Department of Veterans Affairs
Washington, DC 20420
United States of America

VA Space Planning Criteria (102)
Concurred Date: 11/29/11
SEPS Version 2.6.0

CHAPTER 102: VETERANS HEALTH ADMINISTRATION INTENSIVE CARE NURSING UNITS

Department of Veterans Affairs
Washington, DC 20420
United States of America

VA Space Planning Criteria (102)
Concurred Date: 11/29/11
SEPS Version 2.6.0

1 PURPOSE AND SCOPE

This document outlines Space Planning Criteria for Chapter 102: Intensive Care Nursing Units. It applies to all medical facilities in Veterans Affairs (VA).

An Intensive Care Unit (ICU) is specially equipped with trained personnel and facility inpatient accommodations to care for patients too acutely ill to be placed in a conventional Medical / Surgical Inpatient Unit (i.e., unstable vital signs, arrhythmias, fluid and electrolyte imbalance, and respiratory failure). Intensive Care Nursing Units can be classified as follows:

1. General Intensive Care Nursing Unit
2. Medical Intensive Care Nursing Unit
3. Surgical Intensive Care Nursing Unit
4. Coronary Intensive Care Nursing Unit

Refer to the following chapters for additional programming data:

1. Chapter 274 – Quarters, On Call
2. Chapter 100 – Medical / Surgical Inpatient Units

2 DEFINITIONS

A. CICU: An acronym for Coronary Intensive Care Unit

B. 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 40 hours per week.

C. Functional Area: The grouping of rooms and spaces based on their function within a clinical service. Typical Functional Areas within VA Space Criteria are: Reception Area, Patient Area, Support Area, Staff and Administrative Area, and Education Area.

D. Input Data Statements: A set of questions designed to elicit information about the healthcare project in order to create a Program For Design (PFD) based on the criteria parameters set forth in this document. Input Data Statements could be Mission, Workload, or Staffing related, based on projections and data provided by the VHA or the VISN about the estimated model of operation for the facility. This information is processed through mathematical and logical operations in VA-SEPS.

E. Picture Archiving and Communication System (PACS): The digital capture, transfer, and storage of diagnostic images. A PACS system consists of: workstations for interpretation, image/data producing modalities, a web server for distribution, printers for file records, image servers for information transfer and holding, and an archive of off-line information. A computer network is needed to support digital imaging devices.

F. Program For Design (PFD): A space program generated either manually or by VA-SEPS based on criteria set forth in this document and specific information

Department of Veterans Affairs
Washington, DC 20420
United States of America

VA Space Planning Criteria (102)
Concurred Date: 11/29/11
SEPS Version 2.6.0

entered about mission, workload projections, and staffing levels authorized.

G. <u>SEPS (VA-SEPS)</u>: 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 Questions. VA-SEPS incorporates the propositions set forth in all VA space planning criteria chapters. VA-SEPS has been designed to aid healthcare planners in creating a space plan based on a standardized set of criteria parameters.

H. <u>Workload:</u> Workload is the anticipated number of clinic stops that is processed through a department/service area. The total workload applied to departmental operational assumptions will determine overall room requirements by modality.

3   OPERATING RATIONALE AND BASIS OF CRITERIA

A. Utilization projections or planned services/modalities for a specific VA project are provided by the VA Office of Policy and Planning and the VISN Support Services Center (VSSC). These utilization projections are generated by a methodology based upon the expected veteran population in the respective market/service area. Healthcare planners working on VA projects will utilize and apply the workload based criteria set forth herein for identified services and modalities to determine room requirements for each facility.

B. Space planning criteria have been developed on the basis of an understanding of the activities involved in the functional areas of the Intensive Care Nursing Units and their 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 veterans.

C. These criteria are subject to modification relative to development in equipment, medical practice, vendor requirements, and planning and design. The selection of the size and type of Intensive Care Nursing Unit equipment is determined by anticipated medical needs.

TABLE 1: STRATEGIC PLANNING GROUP
ACUTE INPATIENT MEDICINE and ACUTE INPATIENT SURGERY

ACUTE INPATIENT MEDICINE	
BED SECTION NUMBER	BED SECTION NAME
12	MEDICAL ICU
17	TELEMETRY
ACUTE INPATIENT SURGERY	
BED SECTION NUMBER	BED SECTION NAME
63	SURGICAL ICU

Note:
Patient bed projections use only the Bed Sections numbers shown in Table 1: Strategic Planning Group Acute Inpatient Medicine and Acute Inpatient Surgery.

Department of Veterans Affairs
Washington, DC 20420
United States of America

VA Space Planning Criteria (102)
Concurred Date: 11/29/11
SEPS Version 2.6.0

4   PROGRAM DATA REQUIRED (Input Data Statements)

A.   Mission Input Data Statements
1.   Is a Nurse Workroom for each Intensive Care Nursing Unit authorized?
2.   Is a Team Workroom for each Intensive Care Nursing Unit authorized?
3.   Is a Clean Material Handling Terminal for each Intensive Care Nursing Unit authorized?
4.   Is a Soiled Material Handling Terminal for each Intensive Care Nursing Unit authorized?
5.   Is a Waste Disposal Chute Room for each Intensive Care Nursing Unit authorized?
6.   Is a Soiled Linen Disposal Chute Room for each Intensive Care Nursing Unit authorized?
7.   Is a Medical Gas Storage for each Intensive Care Nursing Unit authorized?
8.   Is an On-Call Room for each Intensive Care Nursing Unit authorized?
9.   Is a Copier / Printer for each Intensive Care Nursing Unit authorized?
10.   Is a Recycling Room for each Intensive Care Nursing Unit authorized?
11.   Is an Intensive Care Nursing Units Education Program authorized?
12.   Is an Education Area Provider Resource Center - Library authorized?
13.   Is an Education Area Conference / Classroom authorized?

B.   Workload Input Data Statements
1.   How many Acute Inpatient MEDICINE - Intensive Care beds are projected?
2.   How many Acute Inpatient SURGERY - Intensive Care beds are projected?

C.   Staffing Input Data Statements
1.   How many Intensive Care Nursing Units Intern FTE positions are authorized?
2.   How many Intensive Care Nursing Units Resident FTE positions are authorized?
3.   How many Intensive Care Nursing Units Fellow FTE positions are authorized?
4.   How many Intensive Care Nursing Units Patient Care Instructor FTE positions are authorized?
5.   How many Physician FTE positions for each Intensive Care Nursing Unit are authorized?
6.   How many Consultant FTE positions for each Intensive Care Nursing Unit are authorized?
7.   How many Nurse Clinician FTE positions for each Intensive Care Nursing Unit are authorized?
8.   How many Clinical Researcher FTE positions for each Intensive Care Nursing Unit are authorized?
9.   How many Physician Assistant FTE positions for each Intensive Care Nursing Unit are authorized?
10.   How many Social Worker FTE positions for each Intensive Care Nursing Unit are authorized?
11.   How many Dietitian FTE positions for each Intensive Care Nursing Unit are authorized?
12.   How many Clinical Pharmacist FTE positions for each Intensive Care Nursing Unit

Department of Veterans Affairs
Washington, DC 20420
United States of America

VA Space Planning Criteria (102)
Concurred Date: 11/29/11
SEPS Version 2.6.0

        are authorized?

13. How many Ward Clerk FTE positions for each Intensive Care Nursing Unit are authorized?

14. How many Administrative Staff FTE positions for each Intensive Care Nursing Unit are authorized?

15. How many FTEs will work on peak shift?

D. Miscellaneous Input Data Statements

1. How many Protective Environment Rooms for each Intensive Care Nursing Unit are authorized?

Department of Veterans Affairs
Washington, DC 20420
United States of America

VA Space Planning Criteria (102)
Concurred Date: 11/29/11
SEPS Version 2.6.0

5   SPACE CRITERIA

The minimum number of patient beds, of all types, to generate one Intensive Care Nursing Unit is eight; the maximum is fifteen.

For functional descriptions of key spaces refer to the Design Guide for Medical / Surgical Inpatient Units.

A. <u>FA 1: Reception Area</u>:

1. **Waiting (WRC01).. 180 NSF (16.7 NSM)**
    Provide one per each Intensive Care Nursing Unit; minimum NSF if the total number of beds per Intensive Care Nursing Unit is between 8 and 12; provide an additional 40 NSF if the total number of beds per each Intensive Care Nursing Unit is between 13 and 15.

    This space provides seating area for visitors. It is recommended for this space to have a visual connection to the Nurse Station.

2. **Consult Room (OFDC2) .... 120 NSF (11.1 NSM)**
    Provide one per each Intensive Care Nursing Unit.

    This room provides privacy for grieving or counseling. Provide access from both Waiting and an adjacent corridor.

3. **Toilet, Public (TLTU1).. 60 NSF (5.6 NSM)**
    Provide one per each Intensive Care Nursing Unit.

4. **Toilet, Family (TLTF3**) **... 75 NSF (7.0 NSM)**
    Provide one per each Intensive Care Nursing Unit.

5. **Lounge, Family (WRF01).. 120 NSF (11.1 NSM)**
    Provide one per each Intensive Care Nursing Unit if authorized.

    Consider combining the Family Lounge with the Family Pantry as appropriate. Consider sharing family services with an adjacent Intensive Care Nursing Unit if possible.

6. **Pantry, Family (NCWD1) .... 80 NSF (7.4 NSM)**
    Provide one per each Intensive Care Nursing Unit if authorized.

    Consider combining the Family Pantry with the Family Lounge as appropriate. Consider sharing family services with an adjacent Intensive Care Nursing Unit if possible.

7. **Patient Education / Resource Kiosk (CLSC1)........................ 30 NSF (2.8 NSM)**
    Provide one for each Intensive Care Nursing Unit.

    Patient Education/Resource Kiosk to be used for family and visitors' private education needs and as a medical information resource, which may include electronic and hard copy material. Locate accessible to public waiting area.

Department of Veterans Affairs
Washington, DC 20420
United States of America

VA Space Planning Criteria (102)
Concurred Date: 11/29/11
SEPS Version 2.6.0

B. <u>FA 2: Patient Area</u>:

1. **Patient Room, Intensive Care (BRIC1)............................... 300 NSF (27.9 NSM)**
    Provide one per each bed for ninety percent of the total number of projected beds; deduct the total number of authorized Protective Environment Patient Rooms from the calculated ninety percent number of Intensive Care Patient Rooms.

    Refer to Table 1 for Bed Section numbers.

2. **Bathroom, Patient (TLTS2) .... 60 NSF (5.6 NSM)**
    Provide one per each Patient Room.

    This room has one toilet and one sink.

3. **Patient Room, Airborne Infection Isolation (BRII1) .... 300 NSF (27.9 NSM)**
    Provide one per each bed for ten percent of the total number of projected beds.

    Refer to Table 1 for Bed Section numbers. Consider grouping Intensive Care Patient Rooms in pairs for clinical care and design efficiency.

4. **Anteroom, Airborne Infection Isolation (BRAR1) .... 65 NSF (6.0 NSM)**
    Provide one per each Airborne Infection Isolation Patient Room.

5. **Patient Room, Protective Environment (BRII2) .... 300 NSF (27.9 NSM)**
    Provide one per each Protective Environment Patient Room authorized.

6. **Anteroom, Protective Environment (BRAR2) .... 65 NSF (6.0 NSM)**
    Provide one per each Protective Environment Patient Room.

7. **Bathroom, Patient Isolation (TLTS2) .... 60 NSF (5.6 NSM)**
    Provide one per each Airborne Infection Control Isolation Patient Room and Protective Environment Patient Room.

    This room has one toilet and one sink.

C. <u>FA 3: Support Area</u>:

1. **Nurse Station (NSTA1).. 180 NSF (16.7 NSM)**
    Provide one per each Intensive Care Nursing Unit.

2. **Alcove, Nurse Observation (NSTA3) .... 20 NSF (1.9 NSM)**
    Provide one for every increment of two Intensive Care Patient Rooms.

    These alcoves should be located between pairs of Intensive Care Patient Rooms.

3. **Medication Room (MEDP1).. 100 NSF (9.3 NSM)**
    Provide one per each Intensive Care Nursing Unit; minimum NSF; provide an additional 20 NSF if the total number of beds in each Intensive Care Nursing Unit is between 13 and 15.

Department of Veterans Affairs
Washington, DC 20420
United States of America

VA Space Planning Criteria (102)
Concurred Date: 11/29/11
SEPS Version 2.6.0

4. **Nourishment Station (NCWD1).. 80 NSF (7.4 NSM)**
Provide one per each Intensive Care Nursing Unit; minimum NSF; provide an additional 20 NSF if the total number of beds in each Intensive Care Nursing Unit is between 13 and 15.

5. **Workroom, Nurse (WRCH1).. 120 NSF (11.1 NSM)**
Provide one per Intensive Care Nursing Unit if authorized.

6. **Workroom, Team (WRCH1).. 180 NSF (16.7 NSM)**
Provide one per each Intensive Care Nursing Unit if authorized; minimum NSF; provide an additional 60 NSF if the total number of beds in each Intensive Care Nursing Unit is between 13 and 15.

7. **Utility Room, Clean (UCCL1) .... 80 NSF (7.4 NSM)**
Provide one per each Intensive Care Nursing Unit; minimum NSF; provide an additional 40 NSF if the total number of beds in each Intensive Care Nursing Unit is between 13 and 15.

This room is used for storage of sterile and non-sterile medical supplies.

8. **Utility Room, Soiled (USCL1) .... 80 NSF (7.4 NSM)**
Provide one per each Intensive Care Nursing Unit; minimum NSF; provide an additional 40 NSF if the total number of beds in each Intensive Care Nursing Unit is between 13 and 15.

This room provides an area for cleanup of medical equipment, instruments, and for disposal of waste material.

9. **Linen Room, Clean (LCCL2) .... 60 NSF (5.6 NSM)**
Provide one per each Intensive Care Nursing Unit; minimum NSF; provide an additional 40 NSF if the total number of beds in each Intensive Care Nursing Unit is between 13 and 15.

This room is used for storage of clean linen on carts.

10. **Material Handling Terminal, Clean (MMRP2) .... 80 NSF (7.4 NSM)**
Provide one per each Intensive Care Nursing Unit if authorized.

Space designated for access to the Clean Materials lift.

11. **Material Handling Terminal, Soiled (MMRP3) .... 80 NSF (7.4 NSM)**
Provide one per each Intensive Care Nursing Unit if authorized.

Space designated for access to the Soiled Materials lift.

12. **Chute Room, Waste Disposal (UTLC2).................................. 40 NSF (3.7 NSM)**
Provide one per each Intensive Care Nursing Unit if authorized.

13. **Chute Room, Soiled Linen Disposal (UTLC3)........................ 40 NSF (3.7 NSM)**
Provide one per each Intensive Care Nursing Unit if authorized.

14. **Storage, ICU Equipment (SRSE4) .... 180 NSF (16.7 NSM)**

Department of Veterans Affairs
Washington, DC 20420
United States of America

VA Space Planning Criteria (102)
Concurred Date: 11/29/11
SEPS Version 2.6.0

Provide one per each Intensive Care Nursing Unit; minimum NSF; provide an additional 40 NSF if the total number of beds in each Intensive Care Nursing Unit is between 13 and 15.

Allocated NSF can be decentralized to reduce travel distances for staff.

15. **Storage, Medical Gas (SRGC2) .... 50 NSF (4.6 NSM)**
Provide two per each Intensive Care Nursing Unit if authorized.

16. **Alcove, Crash Cart (RCA01) .... 20 NSF (1.9 NSM)**
Provide two per each Intensive Care Nursing Unit.

17. **Alcove, Mobile X-Ray Machine (XRM01) .... 40 NSF (3.7 NSM)**
Provide one per each Intensive Care Nursing Unit.

18. **Alcove, Wheelchair / Stretcher (SRLW1).............................. 40 NSF (3.7 NSM)**
Provide one per each Intensive Care Nursing Unit; minimum NSF; provide an additional 40 NSF if the total number of beds per each Intensive Care Nursing Unit is between 13 and 15.

19. **Housekeeping Aides Closet - HAC (JANC1) .... 60 NSF (5.6 NSM)**
Provide one per each Intensive Care Nursing Unit.

20. **Storage, Environmental Management Service (SRS01)....... 60 NSF (5.6 NSM)**
Minimum NSF; provide an additional 60 NSF for every increment of two Intensive Care Nursing Units.

This space provided for storing bulk supplies and large equipment used by Environmental Management Services.

21. **Recycling Room (UTR01)... 40 NSF (3.7 NSM)**
Provide one per each Intensive Care Nursing Unit if authorized.

D. <u>FA 4: Staff and Administrative Area</u>:

1. **On-Call Room (DUTY1) .... 120 NSF (11.1 NSM)**
Provide minimum one per each Intensive Care Nursing Unit; provide an additional one per each On-Call Room authorized greater than one.

2. **Toilet / Shower, On-Call Room (TLTS1)................................. 75 NSF (7.0 NSM)**
Provide one per each On-Call room.

3. **Office, Nurse Manager (OFA01 / OFA02)........................... 120 NSF (11.1 NSM)**
Provide one per each Intensive Care Nursing Unit; provide OFA01 if standard furniture is authorized or OFA02 if systems furniture is authorized.

Locate the Nurse Manager office in close proximity to the Nurse Station.

4. **Office, Nurse Supervisor (OFA01 / OFA02)....................... 120 NSF (11.1 NSM)**
Provide one per each Intensive Care Nursing Unit; provide OFA01 if standard furniture is authorized or OFA02 if systems furniture is authorized.

Department of Veterans Affairs
Washington, DC 20420
United States of America

VA Space Planning Criteria (102)
Concurred Date: 11/29/11
SEPS Version 2.6.0

5. **Office, Physician (OFD04)...120 NSF (11.1 NSM)**
   Provide one per each Physician FTE position authorized for each Intensive Care Nursing Unit.

6. **Office, Consultant (OFD04)..120 NSF (11.1 NSM)**
   Provide one per each Consultant FTE position authorized for each Intensive Care Nursing Unit.

7. **Office, Nurse Clinician (OFD04) ....120 NSF (11.1 NSM)**
   Provide one per each Nurse Clinician FTE position authorized for each Intensive Care Nursing Unit.

8. **Office, Clinical Researcher (OFD04)....................................120 NSF (11.1 NSM)**
   Provide one per each Clinical Researcher FTE position authorized for each Intensive Care Nursing Unit.

9. **Office, Physician Assistant (OFD04) ....120 NSF (11.1 NSM)**
   Provide one per each Physician Assistant FTE position authorized for each Intensive Care Nursing Unit.

10. **Office, Social Worker (OFA01 / OFA02).............................120 NSF (11.1 NSM)**
    Provide one per each Social Worker FTE position authorized for each Intensive Care Nursing Unit; provide OFA01 if standard furniture is authorized or OFA02 if systems furniture is authorized.

11. **Office, Dietician (OFA01 / OFA02).......................................120 NSF (11.1 NSM)**
    Provide one per each Dietician FTE position authorized for each Intensive Care Nursing Unit; provide OFA01 if standard furniture is authorized or OFA02 if systems furniture is authorized.

12. **Office, Clinical Pharmacist (OFA01 / OFA02)....................120 NSF (11.1 NSM)**
    Provide one per each Clinical Pharmacist FTE position authorized for each Intensive Care Nursing Unit; provide OFA01 if standard furniture is authorized or OFA02 if systems furniture is authorized.

13. **Cubicle, Ward Clerk (OFA03)...60 NSF (5.6 NSM)**
    Provide one per each Ward Clerk FTE position authorized for each Intensive Care Nursing Unit.

14. **Cubicle, Administration (OFA03) ....60 NSF (5.6 NSM)**
    Provide one per each Administration FTE position authorized for each Intensive Care Nursing Unit.

15. **Storage, Patient Records (FILE1)...60 NSF (5.6 NSM)**
    Provide one per each Intensive Care Nursing Unit; minimum NSF; provide an additional 20 NSF if the total number of beds per each Intensive Care Nursing Unit is between 13 and 15.

16. **Copier / Printer Room (RPR01) ....80 NSF (7.4 NSM)**
    Provide one per each Intensive Care Patient Unit if authorized.

Department of Veterans Affairs
Washington, DC 20420
United States of America

VA Space Planning Criteria (102)
Concurred Date: 11/29/11
SEPS Version 2.6.0

17. **Lounge, Staff (SL001)**.. 100 NSF (9.3 NSM)
Provide one per each Intensive Care Nursing Unit; minimum NSF; provide an additional 15 NSF per each FTE position working on peak shift greater than ten.

18. **Locker Room, Staff (LR002)** .... 60 NSF (5.6NSM)
Provide one per each Intensive Care Nursing Unit; minimum NSF; provide an additional 10 NSF per each FTE position working on peak shift greater than ten.

19. **Toilet, Staff (TLTU1)** .... 60 NSF (5.6 NSM)
Provide one per each Intensive Care Nursing Unit; minimum NSF; provide an additional one for every increment of ten FTE positions authorized greater than ten.

E. FA 5: Education Area:

Spaces listed in this heading are to be authorized. Spaces should be reviewed for coordination with SPC Chapter 402 – Educational Facilities.

1. **Office, Residency Program Director (OFA01)**.................... 120 NSF (11.1 NSM)
Provide one per Intensive Care Nursing Units Service if authorized.

2. **Cubicle, Intern / Resident / Fellow (OFA03)** .... 80 NSF (7.4 NSM)
Provide one per each Intern, Resident, and Fellow FTE position authorized.

3. **Office, Patient Care Instructor (OFA01 / OFA02)** .... 120 NSF (11.1 NSM)
Provide one per each Patient Care Instructor FTE position authorized; provide OFA01 if standard furniture is authorized or OFA02 if systems furniture is authorized.

4. **Library (LIBB1)**.. 140 NSF (13.0 NSM)
Provide one per Intensive Care Nursing Units Service if authorized.

   Consider combining with Conference / Classroom (CRA02).

5. **Conference / Classroom (CLR01)** .... 300 NSF (27.9 NSM)
Provide one per Intensive Care Nursing Units Service if authorized.

   Consider combining with Library (LIBB1).

Department of Veterans Affairs
Washington, DC 20420
United States of America

VA Space Planning Criteria (102)
Concurred Date: 11/29/11
SEPS Version 2.6.0

6 DESIGN CONSIDERATIONS

A. Net-to-department gross factor (NTDG) for Patient Care Unit is **1.65**. This number, when multiplied by the programmed Net Square Foot (NSF) area determines the Departmental Gross Square Feet (DGSF).

B. Consider grouping Intensive Care Patient Rooms in pairs for clinical care and design efficiency.

C. Separation of patient, visitor, and support traffic should be considered to the greatest extent possible, and should be considered in the placement of the bed tower and in connections to ancillary services.

D. Standardization of rooms and modular design should be considered to allow flexibility to adapt to new technologies and respond to changes in patient volumes.

E. Design should accommodate patient privacy and confidentiality in all areas, and in reception and patient care areas in particular. This includes visual and auditory considerations.

F. Where possible, the department should be configured to limit the mix of patient and service functions, and to maintain clear separation of clean and dirty functions to avoid cross contamination.

G. Corridors should be designed to a minimum of 8 feet clear width to accommodate passage of equipment or beds and two stretchers and/or wheelchairs.

H. Administration and support areas should be located and designed to maximize staff and space efficiency, and reduce staff travel distances.

I. Refer to Department of Veterans Affairs (VA) Office of Construction and Facilities Management Technical Information Library (www.cfm.va.gov/til/) for additional technical criteria.

J. Refer to Design Guide for Intensive Care Nursing Units for a detailed discussion of functional and design considerations.

Department of Veterans Affairs
Washington, DC 20420
United States of America

VA Space Planning Criteria (102)
Concurred Date: 11/29/11
SEPS Version 2.6.0

7 FUNCTIONAL RELATIONSHIPS
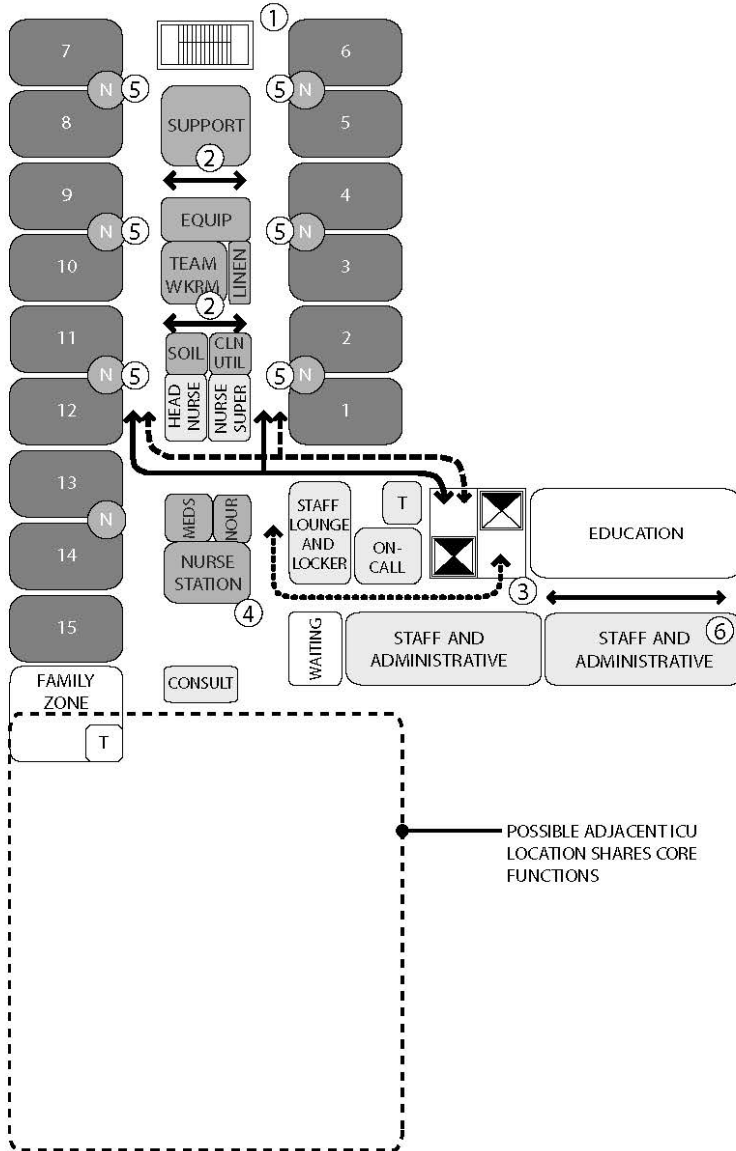
Relationship of Medical / Surgical Inpatient Units to services listed below:

TABLE 2: FUNCTIONAL RELATIONSHIP MATRIX

SERVICES	RELATIONSHIP	REASON
Medical /.Surgical Inpatient Units	3	G, H
Patient Prep and Recovery	3	G, H
Emergency Department	3	G, H
Main Entrance	4	H
Surgery	3	C, G
Cardiovascular Labs	3	C, G
Endoscopy	3	C, G
Ambulatory Surgery/ Minor Procedure	N	
Radiology	3	C, G
Diagnostic Testing	3	C, G
Pulmonary Clinic / Testing	3	C, G
Cardiology Clinic / Testing	3	C, G
Digestive Disease Clinic/Testing	3	C, G
Neurology Clinic/Testing	3	C, G
Ventilator Storage	1	B, G, I
Respiratory Therapy	1	G, I
Pharmacy	5	B, C, G, I
Laboratory	5	B, C, G, I
Social Work / Case Management	1	H
PT/OT	3	H
Food Service / Kitchen	5, X	E
Sterile Processing Department (SPD)	5	B
Staff On-Call Rooms	2	C
Linen Storage	5	B
Waste Management	5, X	B, E, F
Loading Dock	5	B, D

LEGEND	
Relationship:	Reasons: (Use as many as appropriate)
1. Adjacent	A. Common use of resources
2. Close / Same Floor	B. Accessibility of supplies
3. Close / Different Floor Acceptable	C. Urgency of contact
4. Limited Traffic	D. Noise or vibration
5. Connection Needed	E. Presence of odors or fumes
N. Not Applicable	F. Contamination hazard
X. Separation Desirable	G. Sequence of work
	H. Patient's convenience
	I. Frequent contact
	J. Need for security
	K. Closeness inappropriate
	L. Interference

Department of Veterans Affairs
Washington, DC 20420
United States of America

VA Space Planning Criteria (102)
Concurred Date: M/D/Y
SEPS Version 2.6.0

8   FUNCTIONAL DIAGRAM

1. WINDOWS AT THE END OF CORRIDORS ENABLE WAY FINDING AND BRING NATURAL LIGHT INTO THE CORE

2. LOCATE SUPPORT SPACE DOORS IN CROSS CORRIDORS OFF STAGE OF MAIN CORRIDORS TO REDUCE TRAFFIC AND LIMIT NOISE IN PATIENT CORRIDORS. ACCESS FROM BOTH CORRIDORS

3. SEPARATE PUBLIC ENTRY POINTS FROM PATIENT AND SERVICE ACCESS

4. LOCATE NURSE STATION OR COMMUNICATION CENTER ADJACENT TO ENTRANCE TO THE UNIT

5. DECENTRALIZE NURSE STATIONS TO INCREASE PATIENT VISIBILITY AND REDUCE NURSE TRAVEL DISTANCES

6. LOCATE STAFF SUPPORT CLOSE TO UNIT BUT AWAY FROM PATIENT ROOMS FOR STAFF RESPITE AND TO REDUCE NOISE ON UNIT

LEGEND

- PATIENT ROOM
- CLINICAL SUPPORT AREA
- STAFF SUPPORT AREA
- PUBLIC/ WAITING AREA

- STAFF/ SERVICE
- VISITOR
- INPATIENT
- VISITORS ELEVATORS
- PATIENT & SERVICE ELEVATORS