



## DoD SPACE PLANNING CRITERIA

### CHAPTER 360: WOMEN'S HEALTH CLINIC JULY 1, 2017

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**Originating Component:** Defense Health Agency facilities Division

**Effective:** July 1, 2017

**Releasability:** No Restrictions

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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:

- Corrected chapter title to read “Chapter 360: Women’s Health Clinic”.
- On page 23, 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 Women’s Health 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.”

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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 Women's Health Clinic within the Military Health System (MHS). These services include the OB/GYN Clinic, the Midwife Clinic, and Family Planning and Women's Health Services, which may be provided in either this chapter and/or in other chapters of these criteria. Examples of such services include: oncology, surgical services, counseling and women's imaging services with such procedures such as ultrasound, mammography and bone densitometry.

Planner must give careful consideration to the "Clinic Concept of Operations". There is a considerable range of services, which can be included under the title of "women's health." One option is to program a clinic, which provides obstetrics and gynecological services. This clinic could refer women elsewhere for such things as laboratory work, imaging, counseling, etc. Another option is to program a clinic, which provides a "one stop" location for all women's health services. Such an all-inclusive option would result in the programming of laboratory services, radiology/imaging services and counseling services in the women's health clinic. This option may also cross-traditional organizational lines, and personnel command chains of departments (OB / GYN, Surgery, Nursing, and Social Work Services). Care must be taken to avoid duplicate programming of equipment based on the same workload count - for example mammography units in both the Women's Health Clinic and the Radiology department. Special attention should also be given to assuring that the resources (to include staffing) necessary to provide all services programmed are available, and fully supported by the command.

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. 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 Women's Health 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: General Patient Area and Functional Area 5: Diagnostic Imaging Patient Areas 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 6: Support Area, are determined based on the number of Exam and Procedure Rooms generated by workload (W). Mission (M), Staffing (S) and Miscellaneous (Misc) Input Data Questions drive the rest of the spaces in this chapter.

F. Section 3: Input Data Questions and Section 4: Space Planning Criteria have been implemented and tested in SEPS II.

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

Formula:

Formula 1: Annual Room Workload Capacity

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

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:

1. Utilization Factor: 80%

Calculation: Annual Workload for one Exam Room (Reproductive Endocrinology / Infertility Exam Room):

Formula 2: Project-Based Annual Room Workload Capacity:

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

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

A. 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**

<b>360: WOMEN'S HEALTH CLINIC</b>				
<b>CLINICAL ENCOUNTERS / PROCEDURES</b>	<b>AVERAGE LENGTH OF CLINIC ENCOUNTER (minutes)</b>	<b>UTILIZATION RATE</b>	<b>ANNUAL WORKLOAD PER EXAM / PROCEDURE ROOM (*)</b>	<b>MINIMUM ANNUAL WORKLOAD TO GENERATE ONE ROOM (20%)</b>
General Exam Room: OB / GYN	45	80%	2,048	410
General Exam Room: URO-GYN	45	80%	2,048	410
General Exam Room: Maternal Fetal Medicine	45	80%	2,048	410
General Exam Room: Reproductive Endocrinology / Infertility	60	80%	1,536	307
Antepartum Testing	45	80%	2,048	410
Mammography Room	30	80%	3,072	614
Fluoroscopy Room	30	80%	3,072	614
Ultrasound Room	45	80%	2,048	410
Stereotactic Biopsy Room	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 the 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 OB / GYN encounters are projected? (W)
2. How many annual URO-GYN encounters are projected? (W)
3. How many annual Maternal Fetal Medicine encounters are projected? (W)
4. How many annual Reproductive Endocrinology Infertility encounters are projected? (W)
5. How many annual Antepartum Testing encounters are projected? (W)
6. How many annual Mammography Procedures are projected? (W)
7. How many annual Fluoroscopy Procedures are projected? (W)
8. How many annual Ultrasound encounters are projected? (W)
9. How many annual Stereotactic Biopsy Procedures are projected?
10. (1)Is the Women's Health Clinic authorized to operate outside the standard 8-hour per day shift? (Misc)
  - a. (2)Is the Women's Health 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)
11. (3)Is the Women's Health Clinic authorized to operate outside the standard 240 days per year? (Misc)
  - a. (4)Is the Women's Health Clinic authorized to operate 250 days per year? (Misc) (If not, 232 days per year will be used to calculate workload driven spaces)
12. Is a Phlebotomy Station for the Women's Health Clinic authorized? (M)
13. Is a Point of Care Laboratory for the Women's Health Clinic authorized? (M)
14. How many Airborne Infection Isolation Exam rooms, greater than one, for the Women's Health Clinic are authorized? (Misc)
15. Is a Bariatric Exam Room for the Women's Health Exam Patient Area authorized? (Misc)
16. Is an Alternative Therapy Treatment Room the Women's Health Clinic authorized? (M)
17. Is Antepartum Testing a service that is provided by the Labor & Delivery Unit? (M)
18. Are Sexual Assault (SA) / Military Sexual Trauma (MST) / Domestic Violence (DS) Patient Services for the Women's Health Clinic authorized? (M)
19. Is a DEXA Scan Room the Women's Health Clinic authorized? (M)
20. How many Women's Health Clinic FTE positions are authorized? (S)
  - a. How many Women's Health Clinic FTE positions are authorized to have a private office? (Misc)
  - b. How many Women's Health Clinic FTE positions are authorized to have a shared office? (Misc)
  - c. How many Women's Health Clinic FTE positions are authorized to have a cubicle? (Misc)
  - d. How many Women's Health Clinic FTEs will work on peak shift? (S)
21. Is a Sub-Waiting in the Staff and Administrative Area authorized? (Misc)
22. How many Women's Health Clinic Social Worker FTE positions are authorized? (S)

23. Is a Radiologist FTE position for the Women's Health Clinic authorized? (Misc)
24. Is a Patient Records Storage Room authorized? (Misc)
25. Is a Women's Health (OB / GYN) Graduate Medical Education program authorized? (M)
  - a. How many Women's Health (OB / GYN) 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: RECEPTION.**

1. **Waiting (WRC01)** **120 NSF**  
Minimum NSF; provide an additional 60 NSF for every increment of four OB / GYN, URO-GYN, Maternal Fetal Medicine, Reproductive Endocrinology / Infertility and Airborne Infection Isolation (AII) Exam Rooms, Bariatric Exam Rooms, Antepartum Testing Stations, Procedure Room, Alternative Therapy Treatment, , Mammography, Fluoroscopy, Ultrasound, DEXA Scan, and Stereotactic Biopsy Rooms, greater than four.
  
2. **Playroom (PLAY1)** **120 NSF**  
Provide one for Women's Health Clinic.  
  
This space is provided to accommodate children's play activities, may be an open or an enclosed area, and should be included within or adjacent to Waiting.
  
3. **Reception (RECP1)** **120 NSF**  
Minimum NSF; provide an additional 60 NSF for every increment of sixteen OB / GYN, URO-GYN, Maternal Fetal Medicine, Reproductive Endocrinology / Infertility and Airborne Infection Isolation (AII) Exam Rooms, Bariatric Exam Rooms, Antepartum Testing Stations, Procedure Room, Alternative Therapy Treatment, , Mammography, Fluoroscopy, Ultrasound, DEXA Scan, and Stereotactic Biopsy Rooms, greater than sixteen.  
  
Minimum allocated NSF accommodates two FTEs.
  
4. **Kiosk, Patient Check-in (CLSC1)** **30 NSF**  
Minimum one; provide an additional one for every increment of sixteen OB / GYN, URO-GYN, Maternal Fetal Medicine, Reproductive Endocrinology / Infertility and Airborne Infection Isolation (AII) Exam Rooms, Bariatric Exam Rooms, Antepartum Testing Stations, Procedure Room, Alternative Therapy Treatment, , Mammography, Fluoroscopy, Ultrasound, DEXA Scan, and Stereotactic Biopsy Rooms, greater than sixteen.

5. **Lactation Room (LAC01)** **120 NSF**  
Provide one for the Women's Health Clinic.

**4.2. FA 2: GENERAL PATIENT AREA.**

1. **Classroom, Women's Health (CLR05)** **240 NSF**  
Minimum NSF; provide an additional 120 NSF if the total number of OB / GYN, URO-GYN, Maternal Fetal Medicine, Reproductive Endocrinology / Infertility and Airborne Infection Isolation (AII) Exam Rooms, Bariatric Exam Rooms, Antepartum Testing Stations and Procedure Rooms is between six and ten; provide an additional 240 NSF if the total number of OB / GYN, URO-GYN, Maternal Fetal Medicine, Reproductive Endocrinology / Infertility and Airborne Infection Isolation (AII) Exam Rooms, Bariatric Exam Rooms, Antepartum Testing Stations and Procedure Rooms is between eleven and fifteen; provide an additional 360 NSF if the total number of OB / GYN, URO-GYN, Maternal Fetal Medicine, Reproductive Endocrinology / Infertility and Airborne Infection Isolation (AII) Exam Rooms, Bariatric Exam Rooms, Antepartum Testing Stations and Procedure Rooms is greater than sixteen.
2. **Phlebotomy Station (LBVP1)** **120 NSF**  
Provide one if a Phlebotomy Station for the Women's Health Clinic is authorized.
3. **Laboratory, Point of Care (LBPC1)** **60 NSF**  
Provide one if a Point of Care Laboratory for the Women's Health Clinic is authorized.
4. **Screening Room (EXRG4)** **120 NSF**  
Minimum one; provide an additional one for every increment of eight OB / GYN, URO-GYN, Maternal Fetal Medicine, Reproductive Endocrinology / Infertility and Airborne Infection Isolation (AII) Exam Rooms, Bariatric Exam Rooms, Antepartum Testing Stations and Procedure Rooms greater than eight.
5. **Alcove, Height / Weight (EXR11)** **30 NSF**  
Minimum one; provide an additional one for every increment of eight OB / GYN, URO-GYN, Maternal Fetal Medicine, Reproductive Endocrinology / Infertility and Airborne Infection Isolation (AII) Exam Rooms, Bariatric Exam Rooms, Antepartum Testing Stations and Procedure Rooms greater than eight.
6. **Exam / Consult (EXR10)** **120 NSF**  
Minimum one; provide an additional one for every increment of sixteen OB / GYN, URO-GYN and Maternal Fetal Medicine and Reproductive Endocrinology / Infertility Exam Rooms, Airborne Infection Isolation (AII) Exam Rooms, Bariatric Exam Rooms, Antepartum Testing Stations and Procedure Rooms greater than sixteen.

7. **Exam Room, OB / GYN, URO-GYN, Maternal Fetal Medicine (EXRG8) 120 NSF**  
Minimum two if the projected annual OB / GYN, URO-GYN, Maternal Fetal Medicine encounters is between 410 and 4,096; provide an additional one for every increment of 2,048 projected annual OB / GYN, URO-GYN, Maternal Fetal Medicine encounters greater than 4,096; the minimum workload to generate an additional OB / GYN, URO-GYN, Maternal Fetal Medicine Exam Room is 410. (Refer to Section 2)
  
8. **Exam Room, Reproductive Endocrinology / Infertility (EXRG8) 120 NSF**  
Minimum two if the projected annual Reproductive Endocrinology / Infertility encounters is between 307 and 3,072; provide an additional one for every increment of 1,536 projected annual Reproductive Endocrinology / Infertility encounters greater than 3,072; the minimum workload to generate an additional Reproductive Endocrinology / Infertility Exam Room is 307. (Refer to Section 2)
  
9. **Exam Room, Airborne Infection Isolation (AII) (EXRG6) 180 NSF**  
Minimum one; provide an additional one per each Airborne Infection Isolation (AII) Exam Room, greater than one, authorized by the MTFs Infection Control Risk Assessment (ICRA).  
  
This room is part of the total number of workload driven exam rooms. 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.
  
10. **Toilet, Airborne Infection Isolation Patient (TLTU1) 60 NSF**  
Provide one per each Airborne Infection Isolation Exam Room.
  
11. **Exam Room, Bariatric (EXB01) 150 NSF**  
Provide one if a Bariatric Exam Room for the Women's Health Clinic is authorized. This room is part of the total number of workload driven exam rooms.
  
12. **Toilet, Bariatric Patient (TLTB1) 75 NSF**  
Provide one if a Bariatric Exam Room for the Women's Health Clinic is authorized.
  
13. **Sub-Waiting (WRC03) 60 NSF**  
Minimum NSF; provide an additional 60 NSF for every increment of four Procedure Rooms and Antepartum Testing Stations greater than four.  
  
Locate adjacent to the Procedure Rooms and Antepartum Testing Stations.
  
14. **Procedure Room (TROB1) 180 NSF**  
Minimum one; provide an additional one for every increment of eight OB / GYN, URO-GYN and Maternal Fetal Medicine and Reproductive Endocrinology /

Infertility Exam Rooms, Airborne Infection Isolation (AII) Exam Rooms, and Bariatric Exam Rooms, greater than eight.

Accommodates Colposcopy and procedures related to URO-GYN and Reproductive Endocrinology Infertility.

**15. Toilet, Patient (TLTU1) 60 NSF**

Minimum one; provide an additional one for every increment of eight OB / GYN, URO-GYN, Maternal Fetal Medicine, Reproductive Endocrinology / Infertility and Airborne Infection Isolation (AII) Exam Rooms, Bariatric Exam Rooms, and Procedure Rooms greater than eight.

**16. Treatment Room, Alternative Therapy (PTBT1) 150 NSF**

Provide one if an Alternative Therapy Treatment Room for the Women's Health Clinic is authorized.

Accommodates alternative therapies such as massage, chiropractic, and acupuncture.

**17. Antepartum Testing Single Station (LDAT1) 120 NSF**

Provide one if Antepartum testing is a service provided by the Labor & Delivery unit; provide an additional one if the number of OB / GYN, URO-GYN, Maternal Fetal Medicine Exam Rooms, Airborne Infection Isolation (AII) Exam Rooms, and Bariatric Exam Rooms, is greater than eight.

**18. Antepartum Testing, Multi-Station (LDAT2) 540 NSF**

Minimum NSF if Antepartum testing is not a service provided by the Labor & Delivery unit and the projected annual Antepartum Testing encounters is between 410 and 6,144; provide an additional 120 NSF for every increment of 2,048 projected annual Antepartum Testing encounters greater than 6,144; the minimum workload to generate an additional Antepartum Testing Station is 410. (Refer to Section 2)

Minimum NSF accommodates three testing stations and a nurse station.

**19. Toilet, Antepartum Testing (TLTU1) 60 NSF**

Minimum one; provide an additional one for every increment of four Antepartum Testing Stations (of any type) greater than four.

**4.3. FA 3: SEXUAL ASSAULT (SA) / MILITARY SEXUAL TRAUMA (MST) / DOMESTIC VIOLENCE (DV) PATIENT AREA.** A Sexual Assault Nurse Examiner (SANE) suite includes the following spaces: SA / MST / DVS Sub-Waiting, Exam Room, Patient Toilet / Shower, Consult Room, Team Room, Blanket Warmer Alcove, Forensic Evidence Storage and Equipment Storage. This suite is used to assess, complete forensic examination, and provide care and treatment for the victims of sexual assault, domestic violence or military sexual trauma.

1. **Sub-Waiting (WRC03)** **60 NSF**  
Provide one if Sexual Assault (SA) / Military Sexual Trauma (MST) / Domestic Violence (DV) Patient Services are authorized.
2. **Exam Room, SA / MST / DV (EXRG9)** **120 NSF**  
Provide one if Sexual Assault (SA) / Military Sexual Trauma (MST) / Domestic Violence (DV) Patient Services are authorized.
3. **Toilet / Shower, SA / MST / DVS Patient (TLTS2)** **60 NSF**  
Provide one if Sexual Assault (SA) / Military Sexual Trauma (MST) / Domestic Violence (DV) Patient Services are authorized.
4. **Exam / Consult (EXR10)** **120 NSF**  
Provide one if Sexual Assault (SA) / Military Sexual Trauma (MST) / Domestic Violence (DV) Patient Services are authorized.
5. **Team Room, SA / MST / DVS (WRCH1)** **120 NSF**  
Provide one if Sexual Assault (SA) / Military Sexual Trauma (MST) / Domestic Violence (DV) Patient Services are authorized.  
  
This private area is for confidential communication between the Sexual Assault Nurse, Police, Chaplain and other staff assisting with SANE.
6. **Alcove, Blanket Warmer (RCA04)** **30 NSF**  
Provide one if Sexual Assault (SA) / Military Sexual Trauma (MST) / Domestic Violence (DV) Patient Services are authorized.
7. **Storage, Forensic Evidence (SRS01)** **60 NSF**  
Provide one if Sexual Assault (SA) / Military Sexual Trauma (MST) / Domestic Violence (DV) Patient Services are authorized.  
  
This is a secured room.
8. **Storage, Equipment (SRSE1)** **120 NSF**  
Provide one if Sexual Assault (SA) / Military Sexual Trauma (MST) / Domestic Violence (DV) Patient Services are authorized.  
  
This room will include the SANE Cart.



#### **4.4. FA 4: DIAGNOSTIC IMAGING.**

- 1. Sub-Waiting (WRC03) 60 NSF**

Minimum NSF; provide an additional 30 NSF for every increment of four Mammography, Fluoroscopy, Ultrasound, DEXA Scan, and Stereotactic Biopsy Rooms greater than four.
- 2. Consult (OFDC2) 120 NSF**

Provide one for Diagnostic Imaging.
- 3. Cubicle, Patient Dressing (DR001) 60 NSF**

Minimum one; provide an additional one for every increment of two Mammography, Fluoroscopy, Ultrasound, DEXA Scan, and Stereotactic Biopsy Room greater than two.
- 4. Toilet, Patient (TLTU1) 60 NSF**

Minimum one; provide an additional one for every increment of eight Mammography, Fluoroscopy, DEXA Scan, and Stereotactic Biopsy Rooms greater than eight.
- 5. Mammography Room (XDM01) 150 NSF**

Minimum one if the projected annual Mammography encounters is between 614 and 3,072; provide an additional one for every increment of 3,072 projected annual Mammography encounters greater than 3,072; the minimum workload to generate an additional Mammography Room is 614. (Refer to Section 2)
- 6. Fluoroscopy Room (XDRF1) 300 NSF**

Minimum one if the projected annual Fluoroscopy encounters is between 614 and 3,072; provide an additional one for every increment of 3,072 projected annual Fluoroscopy encounters greater than 3,072; the minimum workload to generate an additional Fluoroscopy Room is 614. (Refer to Section 2)

For all fluoroscopic procedures including infertility fluoroscopy.
- 7. Toilet, Fluoroscopy Patient (TLTU1) 60 NSF**

Provide one per Fluoroscopy Room.

8. **Ultrasound Room (XDUS1)** **180 NSF**  

Minimum one if the projected annual Ultrasound encounters is between 410 and 2,048; provide an additional one for every increment of 2,048 projected annual Ultrasound encounters greater than 2,048; the minimum workload to generate an additional Ultrasound Room is 410. (Refer to Section 2)
9. **Toilet, Ultrasound Patient (TLTU1)** **60 NSF**  

Provide one per each Ultrasound Room.
10. **DEXA Scan Room (XDBD1)** **120 NSF**  

Provide one if a DEXA Scan Room for the Women's Health Clinic is authorized.
11. **Stereotactic Biopsy Room (XDM02)** **180 NSF**  

Minimum one if the projected annual Stereotactic Biopsy procedures is between 307 and 1,536; provide an additional one for every increment of 1,536 projected annual Stereotactic Biopsy procedures greater than 1,536; the minimum annual workload to generate an additional Stereotactic Biopsy Room is 307. (Refer to Section 2)
12. **Viewing Room, Picture Archiving and Communication System (PACS) (XVC01)** **120 NSF**  

Provide one if a Radiologist FTE position is authorized for the Women's Health Clinic.

#### **4.5. FA 5: SUPPORT.**

1. **Utility, Soiled Scope Wash (USCL2)** **120 NSF**  

Provide one to support Ultrasound in Women's Health Clinic.

This room is part of a two-room suite (USCL2 and UCCL2); it should have a pass-through to Clean Scope Wash Utility and accommodated probe decontamination.
2. **Utility, Clean Scope Wash (UCCL2)** **120 NSF**  

Provide one to support Ultrasound in the Women's Health Clinic.

This room is part of a two-room suite (USCL2 and UCCL2); it should have a pass-through from Soiled Scope Wash Utility.
3. **Medication Room (MEDP1)** **120 NSF**  

Provide one for Women's Health Clinic.

4. **Utility Room, Clean (UCCL1)** **120 NSF**  
Minimum NSF; provide an additional 30 NSF for every increment of eight Exam Rooms; of any type, greater than eight.
5. **Utility Room, Soiled (USCL1)** **90 NSF**  
Provide one for Women's Health Clinic.
6. **Storage, Equipment (SRSE1)** **120 NSF**  
Minimum NSF; provide an additional 30 NSF for every increment of eight Exam Rooms; of any type, greater than eight.
7. **Alcove, Blanket Warmer (RCA04)** **30 NSF**  
Provide one for Women's Health Clinic if a Sexual Assault (SA) / Military Sexual Trauma (MST) / Domestic Violence (DV) Patient Area is not authorized.
8. **Alcove, Crash Cart (RCA01)** **30 NSF**  
Provide one for Women's Health Clinic.
9. **Alcove, Stretcher (SRLW2)** **60 NSF**  
Provide one for Women's Health Clinic.

#### **4.6. FA 6: STAFF AND ADMINISTRATION.**

1. **Office, Department / Clinic Chief (OFA04)** **120 NSF**  
Provide one for Women's Health Clinic Staff and Administration.
2. **Sub-Waiting (WRC03)** **60 NSF**  
Provide one if Sub-Waiting for Women's Health Clinic Staff and Administration is authorized.
3. **Office, NCOIC / LCPO / LPO (OFA04)** **120 NSF**  
Provide one for Women's Health Clinic Staff and Administration.
4. **Office, Social Worker (OFDC1)** **120 NSF**  
Provide one per each Women's Health Clinic Social Worker FTE position authorized.

5. **Team Collaboration Room (WRCH1)** **120 NSF**

Minimum one; provide an additional one for every increment of eight exam rooms, of all types, greater than eight.
6. **Office, Private (OFA04)** **120 NSF**

Provide one per each Women's Health Clinic FTE position authorized to have a private office.
7. **Office, Shared (OFA05)** **120 NSF**

Provide one for every increment of two Women's Health Clinic FTE positions authorized to have a shared office.
8. **Cubicle (OFA03)** **60 NSF**

Provide one per each Women's Health Clinic FTE position authorized to have a cubicle.

These cubicles may be collocated in a shared space or dispersed as required.
9. **Storage, Patient Records (FILE01)** **60 NSF**

Provide one for Women's Health Clinic if Patient Records Storage is authorized.
10. **Conference Room (CRA01)** **240 NSF**

Minimum NSF; provide an additional 60 NSF if the total number of Women's Health Clinic 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.
11. **Copy / Office Supply (RPR01)** **120 NSF**

Provide one for Women's Health Clinic Staff and Administration.
12. **Lounge, Staff (SL001)** **120 NSF**

Minimum NSF if the number of Women's Health Clinic FTE positions working on peak shift is ten; provide an additional 60 NSF for every increment of five Women's Health Clinic FTE positions working on peak shift greater than ten; maximum 360 NSF.

**13. Toilet, Staff (TLTU1) 60 NSF**

Minimum one; provide an additional one for every increment of fifteen Women's Health Clinic FTE positions working on peak shift, greater than fifteen.

**14. Lockers, Personal Property (LR001) 30 NSF**

Minimum NSF; provide an additional 30 NSF for every increment of four Women's Health Clinic FTE positions not assigned a private office, a shared office or a cubicle, greater than eight.

**4.7. FA 7: GME EDUCATION / TRAINING.**

**1. Office, Residency Program Director (OFA04) 120 NSF**

Provide one if a Women's Health (OB / GYN) Graduate Medical Education program is authorized.

**2. Resident Collaboration Room (WKTM1) 240 NSF**

Minimum NSF if a Graduate Medical Education program for Women's Health (OB / GYN) 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 Graduate Medical Education program for Women's Health (OB / GYN) is authorized and if the total number of Resident / Student FTE positions is greater than five.

## **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.

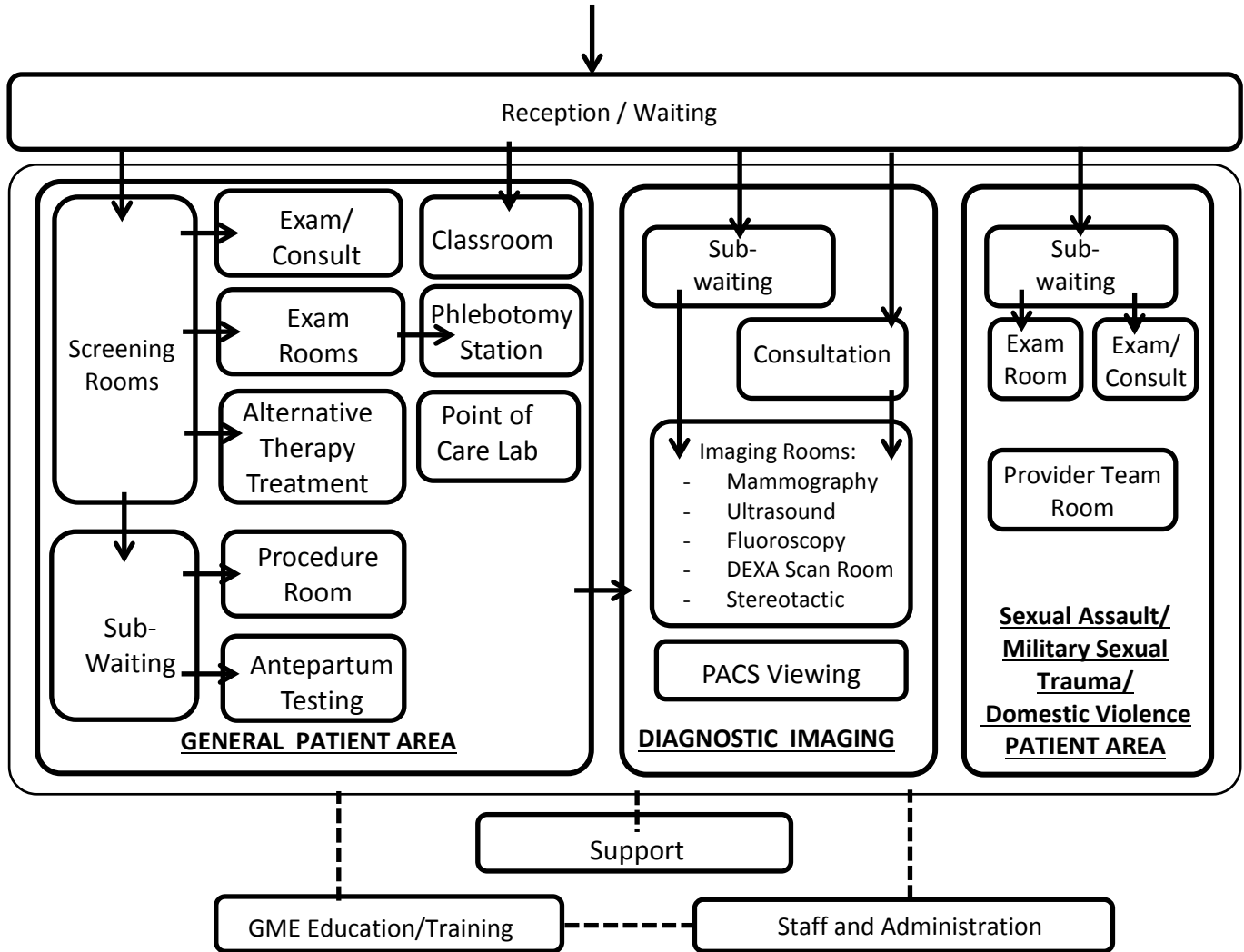
**5.1. NET-TO-DEPARTMENT GROSS FACTOR.** The net-to-department gross factor (NTDG) for Women's Health is 1.35. This number when multiplied by the programmed net square foot (NSF) area determines the departmental gross square feet. This factor accounts for the space occupied by internal department circulation and interior partitions and other construction elements not defined by the net square foot area.

### **5.2. GENERAL DESIGN CONSIDERATIONS.**

1. Restrict access to corridors of patients/staff/visitors that do not work or have a need to be in the Women's Health Clinic.
2. When and where possible clinics will be collocated adjacent to inpatient units with the same specialty. For instance, when Women's Health is located on a hospital campus, provide links to Labor and Delivery / Obstetrics Unit and the Emergency Department where possible.
3. The SA/MST/DV area should be located away from the general patient area and have controlled access for the privacy, safety of staff and patients.
4. Design space to foster effective team collaboration, especially important in innovative care delivery models such as the patient-centered medical home model (PCMH).

## SECTION 6: FUNCTIONAL RELATIONSHIPS (INTRADEPARTMENTAL)

**6.1. FUNCTIONAL RELATIONSHIPS.** The diagram below illustrates intradepartmental relationships among key areas / spaces within the Women's Health 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.



### WOMEN'S HEALTH CLINIC

LEGEND

- > Patient Circulation
- - - - - Staff Circulation

## **GLOSSARY**

### **G.1. DEFINITIONS.**

Airborne Infection Isolation (AII) Room: 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.

Antepartum Testing: Ante (before) partum (birth) Testing involves the use of electronic fetal monitoring or ultrasound to assess fetal well-being as determined by the fetal heart rate and other characteristics during the Antepartum period, which is the period spanning from conception to labor. Antepartum tests include the non-stress test (NST), modified biophysical profile (MBPP), contraction stress test (CST), oxytocin contraction stress test (OCT), biophysical profile (BPP), doppler flow studies, amniocentesis, cordocentesis, and fetal echocardiography.

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.

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.

Bariatrics: 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.

Clean Utility Room: This room is used for the storage and holding of clean and sterile supplies. Additionally it may provide space to prepare patient care items. 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.



DEXA Scan: Stands for dual energy x-ray absorptiometry and determines bone density. DEXA scans are requested to determine the strength of the bone, and are often used in patients who are at an increased risk of osteoporosis, or thinning of the bones. Such patients include post-menopausal women, those who have undergone steroid use and people with low body mass index or recurrent fractures. There are two forms of DEXA scanning machines: one that scans peripheral bones such as the heel or fingers and one that measures the central skeleton such as hips and vertebrae. The amount of x-rays that pass through the bone is detected, and a computer calculates the scores.

Fluoroscopy: Uses x-ray to produce real-time video images. After the x-rays pass through the patient, they are captured by a device called an image intensifier and converted into light. The light is then captured by a TV camera and displayed on a video monitor. This procedure makes it possible to see internal organs in motion. Fluoroscopy is used both for diagnostic functions and guiding procedures – it is an integral part of interventional radiology. Procedures that commonly rely on the real-time moving images provided fluoroscopy include investigation of the gastrointestinal tract, cardiac catheterization, IV catheter insertion, orthopedic surgery, urological surgery and implantation of pacemakers or similar devices.

Forensic Evidence Storage: This is a room to store evidence collected during the forensic medical exam. It is for short-term storage while awaiting law enforcement to transport the evidence to their agency.

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 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.

Lactation Room: Private space which accommodates an individual for breast feeding. Must include sink, flat surface for breast pumps, trash receptacle and baby change table.

Maternal Fetal Medicine: Branch of obstetrics that focuses on the medical and surgical management of high-risk pregnancies. Management includes monitoring and treatment including comprehensive ultrasound, chorionic villus sampling, genetic amniocentesis, and fetal surgery or treatment.

Military Sexual Trauma (MST) (defined according to Title 38 U.S. Code 1720D): MST is a “physical assault, of a sexual nature, battery of a sexual nature or sexual harassment that occurred while a Veteran was serving on active duty or active duty for training.” Sexual harassment is further defined as “repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character.” The location where the sexual trauma occurred, the genders of the people involved, and their relationship to each other do not matter.

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.

Non-Stress Test / Fetal Monitoring: Fetal Non-Stress Test is a non-invasive test performed in pregnancies over 28 weeks gestation. The test is named “non-stress” because no stress is placed on the fetus during the test. The primary goal is to measure the heart rate of the fetus in response to its own movements. The test is to assist with identifying issues that would impede oxygen to the fetus, such as placental abnormalities or umbilical cord.

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

Office, Shared: An office that accommodates two workstations

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.

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.

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

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.

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.

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.

Reproductive Endocrinology / Infertility: A branch of medicine that identifies and treats infertility in both men and women.

Resident Collaboration Room: This room is provided for the Residents. It will contain one cubicle per Resident, a table with chairs for collaboration space and bookcases.

Room Efficiency factor: A factor that provides flexibility in the utilization of a room to account for patient delays, scheduling conflicts, and equipment maintenance. Common factors are in the 80 to 85% range. A room with 80% room efficiency provides a buffer to assume that this room would be available 20% of the time beyond the planned operational practices of the room. This factor may be adjusted based on the actual and/or anticipated operations and processes of the room / department.

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).

Sexual Assault Nurse Examiner (SANE): A registered nurse who has completed specialized education and clinical preparation in the medical forensic care of the patient who has experienced sexual assault or abuse.

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.

Stereotactic Breast Biopsy: A safe and minimally invasive form of breast biopsy. It is used to obtain tiny samples from an abnormal breast mass for examination by a pathologist. Patient lays face down on a special table with a hole through which the breast is placed and aligned with the imaging unit beneath. Two x-ray images of breast tissue are taken at different angles. A computer uses the images to locate the abnormality and calculate precise coordinates. Then the computer guides the physician in placing a needle at the target. The procedure is completed on an outpatient basis with a minimum of discomfort and recovery time.

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.

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.