



DoD SPACE PLANNING CRITERIA

CHAPTER 380: OCCUPATIONAL THERAPY CLINIC AUGUST 7, 2015

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Purpose: This issuance: To provide space planning criteria guidance in support of planning, programming and budgeting for DoD Military Health System (MHS) facilities.

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SECTION 1: PURPOSE AND SCOPE

1.1. PURPOSE AND SCOPE This chapter outlines space planning criteria for services and programs provided in the Occupational Therapy Clinic within the Military Health System (MHS).

It is important for the planner to be aware that occupational therapy and physical therapy are often 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 is provided in Chapter 390.

The space planning criteria in this chapter apply to all Military Treatment Facilities (MTFs) and are based on current DoD policies and directives, established and/or anticipated best practices, industry guidelines and standards, and input from DoD Subject Matter Experts (SME) and Defense Health Agency (DHA) Service contacts. 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 DoD's UFC 4-510-01, Appendix B.

SECTION 2: OPERATING RATIONALE AND BASIS OF CRITERIA

2.1. OPERATING RATIONALE AND BASIS OF CRITERIA.

A. Workload projections and planned services / modalities for a specific MHS facility project shall be sought by the planner in order to develop a project based on these Criteria. Healthcare and clinical planners working on military hospitals, medical centers and clinics shall utilize and apply the workload based criteria set forth herein for identified services and modalities to determine space requirements for the project.

B. Space planning criteria have been developed on the basis of an understanding of the activities involved in the functional areas required for the 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 and their dependents.

C. These criteria are subject to modification relative to equipment, medical practice, vendor requirements, and subsequent planning and design. The final selection of the size and type of medical equipment is determined during the design process.

D. Calculation of the number and -in some cases- the area (NSF) of rooms is performed in one of the following methods:

1. Directly workload-driven
2. Indirectly workload-driven
3. Mission or Staffing-driven

The directly workload-driven rooms are based on workload projections entered in response to the Workload Input Data Statements (IDSs) is included in Section 3. The directly workload driven rooms in this chapter is Number of OT Training Treatment Stations, this includes the OT Training Multi-Stations.

The indirectly workload-driven rooms are derived from the preceding group. They are typically in the Reception and Support Functional Areas. Examples are Waiting, or the number of clean or soiled utility rooms.

The mission / staffing-driven rooms are created based on Boolean 'yes/no' or numeric responses to the Mission and Staffing Input Data Statements (IDSs).

E. The Net Square Feet (NSF) and Room Code (RC) for each room in Section 4: Space Planning Criteria of this chapter was provided by or approved by the Defense Health Agency (DHA) Template Board.

F. Section 3: Input Data Statements and Section 4: Space Planning Criteria have been implemented and tested in the Space and Equipment Planning System (SEPS). To gain access to SEPS planner should contact a Defense Health Agency (DHA) representative; access to SEPS is provided via a 16-hour hands-on training session.

G. Calculation of each of the directly workload-driven room types is implemented in SEPS based on the following formulae:

Formula 1: Annual Room Workload Capacity

$$\frac{(\text{Operating Days per year})(\text{Hours of Operation per Day})}{\text{Average Length of Encounter (ALOE) in Minutes} \div 60 \text{ Minutes}} (\text{Utilization Factor})$$

Where:

- a. Operating Days per Year is a fixed value: 240 days
- b. Hours of Operation per Day is a fixed value: 8 hours
- c. Average Length of Encounter (ALOE) is a fixed value: 25 minutes

Formula 2: Project-based Annual Room Workload Capacity:

$$\frac{\text{Number of projected annual encounters}}{\text{Project – based Annual Room Workload Capacity}}$$

Example: Calculation of the number of OT Training Treatment Stations is based on the following parameters:

- a. Operating Days per Year: 240
- b. Hours of Operation per Day: 8
- c. Average Length of Encounter: 25 minutes
- d. Utilization Factor: 80%
- e. Projected workload: 14,250 annual OT Training Treatment Station encounters

Step 1: OT Training Treatment Station Workload Capacity calculation:

$$\frac{(240)(8)}{\frac{25}{60}} = 4,608 \text{ encounters}$$

Step 2: Project-based OT Training Treatment Station Workload Capacity calculation:

$$(4,608) (0.80) = 3,686 \text{ encounters}$$

Step 3: Number of OT Training Treatment Stations:

$$\frac{14,250}{3,686} = 4 \text{ OT Training Treatment Stations}$$

TABLE 1: WORKLOAD PARAMETER CALCULATION

OCCUPATIONAL THERAPY CLINIC				
OCCUPATIONAL THERAPY ENCOUNTERS	AVERAGE LENGTH OF ENCOUNTER (minutes)	UTILIZATION RATE	ANNUAL WORKLOAD PER TREATMENT STATION	MINIMUM ANNUAL WORKLOAD TO GENERATE ONE STATION (20%)
OT Treatment Station	25	80%	3,686	737

SECTION 3: PROGRAM DATA REQUIRED

3.1. 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 Occupational Therapy Treatment Station encounters are projected? (W)
2. How many OT General Exam Rooms, greater than one, are authorized? (Misc)
3. How many OT Training Private Treatment Rooms, greater than one, are authorized? (Misc)
4. How many Neuro-Rehab Training Stations, greater than four, are authorized? (Misc)
5. Is a Driving Simulator Lab authorized? (M)
6. How many Group Therapy Rooms are authorized? (Misc)
7. Is a Bariatric Patient Toilet in the Patient Area authorized? (Misc)
8. How many Occupational Therapy FTE positions are authorized? (S)
 - a. How many Occupational Therapy FTE positions are authorized to have a private office? (Misc)
 - b. How many Occupational Therapy FTE positions are authorized to have a shared office? (Misc)
 - c. How many Occupational Therapy FTE positions are authorized to have a cubicle? (Misc)
 - d. How many Occupational Therapy FTEs will work on peak shift? (Misc)
9. Is a Conference Room for the Occupational Therapy Clinic authorized? (Misc)
10. Is an Occupational Therapy Student Education / Training program authorized? (M)
 - a. How many Occupational Therapy Clinic Student FTE positions are authorized? (S)

SECTION 4: SPACE PLANNING CRITERIA

For calculation of the number of Vending Machine areas, Public Toilets, Communication Closets, and Janitor Closets for this Chapter, please refer to DoD Space Planning Criteria Chapter 610: Common Areas.

4.1. FA1: OT TRAINING TREATMENT STATION CALCULATION.

1. **Number of OT Training Treatment Stations (CALC1)** **0 NSF**
Provide one for every increment of 3,686 annual Occupational Therapy Treatment Station encounters projected; minimum annual workload to generate a Treatment Station is 737. (Refer to Table 1).

4.2. FA 2: RECEPTION.

1. **Waiting (WRC03)** **60 NSF**
Minimum NSF; provide an additional 60 NSF for every increment of four OT Treatment Stations greater than four.
2. **Playroom (PLAY1)** **120 NSF**
Provide one for Occupational Therapy Clinic.

This space is provided to accommodate children's play activities; may be an open or enclosed area, and shall be included within or adjacent to Waiting.
3. **Reception (RECP3)** **60 NSF**
Provide one for Occupational Therapy Clinic.
4. **Kiosk, Patient Check-in (CLSC1)** **30 NSF**
Provide one for Occupational Therapy Clinic.

4.3. FA 3: PATIENT AREA.

1. **Exam Room, General (EXRG1)** **120 NSF**
Minimum one; provide an additional one per each General Exam Room greater than one authorized.
2. **Private Treatment Room, OT Training (OTEV1)** **120 NSF**
Minimum one; provide an additional one per each OT Training Private Treatment Room authorized greater than one.
3. **Multi-Station, OT Training (OTGC1)** **180 NSF**
Minimum NSF; deduct the number of OT Training Private Treatment Rooms authorized from the calculated number of OT Training Treatment Stations (refer to

FA 1, Room 1); provide an additional 90 NSF per each resulting OT Training Treatment Station greater than two.

Minimum allocated NSF accommodates two treatment stations.

4. **Neuro-Rehab Training Room (OTNR1)** **420 NSF**
Minimum NSF; provide an additional 90 NSF per each Neuro-Rehab Training Station authorized greater than four.

Allocated NSF provides space for therapeutic activities included in an OT neurological rehabilitation program; may include OT stations such as Baltimore Therapeutic Equipment (BTE) and gaming stations.

5. **Exam / Consult (EXR10)** **120 NSF**
Provide one for Occupational Therapy Clinic.

6. **Simulator Lab, Driving (OTWT1)** **180 NSF**
Provide one if a Driving Simulator Lab is authorized.

7. **Daily Living Skills Training Room (OTDL1)** **360 NSF**
Provide one for Occupational Therapy Clinic.

8. **Group Therapy Room (OPMH1)** **240 NSF**
Provide one per each Group Therapy Room authorized.

Allocated NSF provides space for up to twelve patients and staff.

9. **Splint Room (APAM1)** **150 NSF**
Provide one for Occupational Therapy Clinic.

Allocated NSF accommodates the storage and fabrication of splints and other adaptive devices.

10. **Storage, Equipment (SRSE1)** **120 NSF**
Minimum NSF; provide an additional 30 NSF for every increment of four calculated OT Training Treatment Stations (refer to FA 1, Room 1) greater than four.

11. **Toilet, Patient (TLTU1)** **60 NSF**
Minimum one; provide an additional one for every increment of eight calculated OT Training Treatment Stations (refer to FA 1, Room 1) greater than eight.

12. **Toilet, Bariatric Patient (TLTB1)** **75 NSF**
Provide one for Occupational Therapy Clinic if authorized.

4.4. FA 4: SUPPORT.

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|----------------------------------------------------------------------------------------|----------------|
| 1. Utility Room, Clean (UCCL1)
Provide one for Occupational Therapy Clinic. | 120 NSF |
| 2. Utility Room, Soiled (USCL1)
Provide one for Occupational Therapy Clinic. | 90 NSF |
| 3. Alcove, Wheelchair (SRLW1)
Provide one for Occupational Therapy Clinic. | 30 NSF |

4.5. FA 5: STAFF AND ADMINISTRATION.

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 1. Office, Department / Clinic Chief (OFA04)
Provide one for Occupational Therapy Clinic. | 120 NSF |
| 2. Office, NCOIC / LCPO / LPO (OFA04)
Provide one for Occupational Therapy Clinic. | 120 NSF |
| 3. Team Collaboration Room (WRCH1)
Provide one for Occupational Therapy Clinic. | 120 NSF |
| 4. Office, Private (OFA04)
Provide one per each Occupational Therapy FTE position authorized to have a private office. | 120 NSF |
| 5. Office, Shared (OFA05)
Provide one for every increment of two Occupational Therapy FTE positions authorized to have a shared office. | 120 NSF |
| 6. Cubicle (OFA03)
Provide one per each Occupational Therapy FTE position authorized to have a cubicle. | 60 NSF |

These cubicles may be collocated in a shared space or dispersed as required.

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 7. Conference Room (CRA01)
Minimum NSF if a Conference Room for Occupational Therapy Clinic is authorized; provide an additional 60 NSF if the total number of FTE positions authorized is greater than ten. | 240 NSF |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|

Planner must determine adequacy and availability of existing Conference Room space and the ability to optimize resources by sharing Conference Room space with other departments.

8. **Copy / Office Supply (RPR01)** **120 NSF**
Provide one for Occupational Therapy Clinic.

9. **Lounge, Staff (SL001)** **120 NSF**
Minimum NSF if the number of Occupational Therapy FTEs working on peak shift is ten; provide an additional 60 NSF for every increment of five Occupational Therapy FTEs working on peak shift greater than ten; maximum 360 NSF.

10. **Toilet, Staff (TLTU1)** **60 NSF**
Minimum one; provide an additional one for every increment of fifteen FTEs working on peak shift greater than fifteen.

11. **Lockers, Personal Property (LR001)** **30 NSF**
Minimum NSF; provide an additional 30 NSF for every increment of four FTE positions not assigned a private office, a shared office or a cubicle greater than eight.

4.6. FA 6: EDUCATION / TRAINING.

1. **Office, Student Program Director (OFA04)** **120 NSF**
Provide one if an Occupational Therapy Education / Training program is authorized.

2. **Student Collaboration Room (WKTM1)** **240 NSF**
Minimum NSF if an Occupational Therapy Student Education / Training program is authorized; provide an additional 60 NSF per each Student FTE position authorized greater than two.

Minimum NSF accommodates two Students and a Collaboration / Reference area.

3. **Conference / Classroom (CRA01)** **240 NSF**
Provide one if the total number of Student FTE positions authorized is greater than five.

SECTION 5: PLANNING AND 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. World Class Checklist (<https://facilities.health.mil/home/>). Also refer to Section 3.12 Specific Requirements for Outpatient Rehabilitation Facilities, Design Considerations and Requirements of the FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities by the Facility Guidelines Institute (FGI Guidelines) for additional information.

5.1. NET-TO-DEPARTMENT GROSS FACTOR. The net-to-department gross factor (NTDG) for the Occupational Therapy Clinic 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, Section 2-3.4.2.2 and DoD Space Planning Criteria Chapter 130: Net to Gross Conversion Factors.

5.2. GENERAL DESIGN CONSIDERATIONS.

1. Occupational Therapy and Physical Therapy should be collocated, as efficiencies may be achieved through the use of shared equipment, space, equipment, waiting and reception.
2. Consider locating the department adjacent to the entrance nearest patient parking and/or drop-off area.
3. Consider technology and equipment requirements early on in design.
4. Consider locating clinic adjacent to outdoor space such as a courtyard or garden, as occupational therapists provide strategies that allow individuals to sustain participation in meaningful outdoor activities such as gardening.

5.3. RECEPTION.

1. Consider sharing the reception and waiting area when other therapies such as physical therapy and speech are collocated.
2. Provide automatic opening doors at department entry doors that do not have hold-open devices. The openers allow patients to access or exit the department unassisted.
3. Consideration should be given to special needs of specific patient groups in a shared / general waiting area. For example, adolescent and geriatric patients may require different seating options and environments. Consider the needs of bariatric patients.
4. The playroom (or play area) for children shall be constructed of surfaces and materials that are easy to clean and durable (nonporous and smooth).

5.4. PATIENT CARE AREA.

1. Occupational Therapy Training Treatment Stations:
 - a. An OT department may include a number of OT Training Treatment Stations. Some may be semi-private, located together in a “bay”; and some may be private, located in a private treatment room.
 - b. The OT Training Multi-Station area 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
 - a. Kitchen: Ensure good ventilation and standard cabinetry. Provide open workspace; consider height adjustable table on wheels.
 - b. Bathroom: Include tub, shower lip.
3. Consider locating Group Therapy Room with access from outside the department so that the room is available for use by other groups.
4. Provide acoustic privacy by controlling sound transmission between patient exam, treatment, training and group therapy rooms; and wherever else patient information is exchanged.

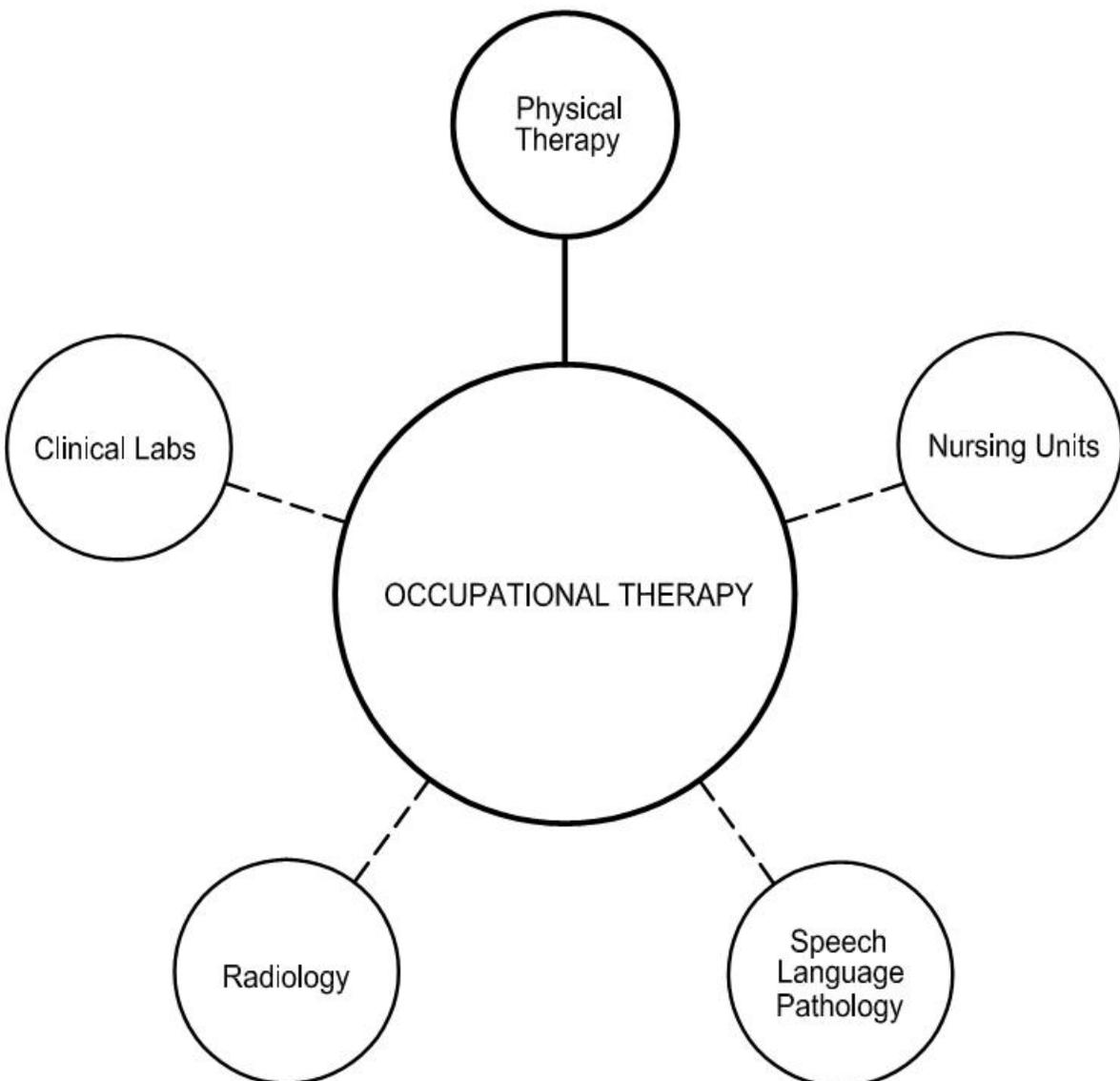
5.5. SUPPORT AREA. In all equipment storage rooms, assure adequate electrical outlets are provided for all equipment housed within these rooms.

5.6. STAFF AND ADMINISTRATION.

1. Consider designing the staff lounge as a place of respite, utilizing lighting and technology. (e.g., backlit art; controllable lighting; soft, natural colors; ergonomically supportive furniture; and soft music).
2. Team collaboration rooms and staff areas should be located so staff members may have conversations regarding patients and clinical matters without being heard by patients or visitors.

SECTION 6: FUNCTIONAL RELATIONSHIPS (INTRADEPARTMENTAL)

6.1. FUNCTIONAL RELATIONSHIPS. The Occupational Therapy Clinic will rely on a number of other services in a Military Treatment Facility (MTF) for patient care and support functions. The diagram below represents desirable relationships based on efficiency and functional considerations.

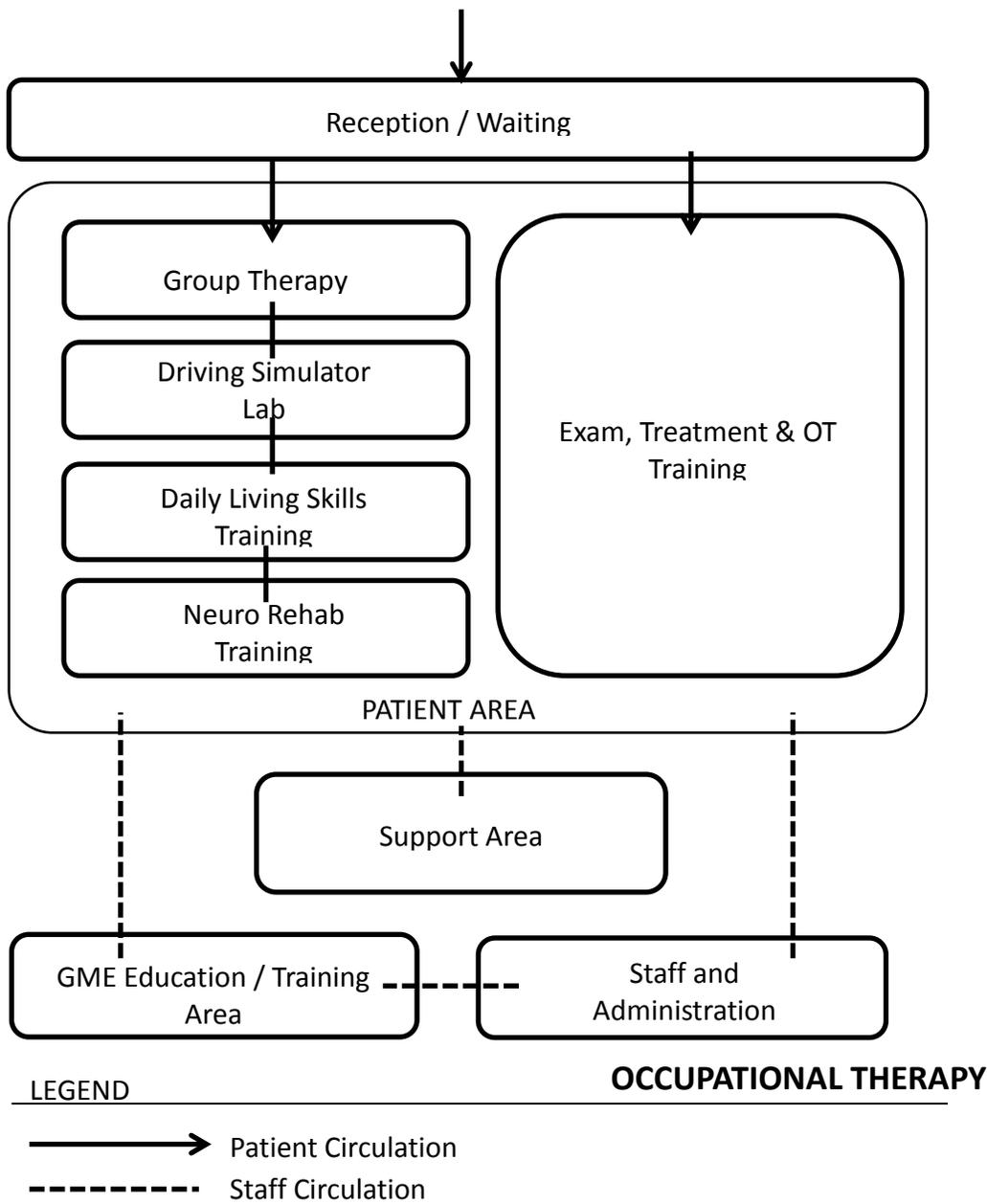


LEGEND

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

SECTION 7: FUNCTIONAL DIAGRAM (INTERDEPARTMENTAL)

7.1. FUNCTIONAL DIAGRAM. 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 Military Treatment Facility.



GLOSSARY

G.1. DEFINITIONS.

Authorized: This document uses the term “authorized” to indicate that, during a project’s space plan development, a planner shall seek approval from the appropriate official in the chain of command to activate certain spaces or certain groups of spaces. Typical components that may require authorization are certain programs or services that activate Functional Areas (e.g., GME); office spaces (e.g., FTE position); specialized rooms (e.g., Hybrid OR) or other spaces (e.g., On-Call Room). Typically, Mission, Staffing and Miscellaneous Input Data Statements require authorization, while directly and indirectly workload driven rooms / spaces do not.

Average Length of Encounter (ALOE): In these space criteria, an encounter is defined as a face-to-face 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 the Occupational Therapy Treatment Station. The Average Length of Encounter is used to capture variations in Length of Encounter among similar clinical encounters that will take place in an Occupational Therapy Treatment Station.

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 clinical suite.

Bariatric Patient Toilet: This is the bathroom for the bariatric patient. Preferred bariatric design solutions for this space include oversized toilet seats and floor-mounted toilets with weight capacity of at least 1,000-lbs. Toilet seat height of 17 to 19 inches and reinforced grab bars that hold at least 750-lbs is preferred to aid the patient to rise. Toilet centered 24 inches from a wall allows space for caregivers on each side to assist. Space to provide a minimum turning radius of 6 feet in order to accommodate larger wheelchairs is preferred. Sink placement, further away from the toilet, is recommended to prevent patients using it for lift support.

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.

Counseling Room: Space provided for individual behavioral health therapy. 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.

Cubicle: A cubicle is a partially enclosed workspace, separated from neighboring workspaces by partitions. Managers and other staff with no supervisory responsibilities as well as part-time, seasonal, and job-sharing staff may qualify for a cubicle.

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 simulators that simulate driving. Driving simulation is used by therapists for the evaluation and rehabilitation of physical, cognitive, and psychomotor challenges affecting patients.

Education / Training Area: This is training and education space to support an occupational therapist training and education program. OT does not have a residency program.

Encounter: A contact between an eligible beneficiary and a credentialed provider. An encounter may consist of examination, diagnosis, treatment, evaluation, consultation or counseling or a combination of the above. The encounter may take place in a clinic, by telephone, computer, or in other treatment or observation areas. Encounter volume used to generate exam room requirements should 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.

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

Group Therapy Room: Provides group therapy space for behavioral health 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. For example, a hospital nursing unit and an emergency department will operate 24 hours per day; whereas a clinic may be operational 8 hours or more, depending on the clinic.

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 4) 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 DoD Chapter 130 for the NTDG factors for all Space Planning Criteria chapters.

Neuro-Rehab Training Room: This room provides space for therapeutic activities included in an Occupational Therapy neurological rehabilitation program. Examples are (1) activities to improve mobility, coordination and balance; (2) exercises and splinting to manage spasticity and pain or increase ROM; (3) retraining in activities of daily living (ADLs) such as grooming, bathing, feeding, handwriting, meal preparation and basic housekeeping; and (4) activities to improve cognitive function, specifically problems such as perceptual deficits, loss of memory, decreased attention span, lack of concentration or altered judgment. OT stations such as the Baltimore Therapeutic Equipment (BTE) and gaming stations are included. Depending on the simulator, some hi-tech systems allow simulation of hundreds of activities in one functional system.

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 eligible for the certification examination given 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 Technician: 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 confidential communication.

Office, Shared: An office that accommodates two workstations.

Operating Days per Year: The number of days per calendar year a facility is operational for patient care (refer to Section 3). Outpatient Clinic: A clinic providing outpatient service in both freestanding community-based facilities, as well as ambulatory clinics in or directly adjacent to hospital-based services.

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

OT Training 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. As well, 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.

Personal Property Lockers: This is a small-sized locker, commonly called purse or cell phone locker, and is generally used to secure purses and smaller valuables. Staff members who do not have an office or cubicle space where they can safely store belongings will be assigned these lockers.

Program for Design (PFD): A listing of all of the rooms / spaces generated based on answers to the Input Data Statements (see Section 3) and the space planning criteria outlined in this document (Section 4) in SEPS. The list is organized by Functional Area and includes the Room Quantity, Room Code, Room Name and generated Net Square Feet (NSF), Construction Phase and Construction Type.

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

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.

Room Efficiency factor: Room for minimally-invasive interventions (see Interventional). Interventional procedures may be conducted in rooms located within the Surgical / Interventional Services Procedure area or in rooms distributed elsewhere throughout the facility.

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 healthcare 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).

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 Central Sterile or similar service. It should be accessible to staff.

Splint Room: The splint room is provided for the purpose of storing and fabricating custom splints and other adaptive devices.

Student Collaboration Room: This room is provided for the Occupational Therapy students. It will contain one cubicle per student and a table with chairs for collaboration space, and bookcases.

Team Collaboration Room: This space provides staff with an environment conducive to collaboration. Room contains touchdown computer workstations for documentation and a table with chairs to hold team meetings.

Utilization Factor: Also known as capacity utilization rate, this factor provides flexibility in the utilization of a room to account for patient delays, scheduling conflicts and equipment maintenance. A room with an 80% utilization factor provides a buffer to assume that this room would be available 20% of the time beyond the planned operational practices for this room.

Workload: Space Planning Criteria per DHA Policy shall be workload driven. Workload projections divided by the throughput determined in this document for each workload driven room determines the quantity of rooms needed to satisfy the projected workload demand.