# CHAPTER 220: VETERANS HEALTH ADMINISTRATION: CREDIT UNION

1	Purpose and Scope	220-2
2	Definitions	220-2
3	Operating Rationale and Basis of Criteria	220-3
4	Program Data Required (Input Data Questions)	220-3
5	Space Criteria	220-4
6	Planning and Design Considerations	220-5
7	Functional Relationships	220-6
8	Functional Diagram	220-7

### 1 PURPOSE AND SCOPE

This document outlines Space Planning Criteria for Chapter 220: Credit Union. It applies to all medical facilities at the Department of Veterans Affairs (VA).

#### 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>Credit Union</u>: A cooperative organization chartered by state or federal government that accepts savings from its members and makes low interest loans to its members. Credit unions are normally formed among members who are employed by the same company or are members of the same organization.
- C. <u>Departmental Net to Gross (DNTG) Conversion Factor</u>: 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 **Credit Union** is **1.30**.
- D. <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.
- E. <u>Full Service Credit Union</u>: A program that employs a full-time staff to serve eligible Credit Union members.
- F. <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.
- G. <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.
- H. <u>Itinerant Service Credit Union:</u> A program of part-time service provided by a full-time Credit Union employee based at another location, making scheduled visits, or by a part-time employee designated to serve on a regular schedule.
- 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.

- J. <u>SEPS (VA-SEPS)</u>: Acronym for Space and Equipment Planning Systems, 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.
- K. 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 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 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 Credit Union 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 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 Credit Union equipment is determined by VACO and upon Veterans Health Administration (VHA) anticipated medical needs.

## 4 PROGRAM DATA REQUIRED (Input Data Questions)

- A. Mission Input Data Statements
  - 1. Is a Credit Union Manager FTE position authorized? (M)
  - 2. Is a full service Credit Union authorized? (M)
  - 3. Is use of Automated Teller Machines (ATMs) authorized? (M)
- B. Staffing Input Data Statements:
  - 1. How many Teller FTE positions are authorized? (S)
  - 2. How many Supervisor FTE positions are authorized? (S)
  - 3. How many Loan Accounts Officer FTE positions are authorized? (S)
  - 4. How many Clerical Staff FTE position are authorized? (S)
- C. Miscellaneous Input Data Statements:
  - 1. How many Automated Teller Machines (ATMs) are authorized? (Misc.)

#### 5 SPACE CRITERIA

## A. Lobby and Teller Area

Teller operating space plus common teller use area. Included in this space may be a safe, stool, service counter with a public and private side, and counter/cabinets for table top equipment.

Includes queuing space and customer's writing counter, casework for loan or buyers' reference material, study space with table and one chair.

3. Automated Teller Machine (ATM) Space (BF001).......30 NSF (2.8 NSM) Provide one per Automated Teller Machine if authorized in Concept of Operations.

The above space is needed for the machine, member queuing and circulation.

4. Automated Teller Machine (ATM) Alcove (BF001).......15 NSF (1.4 NSM)

Provide one per Automated Teller Machine if authorized in Concept of
Operations.

When the Automated Teller Machine is located in an alcove, the corridor is used for queuing.

#### B. Staff and Administrative Areas

- 4. Workstation, Clerical Staff (OFA03).......120 NSF (11.2 NSM) Minimum NSF; provide an additional 80 NSF for each Clerical Staff FTE position authorized greater than one.

This space will also accommodate file cabinets, ADP space, printer, and reproduction equipment.

#### C. Support Areas

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

- A. Departmental Net-to-Gross factor (**DNTG**) for **Credit Union** is **1.30**. This number when multiplied by the programmed net square foot (NSF) area determines the departmental gross square feet
- B. Security and privacy of transactions should be major considerations.
- C. If the Credit Union is not located at the Medical Center or is remote and provides services to several organizations, the minimal function at the VAMC may be an Automated Teller Machine.
- D. The Credit Union must comply with the Uniform Federal Accessibility Standards (UFAS) Public Law Number 480, 42 U.S.C. 4151-4157, and Veterans Administration Barrier Free Design Handbook, H-08-13.

## 7 FUNCTIONAL RELATIONSHIPS

Relationship of Credit Union to services listed below:

**TABLE 1: CREDIT UNION** 

SERVICES	RELATIONSHIP	REASON
Lobby	2	H, I
Canteen Service	2	H, I
Recreation Service	3	Н
Voluntary Service	2	1

## 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)

## **8 FUNCTIONAL DIAGRAM**

