



## DoD SPACE PLANNING CRITERIA

### CHAPTER 110: GENERAL

JUNE 1, 2016

---

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

**Effective:** June 1, 2016

**Releasability:** No Restrictions

---

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

## **TABLE OF CONTENTS**

SECTION 1: PURPOSE AND SCOPE.....	3
SECTION 2: SPACE PLANNING CRITERIA ORGANIZATION AND OVERVIEW .....	5
SECTION 3: EQUIPMENT PLANNING.....	7
SECTION 4: SPACE PLANNING BASIS AND PARAMETERS.....	7
SECTION 5: SPACE PLANNING USING SEPS.....	9
5.1. Data Analysis and Requirements Development. ....	9
5.2. Creating the Program for Design (PFD). ....	9
5.3. Creating Project Room Contents (PRC). ....	9

# ***SUMMARY of CHANGE***

This revision, dated 1 June 2016 includes the following:

- On page 5, deleted the old chapter numbers column from TABLE 1: DoD SPACE PLANNING CRITERIA CHAPTERS.
- On page 6, changed the address and point of contact for change requests to the following:

“Defense Health Agency  
Facilities Division  
8111 Gatehouse Road  
Suite 310  
Falls Church, VA 22042  
(703)275-6077”

## **SECTION 1: PURPOSE AND SCOPE**

### **1.1.**

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 facilities in the Military Health System (MHS). The purpose of this document is to outline how Space and Equipment Planning documents are organized in order to facilitate planning, programming, and budgeting for Department of Defense (DoD) healthcare facilities. 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 Space and Equipment Planning System (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 World-Class Facilities website at the following link: <https://facilities.health.mil/home/>. It is accessible from the home page under “CONNECT” and selecting the SPC icon.

## **SECTION 2: SPACE PLANNING CRITERIA ORGANIZATION AND OVERVIEW**

### **2.1.**

There are currently thirty-eight (38) 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 Chapter spaces are primarily 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, food service, information management and logistics.

**TABLE 1: DoD SPACE PLANNING CRITERIA CHAPTERS**

<b>CHAPTER NUMBER</b>	<b>CHAPTER NAME</b>	
110	General	General
120	Occupancy Rates	General
130	Net to Gross Conversion Ratios	General
1.4	Medical Mobilization Requirements (Not Updated)	General
210	General Administration	Non-Clinical
230	Education and Training	Non-Clinical
240	Information Management	Non-Clinical
250	Health Benefits & Patient Administration	Non-Clinical
301	Primary Care / Family Medicine	Clinical
303	Pediatric Clinic	Clinical
310	Audiology, Hearing Conservation, Speech-Language Pathology, and ENT Clinic	Clinical
311	General and Specialty Surgical Clinics	Clinical
312	Orthopedics, Podiatry, PM&R, Chiropractic and Sports Medicine	Clinical
313	Ophthalmology / Optometry Clinic	Clinical
314	Urology Clinic	Clinical
315	Specialty Medical Clinics	Clinical
316	Cardiology / Pulmonary Services / Sleep Disorders Center	Clinical

318	Behavioral Health Clinic	Clinical
319	Preventive Medicine	Clinical
320	Dental Clinic	Clinical
350	Emergency and Ambulance Services	Clinical
360	Women's Health Clinic	Clinical
380	Occupational Therapy Clinic	Clinical
390	Physical Therapy	Clinical
410	Nursing Units	Clinical
420	Labor and Delivery / Obstetric Units	Clinical
430	Neonatal Intensive Care Units (NICU)	Clinical
440	Surgical / Interventional Services & Ambulatory Surgery Center (ASC)	Clinical
450	Sterile Processing	Clinical Support
460	Inpatient Behavioral Health / Partial Hospitalization / Substance Abuse & Alcohol Rehabilitation	Clinical
510	Food Service	Clinical Support
520	Logistics	Non-Clinical
530	Pathology and Clinical Laboratory	Clinical Support
540	Radiology, Nuclear Medicine and Radiation Oncology	Clinical
550	Pharmacy (Inpatient and Outpatient)	Clinical Support
560	Veterinary Services	Clinical Support
5.7	Chapel (Not Updated)	Non-Clinical
610	Common Areas	Non-Clinical

Each Chapter is organized by Purpose and Scope, Definitions, Operating Rationale and Basis of Design, Programming Data Required (IDS), Space Planning Criteria, Planning and Design Considerations and Functional Relationships”. The information contained in the Space Planning Criteria section is implemented and tested in SEPS; a 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 healthcare project based on specific information entered in response to Input Data Statements. The Defense Health Agency, Facilities Division 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:

Defense Health Agency  
Facilities Division  
8111 Gatehouse Road  
Suite 310  
Falls Church, VA 22042  
(703) 275-6077

The Facilities Division, Capital Asset Management Branch is responsible for the maintenance of these documents and will coordinate changes 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

### **SECTION 3: EQUIPMENT PLANNING**

**3.1.** Room contents, including furniture and fixtures and equipment (FF&E), are determined for each Room Code, implemented and tested in SEPS. The DHA Template Board and Equipment Working Group, which are composed of Army, Navy, Air Force, VA and DHA representatives, oversee the content assignment in SEPS and the development of templates. Access to SEPS, DoD Templates and the Military Standard 1691 can be found on the World-Class Facilities website using the following link <https://facilities.health.mil/home>, and selecting the appropriate icon from the home page.

### **SECTION 4: SPACE PLANNING BASIS AND PARAMETERS**

**4.1.** 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 “direct workload driven rooms” (e.g., Exam Rooms, Procedure Rooms, etc.) which in turn determine the number and net square footage (NSF) of the “indirect workload 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, (e.g., a Hybrid Operating Room 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). 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.
- b. The MTF hours of operation per day. The MTF’s hours of operation per day was established at 6, 7 or 8 hours; the default is 8 hours.
- c. The MTF days of annual operation. The MTF days of annual operation was established at 232, 240 or 250 days; the default is 240 days.
- d. The Utilization Rate. The Utilization Rate, in most cases, was set at 80%. Table 1 in each chapter contains the information specific for the chapter.

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

Formula:

Formula 1:

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

User-defined Value:

- 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:

- a. 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:

$$\frac{(240 \text{ Operating Days per Year})(8 \text{ Hours of Operations per Day})}{\frac{45 \text{ Minutes}}{60 \text{ Minutes}}} (0.80) = 2,048$$

The Minimum Annual Workload to generate an Exam Room:

$$(2,048)(0.20) = 410 \text{ Project Annual Encounters}$$

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
- b. Patient Area
- c. Support

- d. Staff and Administration
- e. GME Education / Training

## **SECTION 5: SPACE PLANNING USING SEPS**

**5.1. DATA ANALYSIS AND REQUIREMENTS DEVELOPMENT.** Strategic ConOps, MHS goals / objectives and service product lines drive departments and chapters used in SEPS; then Input Data Statements (IDSs) are answered based on Mission, Staffing, Workload and Miscellaneous. A planner should perform preliminary research aimed at determining the answers to the IDSs. The SEPS's Program for Design (PFD) will directly rely on these inputs; therefore, the planner must verify all data and data sources.

**5.2. 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 PFD, based on the Space Planning Criteria and the answers entered. The planner can then refine 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 the baseline value must be justified so that project changes can be validated.

**5.3. CREATING PROJECT ROOM CONTENTS (PRC).** Once a PFD is generated, the planner can build the room contents (i.e., furniture, fixtures and equipment) and then produce the Project Room Contents (PRC) Report. SEPS will align all room contents with their associated Room Code(s).