



DoD SPACE PLANNING CRITERIA

CHAPTER 250: HEALTH BENEFITS & PATIENT ADMINISTRATION AUGUST 31, 2015

Originating Component: Defense Health Agency Facilities Division

Effective: August 31, 2015

Releasability: No Restrictions

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 Medical Administration department within the Military Health System (MHS). This department may be referred to as TRICARE, Tricare Operations and Patient Administration (TOPA) or Managed Care.

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 Health Benefits & Patient Administration 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, Health Benefits & Patient Administration practice, vendor requirements, and subsequent planning and design.

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

E. The directly workload-driven rooms are based on workload projections entered in response to the Workload Input Data Statements (IDSs) included in Section 3. The directly workload driven rooms in this chapter is the size of Outpatient and Inpatient Records Storage.

F. There are no indirectly workload-driven rooms in this chapter.

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

H. 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.

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. Is Patient Services Administration authorized to service a Hospital or Medical Center? (M)
2. Is a Managed Care / TRICARE Ops Director FTE position for Patient Services Administration authorized? (Misc)
3. How many Outpatient Records are projected? (W)
4. How many Inpatient Records are projected? (W)
5. How many Admissions / Disposition FTE positions are authorized? (S)
6. How many Appointments Clerk FTE positions are authorized? (S)
7. How many Medical Records Coding Clerk FTE positions are authorized? (S)
8. How many Medical Records Clerk FTE positions are authorized? (S)
9. How many Medical Records Transcriptionist FTE positions are authorized? (S)
10. Is an Consult Room for Health Benefits & Patient Administration authorized? (Misc)
11. Is a Conference Room for Health Benefits / Patient Administration authorized? (Misc)
12. Is a Health Benefits & Patient Administration Central Appointments Director FTE position authorized? (Misc)
13. Is a Medical Records Supervisor FTE position authorized? (Misc)
14. Is a Medical Records NCOIC / LPCO / LPO FTE position authorized? (Misc)
15. Is a Copy / Office Supply for Medical Records authorized? (Misc)
16. How many Health Benefits & Patient Administration FTE positions are authorized to have a Private Office? (Misc)
17. How many Health Benefits & Patient Administration FTE positions are authorized a Shared Office? (Misc)
18. How many Health Benefits & Patient Administration FTE positions are authorized to have a Cubicle? (Misc)
19. How many Health Benefits & Patient Administration FTE positions will work on peak shift? (Misc)

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: PATIENT SERVICES ADMINISTRATION.

1. **Sub-Waiting (WRC03)** **60 NSF**
Minimum NSF; provide an additional 60 if the Patient Services Administration is authorized to serve a Hospital or Medical Center.

2. **Reception (RECP1)** **120 NSF**
Provide one for Health Benefits & Patient Administration.

Allocated NSF accommodates two FTEs.

3. **Office, Managed Care / TRICARE Ops. Director (OFA04)** **120 NSF**
Provide one if a Managed Care / TRICARE Ops Director for Patient Services Administration is authorized.

4. **Office, Chief of Patient Administration (OFA04)** **120 NSF**
Provide one for Health Benefits & Patient Administration.

5. **Office, NCOIC / LCPO / LPO (OFA04)** **120 NSF**
Provide one for Health Benefits & Patient Administration.

6. **Office, Treasurer (OFA04)** **120 NSF**
Provide one if facility is a Medical Center or Hospital.

Collocate with Cashier.

7. **Office, Private (OFA04)** **120 NSF**
Provide one per each Health Benefits & Patient Administration FTE position authorized to have a Private Office.

Consider the following positions: Department Deputy, Patient Advocate, Decedent Affairs, Benefits Counselor, HIPAA, Birth Registration, Referral Management Clerk, Group Practice Manager, Service Liaison.

8. **Office, Shared (OFA05)** **120 NSF**
Provide one for every increment of two Health Benefits & Patient Administration FTE positions authorized to have a Shared Office.

9. **Cubicle, Administrative (OFA03)** **60 NSF**
Provide one per each Health Benefits & Patient Administration FTE position authorized to have a Cubicle.
- Consider the following positions: Clerk, Birth Clerk, Medical Board, Disability Board, Physical Evaluation, Third Party Collection Clerk, Release of Information Clerk, Aeromedical Evacuation Clerk and Service Liaison. These cubicles may be collocated in a shared space or dispersed as required.
10. **Admissions / Dispositions Patient Interview (PAIA1)** **60 NSF**
Provide one per each Admissions / Disposition FTE position authorized.
11. **Cashier (CASH1)** **60 NSF**
Provide one if facility is a Medical Center or Hospital.
- Collocate with Treasurer Office.
12. **Consult Room (OFDC2)** **120 NSF**
Provide one if a Consult Room for Health Benefits & Patient Administration is authorized.
13. **Copy / Office Supply (RPR01)** **120 NSF**
Provide one for Health Benefits & Patient Administration.
- Accommodates the “Release of Information” function.
14. **Conference Room (CRA01)** **240 NSF**
Provide one if a Conference Room is authorized for Health Benefits & Patient Administration.
- 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.
15. **Lounge, Staff (SL001)** **120 NSF**
Minimum NSF if the number of Health Benefits & Patient Administration FTEs working on peak shift is ten; provide an additional 60 NSF for every increment of five Health Benefits & Patient Administration FTEs working on peak shift greater than ten; maximum 360 NSF.
- Central Appointments and Medical Records staff are included in the total FTE count for this space.

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

Central Appointments and Medical Records staff are included in the total FTE count for this space.
17. **Storage, General (SRS01)** **60 NSF**
Provide one for Health Benefits & Patient Administration.
18. **Storage, Patient Belongings (SRPB1)** **60 NSF**
Provide one if facility is a Medical Center or Hospital.

4.2. FA 2: CENTRAL APPOINTMENTS.

1. **Office, Central Appointments Director (OFA04)** **120 NSF**
Provide one if a Central Appointments Director for Health Benefits & Patient Administration is authorized.
2. **Cubicle, Administrative (OFA03)** **60 NSF**
Provide one per each Appointments Clerk FTE position authorized.

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

4.3. FA 3: MEDICAL RECORDS (INPATIENT AND OUTPATIENT):

1. **Office, Records Supervisor (OFA04)** **120 NSF**
Provide one if a Medical Records Supervisor FTE position is authorized.
2. **Office, NCOIC / LCPO / LPO (OFA04)** **120 NSF**
Provide one if a Medical Records NCOIC / LCPO / LPO FTE position is authorized.
3. **Cubicle, Medical Records Staff (OFA03)** **60 NSF**
Provide one per each Medical Records Coding Clerk and Medical Records Clerk FTE positions authorized.

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

4. **Cubicle, Medical Records Transcriptionist (OFA03)** **60 NSF**
Provide one per each Medical Records Transcriptionist FTE positions authorized.

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

5. **Reception, Records Transaction (RECP3)** **60 NSF**
Provide one for Medical Records.

Accommodates the records transaction window.

6. **Copy / Office Supply (RPR01)** **120 NSF**
Provide one for Medical Records.

7. **Storage, Outpatient Records (MRS01)** **60 NSF**
Minimum NSF; provide an additional 15 NSF for every increment of 630 projected Outpatient Records greater than 1,260.

Minimum allocated NSF accommodates two four-post open style record storage shelving units with a capacity of 238 lineal filing inches per unit.

8. **Storage, Inpatient Records (MRS01)** **60 NSF**
Minimum NSF; provide an additional 15 NSF for every increment of 1,600 projected Inpatient Records greater than 3,200.

Minimum allocated NSF accommodates two four-post open style record storage shelving units with a capacity of 238 lineal filing inches per unit.

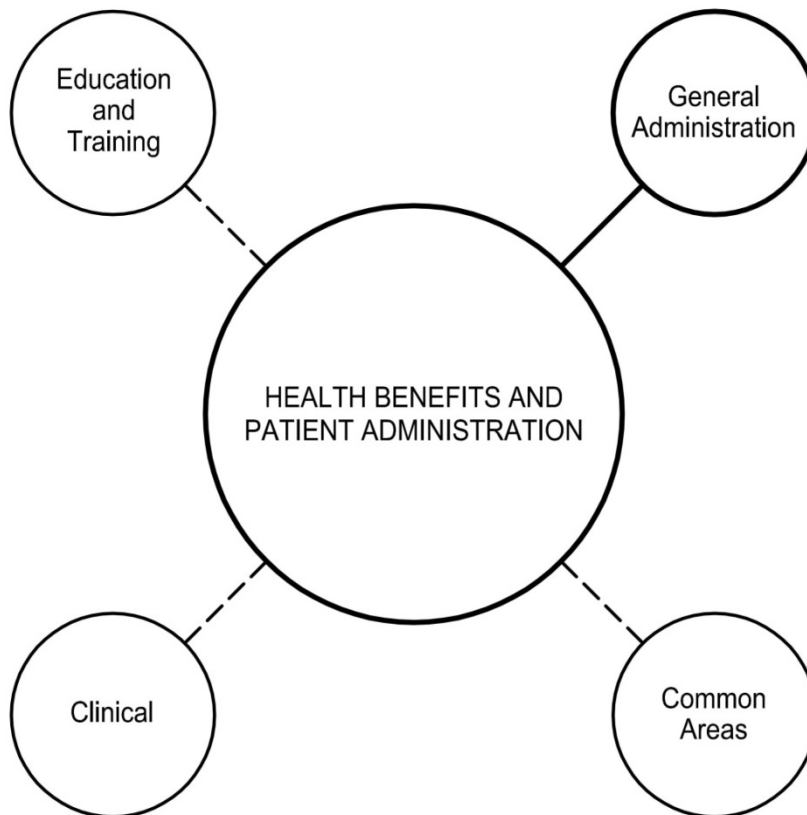
SECTION 5: PLANNING AND DESIGN CONSIDERATIONS

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

- A. The net-to-department gross factor (NTDG) for Health Benefits & Patient Administration is 1.35. This number when multiplied by the programmed net square foot (NSF) area determines the departmental gross square feet. This factor accounts for the space occupied by internal department circulation and interior partitions and other construction elements not defined by the net square foot area. Refer to UFC 4-510-01, Section 2-3.4.2.2 and DoD Space Planning Criteria Chapter 130: Net to Gross Conversion Factors.
- B. Consider patient confidentiality when designing spaces where private and sensitive patient information is being discussed.
- C. Staff work areas should be designed to provide an efficient work environment that encourages team collaboration and optimal workflow.
- D. Incorporate ergonomic principles in staff work areas to help to eliminate staff injuries and optimize staff efficiency and performance. Ergonomically designed workstations are able to easily adapt to the specific physical requirements of the person occupying the workstation.
- E. Refer to the World Class Facilities (WCF) Checklist for mandatory and other optional design strategies that must be considered during the planning and design process.
- F. The Staff Lounge can be combined / consolidated with Staff Lounges from other departments.

SECTION 6: FUNCTIONAL RELATIONSHIPS (INTRADEPARTMENTAL)

6.1. FUNCTIONAL RELATIONSHIPS.

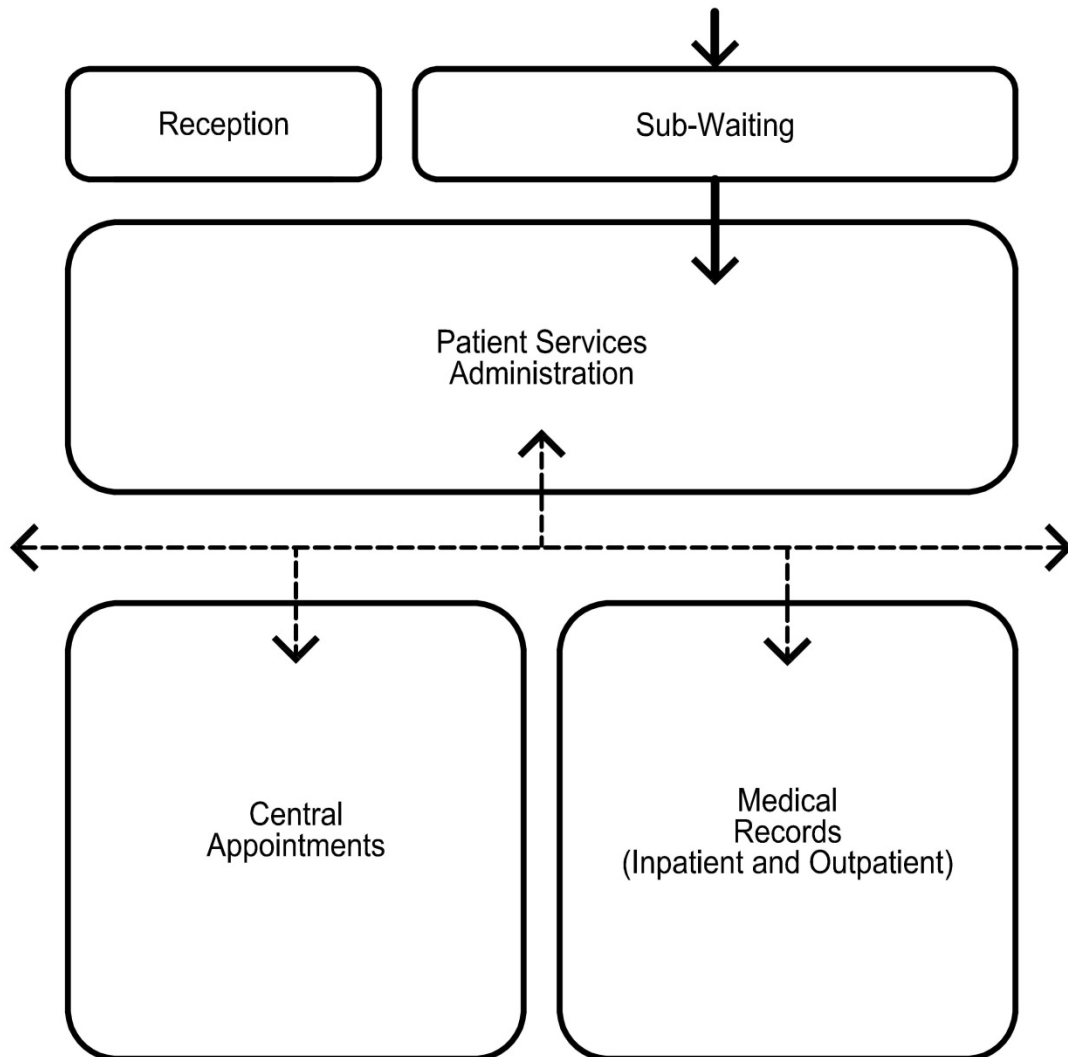


LEGEND

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

SECTION 7: FUNCTIONAL DIAGRAM (INTERDEPARTMENTAL)

7.1. FUNCTIONAL DIAGRAM.



LEGEND

———— Patient Circulation
----- Staff Circulation

NOTE: Size and shapes of spaces do not reflect actual configuration or square foot area of departments.

GLOSSARY

G.1. DEFINITIONS.

Administrative Personnel: Administrative personnel are those staff members who do not provide clinical services to patients, and include military, contract and civilian personnel. Volunteers are not considered Administrative Personnel.

Admission and Disposition (A&D) Clerk: Interviews patients being admitted to the Military Treatment Facility (MTF) to confirm patient contact information, obtain emergency contact information, third party payer information, and to provide information in regards to patient privacy and advance directives. The A&D clerk initiates the inpatient record and provides the ward with patient identification wristband.

Aeromedical Evacuation Clerk: Also referred to as the Patient Movement Clerk, a technician who interviews and counsels patients prior to traveling to another MTF, frequently by air. The clerk is also the liaison for needs related to the appointment during travel and finalizing all travel vouchers upon return. If the base has an active airfield, the clerk may be required to screen baggage and conduct anti-hijacking searches. Refer to DoD 1.4: Medical Mobilization.

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.

Benefits Counselor: A benefits counselor ensures health benefit information and assistance is provided to all beneficiaries. May also assist with obtaining care from network or civilian facilities as required. Provides guidance / assistance with enrollment and claims.

Birth Clerk: The Birth Clerk is responsible for birth-related records such as birth certificates, applications for social security numbers, and for counseling new parents.

Cashier: The Cashier is responsible for receiving, holding, and disbursing cash to and from military treatment facility patients who have received diagnostic care and treatment. This office may also be responsible for securing patients’ valuables during their inpatient stay.

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.

Decedent Affairs Clerk: Decedent Affairs Clerks are responsible for the administrative details incidental to the death of a patient. The clerk interviews next-of-kin to obtain information necessary to register the death with the state Department of Health.

Disability Board: A group of health care professionals who determine the level of disability of a patient.

Extended Ambulatory Records (EAR): Records used to document the ambulatory (same day) surgery and observation status of a patient. These records are treated in the same manner as inpatient records.

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 per week workload. The FTE measure may also be used for specific workload staffing parameters such as a clinical FTE; the amount of time assigned to an employee providing clinical care. For example, a 0.5 clinical FTE for a healthcare worker would indicate that the healthcare worker provides clinical care half of the time during a 40-hour work week.

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

Inpatient Records: Patient records that provide a record of diagnosis and inpatient treatment and services.

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.

Medical Affirmative Claims (MAC) Clerk: A clerk who manages the billing and collection effort for third party liability healthcare payers for those DoD beneficiaries who have been injured due to an accident or another party's fault.

Medical Evaluation Board (MEB) Clerk: The MEB Clerk interviews patients and gathers documentation to support the MEB process. The MEB is also known as the Disability Board.

Medical Records Clerk: Medical record technician responsible for maintaining and filing medical records (hardcopy and electronic). Medical record clerks work in the inpatient records room, outpatient records room and any other location where paper records may be maintained / stored.

Medical Records Coding Clerk: Abstracts clinical information from a variety of medical records, charts and documents and assigns appropriate codes to patient records according to established procedures.

MEDICARE Eligible: A patient who is 65 years of age or older and is qualified for federal reimbursement for healthcare services.

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

Net-to-Department Gross Factor (NTDG): A parameter used to calculate the Department Gross Square Foot (DGSF) area based on the programmed Net Square Foot (NSF) area. Refer to DoD Chapter 130 for the NTDG factors for all Space Planning Criteria chapters.

Office, Private: A single occupancy office provided for confidential communication.

Office, Shared: An office that accommodates two workstations.

Outpatient Records: Patient records that provide a record of diagnostic and treatment services for ambulatory patients. These records do not include inpatient or extended ambulatory records, but can contain a summary of any inpatient / extended ambulatory stays.

Patient Advocate: A patient representative that interviews patients who have concerns about their care or issues with hospital staff. The patient representative serves as a liaison between the patient and the hospital staff in order to resolve the patient concerns.

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, 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.

Release of Information Clerk: An administrative position that reviews, validates and processes requests for the release of protected health information (PHI).

Service Liaison: Administrative position, usually staffed by a Military member that acts as a liaison among military service members and assists patients receiving care in an MTF.

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).

Third Party Collection (TPC) Clerk: A clerk who manages the billing and collection effort for third party healthcare payers for those DoD beneficiaries who have health insurance other than TRICARE. Third party payers include insurance companies, and employers. A TPC clerk is responsible for interviewing patients to ensure their insurance information is correct, as well as coordinating with the insurance company to ensure proper authorizations are obtained to ensure maximum collections.

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.