CHAPTER 110: VETERANS HEALTH ADMINISTRATION: MENTAL HEALTH AND BEHAVIORAL PATIENT CARE UNITS

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1 PURPOSE AND SCOPE

This document outlines space planning criteria for Chapter 110: Mental Health and Behavioral Patient Care Units. It applies to all medical facilities at the Department of Veterans Affairs (VA).

A Mental Health and Behavioral Patient Care Unit is an inpatient mental health program that provides inpatient accommodations, delivery of health care, direct supportive facilities, and institutional services. Mental Health programs include Psychiatric, Substance Abuse, Drug Abuse, and Alcohol Dependency treatment.

2 DEFINITIONS

- A. <u>Concept of Operations</u>: A user-developed guide to the functional operation of the VA healthcare facility. It defines the function of the facility and the scope of medical services to be provided in the new or remodeled space.
- B. <u>Departmental Conversion Factor</u>: A parameter, determined by the VA for each 7610 chapter, used to convert the programmed Net Square Foot (NSF) area to the Department Gross Square Foot (DGSF) area. The Departmental Conversion Factor for this chapter is 1.65.
- C. <u>Full-Time Equivalent (FTE)</u>: 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 hours per week.
- D. <u>Functional Area</u>: The grouping of rooms and spaces based on their function within a clinical service. Typical Functional Areas are Reception Areas, Patient Areas, Support Areas, Staff and Administrative Areas, and Residency Program.
- E. <u>Input Data Statements</u>: 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 related, based in the project's Concept of Operations; and 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.
- F. <u>Isolation / Restraint:</u> A method of involuntary restriction, chemical or physical, of an individual's freedom of movement, physical activity, or normal access to his /her body.
- G. <u>Isolation / Seclusion</u>: A short-term occupancy by any patient observed to be violent, suicidal or requiring additional direct supervision. The involuntary confinement of a person in a locked room (JCAHO, 2000).
- H. <u>Isolation / Seclusion Suite</u>: Includes a seclusion room, seclusion anteroom for nurse observation and charting, and a seclusion toilet. The suite should be

- designed to keep the patient under direct supervision and should have no furniture or sharp corners of which a patient can inflict harm on oneself or others.
- I. Mental Health and Behavioral Patient Care Unit: An inpatient Mental Health unit comprised of a range of sixteen and thirty one with associated support spaces. A Mental Health Unit can include Psychiatric beds, Substance Abuse beds, Drug Abuse Treatment beds, and Alcohol Dependency beds.
- J. Net-to-department-gross (NTDG): A parameter, determined by the VA for each Space Planning Criteria Chapter, used to convert the programmed Net Square Foot (NSF) area to the Department Gross Square Foot (DGSF) area. The NTDG Departmental Conversion Factor for Mental Health and Behavioral Patient Care Unit is 1.65.
- K. <u>Program for Design (PFD)</u>: A space program generated by VA-SEPS based on criteria set forth in this document and specific information entered about Concept of Operations, Workload projections and Staffing levels authorized.
- L. 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.
- M. <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.
- N. <u>Workload</u>: Workload is the anticipated number of procedures or suite stops that are 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. Workload Projections or planned services / modalities for a specific VA medical center, hospital or satellite outpatient clinic project are provided by the VA Central Office (VACO) / VISN CARES Capacity Projection Model. The workload projections are generated by methodology based upon the expected veteran population in the respective market / service area. Healthcare planners working on VA medical center, hospital or satellite outpatient clinic 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 Mental Health and Behavioral Patient Care 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 heath care for Veterans.
- C. 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 Mental Health and Behavioral Patient Care Units equipment is determined by VACO and upon Veterans Health Administration (VHA) anticipated medical needs.
- D. The minimum number of beds to generate one Mental Health and Behavioral Patient Care Unit is sixteen beds; the maximum is thirty one beds.

4 PROGRAM DATA REQUIRED (Input Data Questions)

- A. Mission Input Data Statements:
 - 1. Is a Waiting space in every patient care unit authorized? (M)
 - Is a Medical Gas Storage Alcove / Room in every patient care unit authorized?
 (M)
 - 3. Is a Recycling Area in every patient care unit authorized? (M)
 - 4. Is a Linen Disposal Chute Room in every patient care unit authorized? (M)
 - 5. Is a Trash Disposal Chute Room in every patient care authorized? (M)
 - 6. Is a food service Serving Line in each patient care unit authorized? (M)
 - 7. Is a Residency Program authorized? (M)
 - a. Is a Residency Program Director FTE position authorized? (M)
 - b. Is a Conference Room / Classroom in each patient care unit for the Residence Program authorized? (M)
 - 8. Is a Nursing Instructor FTE position for every patient care unit authorized? (M)
 - 9. Is bulk food storage in every patient care unit authorized? (M)
 - 10. Is non food storage in every patient care unit authorized? (M)
 - 11. Is a multi-purpose office for the Substance Abuse patient care unit authorized? (M)

B. Workload Input Data Statements:

- How many Mental Health and Behavioral Patient Care Unit patient beds are projected? (W)
- 2. How many Mental Health and Behavioral Patient Care Unit bariatric patient beds per patient care unit are projected? (W)

C. Staffing Input Data Statements:

- 1. How many Head Nurse FTE positions are authorized? (S)
- 2. How many Ward Clerk FTE positions are authorized? (S)
- 3. How many Physician / Consult FTE positions are authorized? (S)
- 4. How many Psychologist FTE positions are authorized? (S)
- 5. How many Psychiatrist FTE positions are authorized? (S)
- 6. How many Chaplain FTE positions are authorized? (S)
- 7. How many Social Worker FTE positions are authorized? (S)
- 8. How many Dietitian FTE positions are authorized? (S)

- 9. How many Rehabilitation Medicine Therapist FTE positions are authorized? (S)
- How many Physician Assistant / Nurse Clinician FTE positions are authorized?
 (S)
- 11. How many Vocational Rehabilitation Specialist FTE positions are authorized? (S)
- 12. How many Vocational Rehabilitation Specialist Technician FTE positions are authorized? (S)
- 13. How many House Staff FTE positions are authorized? (S)

D. Miscellaneous Input Data Statements:

- How many FTE positions are not authorized to have office or cubicle space? (Misc)
- 2. How many FTEs will work on peak shift? (Misc)
- 3. Is office space for Social Workers assigned to Mental Health and Behavioral Patient Care Unit provided in Social Work Service? (Misc)
- 4. Is office space for Dietitians assigned to Mental Health and Behavioral Patient Care Unit provided in Nutrition and Food Service? (Misc)
- 5. Is office space for Nurse Supervisor assigned to Mental Health and Behavioral Patient Care Unit provided in the Nursing Administration area? (Misc)

5 SPACE CRITERIA

The minimum number of patient beds, of all types, to generate one Mental Health and Behavioral Patient Care Unit is sixteen; the maximum is thirty-one.

A. Patient Care Unit: Reception Areas

Waiting should be connected to the patient entrance corridor and be under visual control of the Nurse Station.

2. Interview Room (OFDC2)......120 NSF (11.2 NSM)

Provide two per each patient care unit.

Interview Rooms may be also used as Visitation Rooms.

B. Patient Care Unit: Patient Areas

- 1. Patient Room, One-Bed (BRNP1)......125 NSF (11.7 NSM)

 Provide one for fifty percent of the patient beds projected for each patient care unit.

3.	Bathroom, Patient (TLTP3)65 NSF (6.0 NSM) Provide one for each One-Bed and Two-Bed Patient Room.		
4.	4. Patient Room, Bariatric (BRNP1)		
	Bariatric Patient Rooms as single bed only.		
5.	Bathroom, Bariatric Patient (TLTP3)75 NSF (7.0 NSM) Provide one per each Bariatric Patient Room.		
6.	Isolation Room (BRNP5)80 NSF (7.5 NSM) Provide one per each patient care unit.		
	This room requires a restraint bed for the patient and direct supervision by staff.		
7.	Seclusion Room (BRNP5)		
8.	Anteroom, Isolation / Seclusion Room (BRNP6) 100 NSF (9.3 NSM) Provide one per each patient care unit.		
	The Ante Room provides controlled access from the Isolation Room and the Seclusion Room to the Toilet and Shower Room.		
9.	Bathroom, Isolation / Seclusion Room (TLTP3)65 NSF (6.0 NSM) Provide one per each patient care unit.		
	This bathroom is shared by the Isolation Room and the Seclusion Room and is accessed through the Anteroom.		
10. Shower Room, Patient (SHWR2)100 NSF (9.3 NSM) Provide one per each patient care unit.			
11	. Vestibule, Patient Shower Room (LOB02)40 NSF (3.8 NSM) Provide one per each patient care unit.		
12	. Toilet , Patient (TLTP1)50 NSF (4.7 NSM) Provide one per each patient care unit.		
	Locate in close proximity to the Dining Room and Day Room.		
13	. Exam Room (EXRG3)		
14	Dining Room (FSCD1)		

	15.	Day Room (DAYR1)			
		The Day Room provides space for patient activities.			
	16.	Group Room (OPMH1)225 NSF (21.0 NSM) Provide one per each patient care unit.			
	17.	Nourishment Station (NCWD1)			
		This area should be in direct control of nurse staff, and located adjacent to the Day Room.			
	18.	Storage, Patient (SRPB1)			
	19.	Laundry Room, Patient (NULR1)90 NSF (8.4 NSM) Provide one per each patient care unit.			
	20.	Quiet Room (OFDC2)			
		A Quiet Room is a place where a patient can go to calm down if over stimulated by other activities or events.			
C.	<u>Pa</u>	Patient Care Unit: Support Areas			
	1.	Utility Room, Clean (UCCL1)			
	2.	Utility Room, Soiled (USCL1)			
	3.	Linen Room, Clean (LCCL1)			
	4.	Linen Room, Soiled (UTLC1)			
	5.	Medication Room (MEDP1)80 NSF (7.5 NSM) Provide one per each patient care unit.			
	6.	Storage, Equipment (SRSE1)			
	7.	Storage, Medical Gas Alcove / Room (SRGC2)50 NSF (4.7 NSM) Provide one per each patient care unit if Medical Gas storage in patient care unit is authorized in Concept of Operations.			

D.

8. Alcove, Crash Cart (RCA01)
9. Storage, Environmental Management (SRS01)80 NSF (7.5 NSM) Provide one per each patient care unit.
10. Recycling Area (UTCL1)
11. Data & Tele-Communications Room (COMC1) 120 NSF (11.2 NSM) Provide one per each patient care unit.
12. Disposal Chute Room, Linen (UTLC1)
Area includes an enclosed vestibule.
13. Disposal Chute Room, Trash (UTC01)
Area includes an enclosed vestibule.
14. Alcove, Stretcher / Wheelchair (SRLW1)70 NSF (6.6 NSM) Provide one per each patient care unit.
15. Serving Line (FSPT1)
16. Storage, Non Food (SRS01)
17. Storage, Bulk Food Carts (FSCS1)
18. Housekeeping Aids Closet - HAC (JANC1) 40 NSF (3.8 NSM) Provide two per each patient care unit.
Patient Care Unit: Staff and Administrative Areas
Nurse Station (NSTA1)
The central control point for the patient unit

	2.	Nurse Workroom (WRCH1)	
	3.	Dictation Area (WRCH1)	
		This area is used for physician charting.	
	4.	Office, Multi-purpose Substance Abuse (OFDC1) 120 NSF (11.2 NSM) Provide one per each patient care unit if authorized in Concept of Operations.	
	5.	Conference / Report Room (CRA01)250 NSF (23.3 NSM) Provide one per each patient care unit.	
		Locate adjacent to Communications Center.	
	6.	On-Call Room (DUTY1)80 NSF (7.5 NSM) Provide two per each patient care unit.	
	7.	On-Call Bathroom (TLTS1)70 NSF (6.6 NSM) Provide two per each patient care unit.	
E.	Staff and Administrative Areas		
	1.	Office, Head Nurse (OFA01 / OFA02)	
		Locate this space adjacent to the Nurse Station.	
	2.	Cubicle, Ward Clerk (OFA03)80 NSF (7.5 NSM) Provide one per Ward Clerk FTE position authorized.	
		The location of the Ward Clerk Office may be in a separate room and interconnected with the Nurse Station for performance of Medical Administration duties.	
	3.	Office, Physician / Consult (OFD03)120 NSF (11.2 NSM) Provide one per Physician / Consult FTE position authorized.	
	4.	Office, Physician Assistant / Nurse Clinician (OFD03)	
	5.	Office, Psychologist (OFDC1)120 NSF (11.2 NSM) Provide one per Psychologist FTE position authorized.	
	6.	Office, Psychiatrist (OFDC1)120 NSF (11.2 NSM) Provide one per Psychiatrist FTE position authorized.	

Provide one per Chaplain FTE position authorized. A Chaplain conducts religious services and provides spiritual and moral guidance and assistance as requested. 8. Office, Social Worker (OFDC1)......120 NSF (11.2 NSM) Provide one per Social Worker FTE position authorized and if office space is not provided in Social Work Service (Chapter 282). 9. Office, Dietician (OFDC1)120 NSF (11.2 NSM) Provide one per Dietician FTE position authorized and if office space is not provided in Nutrition and Food Service (Chapter 224). 10. Office, Nursing Supervisor (OFA01 / OFA02)......120 NSF (11.2 NSM) Provide one per every four patient care units if office space is not provided in Nursing Service Administration (Chapter 254); provide OFA01 if standard furniture is authorized or OFA02 if systems furniture is authorized. 11. Office, Rehabilitation Medicine Therapist (OFDC1)......120 NSF (11.2 NSM) Provide one per Rehabilitation Medicine Therapist FTE position authorized. 12. Office, Vocational Rehabilitation Specialist (OFDC1)120 NSF (11.2 NSM) Provide one per Vocational Rehabilitation Specialist FTE position authorized. 13. Office, Rehabilitation Technician (OFDC1)120 NSF (11.2 NSM) Provide one per Vocational Rehabilitation Specialist Technician FTE position authorized. F. Staff Lockers, Lounge, and Toilets The spaces below provide programming of Lounge, Lockers, and Toilets at department / service / chapter level. Alternatively, sum all departments / services data for Lockers, Lounges and Toilets, and provide space in Chapter 410-EMS Lockers, Lounges, Toilets and Showers. Either/or – do not duplicate space. Provide locker space only for those FTEs without office or cubicle space. 1. Lounge, Staff (SL001)......80 NSF (7.5 NSM) Minimum NSF; provide an additional 15 NSF per each projected FTE on peak shift greater than five; maximum 210 NSF For less than five FTE combine Lounge facilities with adjacent department or sum in chapter 410. 2. Locker Room, Staff (LR001)......80 NSF (7.5 NSM) Minimum NSF if total number of FTEs not authorized to have office or cubicle space is between five and thirteen. Provide an additional 6 NSF per FTE not authorized to have office or cubicle space greater than thirteen.

Provide locker space only for those FTEs without assigned office or cubicle space. For less than five FTE combine Locker Room facilities with adjacent department or sum in chapter 410.

3. **Toilet, Staff (TLTU1).......50 NSF (4.7 NSM)**Minimum one; provide an additional staff toilet for each increment of five projected FTEs on peak shift greater than thirteen.

G. Residency Program

The spaces below provide programming of educational spaces at department / service / chapter level. Alternatively, sum all departments/services data for Residency Program, and program space in Chapter 402-Educational Facilities. Either/or – do not duplicate space.

- 1. Office, Residency Program Director (OFD03)......120 NSF (11.2 NSM)

 Provide one if a Residency Program Director FTE position is authorized in

 Concept of Operations
- 2. Office, House Staff (OFA01 / OFA02).......120 NSF (11.2 NSM) Minimum NSF; provide an additional 40 NSF per each additional House Staff FTE position greater than two and if house staff is authorized in Concept of Operations; provide OFA01 if standard furniture is authorized or OFA02 if systems furniture is authorized..
- 4. Conference / Classroom (CRA01)......300 NSF (27.9 NSM)

 Provide one per patient care unit if authorized in Concept of Operations.
- 5. Conference Storage (SRE01)25 NSF (2.40 NSM) Provide one per Conference / Classroom.

6 PLANNING AND DESIGN CONSIDERATIONS

- A. Net-to-department gross factor (NTDG) for Mental Health and Behavioral 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. The location of the Nurse Station should afford visibility and control of all visitors to the patient care unit and visual control of the patients' dayroom. It should be conveniently accessible to / from any point within the patient care unit with a maximum distance to the farthest patient room not exceeding 120 linear feet.
- C. Corridors should be designed a minimum of 8 feet in width, to accommodate passage of two stretchers and/or wheelchairs, equipment or beds.

- D. One-bed Patient Rooms are provided to respond to increasing patient acuity, isolation concerns, patient privacy, and patient safety by minimizing patient transfers.
- E. Two-bed Patient Rooms are provided for patients whose mental diagnosis and treatment planning is better served with additional patient interaction.
- F. All patient bed rooms will have a private connecting bathroom with toilet, shower and lavatory.
- G. The net square footage (NSF) allowance per bed room does not include the following:
 - 1. An entrance vestibule, including the door swing
 - 2. The service alcove area with lavatory (if provided)
 - 3. Toilet and bathing accommodations
- H. The Isolation / Seclusion Room will be designed to eliminate self-injury by the patient. The room will be located close to the Nurse Station and be served by an anteroom, which acts as a buffer zone between the patient room and the corridor. The door from the patient room and for the bathroom will open out into the anteroom and will not have hardware on the interior (patient side) of the room.
- I. Ceilings should be of tamper-resistant gypsum board. Air diffusers, lighting fixtures, fire suppression systems, and other required fixtures should be of the tamper resistant type.
- J. Security and safety devices should be tamper proof.
- K. Refer to Department of Veterans Affairs (VA) Office of Facilities Management Handbooks, Standards, Standard Details, and Design Guides for technical criteria.

7 INTERFUNCTIONAL RELATIONSHIP

Relationship of Mental Health and Behavioral Patient Care Units to services listed below:

TABLE 1: FUNCTIONAL RELATIONSHIP MATRIX

SERVICES	RELATIONSHIP	REASON
Police Service	3	C,J
Physical Medicine and Rehabilitation Service	3	
Primary Care (Emergency Care)	3	
Social Work	4	H,G
Mental Health Clinic	4	A,H
Psychology Service	4	Α
Substance Abuse Clinic	4	A,H
Spinal Cord Injury / Disorders Center	X	L

Legend:

Relationship:

- 1. Adjacent
- 2. Close / Same Floor
- 3. Close / Different Floor Acceptable
- 4. Limited Traffic
- X. Separation Desirable

Reasons:

(Use as many as appropriate)

- A. Common use of resources
- B. Accessibility of supplies
- C. Urgency of contact
- D. Noise or vibration
- E. Presence of odors or fumes
- F. Contamination hazard
- G. Sequence of work
- H. Patient's convenience
- I. Frequent contact
- J. Need for security
- K. Others (specify)
- L. Closeness inappropriate

8 FUNCTIONAL DIAGRAM

