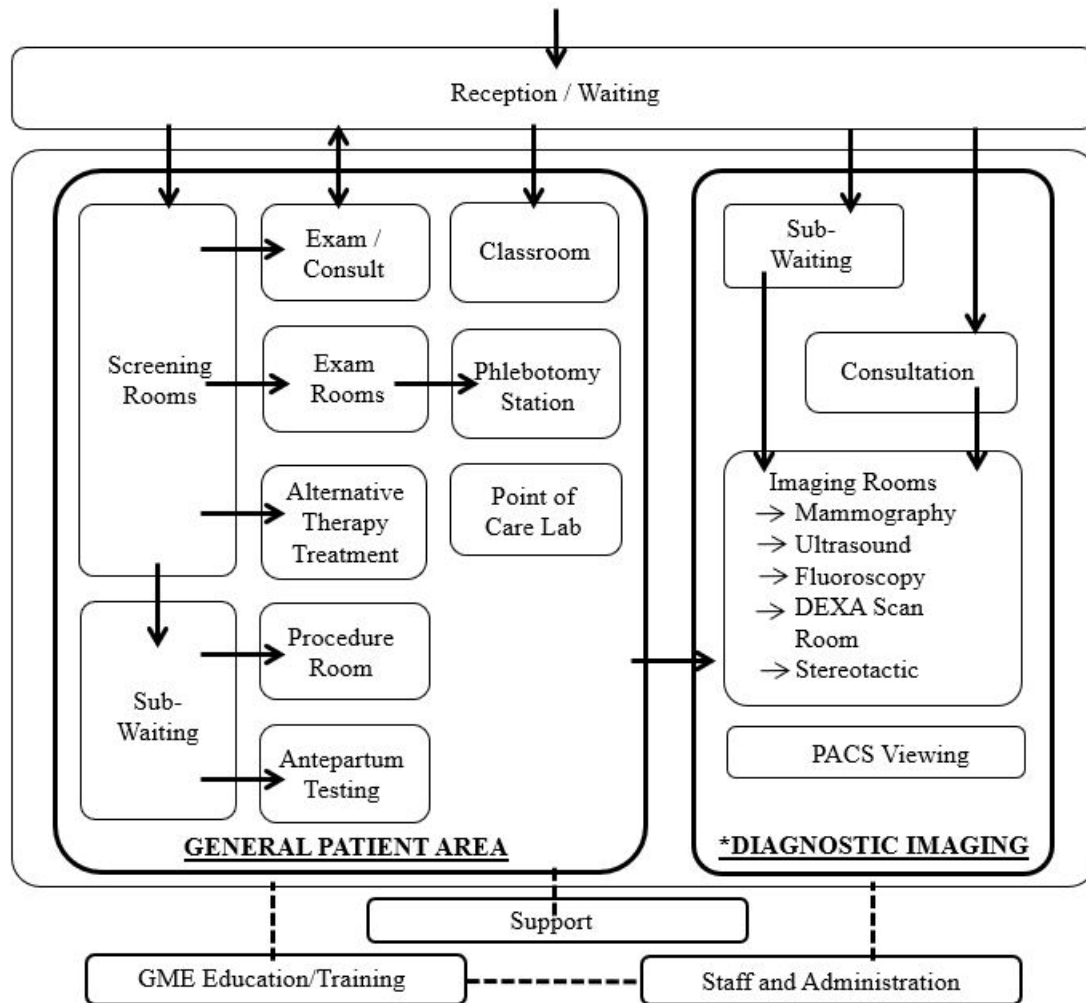
### LEGEND

- Most Critical Adjacency
- - - - - Less Critical Adjacency

### WOMEN'S HEALTH CLINIC

## SECTION 7: FUNCTIONAL DIAGRAM (INTRADEPARTMENTAL)

The diagram below illustrates intradepartmental relationships among key areas / spaces within the Women's Health 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.



**WOMEN'S HEALTH CLINIC**

## **GLOSSARY**

Airborne Infection Isolation (AII) Room: Formerly called negative pressure isolation room, an AII Room is a single-occupancy patient-care room used to isolate persons with certain suspected or confirmed infections. Examples are tuberculosis, measles, and chicken pox. Environmental factors are controlled in AII Rooms to minimize the transmission of infectious agents that are usually spread from person-to-person by droplet nuclei associated with coughing or aerosolization of contaminated fluids.

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

Antepartum Testing: 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 non-stress test (NST), modified biophysical profile (MBPP), and biophysical profile (BPP).

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

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.

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

Consult Room: This is a consultation room for patients to meet with physicians or other providers privately and is ideally located near the waiting room.

Cubicle: A cubicle is a partially enclosed workspace, separated from neighboring workspaces by partitions. Staff with no supervisory responsibilities, or who do not deal with confidential information for 75% or more of their workday.

Encounter: A contact between an eligible beneficiary recorded into the Medical Data Repository by any provider of any skill type. An encounter may consist of examination, diagnosis, treatment, evaluation, consultation or counseling or a combination of the above. The encounter will take place in an exam room, or in other treatment or observation areas. Encounter volume used to generate exam room or other workload driven rooms will not include telephone encounters.

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

Functional Area: 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.

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.

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

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

Maternal Fetal Medicine: 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. Testing includes doppler flow studies, amniocentesis, cordocentesis, and fetal echocardiography.

Medication Preparation Room: A dedicated room where medications are prepared for administration to patients. The room requires controlled access and typically includes a work counter, handwashing sink, refrigerator, lockable storage for controlled drugs, a sharps container and task-specific lighting. Medication preparation rooms should be designed to comply with the requirements of a “medication safety zone” as specified in the FGI Guidelines.

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.

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.

Non-Stress Test / Fetal Monitoring: 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(s) 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.

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 the Space and Equipment Planning System (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.

Reproductive Endocrinology / Infertility: A branch of medicine that identifies and treats endocrine disorders that are either directly or indirectly related to reproduction. A reproductive endocrinologist and infertility specialist is an obstetrician/gynecologist (OB/GYN) physician.

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, trash and for disposal of medical waste material. It provides temporary holding for material that will be returned to Sterile Processing.

Space and Equipment Planning System (SEPS): A digital tool developed by the Department of Defense (DoD) and the Department of Veterans Affairs to generate a Program for Design (PFD) and a Project Room Contents list (PRC) for a DoD project based on approved Space Planning Criteria, the chapter and specific project-related Mission, Workload and Staffing information entered in response to the Program Data Required - Input Data Statements (IDSs).

Team Workroom: This is a shared group space for healthcare staff with an environment to promote collaboration. The workroom contains computer workstations for documentation and a table with chairs to hold meetings.

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

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

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