

**CHAPTER 238: VETERANS HEALTH ADMINISTRATION: MEDICAL CENTER  
DIRECTOR SUITE**

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## 1 PURPOSE AND SCOPE

This document outlines Space Planning Criteria for Chapter 238: Medical Center Director Suite. It applies to all medical facilities at the Department of Veterans Affairs (VA). The Medical Center Director Suite includes all administrative areas required by the Director, Assistant Director, Chief of Staff, and their immediate staff (secretaries, management analysts, administrative assistants, and trainees).

The Medical Center Director's Suite includes all administrative areas required by the Director, Assistant Director, Chief of Staff, and their immediate staffs (secretaries, management analysts, administrative assistants, and trainees).

## 2 DEFINITIONS

- A. Affiliated: An arrangement whereby a school of medicine agrees to staff a VA facility with faculty physicians, residents and interns / externs. 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.
- B. 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.
- C. 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 Medical Center Director's Suite is 1.30.
- D. 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.
- E. 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.
- F. 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.
- G. 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.

- 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 Medical Center Director Suite 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 How many training Programs are authorized? (M)
- B. Workload Input Data Statements
  - 1 How many patient beds in total are authorized for this facility? (W)
- C. Staffing Input Data Statements
  - 1 How many FTE positions in total are authorized for this facility? (S)
  - 2 How many Secretary FTE positions are authorized? (S)
  - 3 How many Administrative Assistant FTE positions are authorized? (S)
  - 4 How many Management Specialist FTE positions are authorized? (S)
  - 5 How many Special Assistant FTE positions are authorized? (S)
  - 6 How many Training Programs are authorized? (Misc)

## 5 SPACE CRITERIA

### A. Reception Areas

1. **Waiting (WRC01)..... 120 NSF (11.2 NSM)**  
*Minimum NSF; provide an additional 20 NSF if total number of FTE positions authorized is between 201 and 400; or, provide an additional 40 NSF if total number of FTE positions authorized is between 401 and 700; or, provide an additional 60 NSF if total number of FTE positions authorized is greater than 700.*

### B. Staff and Administrative Areas

1. **Office, Medical Center Director (OFC03)..... 200 NSF (18.6 NSM)**  
*Minimum NSF; provide an additional 40 NSF if total number of FTE positions authorized is between 201 and 400; or, provide an additional 80 NSF if total number of FTE positions authorized is between 401 and 700; or, provide an additional 140 NSF if total number of FTE positions authorized is greater than 700.*

Private office accessible only through the Secretary Office, affording control of visitors and confidentiality.

2. **Toilet, Medical Center Director (TLTU1)..... 50 NSF (4.7 NSM)**  
*Provide one per Medical Center Director Office.*
3. **Office, Medical Center Associate / Assistant Director (OFC02) ..... 150 NSF (13.9 NSM)**  
*Minimum NSF; provide an additional 40 NSF if total number of FTE positions authorized is between 201 and 400; or, provide an additional 80 NSF if total number of FTE positions authorized is between 401 and 700; or, provide an additional 100 NSF if total number of FTE positions authorized is greater than 700.*
4. **Office, Medical Center Chief of Staff (OFC02)..... 150 NSF (13.9 NSM)**  
*Minimum NSF; provide an additional 40 NSF if total number of FTE positions authorized is between 201 and 400; or, provide an additional 80 NSF if total number of FTE positions authorized is between 401 and 700; or, provide an additional 100 NSF if total number of FTE positions authorized is greater than 700.*
5. **Office, Secretary (SEC01)..... 120 NSF (11.2 NSM)**  
*Minimum NSF; provide an additional 80 NSF per each Secretary FTE position greater than one authorized.*
6. **Cubicle, Administrative Assistant (OFA03) ..... 64 NSF (5.9 NSM)**  
*Provide one per Administrative Assistant FTE position authorized.*
7. **Cubicle, Management Specialist / Special Assistant (OFA03) ..... 64 NSF (5.9 NSM)**  
*Provide one per Management Specialist and Special Assistant FTE position authorized.*

8. **Workroom (FILE1)** ..... **100 NSF (9.3 NSM)**  
*Minimum NSF; provide an additional 10 NSF per Administrative Assistant, Management Specialist and Special Assistant FTE position authorized.*

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

9. **Office, Trainees (OFA01)** ..... **120 NSF (11.2 NSM)**  
*Provide one if the total number of training programs authorized is two; or, provide an additional 80 NSF if three training programs are authorized; or, provide an additional 150 NSF if four programs are authorized.*

10. **Conference / Classroom (CRA01)** ..... **400 NSF (37.2 NSM)**  
*Minimum NSF if the total number of projected patient beds is between 50 and 499; or, provide an additional 100 NSF if the total number of projected patient beds is between 500 and 799; or provide an additional 200 NSF if the total number of projected patient beds is 800 or greater.*

C. Support Areas

1. **Housekeeping Aides Closet - HAC (JANC1)** ..... **40 NSF (3.8 NSM)**  
*Provide one per Medical Director Suite.*
2. **Kitchenette (XXYYC)** ..... **80 NSF (7.5 NSM)**  
*Provide one per Medical Director Suite.*

**6 PLANNING AND DESIGN CONSIDERATIONS**

- A. Departmental net-to-gross (DNTG) for Medical Center Director Suite is **1.30**. This number when multiplied by the programmed Net Square Foot (NSF) area determines the Departmental Gross Square Feet (DGSF).
- B. The offices for Management Analyst/Special Assistants and Administrative Assistants may be shared space, either with each other or with clerks/administrative aids assigned to their area of responsibility.

## 7 FUNCTIONAL RELATIONSHIPS

Relationship of Medical Center Director Suite to services listed below:

**TABLE 1: FUNCTIONAL RELATIONSHIP MATRIX**

SERVICES	RELATIONSHIP	REASON
Dental Service	3	
Dietetic Service - Admin. Office	3	
Fiscal Service	3	
Main Lobby & Information	3	
Personnel Service	3	
Supply Svc. - Administration	3	
Environmental Management - Admin	4	
Chaplain Service	4	
Engineering Svc. - Admin Off	4	
Laboratory	4	
Mas - Admin. Offices	4	
Medical Media	4	
Nursing Service - Admin	4	
Parking Facilities	4	
Social Work Svc. - Admin. Off	4	
Drug Dependency Clinic	X	
Laboratory - Autopsy Suite	X	
Research Svc. - Animal Research	X	

**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

**FIRST DRAFT: FOR VACO REVIEW**

**8 FUNCTIONAL DIAGRAM**

