



DoD SPACE PLANNING CRITERIA

CHAPTER 380: OCCUPATIONAL THERAPY

MAY 10, 2023

Originating Component: Defense Health Agency Facilities Enterprise

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Releasability: No Restrictions

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

SUMMARY of CHANGE

This revision, dated May 10, 2023, 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 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.
- Added new definition of Room Utilization Factor and Office, Private in Glossary.

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SECTION 1: PURPOSE AND SCOPE

This chapter outlines space planning criteria as it applies to all eligible beneficiaries / populations receiving Occupational Therapy services. All of these services, or a select number of them, may be located inside or immediately adjacent to an MTF that may include inpatient care, tertiary specialty services, or full scope ancillary departments.

In some instances, Occupational Therapy (OT) and Physical Therapy (PT) are collocated as part of a more comprehensive multidisciplinary rehabilitation clinic in order to offer patients a variety of services to help them regain maximum function after illness or injury. Space planning criteria for physical therapy can be found in Chapter 390 Physical Therapy.

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 PROGRAM 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 based on an understanding of the activities involved in the functional areas required for an Occupational Therapy 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, their dependents and other beneficiaries.
3. Planner should consider the role of OT with Social Work Behavioral/Mental Health and the potential of providing space in those clinic areas.
4. OT should be collocated with similar service lines:
 - a. Outpatient OT aligned with Musculoskeletal (OT/PT/Radiology/Orthopedics)
 - b. Inpatient OT aligned with OT/PT/Speech Language Pathology/Nursing units.
5. For calculation of the number of building support spaces (Vestibules, Lobbies, Multi-fixture Public and Staff Toilets, Staff Lounges and Locker Rooms, Conference Rooms, Communication Closets, and Janitor Closets), please refer to Chapter 610: Common Areas.
6. For space criteria requirements to support Graduate Medical Education in the MTF, refer to Chapter 230: Education and Training. Planner should consider whether to expand team workroom in Functional Area FA4 Staff and Administration in this chapter to accommodate Occupational Therapy Doctorate (OTD) level II and 68L student programs admin workstation requirements or use chapter 230.
7. The range of treatment station throughput is based upon a calculation that first quantifies the full capacity of that fixed space, then estimates how many annual encounters it should support, based on other variable resources such as availability of providers, support staff, and patients.

Treatment Station 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: 30 minutes, *see Glossary for definition of ALOE.*
- d. Room Utilization Factor SEPS default: 80%

Calculation of direct 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

380: OCCUPATIONAL THERAPY CLINIC				
OCCUPATIONAL THERAPY ENCOUNTERS	AVERAGE LENGTH OF CLINIC ENCOUNTER (minutes)	ROOM UTILIZATION FACTOR	ANNUAL WORKLOAD PER TREATMENT STATION	MINIMUM ANNUAL WORKLOAD TO GENERATE ONE STATION (20%)
OT Treatment Station	30	80%	3,072	614

See Chapter 110: General for an example calculation.

SECTION 3: DESIGN CONSIDERATIONS

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

3.1. NET-TO-DEPARTMENT GROSS FACTOR.

The net-to-department gross (NTDG) factor for Occupational Therapy is **1.30**. 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 posted at <https://www.wbdg.org/ffc/dha>.

3.2. GENERAL DESIGN CONSIDERATIONS.

1. Consider technology requirements early 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 accomplish their required documentation.
3. The clinic design shall be zoned for patient, visitor, support, and staff areas to improve efficiency. A separate flow will be created between patients and visitors (on stage) and staff (off stage) to optimize privacy, safety and overall satisfaction. “On Stage” is defined as the Public / Reception Zone and the Patient Care / Treatment Zone. “Off Stage” is defined as the Staff / Administration Zone, the Clinic Support Zone and staff/service corridors.
4. Provide a separate staff/delivery entrance in the off-stage area of the clinic. This will be utilized for patient transport to a higher level of care in the event of an emergency, and it will accommodate an ambulance gurney and delivery carts.
5. Occupational Therapy and Physical Therapy should be collocated, as efficiencies may be achieved through the use of shared equipment, space, equipment, waiting and reception. Other clinical services to consider for close proximity include orthopedics, radiology, inpatient nursing units and mental health services.
6. Consider locating clinic adjacent to outdoor space such as a courtyard or garden for work hardening / functional training (e.g., simulated United States Marine Corps (USMC) physical fitness test (PFT) / combat fitness test (CFT), Army combat fitness test (ACFT),

etc.) prior to return to duty. Occupational therapists may prescribe therapies that allow individuals to participate in other meaningful outdoor activities such as gardening.

7. Locate OT near building entrances and patient parking areas as patients are often arriving on crutches, wheelchairs, etc.
8. Locate wall-mounted storage cabinets with locking glass doors within open clinical rehab space for line-of-sight access to equipment, supplies, and rehab activity equipment.

3.3. RECEPTION.

1. Seating in the waiting area should be comfortable with adequate space for patients with wheelchairs and walking aids. Consider arranging seats into separate, small clusters to accommodate social distancing and enhance physical separation of patients.
2. To maximize speech privacy for patients at reception, provide open, clear floor area between the waiting seats and reception.
3. Consider flexible seating options that can accommodate greater demands during peak service hours.
4. Consider sharing the reception and waiting area when other therapies such as physical therapy and speech are collocated. Electronic patient check-in kiosks are essential to ensure patients are properly received into the correct clinical service. Ensure remote kiosk monitors are strategically placed in open patient rehab area for staff awareness of appointed patient status.

3.4. PATIENT AREA.

1. An open clinic rehab configuration is required. The OT clinic should include open floor area, a number of OT Treatment Stations arranged as semi-private (arranged in a “bay” configuration), in private treatment rooms, or a combination of private and semi-private treatment spaces. In multi-station treatment spaces, they should be open and flexible to provide the ability to accommodate changes in treatment equipment / modalities and patient needs.
2. Daily Living Skills Training Room may include spaces that resemble independent living space(s) such as a kitchen, bathroom, bedroom, dining and laundry areas. When a kitchen is included, ensure there is ventilation with fire suppression to support food preparation and standard residential cabinetry that may include height adjustable features. Provide open workspace and consider modular components that include height adjustable surfaces or are equipped with wheels that allow for differing combination and arrangement of components. In the bathroom include tub and/or shower lip. In all spaces ensure there is adequate lighting and non-slip flooring.
3. Consider locating Group Therapy Room with access from outside the department so that the room is available for use by other OT groups.

4. Provide acoustic privacy between patient exam rooms, treatment spaces, training and group therapy rooms, and any room where there is an exchange of patient information.
5. Exam / Treatment spaces are not dedicated to a specific provider but are available for use by any provider throughout the duty day.

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, ensure adequate power is available for charging portable equipment that can operate on battery power.
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.

3.6. STAFF AND ADMINISTRATION.

1. Administrative spaces such as the Clinic Supervisor or Officer in Charge (OIC) should be located near the open clinical space for easy access to patients and staff.
2. If team workrooms and staff administrative areas are provided, they should be located so staff may have private conversations regarding patients and clinical matters without being heard by patients or visitors.

SECTION 4: PROGRAM DATA REQUIRED

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

1. How many annual in person Occupational Therapy Treatment Station encounters are projected? (W)
2. Is a Driving Simulator Lab projected to support Occupational Therapy services? (M) (Note: This room is provided for simulators that simulate driving. Driving simulation is used by therapists for the evaluation and rehabilitation of physical, cognitive, and psychomotor challenges affecting patients. This room may be more appropriate in rehab facilities vice outpatient setting.)
3. How many Group Therapy Rooms are projected? (Misc) (Note: The number of group therapy rooms provided is determined based on a schedule showing the number/size/duration of group therapy sessions held on a weekly basis.)
4. How many Occupational Therapist FTE positions are projected per the approved 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. Average Length of Encounter (ALOE) in Hours (Computed) (Default: .5)
5. Patient care hours per year (Computed) (Default: [Hours per day] x [Days per year])
6. Room Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Average Length of Encounter (ALOE) in Hours])
7. Calculated number of treatment stations based on workload (Computed) (Default: Round Up From (.5, [How many annual in person Occupational Therapy Treatment Station encounters are projected?] / [Room Workload Capacity]))

4.3. SHORTCUTS.

1. number of treatment stations: [Calculated number of treatment stations based on workload]

SECTION 5: SPACE PLANNING CRITERIA

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

5.1. FA1: RECEPTION.

1. Waiting (WRC01) 120 NSF

- a. Provide one
- b. Provide an additional 64 NSF for every increment of two [number of treatment stations] greater than four

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

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

- a. Provide one
- b. Provide an additional one for every increment of eight [number of treatment stations] greater than sixteen

3. Reception (RECP1) 100 NSF

- a. Provide one
- b. Provide an additional 50 NSF for every increment of eight [number of treatment stations] greater than sixteen

Minimum allocated NSF accommodates two FTEs.

5.2. FA2: PATIENT AREA.

1. Private Exam/Therapy Room, OT (OTEV1) 120 NSF

- a. Provide one per each [How many Occupational Therapist FTE positions are projected per the approved manning document?]

This room is intended to serve as the Provider's administrative and private exam workspace.

2. Multi-Station, OT Treatment (OTGC1) 100 NSF

- a. Provide two
- b. Provide an additional one per each [number of treatment stations] greater than two

Allocated NSF provides space for therapeutic activities included in an OT rehabilitation program. May include OT stations such as Baltimore Therapeutic Equipment (BTE) and stations supporting other rehabilitation activities. Based on the number of workload-driven OT Treatment Stations included in the program, planner should coordinate with local staff to develop Service-specific activity requirements and the appropriate mix of OT hi/low tables,

exam spaces and OT-specific equipment stations. Planner must edit room code equipment contents to align with local treatment station requirements.

- 3. Treatment Support (PTTS1) 50 NSF**
 - a. Provide one
- 4. General Clinic Area, OT (OTGC1) 420 NSF**
 - a. Provide one

Allocated NSF provides open area space for therapeutic activities that may include any combination of hand therapy, horseshoe therapy, and adult stand-in worktables. May also include OT stations such as Baltimore Therapeutic Equipment (BTE) and stations supporting other rehabilitation activities.
- 5. Simulator Lab, Driving (OTWT1) 180 NSF**
 - a. Provide one if [Is a Driving Simulator Lab projected to support Occupational Therapy services?]
- 6. Daily Living Skills Training Room (OTDL1) 360 NSF**
 - a. Provide one if [number of treatment stations] is at least one

Allocated NSF includes spaces that support some or all activities of daily living (ADL) such as a kitchen, bathroom, bedroom, dining, and laundry areas. Ideally this area is located within the MTF to serve both inpatient and outpatient missions. In some cases when the MTF arrangement does not allow close proximity, the planner may need to program two separate ADL spaces. Local coordination is key to configure the space according to mission requirements and extent of services offered.
- 7. Group Therapy Room (OPMH1) 240 NSF**
 - a. Provide one per each [How many Group Therapy Rooms are projected?]

Allocated NSF provides space for up to twelve patients and staff. May be subdivided to accommodate smaller group sessions.
- 8. Splint Room (APAM1) 150 NSF**
 - a. Provide one
 - b. Provide an additional 25 NSF for each [number of treatment stations] greater than four

Allocated NSF accommodates the fabrication and fitting of splints and other adaptive devices. Space may be arranged as part of the open clinical area. Features may include counter space under wall mounted cabinets with drawers.
- 9. Toilet, Unisex (TLTU1) 60 NSF**
 - a. Provide one

- b. Provide an additional one for every increment of eight [number of treatment stations] greater than eight

5.3. FA3: SUPPORT.

- | | |
|--|----------------|
| 1. Utility Room, Clean (UCCL1) | 100 NSF |
| a. Provide one | |
| 2. Utility Room, Soiled (USCL1) | 90 NSF |
| a. Provide one | |
| 3. Storage, Equipment (SRSE1) | 100 NSF |
| a. Provide one | |
| b. Provide an additional one for every increment of eight [number of treatment stations] greater than eight | |
| 4. Storage, Clinic Supply (SRS01) | 100 NSF |
| a. Provide one | |
| b. Provide an additional 25 NSF for every increment of four [number of treatment stations] greater than four | |
| <p>Space is intended to accommodate splint and other adaptive devices fabrication materials and supplies. Depending on clinic size and projected workload requirements, high-density shelving systems may be appropriate for increased storage capacity. Determination should be made as early in as possible in planning as high-density storage systems have a greater impact on floor-loading structural requirement.</p> | |
| 5. Alcove, Wheelchair (SRLW1) | 15 NSF |
| a. Provide one | |
| 6. Utility Alcove, Clean (LCCL3) | 15 NSF |
| a. Provide one | |
| 7. Utility Alcove, Soiled (LCSL3) | 15 NSF |
| a. Provide one | |

5.4. FA4: 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 Program for Design (PFD). Refer to Chapter 210: General Administration for administrative space criteria.

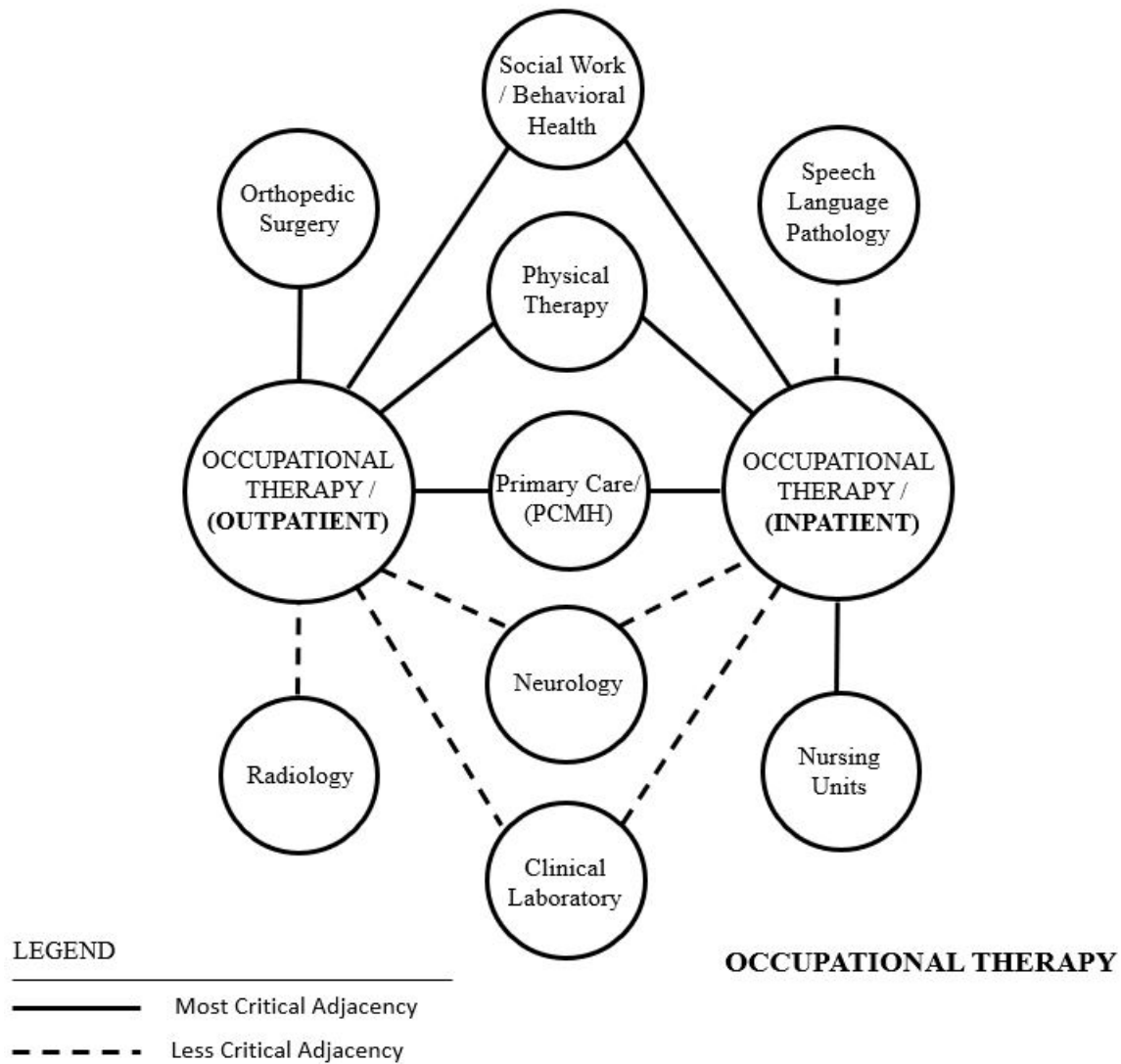
- 1. Office, Occupational Therapy Supervisor (OFA04) 100 NSF**
 - a. Provide one

- 2. Team Workroom (WKTm1) 110 NSF**
 - a. Provide one
Accommodates two shared hot desks for techs/medics at 30 NSF each, and a collaboration area. Adjust the size of the room based on the number of providers and support staff on the team.

- 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.

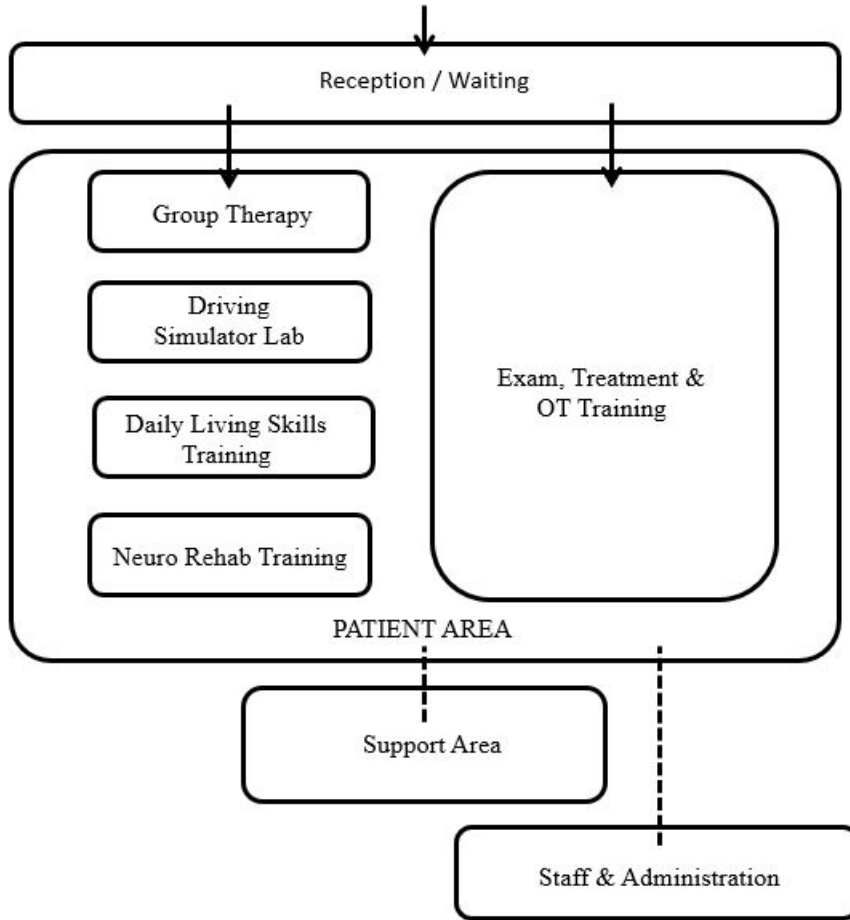
SECTION 6: FUNCTIONAL RELATIONSHIPS (INTERDEPARTMENTAL)

The Occupational Therapy Clinic will rely on a number of other services in the MTF for patient care and support functions. The diagram below represents desirable relationships based on efficiency and functional considerations.



SECTION 7: FUNCTIONAL DIAGRAM (INTRADEPARTMENTAL)

The diagram below illustrates intradepartmental relationships among key areas / spaces within the Occupational Therapy 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.



LEGEND

- > Patient Circulation
- - - - - Staff Circulation

OCCUPATIONAL THERAPY

GLOSSARY

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.

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.

Daily Living Skills Training Room: This furnished room is used to train and evaluate a person's Activities of Daily Living (ADL) task performances. It is a modified independent living space, sometimes set up like an apartment, and may contain a functional kitchen, bathroom, and bedroom with standard residential equipment. Occupational therapists work with patients to practice optimal safety in daily living, while working towards the ultimate goal of independence.

Driving Simulator Lab: This room is provided for an equipment array that simulates the driving experience and activities. Driving simulation is used by therapists for the evaluation and rehabilitation of physical, cognitive, and psychomotor challenges affecting patients.

Encounter: Generally, an encounter is a contact between an eligible beneficiary and a credentialed provider. In MHS Genesis for OT, an encounter is classified as "recurring". It is an episode of care with multiple visits for the examination, diagnosis, treatment, evaluation, consultation, or counseling or any combination. The encounter will take place in an exam room, or in other treatment or observation areas. To generate an exam room, or other workload driven spaces, the encounter volume is tied to the patient's in-clinic appointment(s). It does not include telephone consults. The encounter is intended to remain open until the episode of care is completed.

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.

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.

Group Therapy Room: Provides group therapy space for behavioral health and TBI/Neuro programs. Historically, OT has provided behavioral health programs on an inpatient basis. Currently, there is a trend toward providing these services in the outpatient setting to beneficiaries.

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.

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

Net-to-Department Gross Factor (NTDG): A parameter used to calculate the Department Gross Square Foot (DGSF) area based on the programmed Net Square Foot (NSF) area. Refer to Section 3.

Net Square Feet (NSF): The area of a room or space derived by multiplying measurements of the room or space taken from the inside surface of one wall to the inside surface of the opposite wall.

Occupational Therapist: A health care professional who provides services designed to restore self-care, work, and leisure skills to patients who have specific performance incapacities or deficits that reduce their abilities to cope with the tasks of everyday living. The occupational therapist evaluates and treats problems arising from developmental deficits, physical illness or injury, emotional disorders, the aging process, and psychological or social disability. In addition to direct patient care, the occupational therapist provides readiness training, wellness education, and injury prevention. Occupational therapists are graduates of an accredited degree program who have completed field work requirements and are certified by the National Board for Certification in Occupational Therapy (NBCOT).

Occupational Therapy: Is the use of purposeful activity with individuals who are limited due to physical injury or illness, psychosocial dysfunction, developmental or learning disabilities, poverty and cultural differences, or the aging process in order to maximize independence, prevent disability, and maintain health. The practice encompasses evaluation, treatment, and consultation. Specific Occupational Therapy services include: diagnosis and treatment of upper extremity conditions (physician extender role); designing, fabricating or applying selected orthotic and prosthetic or selective adaptive equipment; using specifically designed crafts and exercises to enhance functional performance; administering and interpreting tests such as manual muscle and range of motion; teaching daily living skills; developing perceptual motor skills and sensory integrative functioning; developing play skills and prevocational and leisure capacities; health promotion and injury prevention education and treatment; and adapting environments for the physically and mentally challenged. These services are provided individually, in groups, or through social systems.

In addition to the above, service may include ergonomics/human factor consultation (work adjustment); work-site evaluation; development of avocational interests and leisure time skills; fabrication of orthotic and assistive devices; clinical education programs for therapist level and or assistant level students and research programs; and evaluation and treatment for sensory integrative dysfunction. As appropriate, service may be extended beyond the Occupational

Therapy module to provide home health visits and consultation services to community agencies supporting the military.

Occupational Therapy Assistants: Supports Occupational Therapists in conducting specialized therapeutic programs that are designed to help individuals with physical, psychological, or developmental problems regain, improve, or adjust to their physical or mental capacities.

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 workday or require a private room for confidentiality based on their job duties. Union documents must specifically state that a specific FTE is required to have a private space.

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

OT Treatment, Multi Station: This is an open room with multiple skills training and treatment stations that are grouped together in one bay.

OT Treatment Station: An OT Training Treatment Station is a patient treatment workstation. More than one OT Training Treatment Station may be grouped together in a Multi Station bay (see Multi-Station, OT Therapy (OTGC1)), or a Treatment Station may be located in a Private Treatment Room. OT Training Treatment Stations may accommodate light activities or heavy activities. Examples of light activities are those that can be performed at a table such as hand therapy and crafts. Heavy activities are those that utilize large floor-mounted equipment or machinery where the patient is standing, or activities requiring extensive patient movement such as dance therapy.

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, generated Net Square Feet (NSF), Construction Phase, and Construction Type.

Project Room Contents (PRC): A listing of the assigned contents (medical equipment, furnishings, fixtures, and equipment (FF&E), etc.) for each room in a PFD generated by SEPS.

Provider: A medical professional, such as an occupational therapist, physician, nurse practitioner, licensed independent practitioner or physician assistant, who examines, diagnoses, treats, prescribes medications, and manages the care of patients within the scope of their practice as established by the governing body of a healthcare organization.

Room Utilization Factor: The percentage of time that a room is in use compared to the time it could be in use over the course of a year. This factor provides flexibility to accommodate variability caused by other resources and processes involved in patient encounters. Smaller

clinics should assume a lower utilization factor than larger clinics, because operational issues like provider and support staff absences and seasonal demand fluctuations have more significant impacts on patient scheduling.

Shortcuts: Shortcuts can be used by criteria managers to make the space criteria document more readable. They are used to replace any part of a condition with more readable text.

Soiled Utility Room: This space provides an area for cleanup of medical equipment and instruments, and for disposal of medical waste material. It provides temporary holding for material that will be picked up by Sterile Processing or Environmental Services.

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

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

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.