CHAPTER 234: VETERANS HEALTH ADMINISTRATION: FISCAL SERVICE

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1 PURPOSE AND SCOPE

This document outlines Space Planning Criteria for Chapter 234: Fiscal Service. It applies to all medical facilities at the Department of Veterans Affairs (VA).

Fiscal Service is responsible for the hospital's financial activities including development of departmental budgets, maintenance of cost control systems, preparation of statistical reports, and managing disbursements and receipts.

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 or optometric services to be provided in the new or remodeled space.
- B. <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 Fiscal Service is 1.30.
- 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, Residency and / or Externship Program Areas.
- E. <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 SEPS.
- F. <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.
- 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. 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 Fiscal Service 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 Fiscal Service 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 Travel Unit authorized? (M)
- B. Staffing Input Data Statements
 - 1 How many Assistant Chief FTE positions are authorized? (S)
 - 2 How many Secretary FTE positions are authorized? (S)
 - 3 How many Budget Analyst FTE positions are authorized? (S)
 - 4 How many Auditor FTE positions are authorized? (S)
 - 5 How many Accounting Chief FTE positions are authorized? (S)
 - 6 How many Clerical / Technical FTE positions are authorized? (S)
 - 7 How many Patient Funds Clerk FTE positions are authorized? (S)
 - 8 How many Agent Cashier FTE positions are authorized? (S)
- C. Miscellaneous Input Data Statements
 - 1 How many FTEs will work on peak shift? (Misc)

5 SPACE CRITERIA

- A. Reception Areas
 - 1. Waiting (WRC01)60 NSF (5.6 NSM) Provide one per Fiscal Service.

2. Toilet, Public (TLTU1)......50 NSF (4.7 NSM) Provide one per Fiscal Service. B. Staff and Administrative Areas 1. Office, Chief of Service (OFC01).......150 NSF (13.9 NSM) Provide one per Fiscal Service. Provide access through Receptionist / Secretary for control of visitors and confidentiality. 2. Office, Assistant Chief (OFA01 / OFA02)......120 NSF (11.2 NSM) Provide one if authorized in Concept of Operations; provide OFA01 if standard furniture is authorized; or, OFA02 if systems furniture is authorized. 3. Office, Receptionist / Secretary (SEC01)......120 NSF (11.2 NSM) Provide one per Fiscal Service. 4. Cubicle, Secretary (OFA03)......64 NSF (5.9 NSM) Provide one per Secretary FTE authorized. 5. Cubicle, Budget Analyst (OFA03)......64 NSF (5.9 NSM) Provide one per Budget Analyst FTE position authorized 6. Office, Auditor (OFA01 / OFA02)......120 NSF (11.2 NSM) Provide one per Auditor FTE position authorized; provide OFA01 if standard furniture is authorized; or, OFA02 if systems furniture is authorized. 7. Office, Accounting Chief (OFA01 / OFA02)......120 NSF (11.2 NSM) Provide one per Accounting Chief FTE position authorized; provide OFA01 if standard furniture is authorized; or, OFA02 if systems furniture is authorized. 8. Cubicle, Clerical / Technical Staff (OFA03)......64 NSF (5.9 NSM) Provide one per Clerical / Technical FTE position authorized. 9. Office, Travel Clerk (OFA01 / OFA02)120 NSF (11.2 NSM) Provide one if a Travel Unit is authorized; provide OFA01 if standard furniture is authorized: or, OFA02 if systems furniture is authorized. Travel clerks are responsible for beneficiary and, in some medical centers, employee travel. Duties include, making travel arrangements, approving cash reimbursements for patients, etc. 10. Office, Patient Funds Clerk (OFA01 / OFA02) 120 NSF (11.2 NSM) Provide one per Patient Funds Clerk FTE position authorized; provide OFA01 if standard furniture is authorized; or, OFA02 if systems furniture is authorized. A Patient Funds Clerk keeps records on funds and transactions concerning patients' accounts; determines eligibility for indigent supplies and services, and keeps records of commitment, guardianship and competency of patients. Usually

staffed only when the medical center has an inpatient psychiatric population

Provides space for approved cash transactions. It should be adjacent to the travel clerks' office.

C. Support Areas

This area accommodates active file storage, office machines, work tables etc.

2. Storage (SRS01)......40 NSF (3.8 NSM) Provide one per Fiscal Service.

6 PLANNING AND DESIGN CONSIDERATIONS

A. Departmental net-to-gross factor (DNTG) for Fiscal Service is 1.30. This number when multiplied by the programmed net square foot (NSF) area determines the departmental gross square feet.

7 FUNCTIONAL RELATIONSHIPS

Relationship of Fiscal Service to services listed below:

TABLE 1: FUNCTIONAL RELATIONSHIP MATRIX

SERVICE	RELATIONSHIP	REASONS
Hospital Director's Suite	2	G,H,I
Data Processing	2	G,I
AMM - Administration	2	G,H
MAS – Administration Offices	3	G,I
MAS – Processing Unit	3	G,I
MAS – Fee Services Unit	3	

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

