# CHAPTER 111: POLYTRAUMA REHABILITATION CENTER (PRC)

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#### 1 PURPOSE AND SCOPE

A. This document provides VA Space Planning Criteria for Chapter 111: Polytrauma Rehabilitation Center. It applies to the five PRC's within medical facilities at the Department of Veterans Affairs (VA).

Criteria approved by the Department of Veterans Affairs (VA) on April 15, 2008.

#### 2 DEFINITIONS

- A. <u>Activities of Daily Living (ADL) Area</u>: A treatment area where a modified home environment is created to evaluate and retrain patients. This area includes a kitchen, bathroom, living and bedroom settings, and laundry.
- B. <u>Affiliated</u>: An arrangement whereby a school of medicine agrees to partially staff a VA facility with faculty physicians, residents and interns. In return, the VA provides the medical school with a venue to train new physicians. In this arrangement, the VA retains responsibility for the care of its patients while the school of medicine retains responsibility for all graduate level education and training.
- C. <u>Assistive Technology Lab:</u> A dedicated space that includes a variety of state of the art products, devices and equipment that may enable patients with disabilities to accomplish daily living tasks, assist them in communication, education, work or recreation activities, in essence, help them achieve greater independence and enhance their quality of life.
- D. <u>Cardiopulmonary Rehabilitation</u>: A program that involves medical evaluation, prescribed exercise, education, and counseling of patients with cardiac disease in order to reverse the limitations caused by cardiac events. This program requires VHA approval and space for this function is determined on an individual project basis.
- E. <u>Clinic Stop</u>: 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 clinic stops in a single visit or in one day.
- F. Compensated Work Therapy: This program provides therapeutic sheltered workshop environments where veterans are paid on a piece-rate basis (based on the current federal hourly minimum wage) for work performed on contracts negotiated with private businesses. Patients work in a realistic, non-institutional working environment to further develop work tolerances and prevocational skills while promoting effective work habits and social skills. Patients work in this therapy for up to 6.5 hours daily.
- G. <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.
- H. <u>Driver Training</u>: This program provides disabled veterans instruction, practice, and evaluation of the special adaptive equipment needed to independently operate a motor vehicle.

- I. <u>Educational Therapy</u>: Treatment using activities designed to improve the educational skills of the patient.
- J. <u>EMG</u>: An acronym for Electromyogram. This is a test to evaluate nerve and muscle function.
- K. <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.
- L. <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.
- M. <u>Input Data Statement</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. This information is processed through mathematical and logical operations in VA-SEPS.
- N. <u>Kinesiotherapy (KT)</u>: The application of scientifically based exercise principles adapted to enhance the strength, endurance, and mobility of individuals with functional limitations or those requiring extended physical conditioning.
- O. <u>Net-to-department gross factor (NTDG)</u>: This number, when multiplied by the programmed net square foot (NSF) area, determines the departmental gross square feet (DGSF). The **NTDG** factor adopted for the **Polytrauma Rehabilitation Center** is **1.65**.
- P. <u>Occupational Therapy</u>: Therapy based on engagement in meaningful activities of daily life such as self-care skills, education, work, and social interaction, to enable or encourage participation in such activities despite impairments or limitations in physical or mental functioning.
- Q. <u>Physical Medicine and Rehabilitation Service</u>: A medical, multidisciplinary, team orientated treatment process designed to reduce the dysfunctional effects of a wide variety of social and physical disabilities.
- R. <u>Physical Medicine and Rehabilitation Service Provider</u>: A medical professional providing patient care in the Physical Medicine and Rehabilitation Service who is a Physiatrist, Physical Therapist, Occupational Therapist, Kinesiotherapist, or a Vocational Rehabilitation Therapist.
- S. <u>Physical Therapy (PT)</u>: A treatment that provides therapeutic interventions for patients whose ability to function is impaired by disease, injury, or other causes. This includes those with pain, neuromuscular, musculoskeletal, cardiopulmonary, and integumentary conditions. Physical Therapy includes that prevention of injury and impairment through the promotion and maintenance of fitness.

- T. <u>Program for Design (PFD)</u>: A space program based on criteria set forth in this document and specific information about Concept of Operations, workload projections and staffing levels authorized.
- U. 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.
- V. <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 VHA 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.
- W. <u>Vocational Rehabilitation Therapy (VRT)</u>: A treatment that determines the jobs that are best suited for an individual through the use of interviews, evaluation of abilities, and tests of manual and physical skills. VRT services are associated most often with Employment Services Program and there is a renewed interest in this program associated with the VA's younger population.
- X. <u>Work Evaluation Program</u>: A program that identifies personal barriers to obtaining and maintaining employment including vocational, behavioral, emotional, attitudinal, and social barriers in order to identify appropriate employment options.
- Y. Workload: Workload is the anticipated number of procedures or suite 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. 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) / or VSSC 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 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 Polytrauma Rehabilitation Centers and their relationships with other services of a medical facility. These criteria are based on established and/or projected 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 equipment is determined by VACO and upon Veterans Health Administration (VHA) anticipated medical needs.
- D. Room capacity per year should be based on:

Operating days per year x Hours of operation per day

= Number of

Minutes per procedure / 60 minutes annual procedures

- 1 The general planning model for VA facilities assumes 250 Operating Days per Year and 8 Hours of Operation per Day. Room capacity will fluctuate as hours of operation are modified, i.e., additional capacity may be generated by extending the daily hours of operation within the same physical setting.
- 2 The Basic Room Efficiency Factor for Polytrauma Rehabilitation Center is 85%.

The number of annual clinic stops per patient area will be used as a criteria parameter to calculate the number of Exam / Treatment Stations in the Space Criteria section of this document.

## 4 PROGRAM DATA REQUIRED (Input Data Questions)

- A. Is an Inpatient Unit authorized for this facility?
  - 1. How many Inpatient Beds are authorized? (12 or 18?)
  - 2. How many Inpatient Unit Ward Clerk FTE positions are authorized?
  - 3. How many Inpatient Unit Nurse Manager FTE positions are authorized?
  - 4. How many Inpatient Unit Social Worker FTE positions are authorized?
  - 5. How many Inpatient Unit CCRN Case Manager FTE positions are authorized?
  - 6. How many Inpatient Unit Nurse Educator FTE positions are authorized?
  - 7. How many Inpatient Unit Counseling Psychologist FTE positions are authorized?
  - 8. How many Inpatient Unit Neuropsychologist FTE positions are authorized?
  - 9. How many Inpatient Unit Family Therapist FTE positions are authorized?
  - 10. How many Inpatient Unit Blind Rehabilitation Specialist FTE positions are authorized?
  - 11. How many Inpatient Unit Physical Therapist FTE positions are authorized?
  - 12. How many Inpatient Unit Recreational Therapist FTE positions are authorized?
  - 13. How many Inpatient Unit Occupational Therapist FTE positions are authorized?
  - 14. How many Inpatient Unit Speech Therapist FTE positions are authorized?
  - 15. How many Inpatient Unit Military Liaison FTE positions are authorized?

- a Total number of Inpatient Unit FTE positions authorized (Computer calculated value, no user input needed)
- B. Is an Outpatient Unit authorized for this facility?
  - 1. How many Outpatient Units are authorized?
  - 2. How many Outpatient Unit Physiatrist FTE positions are authorized?
  - 3. How many Outpatient Unit Neuropsychologist FTE positions are authorized?
  - 4. How many Outpatient Unit Blind Rehabilitation Specialist FTE positions are authorized?
  - 5. How many Outpatient Unit Certified Driver Trainer FTE positions are authorized?
  - 6. How many Outpatient Unit Physical Therapist FTE positions are authorized?
  - 7. How many Outpatient Unit Recreational Therapist FTE positions are authorized?
  - 8. How many Outpatient Unit Occupational Therapist FTE positions are authorized?
  - 9. How many Outpatient Unit Military Liaison FTE positions are authorized?
  - 10. How many Outpatient Unit Speech Language Pathologist FTE positions are authorized?
  - 11. How many Outpatient Unit Nurse Case Manager FTE positions are authorized?
  - 12. How many Outpatient Unit Social Worker FTE positions are authorized?
  - 13. How many Outpatient Unit Counseling Psychology FTE positions are authorized?
  - 14. How many Outpatient Unit Vocational Rehabilitation Counselor FTE positions are authorized?
  - 15. How many Outpatient Unit Vocational Rehabilitation Psychology FTE positions are authorized?
    - a. Total number of Outpatient Unit FTE positions authorized (Computer calculated value, no user input needed)
- C. Are Transitional Rehabilitation Units authorized for this facility?
  - 1. How many Transitional Rehabilitation Units are authorized?
  - 2. How many Transitional Rehabilitation Unit Ward Clerk FTE positions are authorized?
  - 3. How many Transitional Rehabilitation Unit Physiatrist FTE positions are authorized?
  - 4. How many Transitional Rehabilitation Unit Recreational Therapist FTE positions are authorized?
  - 5. How many Transitional Rehabilitation Unit Occupational Therapist FTE positions are authorized?
  - 6. How many Transitional Rehabilitation Unit Case Manager / Social Worker FTE positions are authorized?
  - 7. How many Transitional Rehabilitation Unit Psychologist / Neuropsychologist FTE positions are authorized?
  - 8. How many Transitional Rehabilitation Unit Speech Language Pathologist FTE positions are authorized?

a. Total number of Transitional Rehabilitation Unit FTE positions authorized (Computer calculated value, no user input needed)

### **5 SPACE CRITERIA**

A.	Inp	patient / Outpatient Units: Reception Areas
	1.	Lobby (LOB01)
	2.	Reception (WRC01)
		Includes an Information Desk.
	3.	Toilet, Visitor (TLTU1)
	4.	Vending Area (BX001)50 NSF (4.7 NSM)  Provide one per Inpatient / Outpatient Unit Lobby.
A.	<u>Inp</u>	patient Unit: Patient Areas
	1.	Sub Waiting (WRC01)
		This space includes visitor waiting.
	_	
	2.	Patient Room, One-Bed (BRPT1)
		Provide eleven if a 12-bed Inpatient Unit is authorized; provide an additional five if
		Provide eleven if a 12-bed Inpatient Unit is authorized; provide an additional five if an 18-bed Inpatient Unit is authorized.  Bathroom, Patient (TLTS2)
	3.	Provide eleven if a 12-bed Inpatient Unit is authorized; provide an additional five if an 18-bed Inpatient Unit is authorized.  Bathroom, Patient (TLTS2)
	3.	Provide eleven if a 12-bed Inpatient Unit is authorized; provide an additional five if an 18-bed Inpatient Unit is authorized.  Bathroom, Patient (TLTS2)
	3.	Provide eleven if a 12-bed Inpatient Unit is authorized; provide an additional five if an 18-bed Inpatient Unit is authorized.  Bathroom, Patient (TLTS2)
	3.	Provide eleven if a 12-bed Inpatient Unit is authorized; provide an additional five if an 18-bed Inpatient Unit is authorized.  Bathroom, Patient (TLTS2)

Provide one if a 12-bed Inpatient Unit is authorized; provide an additional one if an 18-bed Inpatient Unit is authorized.

This room should be Negative Pressure, allocated area includes enclosed shower.

- 8. **Dining Room (FSCD1)......400 NSF (37.2 NSM)**Minimum NSF if a 12-bed Inpatient Unit is authorized; provide an additional 200
  NSF if an 18-bed Inpatient Unit is authorized.

This space is for patient use and therapeutic treatment.

- 9. Living Room, Family Support (DAYR1) ......500 NSF (46.5 NSM) Minimum NSF if a 12-bed Inpatient Unit is authorized; provide an additional 100 NSF if an 18-bed Inpatient Unit is authorized.
- 10. Computer Activities Room (CMP01) .......200 NSF (18.6 NSM)

  Minimum NSF if a 12-bed Inpatient Unit is authorized; provide an additional 100

  NSF if an 18-bed Inpatient Unit is authorized.

- 14. Multipurpose Room, Family Wellness (CRA02) .......500 NSF (27.9 NSM) Minimum NSF if a 12-bed Inpatient Unit is authorized; provide an additional 150 NSF if an 18-bed Inpatient Unit is authorized.

This space is intended for family meetings, conferencing, education sessions, and celebrations. This space may be adjacent to the Family Support Living Room and have a flexible divider wall to combine the Family spaces.

- 15. **Gym, Rehabilitation Therapy (PTEA1)......2000 NSF (185.8 NSM)**Minimum NSF if a 12-bed Inpatient Unit is authorized; provide an additional 500 NSF if an 18-bed Inpatient Unit is authorized.
- 16. Apartment, Living Skills Training (PRC01)......450 NSF (41.9 NSM)

  Provide one per each Inpatient Unit authorized.
- 17. Exam / Treatment Room, PM&R (EXRG0)......120 NSF (11.2 NSM)

Provide one if a 12-bed Inpatient Unit is authorized; provide an additional one if an 18-bed Inpatient Unit is authorized.

- 19. **Testing Lab, Neuropsychology (OFDC2)....... 120 NSF (11.2 NSM)** *Minimum NSF if a 12-bed Inpatient Unit is authorized; provide an additional 30 NSF if an 18-bed Inpatient Unit is authorized.*
- 20. BROS Treatment / Office (OFA02).......650 NSF (60.4 NSM)
  Minimum NSF if a 12-bed Inpatient Unit is authorized; provide an additional 150
  NSF if an 18-bed Inpatient Unit is authorized.

If an Inpatient Unit is not authorized, then this space will be located within the Outpatient Unit.

- 22. **Kitchen, OT Training (OTDL1)......300 NSF (27.9 NSM)**Minimum NSF if a 12-bed Inpatient Unit is authorized; provide an additional 150
  NSF if an 18-bed Inpatient Unit is authorized.
- 23. Therapy Room, PT/OT/Speech Quiet Treatment (CRA02) 120 NSF (11.2 NSM) Provide two if a 12-bed Inpatient Unit is authorized; provide an additional one if an 18-bed Inpatient Unit is authorized.
- 24. **Toilet, Patient (TLTU1)......50 NSF (4.7 NSM)**Provide two if a 12-bed Inpatient Unit is authorized; provide an additional two if an 18-bed Inpatient Unit is authorized.
- A. Inpatient Unit: Support Areas

  - 4. Utility Room, Clean (UCCL1)......100 NSF (9.3 NSM) Minimum NSF if a 12-bed Inpatient Unit is authorized; provide an additional 40 NSF if an 18-bed Inpatient Unit is authorized.

	5.	Utility Room, Soiled (USCL1)
	6.	Storage, Medical Equipment (SRE01)
	7.	Storage, Patient Care Equipment (SRE01)240 NSF (22.3 NSM) Minimum NSF if a 12-bed Inpatient Unit is authorized; provide an additional 60 NSF if an 18-bed Inpatient Unit is authorized.
		This space is used for specialty beds/chairs, wheelchairs, and litters.
	8.	Storage, Building Management (SRE01)80 NSF (7.4 NSM) Minimum NSF if a 12-bed Inpatient Unit is authorized; provide an additional 20 NSF if an 18-bed Inpatient Unit is authorized.
	9.	Storage, Recreation Equipment (SRE01)
	10	Storage, PM&RS (SRE01)
	11.	Storage, Neuropsychology Testing (SRE01)100 NSF (9.3 NSM) Minimum NSF if a 12-bed Inpatient Unit is authorized; provide an additional 40 NSF if an 18-bed Inpatient Unit is authorized.
	12.	Housekeeping Aides Closet – HAC (JANC1)40 NSF (3.7 NSM)  Provide one if a 12-bed Inpatient Unit is authorized; provide an additional one if an 18-bed Inpatient Unit is authorized.
B.	<u>Inp</u>	patient Unit: Staff and Administrative Areas
	1.	Office, Medical Director (OFM03)150 NSF (13.9 NSM)  Provide one per Inpatient Unit.
	2.	Office, Administrative Officer (OFA02)120 NSF (11.2 NSM)  Provide one per Inpatient Unit.
	3.	Office, Program Assistant (OFA02)120 NSF (11.2 NSM)  Provide one per Inpatient Unit.
	4.	Office, Ward Clerk (OFA02)
	5.	Office, Nurse Manager (OFA02)
	6.	Office, Social Worker (OFA02)

The current staffing model supports four FTE positions. This space is for Admission, Follow-up and Lead positions.

- 7. Office, CCRN Case Manager (OFA02)......120 NSF (11.2 NSM) Provide one per each Inpatient Unit CCRN Case Manager FTE authorized.
- 8. Office, Nurse Educator (OFA02).......120 NSF (11.2 NSM) Provide one per each Inpatient Unit Nurse Educator FTE authorized.
- 9. Office, Counseling Psychologist (OFA02)......120 NSF (11.2 NSM) Provide one per each Inpatient Unit Counseling Psychology FTE authorized.
- 10. Office, Neuropsychologist (OFA02)......120 NSF (11.2 NSM)

  Provide one per each Inpatient Unit Neuropsychology FTE authorized.
- 11. Office, Family Therapist (OFA02)......120 NSF (11.2 NSM)

  Provide one per each Inpatient Unit Family Therapist FTE authorized.
- 12. Office, Blind Rehabilitation Specialist (OFA02) .......120 NSF (11.2 NSM) Provide one per each Inpatient Unit Blind Rehabilitation Specialist FTE authorized.

This is a shared office for a maximum of two Physical Therapy FTEs. Locate this space close to or within the Rehabilitation Therapy Gym.

14. Office, Recreational Therapist (OFA02)......150 NSF (14.0 NSM)

Provide one if one or two Inpatient Unit Recreational Therapy FTEs are authorized.

This is a shared office for a maximum of two Recreational Therapy FTEs.

This is a shared office for a maximum of two Occupational Therapy FTEs. Locate this space close to or within the Rehabilitation Therapy Gym.

16. Office, Speech Therapist (OFA02) ......120 NSF (11.2 NSM)

Provide one per each Inpatient Unit Speech Therapy FTE authorized.

The current staffing model supports three FTE positions.

17. Office, Military Liaison (OFA02) ......150 NSF (14.0 NSM)

Provide one if one or two Inpatient Unit Military Liaison FTEs are authorized. Provide an additional one if three or four Inpatient Unit Military Liaison FTEs are authorized.

This is a shared office for a maximum of two Military Liaison FTEs.

This is an aggregated allotment for the Nursing Station function and could be represented as centralized or decentralized.

- 21. Conference Room,
  Interdisciplinary Treatment Team (CRA02) .......300 NSF (27.9 NSM)
  Minimum NSF if a 12-bed Inpatient Unit is authorized; provide an additional 50
  NSF if an 18-bed Inpatient Unit is authorized.
- 23. Team Room, Interns / Residents (CRA02)...... 200 NSF (18.6 NSM)

  Provide one per each Inpatient Unit authorized.

For less than five FTE combine Lounge facilities with adjacent department or sum in chapter 410.

- 27. Shower, Inpatient Unit Staff (SHWR1) .......75 NSF (6.5 NSM)

  Provide one per each PRC Inpatient Unit authorized.

1.	Sub Waiting (WRC01)	.150 NSF (13.9 NSM)
	Provide one per each Outpatient Unit authorized.	

2. Patient Lounge / Homeroom (DAYR1) ......240 NSF (22.3 NSM)

Provide one per each Outpatient Unit authorized.

For patient socialization and waiting space.

- 3. Exam Room, Outpatient (EXRG0) ......120 NSF (11.2 NSM) Provide four per each Outpatient Unit authorized.
- 4. Cognitive Therapy / Counseling Room (OFA02)......120 NSF (11.2 NSM)

  Provide two per each Outpatient Unit authorized.

Quiet interviewing and treatment space for Psychology/Neuropsychology.

- 5. Procedure Room, Outpatient (TRGM1).....240 NSF (22.3 NSM) Provide one per each Outpatient Unit authorized.
- 6. **Group Room (CRA02)......240 NSF (22.3 NSM)**Provide two per each Outpatient Unit authorized.
- 7. **Driver Training Room (PRC02)......400 NSF (37.2 NSM)**Provide one per each Outpatient Unit authorized.

Includes office space for Driver Training staff and simulator equipment.

8. Living Skills Training (OTDL1) .......300 NSF (27.9 NSM)

Provide one per each Outpatient Unit authorized.

Work hardening and vocational rehabilitation training spaces.

- 10. Gym, Patient Rehabilitation Therapy (PTEA1) ......900 NSF (83.8 NSM) Provide one per each Outpatient Unit authorized.

In addition to allocated NSF, include Physical Therapy and Occupational Therapy Office space in the gym.

- 12. Assistive Technology Lab (XXYYZ)......1000 NSF (93.0 NSM)

  Provide one per each Outpatient Unit authorized.

Includes displays and educational/treatment modules for various assistive devices and technology.

	13.	Recreation Therapy Room, Group (CRA03) 500 NSF (27.9 NSM)  Provide one per each Outpatient Unit authorized.
	14.	BROS Treatment / Office (OFA02)650 NSF (60.4 NSM) Minimum NSF if a 12-bed Outpatient Unit is authorized; provide an additional 150 NSF if an 18-bed Inpatient Unit is authorized.
		Provide one if an Inpatient Unit is not authorized
В.	<u>Ou</u>	tpatient Unit: Support Areas
	1.	Linen Room (LCCL1)
	2.	Utility Room, Clean (UCCL1)100 NSF (9.3 NSM)  Provide one per each Outpatient Unit authorized.
	3.	Utility Room, Soiled (USCL1)
	4.	Storage, Medical Equipment (SRE01)100 NSF (9.3 NSM)  Provide one per each Outpatient Unit authorized.
	5.	Storage, Building Management (SRE01)80 NSF (7.5 NSM)  Provide one per each Outpatient Unit authorized.
	6	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Ο.	Housekeeping Aides Closet – HAC (JANC1)40 NSF (3.8 NSM)  Provide one per each Outpatient Unit authorized.
C.		
C.	<u>Ou</u>	Provide one per each Outpatient Unit authorized.
C.	<u>Ou</u> 1.	Provide one per each Outpatient Unit authorized.  tpatient Unit: Staff and Administrative Areas  Office, Physiatrist (OFA02)
C.	<u>Ou</u> 1. 2.	Provide one per each Outpatient Unit authorized.  tpatient Unit: Staff and Administrative Areas  Office, Physiatrist (OFA02)
C.	<u>Ou</u> 1. 2.	Provide one per each Outpatient Unit authorized.  tpatient Unit: Staff and Administrative Areas  Office, Physiatrist (OFA02)
C.	Ou 1. 2. 3.	Provide one per each Outpatient Unit authorized.  tpatient Unit: Staff and Administrative Areas  Office, Physiatrist (OFA02)
C.	Ou 1. 2. 3.	Provide one per each Outpatient Unit authorized.  tpatient Unit: Staff and Administrative Areas  Office, Physiatrist (OFA02)

this space within the Rehabilitation Therapy Gym.

E. Transitional Unit: Patient Areas

6	<b>5</b> .	Office, Military Liaison (OFA02)
		This is a shared office for a maximum of two Military Liaison FTEs.
7	<b>.</b>	Office, Speech Language Pathologist (OFA02)120 NSF (11.2 NSM)  Provide one per each Outpatient Unit Speech Pathology FTE authorized.
8	3.	Office, Nurse Case Manager (OFA02)120 NSF (11.2 NSM)  Provide one per each Outpatient Unit Nurse Case Manager FTE authorized.
9	).	Office, Social Worker (OFA02)
		The current staffing model supports two FTE positions.
1	0.	Office, Counseling Psychologist (OFA02)120 NSF (11.2 NSM)  Provide one per each Outpatient Unit Counseling Psychology FTE authorized.
1	1.	Office, Vocational Rehabilitation Counselor (OFA02)120 NSF (11.2 NSM) Provide one per each Vocational Rehabilitation Counselor FTE authorized.
1	2.	Office, Vocational Rehabilitation Psychologist (OFA02)120 NSF (11.2 NSM) Provide one per each Outpatient Unit Vocational Rehabilitation Psychology FTE authorized.
1	3.	Medication Room (MEDP1)120 NSF (11.2 NSM)  Provide one per each Outpatient Unit authorized.
1	4.	Conference Room, Outpatient (CRA02)240 NSF (22.3 NSM)  Provide one per each Outpatient Unit authorized.
1	5.	Locker Room, Outpatient Unit Staff (LR001)80 NSF (7.5 NSM) Minimum NSF if total number of FTE positions authorized is between five and thirteen; provide an additional 6 NSF per FTE position authorized greater than thirteen; provide locker space only for those FTEs without assigned office or cubicle space.
1	6.	<b>Toilet, Outpatient Unit Staff (TLTU1)50 NSF (4.7 NSM)</b> <i>Minimum one; provide an additional staff toilet for each increment of five FTE positions authorized greater than fifteen</i>
D. <u>T</u>	ra	nsitional Unit: Reception Areas
1	•	Reception (WRC01)
		Includes an Information Desk.
2	) 	Toilet, Visitor (TLTU1)

F.

Sub Waiting (WRC01)  Provide one per each Transitional Unit authorized.	100 NSF (9.3 NSM)
2. Patient Room, Transitional, One-Bed (BRPT3)  Provide ten per Transitional Unit authorized.	140 NSF (13.0 NSM)
3. Bathroom, Patient (TLTS2)  Provide ten per Transitional Unit authorized.	75 NSF (7.0 NSM)
4. Apartment: Living Room (DAYR1)  Provide two per each Transitional Unit authorized.	140 NSF (13.0 NSM)
5. Apartment: Patient Room, Transitional, One-Bed (BRPT3)  Provide two per each Transitional Unit authorized.	140 NSF (13.0 NSM)
6. Apartment: Patient Bathroom (TLTS2) Provide two per each Transitional Unit authorized.	75 NSF (7.0 NSM)
7. Apartment: Kitchenette / Laundry (PRC03) Provide two per each Transitional Unit authorized.	130 NSF (12.1 NSM)
8. Apartment: Patient Storage (SRS01) Provide two per each Transitional Unit authorized.	60 NSF (5.6 NSM)
9. <b>Group Living Room (DAYR1)</b>	400 NSF (37.2 NSM)
10. <b>Group Dining Room (FSCD1)</b>	300 NSF (27.9 NSM)
11. <b>Group Kitchen (OTDL1)</b>	300 NSF (27.9 NSM)
12. Laundry Room, Patient (LAUN1)  Provide one per each Transitional Unit authorized.	120 NSF (11.2 NSM)
13. <b>Gym, Rehabilitation Therapy (PTEA1)</b> Provide one per each Transitional Unit authorized.	500 NSF (46.5 NSM)
14. Recreational Computer Activities Room (CMP01)  Provide one per each Transitional Unit authorized.	200 NSF (18.6 NSM)
Transitional Unit: Support Areas	
Nourishment Room (NCWD1)  Provide one per each Transitional Unit authorized.	100 NSF (9.3 NSM)
2. Alcove, Food Carts (FSCS1)	100 NSF (9.3 NSM)
3. Linen Room (LCCL1)	60 NSF (5.6 NSM)

Provide one per each Transitional Unit authorized 4. Utility Room, Clean (UCCL1)......100 NSF (9.3 NSM) Provide one per each Transitional Unit authorized 5. Utility Room, Soiled (USCL1) ......80 NSF (7.5 NSM) Provide one per each Transitional Unit authorized 6. Storage, Medical Equipment (SRE01)......100 NSF (9.3 NSM) Provide one per each Transitional Unit authorized. 7. Storage, Building Management (SRE01) ......80 NSF (7.5 NSM) Provide one per each Transitional Unit authorized. 8. Housekeeping Aides Closet – HAC (JANC1).....40 NSF (3.7 NSM) Provide one per each Transitional Unit authorized. G. Transitional Unit: Staff and Administrative Areas 1. Office, Ward Clerk (OFA02) ......80 NSF (7.5 NSM) Provide one per each Transitional Unit Ward Clerk FTE authorized. 2. Office, Physiatrist (OFA02)......120 NSF (11.2 NSM) Provide one per each Transitional Unit Psychiatrist FTE authorized. 3. Office, Recreational Therapist (OFA02)......150 NSF (13.9 NSM) Provide one if one or two Transitional Unit Recreational Therapy FTEs are authorized. This is a shared office for a maximum of two Recreational Therapy FTEs. 4. Office, Occupational Therapist (OFA02)......150 NSF (13.9 NSM) Provide one if one or two Transitional Unit Occupational Therapy FTEs are authorized. This is a shared office for a maximum of two Occupational Therapy FTEs. Locate this space within the Rehabilitation Therapy Gym. 5. Office, Case Manager / Social Worker (OFA02)......120 NSF (11.2 NSM) Provide one per each Transitional Unit Case Manager/Social Worker FTE authorized. The current staffing model supports two FTE positions. 6. Office, Psychologist / Neuropsychologist (OFA02)............120 NSF (11.2 NSM) Provide one per each Transitional Unit Psychiatrist FTE authorized.

7. Office, Speech Language Pathologist (OFA02).......120 NSF (11.2 NSM)
Provide one per each Transitional Unit Speech Language Pathology FTE
authorized.

The current staffing model supports two FTE positions.

- 8. Nurse Station (NSTA1)......160 NSF (14.9 NSM)

  Provide one per each Transitional Unit authorized.
- 9. **Treatment, Cognitive Therapy (OFA02)......120 NSF (11.2 NSM)**Provide two per each Transitional Unit authorized.
- 10. **Medication Room (MEDP1)......120 NSF (11.2 NSM)**Provide one per each Transitional Unit authorized.
- 11. Conference Room, Transitional (CRA02) ......240 NSF (22.3 NSM)

  Provide one per each Transitional Unit authorized.
- 12. Lounge, Transitional Unit Staff (SL001) ......80 NSF (7.5 NSM) Minimum NSF; provide an additional 15 NSF per each FTE position authorized greater than five; maximum 210 NSF.

For less than five FTE combine Lounge facilities with adjacent department or sum in chapter 410.

- 13. Locker Room, Transitional Unit Staff (LR001) .......80 NSF (7.5 NSM) Minimum NSF if total number of FTE positions authorized is between five and thirteen; provide an additional 6 NSF per FTE position authorized greater than thirteen; provide locker space only for those FTEs without assigned office or cubicle space.
- 14. **Toilet, Transitional Unit Staff (TLTU1)** .......**50 NSF (4.7 NSM)** *Minimum one; provide an additional staff toilet for each increment of five FTE positions authorized greater than fifteen*

#### **6 PLANNING AND DESIGN CONSIDERATIONS**

- A. Net-to-department gross factor **(NTDG)** for **Polytrauma Rehabilitation Center** is **1.65**. This number when multiplied by the programmed net square foot (NSF) area determines the departmental gross square feet.
- B. For efficiency in programming and planning combine and co-locate waiting, reception, and restroom functions and spaces of related services/departments.
- C. Polytrauma Rehabilitation Outpatient Services should be located near the main entrance to the facility in order to decrease the travel distance for patients with mobility limitations.
- D. A strong relationship between Physical Medicine and Rehabilitation Service, the SCI Patient Care Unit, and Prosthetics and Sensory Aids Service should be maintained and these services should be located within close proximity to each other.
- E. Other services including Ambulatory Care, Day Hospital, Day Treatment Center, Dialysis Center, Mental Hygiene Clinic, Substance Abuse Patient Care Units, MS&S Patient Care Units, Nursing Home Care, Psychiatric Patient Care Units, Respiratory

Patient Care Units, Psychiatric Service Administration, Social Work Service Administration, Recreation, Audiology and Speech Pathology, Eye Clinic, Pain Clinic, and Voluntary Service have a direct relationship to Polytrauma Rehabilitation Services, but may be more remotely located from each other.

F. Physical Therapy, Occupational Therapy, and Kinesiotherapy should be co-located and efficiencies may be achieved through the use of shared space and equipment.

### 7 FUNCTIONAL RELATIONSHIPS

TABLE 2: FUNCTIONAL RELATIONSHIP MATRIX

SERVICES	RELATIONSHIP	REASON
Patient Care Units - SCI	3	А
Prosthetics and Sensory Aids Service	3	G,H,
Recreation Service	1	A,C,G,H,I
Administration Offices - SCI	3	А
Eye Clinic	3	C,G,H,I
Ambulatory Care	3	Н
Day Hospital	4	Н
Day Treatment Center	4	Н
Dialysis Center	4	Н
Mental Hygiene Clinic	4	Н
Patient Care Units – Substance Abuse	4	Н
Patient Care Units – MS&N	3	G
Patient Care Units – Nursing Home Care	4	G
Patient Care Units - Psychiatric	2	A,C,G,H,I
Patient Care Units - Respiratory	3	A,B
Psychiatric Service Administration	2	A,C,G,H,I
Social Work Service Administration	1	A,C,G H,I
Voluntary Service	3	А

## Legend:

### Relationship

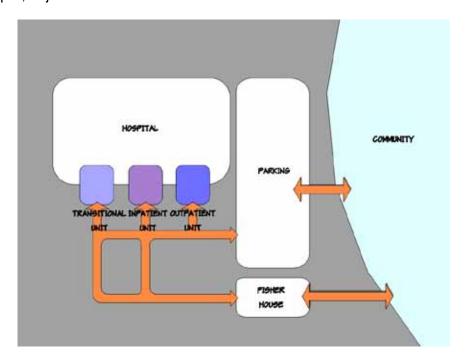
- 1. Adjacent
- 2. Close / Same Floor
- 3. Close / Different Floor Acceptable
- 4. Limited Traffic
- X. Separation Desirable

#### Reasons:

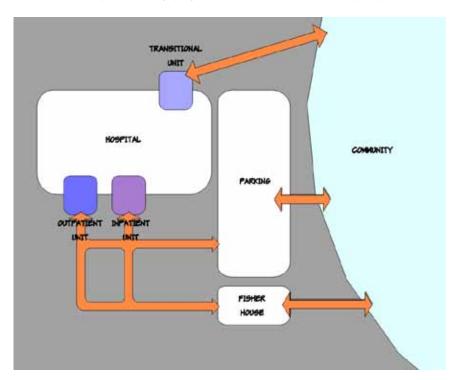
(Use as many as appropriate)

- 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

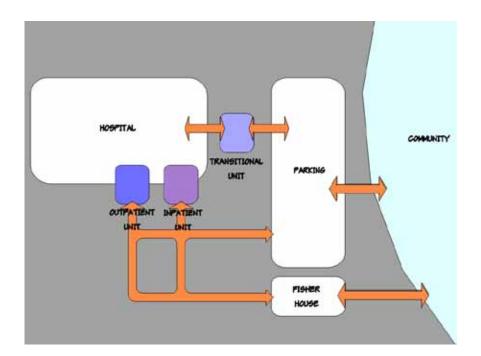
- A. Macro Options for Polytrauma Rehabilitation Center components on a typical VA campus:
  - 1. Inpatient, Transitional, and Outpatient Units within the main hospital/medical center proper, adjacent to each other.



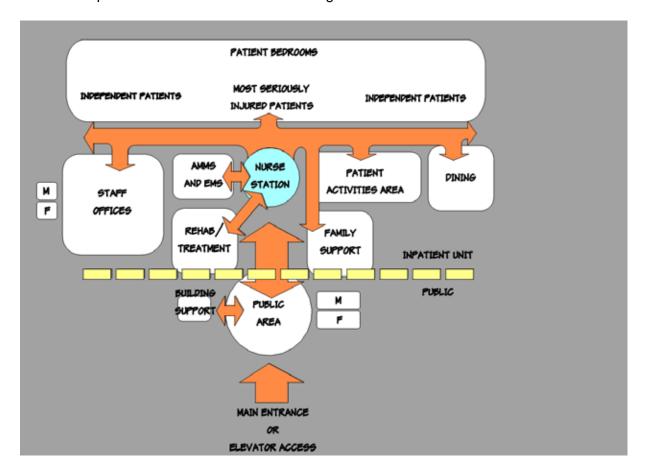
2. Inpatient and Outpatient Units within the hospital/medical center proper, with Transitional Unit separated by physical distance within the proper.



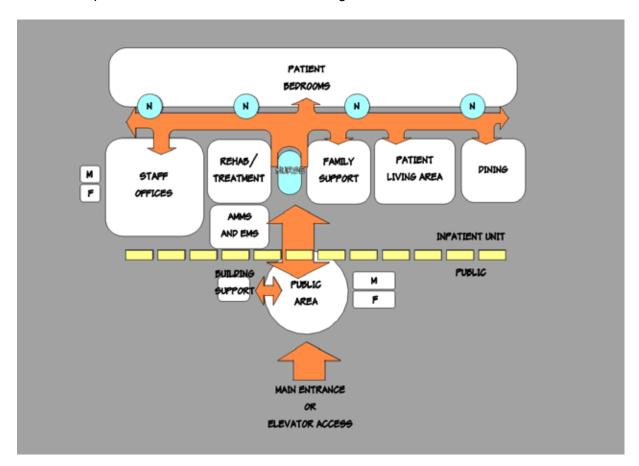
3. Inpatient and Outpatient Units within the hospital/medical center proper, with Transitional Unit separated by greater physical distance on the campus grounds.



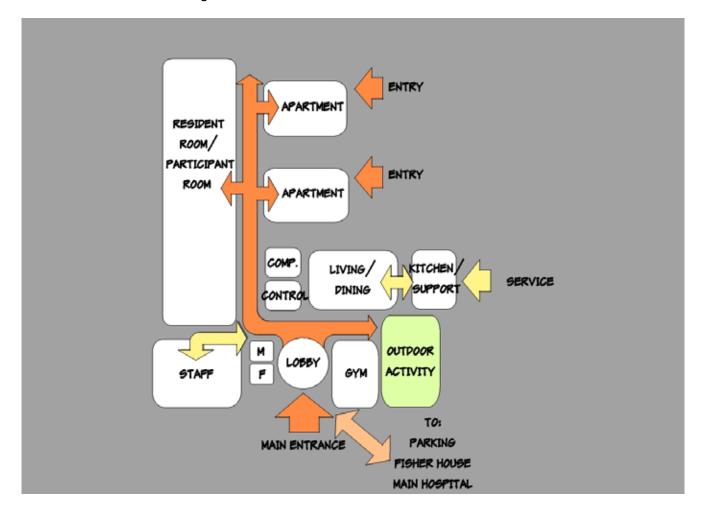
- B. Inpatient Polytrauma Rehabilitation Unit Flow Diagrams
- 1. Inpatient flow with Centralized Nursing Station function.



2. Inpatient flow with Decentralized Nursing Station function.



## C. Transitional Unit flow diagram.



## D. Outpatient Unit flow diagram

