

DoD Space Planning Criteria for Health Facilities

Ophthalmology/Optometry Clinic

3.13.1. PURPOSE AND SCOPE:

This Chapter provides guidance for space planning for the Outpatient Ophthalmology and Optometry clinics in military health care facilities.

3.13.2. 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)

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.

Laser Eye Center: A service that is approved, staffed and equipped to correct vision (i.e. nearsightedness, farsightedness and astigmatism) via surgical procedures, often using lasers (Laser in Situ Keratomileusis [LASIK], Photo Refractive Keratectomy [PRK], Photo Therapeutic Keratectomy [PTK], Radial Keratectomy [RK], or Automated Lamellar Keratectomy [ALK]).

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)

Ophthalmology Services: Ophthalmology services are rendered by a physician who provides care dealing with the structure, functions and diseases of the eye, the performing of certain surgical procedures; and the counseling of patients regarding their surgical alternatives and vision needs as related to their occupations, avocations and lifestyle.

Optometry Services: These services are provided by an optometrist who provides comprehensive eye health and vision examinations; diagnosis and treatment of eye diseases and vision disorders, the detection of general health problems; the prescribing of glasses, contact lenses, low vision rehabilitation, vision therapy, and medications; the performing of certain surgical procedures; and the counseling of patients regarding their treatment alternatives and vision needs as related to their occupations, avocations and lifestyle.

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: An individual, who examines, diagnoses, treats, prescribes medication and manages the care of patients within his or her scope of practice as established by the governing body of a healthcare organization. General providers are physicians, physician's assistants and clinical nurse practitioners. The term 'staff physician' in relation to a Residency Program, does not include physician assistants, nurse practitioners or residents.

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3.13.3. POLICIES:

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’ 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.

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 seeing patients as walk-ins or by 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 Primary Care residents; Family Practice, Internal Medicine and other Residency programs may require a rotation in the Primary Care clinic.

3.13.4. PROGRAM DATA REQUIRED:

How many FTE optometrists are projected?

How many FTE ophthalmologists are projected?

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 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.

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3.13.4. PROGRAM DATA REQUIRED: Continued

How many staff will require a locker? **Note:** Do not include staff with offices or cubicles.

How many FTEs on peak shift? **Note:** This information is used to calculate the number of Staff Toilets and the size of the Staff Lounge.

Will full length eye lanes be required?

Will full length eye lanes combined as office/eye lanes be required?

Will electroretinography be performed?

Will there be vending machines in the Staff Lounge?

Will a patient education cubicle be required?

Is a Laser Eye Center projected?

How many FTE Lasik/PRK technicians are projected?

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?

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

3.13.5. SPACE CRITERIA:

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m ²	nsf	
RECEPTION AREAS				
Clinic Waiting	WRC01	5.57	60	Minimum. Provide four seats per each projected FTE provider. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting). Note: this waiting area may be divided into smaller waiting areas during the design.
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. Includes space for 2 technicians.
Patient Education Cubicle	CLSC2	2.78	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 Chapter 6.1 (Common Areas).

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PATIENT AREAS

Fitting and Dispensing Area	EYFD1	13.01	140	Minimum. Includes 20 nsf for display area for frames. One per clinic.
Frame Storage Area	SRS01	7.43	80	For storage of “frame of choice” material.
Visual Field (GP)	EYVF1	11.15	120	One per Service, i.e. a clinic with both Ophthalmology and Optometry Services will have two visual field rooms.
Vision Screening (GP)	EYVS1	11.15	120	One per two projected FTE providers in each Service i.e. a clinic with both Ophthalmology and Optometry Services will have a minimum of two vision-screening rooms.
Contact Lens Fitting & Dispensing Area	EYCL1	11.15	120	One per clinic.
Eye Lane (Army/Air Force) (GP)	EYEL1	17.19	185	Use when a 25-ft. full-length eye lane is required. Maximum of two per projected FTE ophthalmologist or optometrist. Eye lanes may be any combination (full length or folded).
Exam/Office – Eye Lane (Army & Air Force)	EYEL2	21.37	230	Use when a 25-ft. full-length eye lane is required in combination with an office. When this room is used, the FTE is not entitled to an additional separate office. Maximum of two per projected FTE ophthalmologist or optometrist.
Eye Lane (Navy) (GP)	EYEL3	15.79	170	Use when a 24-ft. full-length eye lane is required. Maximum of two per projected FTE ophthalmologist or optometrist.
Eye Lane – Folded Electronic (GP)	EYEL4	13.01	140	Two per projected FTE ophthalmologist or optometrist less the number of full-length eye lanes.
Fundus Camera Room (GP)	EYFC1	11.15	120	One per clinic. Provides space for two cameras.
Electroretinography	EYER1	11.15	120	One, if in Clinic Concept of Operations.
Ophthalmology Exam (GP)	EYOT2	13.01	140	One per clinic when FTE ophthalmologist is projected.
Ophthalmology Treatment Room	TREY1	16.26	175	One per clinic when FTE ophthalmologist is projected.
Laser Treatment Room	TREY2	16.26	175	One per clinic when FTE ophthalmologist is projected.
Ultrasound (GP)	XDUS1	11.15	120	One per clinic when FTE ophthalmologist is projected.

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LASER EYE CENTER – When authorized

Reception (GP)	RECP1	13.01	140	One, if separate from Ophthalmology/Optometry Clinic.
PRK/Lasik (GP)	TREY3	26.01	280	One per Laser Eye Center.
Prep/Post Op. Room	RRSS3	27.87	300	One per Laser Eye Center. Provides space for two cubicles (control/observation and support).
Instrument Decontamination Room	CSDE1	11.15	120	One per Laser Eye Center.
Instrument Sterilization Room	CSSS1	11.15	120	One per Laser Eye Center.
Equipment Storage	SRE01	13.94	150	One per Laser Eye Center.
Treatment/Exam Room (GP)	EYOT2	13.01	140	One per Laser Eye Center.
Evaluation Room	EYOT3	22.30	240	One per Laser Eye Center. Provides space for specialized equipment to measure corneas.
Full Length Eye Lane (GP)	EYEL1	17.19	185	Army/Air Force - Four Eye Lanes per Lasik Room. Determine if this number can be reduced if Laser Eye Center can share Eye Lanes with other functions within the Ophthalmology/Optometry Clinic.
	EYEL3	15.79	170	Navy - Same as EYEL1 above.
Medication Room	MEDP1	7.43	80	One per Laser Eye Center.
Technician Cubicle	OFA03	5.57	60	Per projected FTE technician.

STAFF AND ADMINISTRATIVE AREAS

Ophthalmologist/Optomtrist Office (GP)	OFD01	11.15	120	Army - One per projected FTE Ophthalmologist/Optomtrist. Do not count residents. Resident's cubicles are included in the Residency Functional Area.
	OFD02			Navy - See above Planning Range/Comments
	OFD03			Air Force - See above Planning Range/Comments
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			

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STAFF AND ADMINISTRATIVE AREAS Continued

Administrative Cubicle	OFA03	5.57	60	Per projected FTE requiring a dedicated workspace but not a private office. See Chapter 2.1 (General Administration), paragraph 2.1.3.
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.
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	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.

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Functions which are required for Residency Education in Ophthalmology:

These areas are in addition to those listed under common areas above.

RESIDENCY PROGRAM				
Residency Program Director (GP)	OFD01	11.15	120	Army. One per Residency Program Director.
	OFD02			Navy. See above Planning Range/Comments.
	OFD03			Air Force. See above Planning Range/Comments.
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	Navy/Air Force - per projected resident.
		3.72	40	Army – per projected resident.
Residency Library	LIBB1	13.01	140	One per Residency Program.
Resident Eye Lane (GP)	EYEL1	17.19	185	Army/Air Force. One per projected resident. Minus the two monitored exam rooms
	EYEL3	15.79	170	Navy.
Monitored Exam Room – Subject and Observer Room (GP)	EYEL1	17.19	185	Army/Air Force. Provide two exam rooms per Residency Program and one CMP02.
	EYEL3	15.79	170	Navy.
	CMP02	5.57	60	These rooms use cameras and videotapes.
Conference Room (GP)	CRA01	23.23	250	Minimum, one per Residency Program.
Preceptor/Consult	OFDC1	11.15	120	One per ten staff providers per Clinic Concept of Operations.
Ophthalmology Laboratory	EYPL1	5.57	60	One per Residency Program.