CHAPTER 244: VETERANS HEALTH ADMINISTRATION: LOBBY

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1 PURPOSE AND SCOPE

This document outlines space planning criteria for Chapter 244: Lobby. It applies to all medical facilities at the Department of Veterans Affairs (VA).

Lobby space defined in this chapter is for the single, main medical center entrance. Lobby spaces for Ambulatory Care (Hospital Based) – 262 and Outpatient Clinic-265 are programmed in each separate chapter.

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** Conversion Factor for **Lobby** is **1.20**.
- C. <u>Functional Area</u>: The grouping of rooms and spaces based on their function within a specific service. Typical Functional Areas for Police and Security Service include Duty Areas and Staff and Administrative Areas.
- D. <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.
- E. <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.
- F. <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.

3 OPERATING RATIONALE AND BASIS OF CRITERIA

A. Space planning criteria have been developed on the basis of an understanding of the activities involved in the functional areas of the Lobby 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.
- B. 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 Lobby 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
 - How many patient beds in total are projected for this facility? (W) (Do not include SCI)

5 SPACE CRITERIA

A. Lobby Areas:

The Lobby caters to the needs of visitors. The goal is to instill a dignified but cordial atmosphere which is accomplished through the arrangement of the reception, information, waiting area, and public conveniences. As facilities may be designed with more than one building component, allocate the total NSF proportionally per building as required.

- 2. Information Desk (RECP3)......100 NSF (9.3 NSM) Provide one per Lobby.
- 3. **Toilet, Male (TLTM2)......75 NSF (7.0 NSM)** *Minimum NSF; provide an additional 75 NSF per each increment of 150 patient beds greater than one-hundred fifty.*

The Public Male Toilet includes space for one water closet, one urinal, and one lavatory.

The Public Female Toilet includes space for two water closets, and one lavatory.

- 5. Water Fountain Area (XXYYC)......30 NSF (2.8 NSM) Provide one per Lobby.
- 6. Storage, Wheelchair (SRLW1)......100 NSF (9.3 NSM) *Provide one per Lobby.*

- 7. Telephone, Public (XXYYC)......30 NSF (2.8 NSM)

 Provide one per Lobby
- 8. Cubicle, Volunteer (OFA03)80 NSF (4.6 NSM)

 Provide one per Lobby

Final staging area for volunteers. Space is in addition to space programmed in separate Volunteer Service Chapter.

6 PLANNING AND DESIGN CONSIDERATIONS

- A. Net-to-department gross factor **(NTDG)** for **Lobby** is **1.20**. This number when multiplied by the programmed Net Square Foot (NSF) area determines the Departmental Gross Square Feet (DGSF).
- B. The lobby should be located contiguous to the main entrance of a building.
- C. The Public Toilets should be located adjacent to the Lobby but should not open directly into the Lobby.

7 FUNCTIONAL RELATIONSHIPS

Relationship of Lobby to services listed below:

TABLE 1: FUNCTIONAL RELATIONSHIP MATRIX

SERVICES	RELATIONSHIP	REASON
Parking Facilities	2	Н
Hospital Directors Suite	3	H,I
Personnel Service	3	H,I
Service Organizations	3	H,I
Supply Service – Administration	3	H,I
Veterans Assistance Unit	3	I
Voluntary Services	3	H,I
Substance Abuse Clinic	4	Н
MAS Processing Unit	4	Н
Patient Care Units – Substance Abuse	4	Н
Patient Care Units - CCU, MICU, SICU	4	Н
Patient Care Units – MS&N	4	Н
Patient Care Units – Psychiatric	4	Н
Patient Care Units – Respiratory	4	Н
Surgical Service	4	L
Ambulance Entrance	X	L
Environmental Management – Central Storage	X	L
Environmental Management – Linen Service	X	L
Laboratory – Autopsy Suite	X	L
Loading Dock	X	L

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

