

**CHAPTER 218: VETERANS HEALTH ADMINISTRATION: VETERANS ASSISTANCE  
UNIT**

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## 1 PURPOSE AND SCOPE

This document outlines Space Planning Criteria for Chapter 218: Veterans Assistance Unit. It applies to all medical facilities at the Department of Veterans Affairs (VA).

The Veterans Assistance Unit includes offices within the medical center for veterans' benefits counselors to serve veteran patients, their relatives and non-patient veterans. Veteran's benefits counselors, under the jurisdiction of the Veterans Benefits Administration, provide information, advice and assistance related to benefits under laws administered by the Department of Veterans Affairs (VA) and other agencies; they also assist in the preparation of claims for these benefits.

## 2 DEFINITIONS

- A. Concept of Operations: 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 or optometric services to be provided in the new or remodeled space.
- B. Departmental Net to Gross (DNTG) Conversion Factor: 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 **DNTG** Departmental Conversion Factor for **Veterans Assistance Unit** is **1.20**.
- C. 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 hours per week.
- D. Functional Area: 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, Residency and / or Externship Program Areas.
- E. Input Data Statement: 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 SEPS.
- F. Program for Design (PFD): A space program based on criteria set forth in this document and specific information about Concept of Operations, workload projections and staffing levels authorized.
- G. 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.

- H. 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 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.
- I. 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) / 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 Veterans Assistance Unit and its 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.

### 4 PROGRAM DATA REQUIRED (Input Data Questions)

- A. Mission Input Data Statements
  - 1. Is a Secretary FTE position authorized for Veterans Assistance Unit? (M)
- B. Staffing Input Data Statements
  - 1. How many Veterans Assistance Unit Clerical FTE positions are authorized? (S)
  - 2. How many Veterans Assistance Unit Benefits Counselor FTE positions are authorized? (S)

### 5 SPACE CRITERIA

- A. Staff and Administrative Areas
  - 1. **Office, Unit Chief (OFC02)** ..... **150 NSF (13.94 NSM)**  
*Provide one per Veterans Assistance Unit.*

2. **Office, Secretary / Waiting (SEC01)**..... **120 NSF (11.2 NSM)**  
*Provide one if a Secretary FTE position is authorized.*

3. **Office, Veterans Benefits Counselor (OFA01 / OFA02)**..... **120 NSF (11.2 NSM)**  
*Provide one per Benefits Counselor FTE position authorized; provide OFA01 if standard furniture is authorized; or, provide OFA02 if systems furniture is authorized.*

4. **Cubicle, Clerical (OFA03)**..... **64 NSF (6.0 NSM)**  
*Provide one per Clerical FTE position authorized.*

B. Support Areas

1. **Storage (SRS01)**..... **40 NSF (3.72 NSM)**  
*Provide one per Veterans Assistance Unit.*

**6 PLANNING AND DESIGN CONSIDERATIONS**

A. Net-to-department gross factor (**NTDG**) for **Veterans Assistance Unit** is **1.20**. This number when multiplied by the programmed net square foot (NSF) area determines the departmental gross square feet.

B. Provide private offices for Counselors. All other areas will utilize the open office planning concept.

## 7 FUNCTIONAL RELATIONSHIPS

Relationship of Veterans Assistance Unit to services listed below:

**TABLE 1: FUNCTIONAL RELATIONSHIP MATRIX**

SERVICES	RELATIO NSHIP	REASON
Service Organization	2	A,H,I
Social Work Service	2	A,H,I
Ambulatory Care	3	A,H,I
Main Lobby and Information	3	A,H,I
Chaplain Service	3	A,H,I
Day Hospital	3	A,H,I
Day Treatment Center	3	A,H,I
Dental Service	3	A,H,I
Substance Abuse Treatment Clinic	3	A,H,I
Dialysis Center	3	A,H,I
Mental Health Clinic	3	A,H,I
Patient Care Units – Substance Abuse	3	A,H,I
Patient Care Units – Nursing Home Care	3	A,H,I
Patient Care Units – Mental Health/Behavioral Science	3	A,H,I
Patient Care Units - SCI	3	A,H,I
Parking Facilities	3	A,H,I
Psychology Service Admin.	3	A,H,I

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

