

CHAPTER 264: PACT PRIMARY CARE CLINIC (PPCC)

1	PURPOSE AND SCOPE.....	264-2
2	DEFINITIONS	264-3
3	OPERATING RATIONALE AND BASIS OF CRITERIA.....	264-5
4	INPUT DATA STATEMENTS	264-7
5	SPACE CRITERIA	264-8
6	PLANNING AND DESIGN CONSIDERATIONS	264-10
7	FUNCTIONAL RELATIONSHIPS.....	264-12
8	FUNCTIONAL DIAGRAM.....	264-14

This Chapter addresses the space criteria for the delivery of Primary Care in VA Medical Centers, Outpatient Clinics and Healthcare Clinics (HCCs).

1 PURPOSE AND SCOPE

This document outlines space planning criteria for Program Guide (PG) 18-9 Chapter 262: Ambulatory Care (AC): Primary Care Clinic (PCC) (Hospital Based). It applies to all medical facilities at the Department of Veterans Affairs (VA).

This document incorporates the Primary Care components of the previous version of this chapter: 262: Ambulatory Care (Hospital Based).

Outpatient mental health services are an integral part of ambulatory care. Refer to the following PG 18-9 Space Planning Criteria Chapters for requirements:

1. Chapter 260: Mental Health Clinic
2. Chapter 261: Day Treatment Center
3. Chapter 300: Day Hospital

Refer to the following PG 18-9 Space Planning Criteria Chapters to determine additional space requirements for the following scheduled clinics:

1. Chapter 222: Dental Service
2. Chapter 233: Eye Clinic
3. Chapter 204: Audiology and Speech Pathology

Refer to the following PG 18-9 Space Planning Criteria Chapters that also may require space in Ambulatory Care:

1. Chapter 212: Pulmonary Medicine
2. Chapter 218: Veterans Assistance Unit
3. Chapter 226: Electroencephalography Laboratory
4. Chapter 240: Laboratory Service – Specimen Collection Area
5. Chapter 268: Pharmacy Service – Outpatient Pharmacy
6. Chapter 270: Rehabilitation Medicine Service
7. Chapter 276: Radiology Service
8. Chapter 274: Quarters, On-Call
9. Chapter 279: Police and Security Service
10. Chapter 308: Prosthetic and Sensory Aids Service
11. Chapter 410: Lockers, Lounges, Toilets and Showers (LLTS)

VHA Handbooks 1101.02, *Primary Care Management Module (PCMM)*, dated April 21, 2009, and the VHA Article, *Patient Centered Medical Home Model Concept Paper* have been reviewed as part of the development of this Space Criteria Chapter and the space criteria contained herein responds to the information and requirements of this Handbook and article where appropriate. These documents should be referred to prior to any space programming effort for additional information.

The Patient Centered Medical Home (PCMH) Model in all VHA health care facilities has been implemented. The Patient Centered Medical Home (PCMH) Model is a patient-driven, team-based approach that delivers efficient, comprehensive and continuous care through active communication and coordination of healthcare services. PCMH is based on a set of seven principles and depends on a core and expanded team of healthcare personnel who work with the Veteran patient to plan for their overall health. This model is meant to focus on all patients receiving VA Primary Care, which is known to be 80 to 90% of the enrolled Veteran patient population. The seven principles of the VHA Patient Centered Medical Home Model are:

1. Patient-driven care

2. Team-based provider collaboration
3. Enhanced efficiency
4. Comprehensive health and wellness services
5. Continuous patient-provider relationship
6. Improved communication
7. Interdisciplinary, seamless service coordination

2 DEFINITIONS

Ambulatory Care: Primary Care Clinic (AC:PCC): An Ambulatory Care : Primary Care Clinic space within a VA Medical Center / Hospital.

Clinic Stop: A clinic stop is one encounter of a patient with a healthcare provider. Per these criteria, the clinic stop is the workload unit of measure for space planning. One individual patient can have multiple procedure / suite stops in a single visit or in one day. Clinic Stops are captured in the Stop Codes.

Comprehensive Primary Care for Women Veterans: The provision of complete primary care and care coordination by one primary care provider at one site. The primary care provider should, in the context of a longitudinal relationship, fulfill all primary care needs such as Care for Acute and Chronic Illness, Gender-Specific Primary Care, Preventive Services, Mental Health Services, and Coordination of Care. (Refer to VHA Handbook 1330.01 for a complete review of comprehensive Primary Care for Women Veterans services.)

Comprehensive Primary Care Clinic Models: Comprehensive Primary Care for women veterans is, per VHA Handbook 1330.01 is offered in three service- directed models of care:

1. **Model 1: General Primary Care Clinic**

Comprehensive primary care services for women Veterans is delivered by a designated Women's Health Primary Care Provider (WH PCP) who is interested and proficient in women's health. Women Veterans are incorporated into the WH PCP panel and seen within a general gender-neutral Primary Care clinic. Mental health services for women should be co-located in the general gender-neutral Primary Care Clinic in accordance with the Primary Care-Mental Health Integration. Efficient referral to specialty gynecology service must be available either on-site or through fee-basis, contractual or sharing agreements, or referral to other VA facilities within a reasonable traveling distance (less than 50 miles)

2. **Model 2: Separate but Shared Space**

Comprehensive primary care services for women Veterans are offered by designated Women's Health Primary Care Providers (WH PCPs) in a separate but shared space that may be located within or adjacent to Primary Care clinic areas. Gynecological care and mental health services should be co-located in this space and readily available.

3. **Model 3: Women's Health Center (WHC)**

VHA facilities with larger women Veterans populations are encouraged to create Women's Health Centers (WHC) that provide the highest level of coordinated, high quality comprehensive care to women Veterans.

Facility: Includes all freestanding medical centers, parent facilities and their divisions, and Community-Based Outpatient Clinics (CBOCs).

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-week workload.

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.

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 criteria parameters set forth in this document. Input Data Statements could be Mission related, based in the project's Concept of Operations; and Workload or Staffing related, based on projections and data provided by VHA or the VISN about the estimated model of operation. This information is processed through mathematical and logical operations in VA-SEPS (see definition below).

Military Sexual Trauma (MST) (defined according to Title 38 U.S. Code 1720D): "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.

Minutes per Clinic Stop: The length of time based on when a patient enters a (Exam, Procedure, etc) room until the room is ready to accept the next patient.

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). (See Section 6.A.1)

Outpatient Clinic: An Outpatient Clinic is a freestanding ambulatory care facility that is physically separated but administratively attached to a VA Medical Center providing a specific set of outpatient services.

Patient Aligned Care Team (PACT): Patient Aligned Care Team, providing service to Veterans that is patient-centered, is the right care at the right time by the right person. A typical PACT Team is comprised of a Provider, RN, LPN/Health Tech and a Clerk.

Program for Design (PFD): A listing of all of the spaces and rooms to be included in a construction project for a service and the corresponding net square foot area of each space and room. This listing of spaces and rooms is based on criteria set forth in this document and specific information about Program Mission, Workload projections and Staffing levels authorized.

Provider (Primary/Specialty Care): A medical professional, such as a physician, nurse practitioner, or physician assistant, providing care to Veteran patients.

Reception: This is the Meet/Greet function for the clinic; may serve as check-in for appointments.

SEPS (VA-SEPS): Acronym for Space and Equipment Planning System, a digital tool developed by the Department of Defense (DoD) and the Department of Veterans Affairs to generate a Program for Design (PFD) and an Equipment List for a VA healthcare project based on specific information entered in response to Input Data Statements. VA-SEPS incorporates the propositions set forth in this chapter as well as all chapters in VA's PG 18-9. VA-SEPS has been designed to aid healthcare planners in creating a space plan based on a standardized set of criteria parameters.

Stop Code: A measure of workload including clinic stops forecasted by the Office of Policy and Planning (OPP) for all Strategic Planning Categories at Medical Center and Outpatient Clinic levels. Other workload indicators are (annual) bed-days of care and (annual) scripts filled.

Teamlet: The core PACT team of the Veteran patient, his / her provider, a RN care manager, a clinical staff assistant, and an administrative staff member that are responsible for the central functions of a medical home model. Each Teamlet can accommodate a Panel. Teamlets can be combined in PACT modules for collaborative care. Panel sizes vary based on the patient demographic at each VA facility; the Office for Primary Care utilizes an average panel size of 1,200 patients for planning purposes.

VISN: Acronym for Veteran Integrated Service Network.

Women's Health Primary Care Provider (WH PCP): A primary care provider who is dedicated to and proficient in women's health. A designated WH PCP is preferentially assigned women Veterans within their primary care patient panels.

Women Veterans Program Manager (WVPM): (Refer to VHA Handbook 1330.02 for a complete review of the role of the Women Veterans Program Manager). The WVPM is responsible for executing comprehensive planning for women's health issues that improves the overall quality of care provided to women Veterans and achieves program goals and outcomes.

Women Veterans Clinical Service patient Panel: Each Panel is assigned 800 Unique Patients. For the purpose of this Chapter, it is assumed that each unique patient will generate 3.5 annual visits; hence a Panel will handle 2,800 annual visits.

Workload: Women Veterans Clinical Services workload is captured by the following Stop Codes: 322: Women's Clinic, 404: Gynecology and 704: Female Gender Specific Cancer Screening are used as criteria parameters to capture workload and drive the space calculation.

3 OPERATING RATIONALE AND BASIS OF CRITERIA

- A. Space planning criteria have been developed on the basis of an understanding of the patient care delivery models and activities involved in the functional areas required for Ambulatory Care (AC): Primary Care Clinic (PCC) and its relationship with other services of a medical facility. These criteria are based on VHA Handbook 1101.02: Primary Care Management Module (PCMM) and the Patient Centered Medical Home Concept Paper and the Patient Aligned Care Team (PACT) concept.
(<http://www.va.gov/PRIMARYCARE/PACT/index.asp>)
- B. Workload Projections or planned services / modalities for a specific VA medical center, hospital or satellite outpatient clinic project are generated by the VA Office of Policy and Planning (OPP) based upon the expected veteran population in the respective market / service area. Healthcare and clinical planners working on VA medical center, hospital or satellite outpatient clinic projects shall utilize and apply the workload based criteria set forth herein for identified services and modalities to determine space requirements for the project. Established and/or anticipated best practice standards have been adapted to provide environments supporting the highest quality health care for Veterans.
- C. The Ambulatory Care (AC): Primary Care Clinic (PCC) Patient Aligned Care Team (PACT) Teamlet is comprised of 4 staff with a Patient Panel size of 1,200. Patients

seeking care in the following Clinical Specialties (Stop Codes) will comprise the Ambulatory Care (AC): Primary Care Clinic (PCC): Teamlet Panel:

- D. Ambulatory Care (AC): Primary Care Clinic (PCC) patient healthcare will be delivered within the Patient Aligned Care Team (PACT) Module. Each Ambulatory Care (AC): Primary Care Clinic (PCC) Patient Aligned Care Team (PACT) Module is managed by a minimum of three and a maximum of five Teamlets of healthcare professionals. A Teamlet is comprised of:
 - 1. Provider: Medical Doctor (MD), Nurse Practitioner (NP), Physician Assistant (PA)
 - 2. Clerical Associate: Healthcare Technician (HT), Medical Support Assistant (MSA), Patient Support Assistant (PSA)
 - 3. Clinical Associate: Healthcare Technician (HT), Licensed Practical Nurse (LPN), Licensed Vocational Nurse (LVN)
 - 4. Care Manager: Registered Nurse (RN)
- E. Each Teamlet has a Patient Panel size of between 800 and 1,500 unique patients. Therefore, each Patient Aligned Care Team (PACT) Module will provide care for between 2,400 and 4,500 unique patients, regardless of the annual number of visits per unique patient. 1,200
- F. An Ambulatory Care (AC): Primary Care Clinic (PCC) Patient Aligned Care Team (PACT) Module utilizes a variety of physical spaces for coordinated, patient-centered care including:
 - 1. Exam Rooms (General, Bariatric, and Women's)
 - 2. Treatment Rooms (General and Specialty)
 - 3. Group Visit Rooms
 - 4. Consult Rooms
 - 5. Height / Weight Stations
- G. An Ambulatory Care (AC): Primary Care Clinic (PCC) Patient Aligned Care Team (PACT) Module provides collaborative workspace for staff including:
 - 1. Teamlet Workrooms
 - 2. Call Centers
 - 3. Visiting Provider Cubicles
- H. This Space Planning Criteria Chapter was developed considering the following:
 - 1. The Compensation and Pension (C&P) program has been included in the typical PACT module Space Planning Criteria. Compensation and Pension (C&P) Offices and Cubicles have been accommodated in FA: Staff and Administrative Area.
 - 2. The Home Based Primary Care (HBPC) program has been included in the typical PACT module Space Planning Criteria. Home Based Primary Care (HBPC) Offices and Cubicles have been accommodated in FA: Staff and Administrative Area.
 - 3. The Pain Clinic, including Chiropractic, Acupuncture, and Biofeedback Exam / Treatment Rooms and an Interventional Procedure Suite will be included in the upcoming Ambulatory Care (AC): Medical Specialty Clinic (MSC) SPC Chapter.

- I. These criteria are subject to modification relative to development in the equipment, medical practice, vendor requirements, and subsequent planning and design. The selection of the size and type of Ambulatory Care (AC): Primary Care Clinic (PCC) equipment is determined by VACO and upon Veterans Health Administration (VHA) anticipated medical needs.

	NUMBER OF MODULES	NUMBER OF EXAM ROOMS	NUMBER OF EXAM ROOMS ROUNDED	TEAMLETS IN EACH MODULE					
				MOD1	MOD2	MOD3	MOD4	MOD5	
WORKLOAD: NUMBER OF TEAMLETS ASSIGNED TO CLINIC	1	1	2.5	3	1	0	0	0	0
	2	1	5.0	5	2	0	0	0	0
	3	1	7.5	8	3	0	0	0	0
	4	1	10.0	10	4	0	0	0	0
	5	2	12.5	13	4	1	0	0	0
	6	2	15.0	15	4	2	0	0	0
	7	2	17.5	18	4	3	0	0	0
	8	2	20.0	20	4	4	0	0	0
	9	3	22.5	23	4	4	1	0	0
	10	3	25.0	25	4	4	2	0	0
	11	3	27.5	28	4	4	3	0	0
	12	3	30.0	30	4	4	4	0	0
	13	4	32.5	33	4	4	4	1	0
	14	4	35.0	35	4	4	4	2	0
	15	4	37.5	38	4	4	4	3	0
	16	4	40.0	40	4	4	4	4	0
	17	5	42.5	43	4	4	4	4	1
	18	5	45.0	45	4	4	4	4	2
	19	5	47.5	48	4	4	4	4	3
	20	5	50.0	50	4	4	4	4	4

4 INPUT DATA STATEMENTS

A. Mission Input Data Statements

1. Is Women Veterans Clinical Service (WVCS) Model 1 authorized? (M)
2. Is a PACT Education Program authorized? (M)

B. Workload Input Data Statements

1. How many PACT Teamlets are assigned to this Clinic? (W)

- C. Staffing Input Data Statements
 - 1. How many Receptionist FTE positions -greater than one- are authorized for each PACT Module (S)
- D. Miscellaneous
 - None

5 SPACE CRITERIA

A. FA 1: Patient Aligned Care Team (PACT) Module Calculation:

- 1. **Number of PACT Modules (CALC1).....0 NSF (0 NSM)**
Divide the total number of PACT Teamlets assigned to this Clinic by the number of PACT Teamlets –between one and four- per Module authorized; provide one PACT Module per each resulting whole number.

B. FA 2: Patient Aligned Care Team (PACT) Module Reception Area:

- 1. **Waiting, Patient Aligned Care Team (PACT) Module (WRC01).....180 NSF (16.8 NSM)**
Provide one per each PACT Module; minimum NSF; provide an additional 90 NSF per each Teamlet greater than two in the PACT Module.

Allocated NSF provides seating for four standard seats at 25 NSF each, plus one wheelchair accessible seat at 35 NSF each, one Bariatric seat at 35 NSF and circulation area.
- 2. **Reception (RECP1).....60 NSF (5.6 NSM)**
Provide one per each PACT Module; minimum NSF; provide an additional 60 NSF per each Receptionist FTE position greater than one authorized for each PACT Module.

Allocated NSF provides space one staff workstation and printer.
- 3. **Kiosk, Patient Check-In (RECP4).....30 NSF (2.8 NSM)**
Provide two per each PACT Module.
- 4. **Workstation, Patient Education (CLSC1)30 NSF (2.8 NSM)**
Provide one per each PACT Module.

This space is intended to be used for medical information resource material for patients and visitors. It shall be located accessible to Patient Aligned Care Team (PACT) Waiting.
- 5. **Waiting, Family (WRF01).....60 NSF (5.6 NSM)**
Provide one per each PACT Module.

This space, including its furniture and accessories, shall be designed to accommodate children’s play activities.
- 6. **Toilet, General (TLTU1)75 NSF (7.0 NSM)**
Provide two per each PACT Module.

Allocated NSF accommodates patient assistance an infant changing station.

C. FA 3: Patient Aligned Care Team (PACT) Module Patient Area:

- 1. **Height / Weight Station (PEHW1).....40 NSF (3.8 NSM)**
Provide one per each PACT Module.

Allocated NSF accommodates wheelchair.

2. **Exam Room, Patient Aligned Care Team (PACT) (EXPA1).....120 NSF (11.2 NSM)**
Provide two and half (2.5) PACT Exam Rooms per each Teamlet; deduct the total number of Women's Health Exam Rooms.
3. **Exam Room, Women's Health (EXW01)120 NSF (11.2 NSM)**
Minimum one per each PACT Module, provide an additional one if the total number of PACT Teamlets in the Module is greater than two and if Women Veterans Clinical Service (WVCS) Model 1 is authorized.
4. **Toilet, Women's Health Exam Room Patient (TLTU1)60 NSF (5.6 NSM)**
Provide one per each Women's Health Exam Room.
5. **Shared Medical Appointment Room (CLSC4).....400 NSF (37.2 NSM)**
Provide one per each PACT Module.

This room is for group medical appointments, it accommodates twelve patients, four family members / caregivers, and four staff members in one setting. It will be shared among all Teamlets in the PACT Module. Workspace, including computer terminals, for four Teamlet members should be provided.

6. **Storage, Shared Medical Appointment (SRSE1).....80 NSF (7.5 NSM)**
Provide one per each PACT Module.
7. **Procedure Room, General (TRPR1).....180 NSF (16.8 NSM)**
Provide one per each PACT Module.

This space will accommodate general primary care procedures, Women's Health procedures, and can be used for bariatric patient examinations. Allocated space accommodates soiled hamper.

8. **Toilet, General Procedure Room (TLTB1)75 NSF (7.0 NSM)**
Provide one per each PACT Module.
Allocated NSF accommodates Bariatric patients.
9. **Consult Room (OFDC2).....120 NSF (11.2 NSM)**
Provide one per each Teamlet.

The following professional services will share these Telemedicine capable rooms for patient consulting and appointments: Social Work, Dietary, Pharmacy, Health Promotion / Disease Prevention, and Behavioral Health. These rooms are not provided as private personal office space.

10. **Toilet, Patient (TLTU1).....75 NSF (7.0 NSM)**
Provide one per each PACT Module.
Allocated NSF accommodates patient assistance.

D. FA 4: Patient Aligned Care Team (PACT) Module Support Area:

1. **Alcove, Medication (RCA02)20 NSF (1.9 NSM)**
Provide one per each PACT Module.
2. **Storage, Medical Equipment (SRE01)60 NSF (5.6 NSM)**
Provide one per each PACT Module; minimum NSF, provide an additional 60 NSF if the number of Teamlets in the PACT Module is greater than two.

Allocated NSF provides space for storage of EKG Equipment, Ultrasound Equipment, and Portable Patient Lifts.

3. **Utility Room, Clean (UCCL1)**.....**60 NSF (5.6 NSM)**
Provide one per each PACT Module.

E. FA 5: Patient Aligned Care Team (PACT) Module Staff and Administrative Area:

1. **Workstation, Teamlet (OFA07)**.....**56 NSF (5.3 NSM)**
Provide four per each PACT Teamlet.

Allocated NSF accommodates space for work and documentation area for one Teamlet (Provider, RN, LPN, Clerk)

2. **Tele-Health Room (WRTM2)**..... **145 (125?) NSF (13.5 NSM)**
Provide one per each PACT Module.

Allocated area provides a private workspace for two Patient Aligned Care Team (PACT) Team members.

3. **Workstation, Extended Team (OFA07)****56 NSF (5.3 NSM)**
Minimum three per each PACT Module; provide an additional one per each Teamlet in the PACT Module greater than two.

Extended Team Members include: Social Worker, Pharm D, Dietician, Mental Health Provider, etc. These cubicles shall be co-located in a shared space.

4. **Workroom (WKTM1)****100 NSF (9.3 NSM)**
Provide one per each PACT Module.

Allocated NSF accommodates storage space.

5. **Conference Room (CRA01)**.....**180 NSF (16.8 NSM)**
Provide one per each PACT Module if the number of Teamlets in the PACT Module is greater than two.

Use the Shared Medical Appointment Room if the number of Teamlets in the PACT Module is one or two.

6. **Lounge, Clinical Staff (SL001)****160 NSF (14.9 NSM)**
Provide one per each PACT Module; minimum NSF, provide an additional 60 NSF if the number of Teamlets in the PACT Module is greater than two.

7. **Locker Area, Clinical Staff Personal Property (LR004)**.....**60 NSF (5.6 NSM)**
Provide one per each PACT Module.

8. **Toilet, Clinical Staff (TLTU1)****60 NSF (5.6 NSM)**
Provide two per each PACT Module.

F. FA 6: Patient Aligned Care Team (PACT) Module Education Area:

1. **Workstation, PACT Team (OFA10)****36 NSF (3.4 NSM)**
Provide four per each PACT Module if a PACT Education Program is authorized.

6 PLANNING AND DESIGN CONSIDERATIONS

- A. Locate Ambulatory Care (AC): Primary Care Clinic (PCC) near the building main entrance and parking to minimize length of travel for patients and visitors.

- B. Per HIPPA, patient confidentiality should be maintained when providing personal information to interview clerks and/or other staff.
- C. A minimum clear dimension of 10'-0" should be provided in each examination room. Provide a minimum of six feet (6'-0") in corridors to accommodate the passage of two wheelchairs.
- D. Refer to Department of Veterans Affairs (VA) Office of Facilities Management Handbooks, Standards, Standard Details, and Design Guides for technical criteria.

7 FUNCTIONAL RELATIONSHIPS

Functional Relationships With Hospital-Based Services

The Ambulatory Care (AC): Primary Care Clinic (PCC) will rely on a number of other services in the Medical Center for patient care and support functions. The following matrix indicates desirable relationships based on efficiency and functional considerations.

The arrangement of existing spaces and structural features may limit adjacencies in a new clinic when it is planned as an addition or expansion to an existing Medical Center. Consideration should be given to remodeling or relocating functions with critical relationships to the Ambulatory Care (AC): Primary Care Clinic (PCC) when the existing arrangement would significantly compromise patient care or efficiency.

Proximity Codes for Table

The degree of proximity that is desirable with other departments or areas that share a functional relationship with the Ambulatory Care (AC): Primary Care Clinic (PCC) is indicated by a scale of 1 to 4 (1 representing the greatest level of adjacency). An "X" entered in the diagram represents a relationship where separation is desirable for the departments or areas in question.

TABLE 2: FUNCTIONAL RELATIONSHIP MATRIX

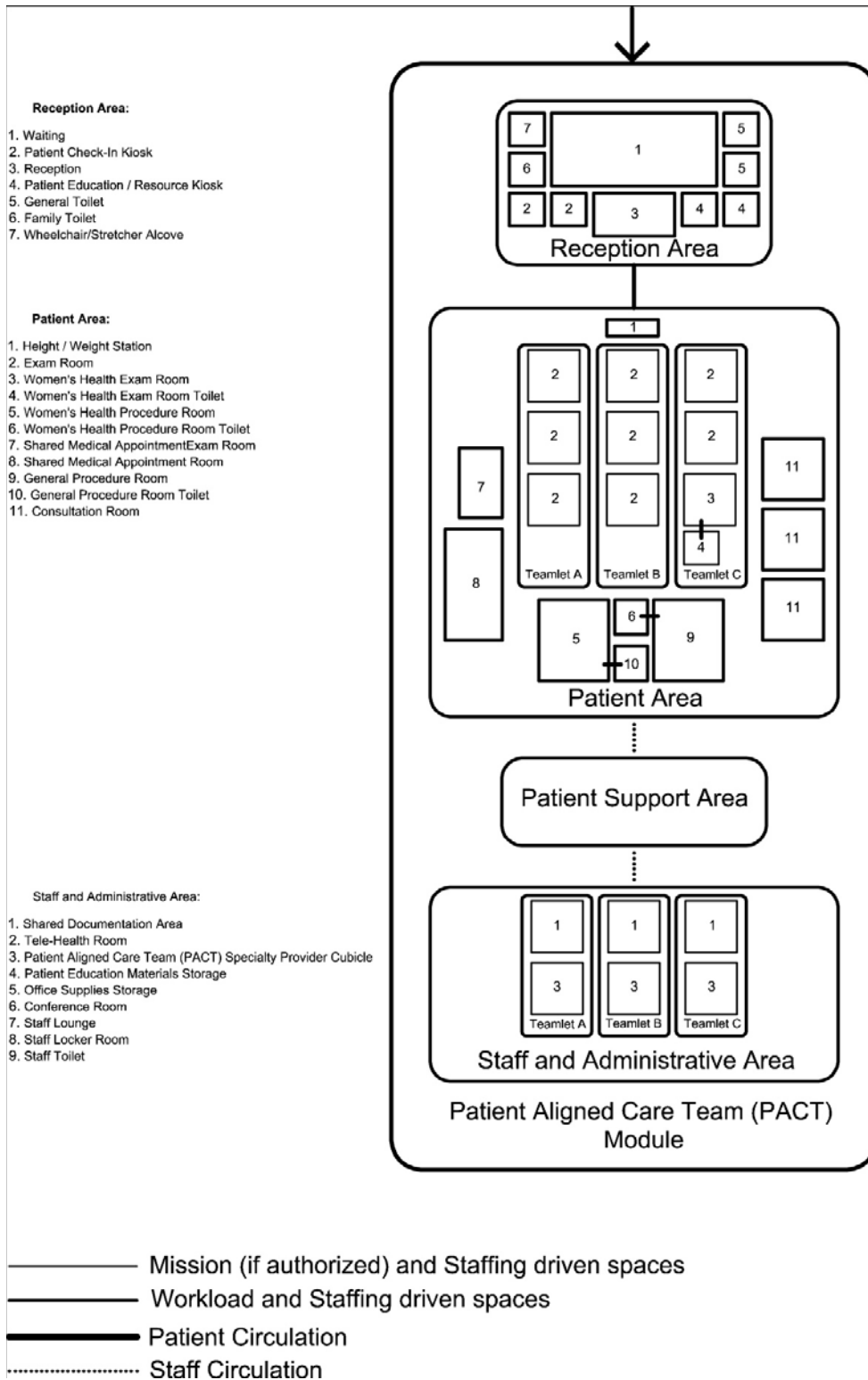
SERVICE	Prox Code	Remarks
Audiology and Speech Pathology	2	
Canteen	3	
Cardiovascular Lab. / Cardiology Clinic.	2	
Childcare / Development Center	X	
Clinical Services Administration	4	
Day Hospital--Day Treatment Center	X	
Dental Service	3	
Dialysis Center	3	
Digestive Diseases Prgrm: Endoscopy Suite	3	
Domiciliary	X	
EEG Laboratory	3	
Environmental Management Service	4	Limited to linen and housekeeping.
Eye Clinic	1	
Lobby	1	
Magnetic Resource Imaging	4	
Medical Administration Service	1	
Mental Health Clinic: Outpatient Psychiatric Clinics	X	
Nuclear Medicine	4	
Nursing Units (ICU, MH&B, MSN, NHCU, SCI)	4	Usually limited or no traffic.
Nutrition and Food Service	4	
Pathology and Laboratory Medicine	4 or 2	4 if specimen collection provided in Ambulatory Clinic; otherwise 2
Pharmacy Service	1	
Physical Medicine and Rehabilitation Service	3	
Police and Security Service	1 or 2	1 if police not in Emergency/Urgent Care
Prosthetic and Sensory Aids Service	3	
Pulmonary Medicine	4	
Radiation Therapy Service	4	
Radiology Service	2	
Service Organizations	3	
Substance Abuse Clinic	X	Usually remote from Ambulatory Care
Supply, Processing and Distribution	3	
Surgery Service	3	
Voluntary Service	1	

Relationship:

- 1 Very Strong: Adjacent
- 2 Strong: Close, same floor
- 3 Moderate: Convenient, different floor acceptable
- 4 Weak: May be separated, limited traffic or communication necessary
- X Separation required or desirable

8 FUNCTIONAL DIAGRAM

Patient Aligned Care Team (PACT) Module



Ambulatory Care (AC) Primary Care Clinic (PCC):

