



DoD SPACE PLANNING CRITERIA

CHAPTER 314: UROLOGY CLINIC

JULY 1, 2017

Originating Component: Defense Health Agency Facilities Division

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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.

SUMMARY of CHANGE

This revision, dated July 1, 2017 includes the following:

- On page 14, section 4.3. FA3: PATIENT AREA, room 12, Exam Room, Urodynamics (EXUD1), changed the stated net square footage from 120 NSF to 180 NSF to align with SEPS and the Military Health System Template.
- On page 19, Section 6: FUNCTIONAL RELATIONSHIPS, corrected section to reference an “Intradepartmental” relationship; change narrative to read “The diagram below illustrates intradepartmental relationships among key areas / spaces within the Urology 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.”

TABLE OF CONTENTS

SECTION 1: PURPOSE AND SCOPE.....	4
SECTION 2: OPERATING RATIONALE AND BASIS OF CRITERIA	5
SECTION 3: PROGRAM DATA REQUIRED.....	10
3.1. Input Data Statements.....	10
SECTION 4: SPACE PLANNING CRITERIA	12
4.1. FA1: Exam Room Calculation.....	12
4.2. FA 2: Reception.	12
4.3. FA 3: Patient Area.	12
4.4. FA4: Support.....	14
4.5. FA 5: Staff and Administration.....	15
4.6. FA 6: GME Education / Training.	16
SECTION 5: PLANNING AND DESIGN CONSIDERATIONS	17
5.1. Net-to-Department Gross Factor.....	17
5.2. Reception Area.....	17
5.3. Patient Areas.	17
5.4. Other Design Considerations.	17
SECTION 6: FUNCTIONAL RELATIONSHIPS (INTRADEPARTMENTAL)	19
GLOSSARY	20
G.1. Definitions.....	20

SECTION 1: PURPOSE AND SCOPE

1.1. This chapter outlines space planning criteria for services and programs provided in the outpatient Urology Clinic within the Military Health System (MHS). Outpatient clinics include both freestanding community-based facilities, as well as ambulatory clinics in or directly adjacent to hospital-based services.

Space Planning Criteria for Urology Exam rooms and supporting spaces are provided in this chapter. Please refer to 440: Surgical and Interventional Services for the Urology, Cystoscopy and Cystoscopy with Fluoroscopy procedure rooms.

The space planning criteria in this chapter apply to all Military Medical 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 UFC 4-510-01, Appendix B.

SECTION 2: OPERATING RATIONALE AND BASIS OF CRITERIA

2.1.

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 Urology 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. The area for each room (NSF) in this chapter has been provided by the Military Health System (MHS) Space Template Board.

E. Calculation of the Exam Rooms in Functional Area 3: Urology Patient is derived from workload projections via the workload Input Data Statements as outlined below. Most of the remaining rooms in those functional areas and in Functional Area 2: Reception Area and Functional Area 4: Support is determined based on the number of Exam Rooms generated by workload. Mission, Staffing and Miscellaneous Input Data Questions drive the rest of the spaces in this chapter.

F. Section 4: Input Data Questions and Section 5: Space Planning Criteria have been implemented and tested in SEPS II.

G. Exam room capacity calculation is based on the following formula / parameters:

Formula 1: Annual Room Workload Capacity

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

User-defined Value:

1. Operating Days per Year: 232, 240 or 250 (default in SEPS: 240)
2. Hours of Operation per Day: 6, 7, or 8 (default in SEPS: 8)

Fixed Value:

Utilization Factor: 80%

Calculation: Annual Workload for one Exam Room (Biofeedback Therapy):

Formula 2: Project-Based Annual Room Workload Capacity:

$$\frac{(240 \text{ Operating Days per Year})(8 \text{ Hours of Operation per Day})}{\frac{60 \text{ Minutes}}{60 \text{ Minutes}}} (0.80) = 1,536$$

Minimum Annual Workload to generate an Exam Room: 20% of Annual Workload for one Exam Room.

H. Workload based room calculation examples:

1. Room Criteria Statement (Room 1):

Minimum one if the projected annual clinic encounters is between 307 and 1,536; provide an additional one for every increment of 1,536 projected annual clinic encounters greater than 1,536; the minimum workload to generate an additional room is 307.

a. Input Data Statement 1, Answer 1:

How many annual clinic encounters are projected? (W) = 4,700

Step 1: Subtract the increment from the projected annual encounters to account for the “Minimum one” condition.

$$4,700 - 1,536 = 3,164$$

One room generated

Step 2: Divide the resulting value by the increment.

$$\frac{3,164}{1,536} = 2.05$$

Two additional rooms generated

Step 3: Multiply the whole value (“2” in the previous step) by the increment.

$$(2)(1,536) = 3,072$$

Step 4: Subtract Step 3 from Step 1.

$$3,164 - 3,072 = 92$$

Step 5: Compare Step 4 with the “minimum workload to generate an additional room” value; if higher, provide an additional room.

$$92 < 307$$

No additional rooms generated.

Total number of rooms generated by 4,700 annual encounters: 3

b. Input Data Statement 1, Answer 2:

How many annual clinic encounters are projected? (W) = 15,000

Step 1: Subtract the increment from the projected annual encounters to account for the “Minimum one” condition.

$$15,000 - 1,536 = 13,464$$

One room generated

Step 2: Divide the resulting value by the increment.

$$\frac{13,464}{1,536} = 8.76$$

Eight additional rooms generated

Step 3: Multiply the whole value (“8” in the previous step) by the increment.

$$(8) (1,536) = 12,288$$

Step 4: Subtract Step 3 from Step 1.

$$13,464 - 12,288 = 1,176$$

Step 5: Compare Step 4 with the “minimum workload to generate an additional room” value; if higher, provide an additional room.

$$1,176 > 307$$

One additional room generated.

Total number of rooms generated by 15,000 annual encounters: 10

2. Room Criteria Statement (Room 2):

Minimum two if the projected annual encounters is between 614 and 6,144; provide an additional one for every increment of 3,072 projected annual encounters greater than 6,144; the minimum workload to generate an additional room is 614.

a. Input Data Statement 2, Answer 1:

How many annual clinic encounters are projected? (W) = 12,500

Step 1: Subtract the increment from the projected annual encounters to account for the “Minimum one” condition.

$$12,500 - 6,144 ((3,072)(2)) = 6,356$$

Two rooms generated

Step 2: Divide the resulting value by the increment.

$$\frac{6,356}{3,072} = 2.06$$

Two additional rooms generated

Step 3: Multiply the whole value (“2” in the previous step) by the increment.

$$(2)(3,072) = 6,144$$

Step 4: Subtract Step 3 from Step 1.

$$6,356 - 6,144 = 212$$

Step 5: Compare Step 4 with the “minimum workload to generate an additional room” value; if higher, provide an additional room.

$$212 < 614$$

No additional rooms generated.

Total number of rooms generated by 12,500 annual encounters: 4

b. Input Data Statement 2, Answer 2:

How many annual clinic encounters are projected? (W) = 18,000

Step 1: Subtract the increment from the projected annual encounters to account for the “Minimum one” condition.

$$18,000 - 6,144 (3,072)(2) = 11,856$$

Two rooms generated

Step 2: Divide the resulting value by the increment.

$$\frac{11,856}{3,072} = 3.85$$

Three additional rooms generated

Step 3: Multiply the whole value (“3” in the previous step) by the increment.

$$(3)(3,072) = 9,216$$

Step 4: Subtract Step 3 from Step 1.

$$11,856 - 9,216 = 2,640$$

Step 5: Compare Step 4 with the “minimum workload to generate an additional room” value; if higher, provide an additional room.

$$2,640 > 614$$

One additional room generated.

Total number of rooms generated by 18,000 annual encounters: 6

TABLE 1: WORKLOAD PARAMETER CALCULATION

314: UROLOGY CLINIC				
CLINICAL ENCOUNTERS / PROCEDURES	AVERAGE LENGTH OF CLINIC ENCOUNTER (minutes)	UTILIZATION RATE	ANNUAL WORKLOAD PER EXAM (*)	MINIMUM ANNUAL WORKLOAD TO GENERATE ONE ROOM (20%)
General Urology	30	80%	3,072	614
Urodynamics Exam (Non-Invasive)	15	80%	6,144	1,229
Biofeedback Therapy	60	80%	1,536	307

(*) Values in this column are representative and are based on an 8-hour per day and a 240-day per year default value. SEPS calculates this value dynamically based on answers to Input Data Statements.

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 Urology encounters are projected? (W)
 - a. (1) Is the Urology Clinic authorized to operate outside the standard 8-hour per day shift? (Misc)
 - i. (2) Is the Urology Clinic authorized to operate a 7-hour per day shift? (Misc) (If not, a 6-hour per day shift will be used to calculate workload driven spaces)
 - b. (3) Is the Urology Clinic authorized to operate outside the standard 240 days per year? (Misc)
 - i. (4) Is the Urology Clinic authorized to operate 250 days per year? (Misc) (If not, 232 days per year will be used to calculate workload driven spaces)
2. How many annual Urodynamic encounters are projected? (W)
3. How many annual Non-Invasive Urodynamics encounters are projected? (W)
4. How many annual Biofeedback Therapy encounters are projected? (W)
5. Is a Patient Education Room in Reception authorized? (Misc)
6. Are Screening Rooms for the urology Patient Area authorized? (M) (If not, Patient Screening will take place in the Exam Rooms).
7. How many Urology Airborne Infection Isolation Exam Rooms, greater than one, are authorized by the MTFs Infection Control Risk Assessment (ICRA)? (Misc)
8. How many Urology Telehealth Rooms, greater than one are authorized? (Misc)

9. Is a Bariatric Exam Room authorized for the Urology Patient Area? (M)
10. Is Sub-Waiting in Staff and Administration authorized? (Misc)
11. Is a Conference Room for Urology Staff and Administration authorized? (Misc)
12. Is a Patient Records Storage Room in Staff and Administration authorized? (Misc)
13. How many Urology Clinic FTE positions are authorized? (S)
 - a. How many Urology Clinic FTE positions are authorized to have a private office? (Misc)
 - b. How many Urology Clinic FTE positions are authorized to have a shared office? (Misc)
 - c. How many Urology Clinic FTE positions are authorized to have a cubicle? (Misc)
 - d. How many Urology Clinic FTEs will work on peak shift? (Misc)
14. Is a Graduate Medical Education program for Urology Clinic authorized? (M)
 - a. How many Urology Clinic resident / 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 Janitors Closets for this Chapter, please refer to DoD Space Planning Criteria Chapter 6.1: Common Areas.

4.1. FA1: EXAM ROOM CALCULATION.

1. **Number of Exam Rooms (CALC1)** **0 NSF**
Minimum two if the projected annual General Urology Exam encounters is between 614 and 6,144; provide an additional one for every increment of 3,072 projected annual General Urology Exam encounters greater than 6,144; the minimum workload to generate an additional Exam Room is 614. (Refer to Section 2).

4.2. FA 2: RECEPTION.

2. **Waiting (WRC01)** **120 NSF**
Minimum NSF; provide an additional 60 NSF for every increment of four Exam Rooms, of all types, plus Urodynamics Exam Rooms and Biofeedback Therapy Rooms greater than four.
3. **Playroom (PLAY1)** **120 NSF**
Provide one for Urology Clinic.

This space is provided to accommodate children's play activities, maybe an open or an enclosed area and should be included within or adjacent to Waiting.
4. **Reception (RECP1)** **120 NSF**
Provide one for Urology Clinic.

Allocated NSF accommodates two FTEs.
5. **Kiosk, Patient Check-in (CLSC1)** **30 NSF**
Provide one for Urology Clinic.
6. **Patient Education (CLCS3)** **120 NSF**

Provide one for Urology Clinic if a Patient Education room is authorized.

4.3. FA 3: PATIENT AREA.

1. **Screening (EXRG4)** **120 NSF**
Minimum one; provide an additional one for every increment of eight Exam Rooms, of all types, plus Urodynamics Exam Rooms, and Biofeedback Therapy Rooms, greater than eight if Screening Rooms are authorized.

- | | | |
|-----|---|----------------|
| 2. | Laboratory, Urology (LBUR1)
Provide one for Urology Clinic. | 120 NSF |
| 3. | Toilet, Specimen Collection (TLTU1)
Provide one for Urology Clinic. | 60 NSF |
| 4. | Exam / Consult (EXR10)
Provide one for Urology Clinic. | 120 NSF |
| 5. | Exam Room, General (EXRG1)
Calculate the number of General Exam Rooms (refer to FA 1, Room 1). Minimum two; provide an additional one per each calculated General Exam Room, greater than two; deduct the Airborne Infection Isolation (AII) Bariatric Exam Rooms and the Telehealth Rooms. | 120 NSF |
| 6. | Toilet, Patient (TLTU1)
Minimum one; provide an additional one for every increment of eight General Exam Rooms greater than eight. | 60 NSF |
| 7. | Exam Room, Airborne Infection Isolation (AII) (EXRG6)
Minimum one; provide an additional one per each Airborne Infection Isolation (AII) Exam Room, greater than one, authorized by the MTF's Infection Control Risk Assessment (ICRA). | 180 NSF |
| | The number of airborne infection isolation rooms shall be determined by the infection control risk assessment (ICRA), which shall be conducted during the early planning phase of a project. This room is part of the total number of workload driven exam rooms. | |
| 8. | Toilet, Airborne Infection Isolation (TLTU1)
Provide one per each Airborne Infection Isolation Exam Room. | 60 NSF |
| 9. | Exam Room, Bariatric (EXB01)
Provide one if a Bariatric Exam Room is authorized for Urology Patient Area. | 150 NSF |
| | This room is part of the total number of workload driven exam rooms. | |
| 10. | Toilet, Bariatric (TLTB1)
Provide one if a Bariatric Exam Room is authorized for Urology Patient Area. | 75 NSF |
| 11. | Telehealth Room (EXTH1)
Minimum one; provide an additional one per each Telehealth Room, greater than one, authorized. | 120 NSF |
| | This room is part of the total number of workload driven exam rooms. | |

12. **Exam Room, Urodynamics (EXUD1)** **180 NSF**
Minimum one if the projected annual Urology encounters is between 1,229 and 6,144; provide an additional one for every increment of 6,144 projected annual Urology greater than 6,144; the minimum workload to generate an additional Urodynamics Exam Room is 1,229. (Refer to Section 2)

Non-invasive urodynamic flow testing takes place in this Exam Room.
13. **Toilet, Urodynamics (TLTU1)** **60 NSF**
Provide one per each Urodynamics Exam Room.
14. **Biofeedback Therapy Room (OPMH3)** **120 NSF**
Provide one for every increment of 1,536 projected annual Biofeedback Therapy encounters; the minimum workload to generate a room is 307. (Refer to Section 2)
15. **Toilet, Biofeedback (TLTU1)** **60 NSF**
Minimum one, provide one additional one for every increment of two Biofeedback Therapy Room greater than two.

4.4. FA4: SUPPORT.

1. **Utility Room, Clean (UCCL1)** **120 NSF**
Minimum NSF; provide an additional 30 NSF for every increment of eight Exam Rooms, of all types, plus Urodynamics Exam Rooms, and Biofeedback Therapy Rooms greater than eight.
2. **Utility Room, Soiled (USCL1)** **90 NSF**
Minimum NSF; provide an additional 30 NSF for every increment of eight Exam Rooms, of all types, plus Urodynamics Exam Rooms, and Biofeedback Therapy Rooms greater than eight.
3. **Alcove, Wheelchair (SRLW1)** **30 NSF**
Provide one for Urology Clinic.
4. **Storage, Equipment (SRSE1)** **120 NSF**
Minimum NSF; provide an additional 30 NSF for every increment of eight Exam Rooms, of all types, plus Urodynamics Exam Rooms and Biofeedback Therapy Rooms greater than eight.
5. **Alcove, Crash Cart (RCA01)** **30 NSF**
Provide one for Urology Clinic.
6. **Alcove, Portable Imaging (XRM01)** **30 NSF**
Provide one for Urology Clinic.

4.5. FA 5: STAFF AND ADMINISTRATION.

1. **Office, Department / Clinic Chief (OFA04)** **120 NSF**
Provide one for Urology Clinic.
2. **Sub-Waiting (WRC03)** **60 NSF**
Provide one for Urology Clinic if authorized.
3. **Office, NCOIC / LCPO / LPO (OFA04)** **120 NSF**
Provide one for Urology Clinic.
4. **Team Collaboration Room (WRCH1)** **120 NSF**
Minimum one; provide an additional one for every increment of four Exam Rooms, of all types, plus Urodynamics Exam Rooms and Biofeedback Therapy Room greater than eight.
5. **Office, Private (OFA04)** **120 NSF**
Provide one per each Urology FTE position authorized to have a private office.
6. **Office, Shared (OFA05)** **120 NSF**
Provide one for every increment of two Urology FTE positions authorized to have a shared office.
7. **Cubicle (OFA03)** **60 NSF**
Provide one per each Urology FTE position authorized to have a cubicle.

These cubicles may be collocated in a shared space or dispersed as required.
8. **Storage, Patient Records (FILE1)** **120 NSF**
Provide one if Patient Records storage authorized.
9. **Conference Room (CRA01)** **240 NSF**
Minimum NSF if a Conference Room for the Urology Staff and Administration is authorized; provide an additional 60 NSF if the total number of FTE positions authorized is greater than ten.

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.
10. **Copy /Office Supply (RPR01)** **120 NSF**
Provide one for Urology Clinic.

11. **Lounge, Staff (SL001)** **120 NSF**
Minimum NSF if the number of Urology FTEs working on peak shift is ten; provide an additional 60 NSF for every increment of five FTEs working on peak shift greater than ten; maximum 360 NSF.
12. **Toilet, Staff (TLTU1)** **60 NSF**
Minimum one; provide an additional one for every increment of fifteen Urology FTE positions working on peak shift greater than fifteen.
13. **Lockers, Personal Property (LR001)** **30 NSF**
Minimum NSF; provide an additional 30 NSF for every increment of four Urology FTE positions not assigned a private office, a shared office or a cubicle greater than eight.

4.6. FA 6: GME EDUCATION / TRAINING.

1. **Office, Residency Program Director (OFA04)** **120 NSF**
Provide one if a Urology Graduate Medical Education (GME) is authorized.
2. **Resident Collaboration Room (WKTM1)** **240 NSF**
Minimum NSF if a Urology Graduate Medical Education (GME) is authorized; provide an additional 60 NSF per each Resident / Student FTE position authorized greater than two.

Minimum NSF accommodates two residents, and a collaboration / reference area.
3. **Conference /Classroom (CRA01)** **240 NSF**
Provide one if a Urology Graduate Medical Education (GME) is authorized and if the number of Resident / 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. For a more comprehensive list, refer to the World Class Checklist (<https://facilities.health.mil/home/>). Also refer to Outpatient Facilities 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 Urology Clinic 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, and DoD Space Planning Criteria Chapter 130: Net to Gross Conversion Factors.

5.2. RECEPTION AREA.

- a. Where possible, centralized intake should be considered where multiple clinics are co-located.
- b. Visual and auditory privacy is required at intake, vitals collection, and scheduling activities.
- c. The Playroom shall be constructed of surfaces and materials that are easy to clean and durable (nonporous and smooth).

5.3. PATIENT AREAS.

- a. Consider placing high volume, quick turn encounters near the front of the clinical area.
- b. Complete visual privacy for patients in examination, treatment and procedure areas is a critical design consideration.

5.4. OTHER DESIGN CONSIDERATIONS.

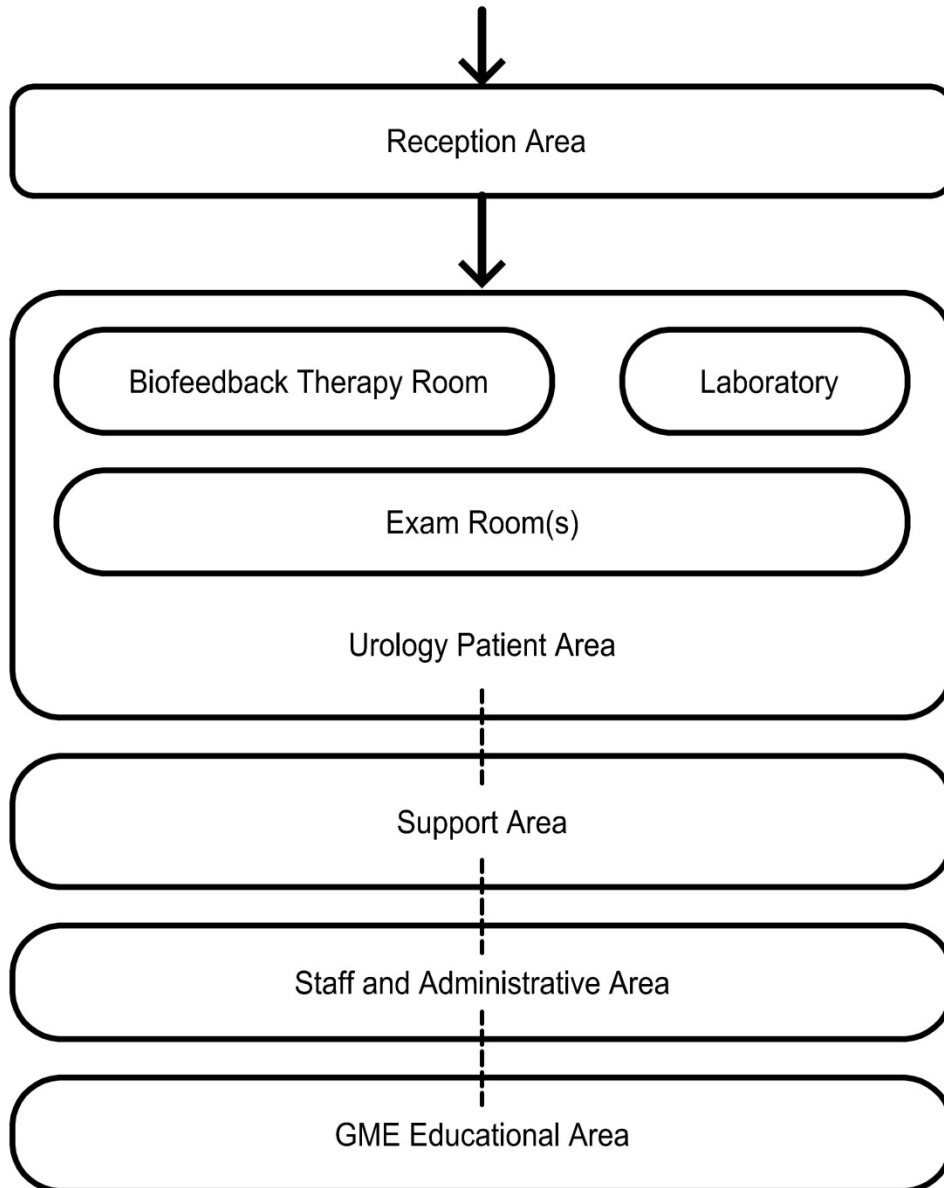
- a. Provide flexible, standardized and modular blocks of clinic space that include dedicated zones (e.g. intake/waiting, exam room, support core, administrative core, procedure and diagnostic core, etc.).
- b. Functional areas should be designed to provide flexibility in order to accommodate a variety of patient visit types and specialties. Consider standardized modules so that clinics can use available adjacent space as demand fluctuates from one clinic to the next.
- c. Design space to foster effective team collaboration, especially important in innovative care delivery models, such as the patient-centered medical home model (PCMH).

Locating the team collaboration rooms and conference rooms close to individual spaces will promote problem solving.

- d. Collocate clinics and inpatient units with the same specialty when possible.

SECTION 6: FUNCTIONAL RELATIONSHIPS (INTRADEPARTMENTAL)

6.1. FUNCTIONAL DIAGRAM. The diagram below illustrates intradepartmental relationships among key areas / spaces within the Urology 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.



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

Airborne Infection Isolation Room (AII): Formerly called negative pressure isolation room, an AII Room is a single-occupancy patient-care room used to isolate persons with certain suspected or confirmed infections. Examples are tuberculosis, measles, and chicken pox. Environmental factors are controlled in AII Rooms to minimize the transmission of infectious agents that are usually spread from person-to-person by droplet nuclei associated with coughing or aerosolization of contaminated fluids.

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 Exam 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.

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 Patient 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 feet to accommodate bariatric wheelchairs, and a minimum of a 6 feet turning radius should be provided. When provided, these rooms should be located towards the front (entrance) of the clinical suite.

Bariatric Patient Toilet: This space is the bathroom for the bariatric patient. Planner should refer to the FGI Guidelines for the preferred bariatric design solutions for this room. This bathroom should be located proximate to the Bariatric Patient Exam / Treatment Room; however, it is not solely dedicated to the bariatric patient. It may be used by other patients for added flexibility.

Biofeedback Therapy: Biofeedback is a simple painless teaching technique, providing people with instant feedback about a particular function of their body. In urology, it is often used

with patients who have pelvic muscle dysfunction, which can lead to symptoms such as incontinence, urgency or frequency of urination, difficulty emptying the bladder or pelvic pain. External sensors are placed on the patient's abdomen, and the sensors are connected to a computer.

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.

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.

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.

Exam / Consult Room: This is a consultation room for family members to meet with physicians or other providers privately and is ideally located near the waiting room.

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 per a 40-hour work week.

Functional Area: 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.

Graduate Medical Education (GME): After a physician completes 4 years of medical school, they must then complete an internship (also called PGY1 or Post Graduate Year 1) and then a residency (also termed GME or Graduate Medical Education). An internship typically lasts one year, and a residency can last from three to seven years depending on the specialty that is chosen.

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.

Infection Control Risk Assessment (ICRA): An ICRA is a multidisciplinary, organizational, documented process that considers the medical facility's patient population and mission to

reduce the risk of infection based on knowledge about infection, infectious agents, and the care environment, permitting the facility to anticipate potential impact.

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.

Invasive Urodynamics: An Urodynamics test requiring one or more catheters to be introduced into the bladder, including filling cystometry and pressure flow studies. Invasive Urodynamics can be combined with imaging such as fluoroscopic urodynamic studies (video-urodynamics) and ultrasound (transabdominal or transvaginal).

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): This number, when multiplied by the programmed net square foot (NSF) area, determines the departmental gross square feet (DGSF).

Non-invasive Urodynamics: Some Urodynamics tests are simple basic non-invasive tests. Examples of such are frequency / volume charting or bladder diary, uroflowmetry (measurement of urinary flow rate without catheterization) and residual urine volume measurement by ultrasound scan.

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 2).

Outpatient Clinic: A clinic providing outpatient services in both freestanding community-based facilities, as well as ambulatory clinics in or directly adjacent to hospital-based services.

Patient Classroom/Patient Education: A room for pre-op patient education classes to discuss topics such as surgery and common post-op complications as well as post-op vasectomy expectations and care.

Picture Archiving and Communication System (PACS) Viewing Room: A digital radiology reading room that consists of workstations for interpretation.

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.

Playroom: This space is provided to accommodate children's play activities; it shall be outfitted with appropriate furniture and accessories and included within the General Waiting.

Procedure Room: 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.

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 Content (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.

Screening Room: After patients are checked in at reception they may proceed to the screening room for weights and vital signs prior to going to an exam room. However, activities such as screening, medical history, vitals, height and weight can also be conducted in the Exam Room. The inclusion of the Screening Room will depend upon the individual facility's model of care. Consideration should be given to models that facilitate gaining healthcare delivery efficiencies and an enhanced patient experience.

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 readily accessible to staff.

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 meetings.

Telehealth: The use of technology, such as computers and mobile devices, to manage healthcare remotely. It includes a variety of health care services, including but not limited to online support groups, online health information and self-management tools, email and online

communication with health care providers, remote monitoring of vital signs, video or online doctor visits. Depending on the concept of operations for this space, it may be equipped as an exam room or as a consult room with video / camera capability.

Urology: The medical and surgical specialty concerned with the male and female urinary tract and the male reproductive organs.

Urology Lab: Urology clinics typically provide a lab that performs onsite diagnostic testing for a variety of conditions. Examples are Automated Urine Analysis with microscopic evaluation, Prostate-Specific Antigen (PSA), Free and Total PSA (also called PSA-f or FPSA), Complete Blood Count (CBC), Basic Metabolic Profile or BMP, Post Vasectomy Sperm Check, Urine Pregnancy Test, etc.

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.

Resident Collaboration Room: 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.

Ultrasound: An ultrasound examination is a painless, diagnostic technique that makes use of the behavior of sound waves (sonogram) inside of the body to produce pictures. Examples of ultrasound in urology are renal (kidney), transrectal and scrotal ultrasound. For most ultrasound exams, the patient is positioned lying face-up on an examination table that can be tilted or moved. The radiologist is often able to review the ultrasound images in real-time as they are acquired and the patient can be released immediately.

Urodynamics: A study that assesses how the bladder and urethra are performing their job of storing and releasing urine.

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.