

## DoD Space Planning Criteria for Health Facilities

### Urology

#### **3.14.1. PURPOSE AND SCOPE:**

This Chapter provides guidance for space planning criteria for the Urology Services in military health care facilities. These services are typically for inpatients and outpatients.

#### **3.14.2. DEFINITIONS:**

**Administrative Personnel:** Administrative personnel are all personnel who do not counsel, diagnosis, examine or treat patients, but who do work that is essential for the accomplishment of the missions of a medical treatment facility. This does include military (assigned and borrowed), contract and civilian personnel. It does not include volunteers.

**Clinic Visit:** A visit is a contact between an eligible beneficiary and a medical care provider. A visit consists of examination, diagnosis, treatment, evaluation, consultation, counseling, or medical advice in a clinic or treatment/observation in quarters. (Source: DoD 6015-M, Glossary of Healthcare Terminology 1999)

**Cystoscopy:** Visual examination of the interior of the bladder by means of a cystoscope.

**Full-Time Equivalent (FTE):** A work force equivalent to one individual working full time for a specific period, which may be made up of several part-time individuals or one full-time individual. This will include everyone working in the facility; military, civilian and contractor personnel.

**Intravenous Pyelogram (IVP):** An IVP (Intravenous Pyelogram) is an X-ray examination of the kidneys. After a plain film (without X-ray contrast) is obtained, the Radiologist injects radio-opaque contrast in a vein. A film is obtained immediately to determine the actual size of the kidneys. After waiting between five and ten minutes, another film is taken to show the collecting system as it begins to empty. Ideally the kidneys, ureters and bladder are all visualized on this film.

**Office:** A private office is an enclosed room outfitted with either standard furniture (Room Code OFA01) or systems furniture (Room Code OFA02). An administrative cubicle is within an open room and is constructed out of system furniture (Room Code OFA03)

**Preceptor/Consult Room:** - A location is required for residents in training to be able to discuss cases in private with supervising faculty physicians (preceptors). These discussions occur during the course of a patient visit, requiring proximity to exam room areas. In clinic configurations with staff physician offices clustered near exam rooms, precepting may be feasible from the faculty physician's own office and not from a dedicated central preceptor room. Note that any space provided for precepting must afford privacy from eavesdropping patients and passers-by ... hence an open area accessible by non-staff is NOT acceptable.

**Provider:** A provider in a Urology Service is a urologist. . The term 'staff physician' in relation to a Residency Program, does not include physician assistants, nurse practitioners or residents.

**Urodynamics:** Urodynamics refers to a group of diagnostic procedures that are performed to evaluate voiding disorders. The goal of diagnosis and treatment of these disorders is to: (1) protect the kidneys and (2) keep the patient dry.

**Urology:** The branch of medicine concerned with the diagnosis and treatment of diseases (especially by surgical technique) of the urinary tract of both male and female and of the genital organs of the male.

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#### **3.14.2. DEFINITIONS: Continued**

**Video urodynamics:** Video urodynamics requires the availability of the most specialized urodynamic equipment. The digital monitoring systems take video image information from a fluoroscopy unit and provide digital video image, on screen with pressure data. This process allows the physician to visualize events in the lower urinary tract along with pressure, flow and EMG data.

#### **3.14.3. POLICIES:**

**Clinic Composition:** A separate urology clinic will not be programmed if the number of provider FTEs is 2 or less. When staffing does not support a separate clinic, the service may be combined with the general surgery clinic.

**Offices, Private:** With the exception of the office provided for "Key Personnel," all other private offices will be 120 net square feet as stated in Chapter 2.1 (General Administration), paragraph 2.1.5. Private offices will be provided to following personnel:

- a) Staff who must meet with patients/customers on a regular basis and hold private consultations/discussion.
- b) The senior officer and enlisted member of a department.
- c) Staff who supervise others and must hold frequent, private counseling sessions with their junior staff. This does not include staff who supervise a very small number of people, and who would only occasionally need private counseling space. These staff can use available conference rooms or other private areas for their infrequent counseling needs
- d) Any personnel who interview or counsel patients with patient privacy concerns.

**Office, Non-Private or Shared Space:** Personnel, who require office space, but not a private office, will be provided space in a shared office. Non-private or shared office space will be programmed at 60 net square feet per occupant

**Patient Education Cubicle:** The cubicle will have a Computer, DVD player and video player and printer. This will allow patient to complete self-assessment health surveys, investigate material based on their diagnosis, print material, and watch videos specific to their treatment/procedure. This area needs to maintain patient privacy and be located near the Patient care areas.

**Providers' Examination Rooms:** Each urologist will be provided with two examination rooms.

**Providers' Offices:** Generally, each provider (physician, physician's assistant, clinical nurse practitioner, and allied scientist) on the staff will be provided a private office (excluded offices are provided under other criteria, such as Radiologists, Pathologists, Anesthesiologists, Commanders, etc.). However, shared office space is encouraged and is an option if it is within the Clinic Concept of Operations.

**Public Toilets, Staff Lounges and Locker Areas:** The criteria for public toilets, staff lounges and locker rooms are provided in Chapter 6.1 (Common Areas).

**Residents' Cubicle Space:** Private office space will not be programmed for GME residents. GME residents will be provided with shared office space at 60 nsf per resident for Navy/Air Force and 40 nsf for Army. An office for a rotating resident may be programmed in the clinic for residents who see patients.

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#### **3.14.3. POLICIES: Continued**

**Resident's Office/Examination Rooms:** Additional office and examination room space may be programmed into a clinic to provide space for "rotating residents" to see patients. A resident during his or her rotation in the clinic will use this space when they see patients as walk-ins or on appointment. One office and two examination rooms may be programmed for each resident FTE projected to be in the clinic seeing patients. **Note:** These residents are not necessarily urology residents only; family practice, and internist residency programs may require a rotation in the orthopedic clinic.

#### **3.14.4. PROGRAM DATA REQUIRED:**

- How many FTE providers are projected?
- How many nurse managers are projected?
- How many FTE nursing staff are projected? **Note:** This information is used to calculate the size of the Nurse Workroom. Do not include nurse managers or advice nurses.
- How many NCOIC/LCPO/LPO are projected?
- How many officers or officer equivalents are projected? **Note:** This information is used to calculate the size of the Toilets and the size of the Staff Lounge.
- Conference Room. See Chapter 2.1 (General Administration), paragraph 2.1.2 for Personnel Equivalents Chart.
- How many staff will require a private office? **Note:** Do not count providers, nurse managers, advice nurses, or NCOIC/LCPO/LPOs.
- How many staff will require a dedicated cubicle? **Note:** Do not include providers or nursing staff.
- How many staff will require a locker? **Note:** Do not include staff with an office or cubicle.
- How many FTEs on peak shift are projected? ? **Note:** This information is used to calculate the number of Staff
- Will Pediatric services be provided?
- Will a Satellite Lab be required?
- Will cystoscopy be performed in the clinic?
- How many annual Urology visits are projected?
- Will there be vending machines in the staff lounge?
- Will there be a Residency Program?
  - Will there be a Residency Program Director?
  - Will there be a Residency Program Secretary?
  - How many Residents are projected?
  - How many Residency Staff require a private administrative office?
  - How many Residency Administrative Staff cubicles are required?

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		m <sup>2</sup>	nsf	

#### **3.14.5. SPACE CRITERIA:**

**NOTE: GP indicates that a guideplate exists for that particular Room Code.**

#### **RECEPTION AREAS**

Clinic Waiting	WRC01	5.57	60	Minimum. Provide three seats per each projected FTE provider. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting). <b>Note:</b> This space can be divided into separate isolation and well waiting areas. If divided, recommend providing 67% of space for a main waiting area.
Reception (GP)	RECP1	13.01	140	Minimum. Provide 140 nsf for the first eight providers. Increase 60 nsf for each increment of four providers over the initial eight providers.
Patient Education Kiosk/Alcove	CLSC1	2.72	30	One per clinic.
Patient Education Cubicle	CLSC2	2.72	30	Provide if in Clinic Concept of Operations. Includes a computer workstation for patient self-assessment, printing educational brochures, etc.
Public Toilets	N/A	N/A	N/A	Space will be provided in the Chapter 6.1 (Common Areas).

#### **PATIENT AREAS**

Adult Screening Room (GP)	EXRG4	7.43	80	Minimum up to four projected FTE providers. One additional room for increment of four providers or portion thereof.
Pediatric Screening Room (GP)	EXRG5	11.15	120	One per eight providers if Pediatric services provided.
Provider Exam Room (GP)	EXRG1	11.15	120	Army - Two per projected FTE. Do not count residents as providers. Resident's exam rooms are included in the Residency Functional Area.
	EXRG2			Navy.
	EXRG3			Air Force.
Treatment Room	TRGS1	14.86	160	One per clinic.
Dressing Room/Cubicle (GP)	DR001	4.65	50	One cubicle per treatment room.
Nephrology Renal Study	OPNR1	11.15	120	One per clinic.
Urodynamics Exam Room(GP)	EXUD1	14.86	160	One room per every two projected FTE providers.
Urodynamics Toilet (GP)	TLTU1	4.65	50	One per Urodynamics room.

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**PATIENT AREAS (continued)**

Patient Toilet (GP)	TLTU1	4.65	50	One if number of projected FTE providers is between three and eight. Provide two toilets if number of projected FTE providers are between nine and fifteen. Provide three toilets if number of projected FTE providers is sixteen or more with a maximum of three toilets.
Satellite Lab (GP)	LBSP1	9.29	100	If in Clinic Concept of Operations.

**Cystoscopy with fluoroscopy:**

**PATIENT AREAS (Cystoscopy)**

Cystoscopic Radiology Room	XDCY1	40.88	440	See formula in paragraph 3.14.6. Minus number of Cystoscopy rooms with fluoroscopic and optional urodynamic capability in OR. Locate in one place only: either in Surgery or in this clinic. Includes x-ray control booth.
Dressing Room/Cubicle (GP)	DR001	4.65	50	One per Cystoscopy clinic.
Cystoscopy Toilet (GP)	TLTU1	4.65	50	One per Cystoscopy Radiology room.
Sub-waiting	WRC01	7.43	80	Minimum. Add 40 nsf for each Cystoscopic Radiology rooms greater than one.
Recovery Room (GP)	RROP1	11.15	120	Minimum (one bed). Add 120 nsf for each additional Cystoscopy Radiology room greater than two.
Recovery Toilet (GP)	TLTU1	4.65	50	One per recovery room.
Control and Observation (GP)	NSTA3	5.57	60	One per recovery room.
Digital Radiology Reading Room	XVC01	11.15	120	One when Cystoscopy is performed.
Sterile Supply Room	ORCW1	9.29	100	One per Cystoscopic Radiology clinic.
Scrub Area (GP)	ORSA1	6.50	70	Provide one sink per two Cystoscopic Radiology rooms.

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STAFF AND ADMINISTRATIVE AREAS
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Provider Office (GP)	OFD01	11.15	120	Army - One per projected FTE staff provider. Do not count residents as providers. Resident's cubicles are included in the Residency Functional Area.
	OFD02			Navy
	OFD03			Air Force
Nurse Manager Office	OFA01	11.15	120	Private Office, Standard Furniture. One per projected FTE Nurse Manager.
	OFA02			Private Office, Systems Furniture. One per projected FTE Nurse Manager.
Nurse Workroom	WRCH1	11.15	120	Army/Navy. Minimum. Add 40 nsf for each projected FTE nurse above four.
	OFA03	5.72	60	Air Force. Cubicle - Systems Furniture. One per projected FTE Nurse.
NCOIC/LCPO/LPO Office	OFA01	11.15	120	One per projected FTE.
	OFA02			
Private Office	OFA01	11.15	120	One per projected FTE requiring a private office. See Chapter 2.1 (General Administration). Some examples are Group Practice Manager, Nurse Educator, Health Care Integrator, any staff who interviews or counsels patients.
	OFA02			
Administrative Cubicle	OFA03	5.57	60	Per projected FTE requiring a dedicated workspace but not a private office. See Chapter 2.1 (General Administration).
Patient Records Area	FILE1	5.57	60	One per clinic.
Copy room	RPR01	9.29	100	For Copier/Fax/Mailbox distribution.
Forms/Literature Storage	SRS01	9.29	100	One per clinic.
Conference Room (GP)	CRA01	23.23	250	Minimum use CRA01. One per Department with eight to twelve officers or officer equivalents. See Chapter 2.1 (General Administration), paragraph 2.1.2 for Personnel Equivalent Chart.
	CRA02	27.87	300	One per Department with thirteen to sixteen officers or officer equivalents.
	CRA03	37.16	400	One per Department with greater than sixteen officers or officer equivalents.
Staff Lounge (GP)	SL001	13.01	140	Minimum 140 nsf for 10 FTEs on peak shift. Add 5 nsf for each peak shift FTE over 10. Maximum size is 300 nsf without vending machines and 320 nsf if vending machines are included.

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**STAFF AND ADMINISTRATIVE AREAS Continued**

Personal Property Lockers (GP)	LR001	2.32	25	Minimum for the first 10 FTEs on peak shift. Add 2.5 nsf for FTE over 10. For staff without a dedicated office/cubicle space. See Chapter 6.1 (Common Areas) for Locker Room, Changing criteria.
Staff Toilets (GP)	TLTU1	4.65	50	Minimum of one for the first 15 FTEs on peak shift. Add one TLTU1 for every additional 15 FTEs on peak shift. Can be combined into multi-stall toilets.

**CLINIC SUPPORT AREAS**

Clean Utility (GP)	UCCL1	11.15	120	For up to 6 projected FTE providers.
		13.94	150	For 7 - 12 projected FTE providers.
		16.72	180	For more than 12 projected FTE providers.
Soiled Utility (GP)	USCL1	8.36	90	For up to 6 projected FTE providers.
		11.15	120	If For 7 - 12 projected FTE providers.
		13.94	150	For more than 12 projected FTE providers.
Litter/Wheelchair Storage	SRLW1	5.57	60	One per clinic.
Crash Cart Alcove	RCA01	1.86	20	One per clinic. Can be shared between several clinics if fully accessible to all.
Equipment Storage	SRE01	9.29	100	One per clinic.
Urology Laboratory	LBUR1	7.43	80	One per clinic.
Scope Wash Room (GP)	USCL2	9.29	100	One per clinic.
Equipment Storage and Maintenance Room	SRSE1	13.94	150	One per clinic.

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#### **Functions which are required for Residency Education in Urology:**

The following areas must be programmed if the MTF has a Urology Residency Program. These areas are in addition to those listed under common areas above.

<b>RESIDENCY PROGRAM</b>				
Residency Program Director (GP)	OFD01	11.15	120	Army. One per Residency Program Director.
	OFD02			Navy.
	OFD03			Air Force.
Secretary with Visitor Waiting.	SEC01	11.15	120	One per projected FTE secretary.
Private Office	OFA01	11.15	120	One per projected FTE that requires a private office. Do not include Resident Providers.
	OFA02			
Administrative Cubicle	OFA03	5.57	60	Provide 60 nsf per projected FTE administrative personnel requiring a dedicated cubicle.
Resident Cubicle	OFA03	5.57	60	Per projected Resident, Navy/Air Force.
		3.72	40	Per projected Resident, Army.
Residency Library	LIBB1	13.01	140	One per Residency Program. Can be combined with Conference Room.
Residency Conference Room (GP)	CRA01	23.23	250	One per Residency Program.
Resident Exam Room (GP)	EXRG1	11.15	120	Army. One per projected resident. Minus the two monitored exam rooms.
	EXRG2			Navy.
	EXRG3			Air Force.
Monitored Exam Room - Subject & Observer Room (GP)	EXRG1	11.15	120	Army - Provide two exam rooms per Residency Program, and one CMP02. These rooms use cameras and videotapes.
	EXRG2			Navy.
	EXRG3			Air Force.
	CMP02	5.57	60	One room per two monitored exam rooms. This room holds the video recorders
Preceptor/Consult Room	OFDC1	11.15	120	One per ten staff physicians per Clinic Concept of Operations. Do not include residents.

#### **3.14.6.: FORMULAS:**

##### **Cystoscopic Room Requirements:**

$$\text{Cystoscopic Rooms} = \frac{(\text{annual urology visits}/52) \times 0.5}{0.6 \text{ proc per hr per room} \times 30 \text{ hr per wk}}$$