Department of Defense
The Office of the Assistant Secretary of Defense Health Affairs
Washington, DC

DoD Space Planning Criteria
Chapter 110: General
17 January 2013

CHAPTER 110: GENERAL

1   **PURPOSE AND SCOPE**

The Office of the Assistant Secretary of Defense for Health Affairs (ASDHA) has primary responsibility for establishing functional space and equipment planning criteria and standards for all the facilities in the Military Health System (MHS) necessary to fulfill the Secretary of Defense's responsibilities. The purpose of this document is to outline the way the Space and Equipment Planning documents are organized in order to facilitate planning, programming, and budgeting for DoD Medical Facilities for all services. Space Planning Criteria is organized by chapter. A chapter corresponds to a department or departments with similar clinical functions in a healthcare facility.The intent of the Space Planning Criteria chapters and their implemented version in SEPS is to aid the space planner working on an MHS project to create a baseline space program, or a Program for Design (PFD), and a Program Room Contents (PRC) using DoD approved standards.

The Space and Equipment Planning documentation is available on the Whole Building Design Guide (WBDG) website at the following link: http://www.wbdg.org/ccb. It is accessible in the Documents Library under DoD Criteria: Military Health System (MHS): DoD Space Planning Criteria for Health Facilities.

2   **SPACE PLANNING CRITERIA ORGANIZATION AND OVERVIEW**

There are currently forty (40) Space Planning Criteria chapters in the following categories:

A. General
B. Clinical
C. Clinical Support
D. Non-Clinical

General Chapters define the overall space planning process and parameters. Clinical Chapters include all the inpatient and ambulatory (outpatient) clinical patient care services. Clinical Chapters are driven by workload inputs. Clinical Support Chapters include the departments that support patient care services in the healthcare facility. Non-Clinical Chapters include non-clinical services that support clinical care such as administration, education, information management and logistics.

TABLE 1: DoD SPACE PLANNING CRITERIA CHAPTERS

No	CHAPTER NUMBER		CHAPTER NAME	TYPE
	OLD	NEW		
1	1.1	110	General	General
2	1.2	120	Occupancy Rates	General
3	1.3	130	Net to Gross Conversion Ratios	General
4	1.4	140	Medical Mobilization Requirements	General
5	3.1	301	Primary Care / Family Practice	Clinical
6	3.2	320	Primary Care Optimization Clinic (Air Force)	Clinical
7	3.3	330	Pediatrics	Clinical
8	3.5	350	Emergency and Ambulance Services	Clinical
9	3.6	360	Women's Health Clinic	Clinical
10	3.8	380	Occupational Therapy Clinic	Clinical
11	3.9	390	Physical Therapy	Clinical

12	3.1	310	Audiology, Hearing Conservation, Speech-Language Pathology, and ENT Clinic	Clinical
13	3.11	311	General and Specialty Surgical Clinics	Clinical
14	3.12	312	Orthopedics, Podiatry, Chiropractics and Sports Medicine Clinics	Clinical
15	3.13	313	Ophthalmology / Optometry Clinic	Clinical
16	3.14	314	Urology Clinic	Clinical
17	3.15	315	Specialty Medical Clinics: Dermatology, Endocrinology, Gastroenterology, Hematology-Oncology, Infectious Disease, Internal Medicine, Nephrology, Neurology and Rheumatology	Clinical
18	3.16	316	Cardiology / Pulmonary Services	Clinical
19	3.18	318	Behavioral Health Clinic	Clinical
20	3.19	319	Preventive Medicine	Clinical
21	3.2	320	Dental Clinic	Clinical
22	4.1	410	Nursing Units	Clinical
23	4.2	420	Labor and Delivery / Obstetric Units	Clinical
24	4.3	430	Nursery	Clinical
25	4.4	440	Inpatient Surgery (IPS) And Ambulatory Surgery (AMBS)	Clinical
26	4.6	460	Psychiatric Units	Clinical
27	5.4	540	Radiology and Nuclear Medicine	Clinical
28	4.5	450	Central Sterile	Clinical Support
29	5.1	510	Food Service	Clinical Support
30	5.3	530	Pathology	Clinical Support
31	5.5	550	Pharmacy (Inpatient and Outpatient)	Clinical Support
32	5.6	560	Veterinary	Clinical Support
33	5.7	570	Chapel	Clinical Support
34	2.1	210	General Administration	Non-Clinical
35	2.2	220	Medical and Patient Libraries and Resource Centers	Non-Clinical
36	2.3	230	Education and Planning	Non-Clinical
37	2.4	240	Information Management	Non-Clinical
38	2.5	250	Medical Administration	Non-Clinical
39	5.2	520	Logistics	Non-Clinical
40	6.1	610	Common Areas	Non-Clinical

Each Chapter is organized by Functional Areas (FAs) which contain the rooms / spaces. Each room / space has a Room Code, Room Name, Net Square Footage (NSF), a Room Criteria Statement and additional comment(s) as needed. All this information is implemented and tested in the Space and Equipment Planning System (SEPS), a digital tool developed by the Department of Defense (DoD) and the Department of Veterans Affairs (VA) to generate a Program for Design (PFD) and an Equipment List (PRC) for a DoD healthcare project based on specific information entered in response to Input Data Statements. The Space Planning Criteria Committee, which is composed by Army, Navy, Air Force, VA and TMA representatives oversees the Space Planning Criteria update process.

As policy and/or clinical requirements change, it is expected that these criteria will be updated on a cyclical basis. Requests for changes to the criteria should be forwarded through the chain of command (with endorsement by the appropriate specialty consultants) to:

> Tricare Management Activity (TMA) / Portfolio Planning and Management Division (PPMD)
> Defense Health Headquarters
> 7700 Arlington Blvd, Suite 5101
> Falls Church, VA 22042-5101
> (703)681-4324 (Front Desk)

The Portfolio Planning and Management Division (PPMD) Office is responsible for the maintenance of this document and will coordinate changes to this document, between the services and other offices within the Office of the Secretary of Defense. All requests for changes will identify the deficiency, and describe the recommended change. Provide references to changes in health care standards when applicable.

3   EQUIPMENT PLANNING

Room Contents, including equipment, furniture and furnishings, are determined for each unique Room Code and also implemented and tested in SEPS. The Template Board and the Equipment Sub-Committee which are composed of Army, Navy, Air Force, VA and TMA representatives oversees the content assignment and the development of templates (drawings) for each unique Room Code. To access the following link, one must be connected to the DoD network.

https://ms1691.tma.osd.mil/

4   SPACE PLANNING BASIS AND PARAMETERS

Outcomes of the clinical chapters are driven mostly by Workload Input Data Statements. Depending on the chapter, workload is expressed in number of projected exams; encounters, procedures, beds, etc. These inputs typically determine the number of "directly driven rooms" (e.g., Exam Rooms, Procedure Rooms, etc.) which in turn determine the number and net square footage (NSF) of the "indirectly driven rooms" (e.g., waiting areas, consult rooms, patient toilets, support spaces, etc). Mission Input Data Statements determine the presence of certain rooms required for a particular clinical function, for example, a Hybrid OR or a Satellite Laboratory. Staffing Input Data Statements generate the number of Private or Shared Office spaces and Cubicles based on staffing number inputs.

In the Ambulatory Clinical Chapters, the workload driven rooms are calculated based on the following parameters:

A. Average Length of Clinic Encounter / Procedure (ALOE) (in minutes),

B. The MTF hours of operation per day,

C. The MTF days of annual operation,

D. The Utilization Rate.

The Average Length of Clinic Encounter / Procedure for each clinic encounter / procedure type was determined based on information provided by each clinical chapter

Subject Matter Expert (SME), review of similar information used by the Department of Veterans Affairs, private healthcare sector practices, and overall clinical best practices.

The MTF's hours of operation per day was established at 6, 7 or 8 hours.

The MTF days of annual operation was established at 232, 240 or 250 days.

The Utilization Rate, in most cases, was set at 80%. Table 1 in each chapter contains the information specific for the chapter.

Depending on answers to the following typical Input Data Statements (IDS):

(1) Is this Clinic authorized to operate outside the standard 8-hour per day shift? (Misc); if not:

    (2) Is this Clinic authorized to operate a 6-hour per day shift? (Misc) (If not, a 7-hour per day shift will be used to calculate workload driven spaces), and

(3) Is this Clinic authorized to operate outside the standard 240 days per year? (Misc); if not:

    (4) Is this Clinic authorized to operate 232 days per year? (Misc) (If not, 250 days per year will be used to calculate workload driven spaces)

SEPS will apply the following formula to derive the Annual Workload to generate one room:

Formula:

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

User-defined Value:

    a. Operating Days per Year: 232, 240 or 250. (default in SEPS: 240)

    b. Hours of Operation per Day: 6, 7, or 8 (default in SEPS: 8)

Fixed Value:

    c. Utilization Factor: 80%

The Minimum Annual Workload to generate an Exam Room is set at 20% of Annual Workload for one Exam Room.

Example:

Calculation: Annual Workload for one Exam Room:

$$\frac{\text{240 Operating Days per Year x 8 Hours of Operation per Day}}{\text{45 Minutes / 60 Minutes}} \times 0.80 = 2{,}048$$

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The Minimum Annual Workload to generate an Exam Room:

2,048 x 0.20 = 410 projected Annual Encounters.

In the Inpatient Clinical Chapters workload constitutes the number of projected Patient Beds. This projection determines the number of "Patient Care Units". A Patient Care Unit is a group of patient beds and their support spaces. Support spaces are then sized, in number and area (NSF), based on the resulting number of patient beds in the Patient Care Unit. Guidance on the methodology to determine the projected number of patient beds is included in each chapter.

The resulting SEPS Program for Design (PFD) is organized by Functional Area (FA). Clinical Chapters typically have the following functional areas:

A. Reception Area,

B. Patient Area,

C. Support Area,

D. Staff and Administrative Area, and

E. GME Education / Training Area

5   SPACE PLANNING USING SEPS

Data Gathering and Evaluating
A planner should perform preliminary research aimed at determining the answers to the Input Data Questions (IDSs). The SEPS's PFD will directly rely on these inputs; therefore, the planner should must verify all data and data sources.

Creating the Program for Design (PFD)
Once the project, with one or more departments, is created; the planner will enter the answers to the IDSs into SEPS. Upon completion and saving, SEPS will generate the Baseline Space Program or or Program for Design (PFD), based on the Space Planning Criteria and the answers entered. The planner can then fine-tune the space program, by adding, deleting spaces and/or changing room names and NSFs. SEPS will highlight any NSF changes above or below 10% of the baseline value. All variances from default must be justified, so project changes can be validated.

Creating Project Room Contents (PRC)
Once a PFD is generated, the planner can generate the Room Contents(i.e., equipment) and then produce the Project Room Contents (PRC) Report. SEPS will attach all room contents items with their associated Room Code(s).

SEPS releases
A project is "tied" to the SEPS version with which it was created, and it includes the Space Planning Criteria and the Room Content Assignments. If a new SEPS release is deployed, existing projects will not update automatically; therefore, the planner must re-create the project if new Space Planning Criteria is required for the Project.