

**CHAPTER 246: VETERANS HEALTH ADMINISTRATION: HEALTH ADMINISTRATION SERVICES**

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## 1 PURPOSE AND SCOPE

This document outlines Space Planning Criteria for Chapter 246: Health Administration Services (HAS). It applies to all medical facilities at the Department of Veterans Affairs (VA).

The Health Administration Service (HAS) was previously referred to as Medical Administration Service (MAS). The organizational alignment of the functions noted in this chapter may vary from VHA facility to VHA facility. For example, some may also be aligned under a Business Office Service or under a Fiscal Service. It may also be that some of the offices mentioned may be assigned to another medical facility service. For example, the telephone switchboard may be aligned under the Information Resource Management Service (IRMS) and the mailroom may be aligned under the Acquisition and Material Management Service (A&MMS), etc. These criteria allocate space for each function and allow for flexibility with respect to the location of that space within a facility based on the specific requirements of that facility.

The Veterans Health Administration's Chief Business Office (CBO) is VHA's national focal point and the single accountable authority for the development of administrative processes, policy, regulations, and directives associated with the delivery of VA health benefit programs. As a principal health benefits administration advisor to the Under Secretary for Health, the Chief Business Officer develops, implements, and supports various aspects of administrative health care issues. This includes supporting the large majority of activities referred to in this chapter. The CBO is organized into offices that include business Development, Information, Operations, and Policy. CBO is also composed of independent offices in the field, dedicated to health benefits administration and revenue-related programs: Health Administration Center (Denver), Health Eligibility Center (Atlanta), Health Revenue Center (Topeka), and Compensation and Pension Exam Program (Nashville). Program managers at these activities may also be of assistance to field activities for guidance and recommendations concerning the application of space criteria in VHA facilities.

The Health Administration Service Program at the Department of Veterans Affairs (VA) medical center level includes a multiplicity of administrative / clerical functions including medical records management, telephone switchboard operation, and mail handling; essential to the effective, overall management of inpatient and outpatient care. This program generally consists of functions performed in the following major organizational activities:

1. Office of the Chief
2. Health Benefits Section: Centralized Registration Unit
3. Health Benefits Section: Outpatient Registration
4. Emergency Care Area (ER)
5. Health Information Management Section
6. Fee Services Section
7. Medical Care Cost Recovery (MCCR) Section
8. Ward Administration Section
9. Office Operations Section

- A. Refer to the following Space Planning Criteria chapters to determine space requirements for the following:
  - 1. Chapter 262, Ambulatory Care (Hospital Based) – MAS / HAS Ambulatory Care and Processing Section space requirements:
    - a. Reception Area
    - b. Examination/Treatment Modules
    - c. Disposition Area
  - 2. Individual Nursing Unit chapters - Ward Clerk space
    - a. Chapter 100, MS&N Patient Care Units
    - b. Chapter 102, Intensive Care Units
    - c. Chapter 104, Spinal Cord Injury / Disorders Center
    - d. Chapter 106, Nursing Home / Residential Care Center
    - e. Chapter 110, Mental Health and Behavioral Patient Care Units

## 2 DEFINITIONS

- A. Administrative Personnel: Administrative personnel are all personnel who do not counsel, diagnosis, examine or treat patients, but who do work that is essential for the accomplishment of the mission of a medical treatment facility. This does include military (assigned and borrowed), contract and civilian personnel. It does not include volunteers.
- B. AMIS: Acronym for Automated Medical Information System.
- C. Bed Control Clerk, Patient Services Assistant and Administrative Officer of the Day: Staff members who interview patients being admitted to the hospital or Medical Center and who create the inpatient record and all documents necessary for the admission.
- D. Cashier: Employee responsible for receiving, holding and disbursing cash to and from hospital or Medical Center patients as a result of diagnostic care or treatment.
- E. Centralized Registration Unit: For the purposes of these criteria, denotes spaces for integral administrative functions of the main Hospital. Administrative functions include:
  - 1. Fee Services Section which manages budget execution; funding control; voucher control; and billing activities with State and community Nursing Home programs.
  - 2. Medical Care Cost Recovery (MCCR) Section is responsible for the cost recovery of VA Medical Care funds from third party health insurance providers.
  - 3. Medical information services such as FOIA; bed control; patient transfers; and patient support.
- F. Decedent Affairs Clerk: Employee responsible for the administrative details (survivor counseling, paperwork and notifications) incidental to the death of a patient.
- G. ESA: Acronym for Emergency Services Area.
- H. Fee Services Office (also referred to as Fee Basis and/or Non-VA Provided Care): This office accommodates staff and functions responsible for overall administration of

programs that include, but are not limited to, authorization and payment processing related to Fee Medical and Fee Dental programs, non-VA hospitalizations, authorized and unauthorized medical services claims, Community Nursing Homes, State Homes, Hometown Pharmacy, and appeal processing. Administrative activities in this section include processing actions related to customer service, financial management, authorizations, payments, billing, workload and financial reporting and analysis, and correspondence.

- I. 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.
- J. HAS: Acronym for Health Administration Services.
- K. Health Information Management Services (HIMS): Activities include quantitative/qualitative review of medical records; coding of medical and demographic information from medical records; release and exchange of medical information; accumulation and reporting of statistical information (may include AMIS); Patient Treatment File management; assistance to professional and administrative staffs as a resource on medical records administration; support to medical staff committees; support to research activities involving medical record information; medical care cost recovery; medical reports; medical record files management; quality assurance and utilization review activities; and management of registry activities.
- L. Inpatient Records: Inpatient medical records exist in hospitals and in clinics. They provide a record of diagnosis and treatment. Service regulation and Retention Schedules govern the creation and maintenance of inpatient records. The International Classification of Diseases largely governs the coding of the diagnoses and procedures. The Computerized Patient Record System (CPRS) is utilized.
- M. MEDICARE Eligible: A patient who is entitled to Medicare benefits based on (1) 65 years of age or older, (2) disability, and/or (3) ESRD status as evidenced by a Medicare Identification Card. and is qualified for federal reimbursement for healthcare.
- N. Office of the Chief: Functions performed in this section include, but are not limited to, overall management of the service; planning, directing, and controlling operations; budget planning; fund control; liaison with other services and facility management; staff assistance to management; interpretation and implementation of policies and standards; development and implementation of HAS Systematic Internal Review Program and coordination of HAS responses to reviews of HAS by external evaluators; training programs and employee development; information resource management; Privacy Act/Freedom of Information Act administration; and directing medical administrative assistant activities.
- O. Outpatient Records: Record of diagnostic and treatment encounters of ambulatory patients in a clinic, hospital or freestanding clinic. Outpatient records are maintained (filed) separately from inpatient records.
- P. PAS: Acronym for Program Application Specialist. Replaces the previous term Automated Data Processing Application Coordinator (ADPAC).

- Q. 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.
- R. 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.
- S. Third Party Collection: Third party collection is the effort to obtain payment for health care services from a source other than the patient. The first two parties to a health care encounter are the patient and the provider or the organization, which the provider represents. The third party (not existing in all cases) is a payer other than the patient. Third Party payers may be insurance companies, employers or, in some case, governmental agencies.
- T. WMS: Workload Management System
- U. Ward Administration Section: Provides administrative support on the wards necessary for admission, discharge, and transfer of patients and for safeguarding their funds and effects.
- V. Veterans Identification Card (VIC): The VIC Card replaces the old embossed card as a means of identifying veteran patients entitled to care and services at VA healthcare facilities. It includes current technology features such as the patient's photograph, a bar code, and a magnetic stripe upon which is encoded patient demographic information. A commercial system was purchased from DataCard Corp. to allow all VA Medical Centers to make photo ID cards for patients.

### **3 OPERATING AND STORAGE RATIONALE AND BASIS OF CRITERIA**

- A. The Health Administration Service (HAS) at the Department of Veterans Affairs (VA) medical center level includes a multiplicity of administrative / clerical functions essential to the effective, overall management of inpatient and outpatient care.
- B. Patient Records: Patient records in VA facilities will be created, managed and stored in a manner which maintains patient privacy. The current standard for maintaining patient records utilize the Computerized Patient Record System (CPRS). For additional information, refer to VHA Handbook 1907.1, Health Information Management and Health Records.

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

- A. Is Office of the Chief authorized? (M)
  - 1. Is a Conference Room for the Office of the Chief authorized? (M)
  - 2. How many Medical Administrative Assistant FTE positions are authorized? (S)
  - 3. How many Program Application Specialist FTE positions authorized? (S)
- B. Is Health Benefits Section: Centralized Registration Unit (CRU) authorized? (M)
  - 1. How many daily registrations to this facility are projected? (W)

2. How many daily visitors to this facility are projected? (W)
3. How many CRU Supervisor FTE positions are authorized? (W)
4. How many Decedent Affairs Clerk FTE positions are authorized? (S)
5. How many MCCR Clerk FTE positions are authorized? (S)
6. How many Eligibility Clerk FTE positions are authorized? (S)
7. How many Release of Information Clerk FTE positions are authorized? (S)
8. How many Program Support Clerk FTE positions are authorized? (S)
9. How many Bed Control Clerk positions are authorized? (S)
10. How many Centralized Registration Medical Support Assistant FTE positions are authorized? (S)
11. How many Lead Patient Services Assistant FTE positions are authorized? (S)
12. How many Outpatient Transfer Clerk FTE positions are authorized? (S)
13. How many Inpatient Transfer Clerk FTE positions are authorized? (S)

C. Is Health Benefits Section: Outpatient Registration authorized? (M)

D. Is Emergency Care Area (ER) authorized? (M)

E. Is Health Information Management Section (HIMS) authorized? (M)

1. How many HIMS Supervisor FTE positions are authorized? (S)
2. How many HIMS File Room Supervisor FTE positions are authorized? (S)
3. How many HIMS Billing Clerk FTE positions are authorized? (S)
4. How many HIMS Coding Clerk FTE positions are authorized? (S)
5. How many HIMS Tumor Registry FTE positions are authorized? (S)
6. How many HIMS QA Technician FTE positions are authorized? (S)
7. How many HIMS Release of Information Clerk FTE positions are authorized? (S)
8. How many HIMS Transcription Coordinator Clerk FTE positions are authorized? (S)
9. How many HIMS Transcriptionist FTE positions are authorized? (S)
10. How many HIMS EPRP Technician FTE positions are authorized? (S)
11. How many HIMS Record Review Clerk FTE positions are authorized? (S)

F. Is Ward Administration Section (WAS) authorized? (M)

1. How many WAS Ward Clerk FTE positions are authorized? (S)

G. Is Fee Services (FS) Section authorized? (M)

1. How many FS Supervisor FTE positions are authorized? (S)
2. How many FS Secretary FTE positions are authorized? (S)
3. How many FS Clerical FTE positions are authorized? (S)

H. Is Office Operations Section authorized? (M)

1. How many Mail Clerk FTE positions are authorized? (S)
2. How many Telephone Operator FTE positions are authorized? (S)

## 5 SPACE CRITERIA

A. Office of the Chief:

1. **Office, Chief of Service (OFM02) ..... 150 NSF (14.0 NSM)**  
*Provide one per Health Administration Service.*

The space will accommodate meeting with up to five individuals.

2. **Office, Chief of Health Benefits Section (OFA01 / OFA02)** .....120 NSF (11.2 NSM)  
*Provide one per Health Administration Service if authorized in Concept of Operations; provide OFA01 if standard furniture is authorized; or, OFA02 if systems furniture is authorized.*

3. **Office, Secretary / Waiting (SEC01)** .....120 NSF (11.2 NSM)  
*Provide one per Health Administration Service.*

This space accommodates two standard and one accessible seat, desk / workstation, and several file cabinets.

4. **Office, Medical Administrative Assistant (OFA01 / OFA02)** .....100 NSF (9.3 NSM)  
*Provide one per each Medical Administrative Assistant FTE position authorized; provide OFA01 if standard furniture is authorized; or, OFA02 if systems furniture is authorized.*

5. **Office, Program Application Specialist (PAC) (OFA01 / OFA02)** .....100 NSF (9.3 NSM)  
*Provide one per each Program Application Specialist FTE position authorized; provide OFA01 if standard furniture is authorized; or, OFA02 if systems furniture is authorized.*

6. **Storage / Work Room (SRS01)** .....90 NSF (8.4 NSM)  
*Provide one per Health Administration Service.*

The space provided accommodates miscellaneous equipment and supplies for the Office of the Chief suite.

7. **Conference Room (CRA02)** .....150 NSF (14.0 NSM)  
*Provide one if authorized in Concept of Operations.*

The space provided to accommodate department meetings for between six and eight people.

8. **Toilet, Staff (TLTU1)** .....50 NSF (4.7 NSM)  
*Provide one per Health Administration Service.*

Toilet Room is dedicated to the Office of the Chief.

B. Health Benefits Section: Centralized Registration Unit (CRU):

1. **Waiting (WRC01)** .....600 NSF (55.8 NSM)  
*Minimum NSF; provide an additional 120 NSF for every increment of twenty daily registration / visitors greater than two hundred.*

Minimum NSF accommodates seating for forty people.

2. **Reception (REC01)** .....100 NSF (9.3 NSM)  
*Provide one per Centralized Registration Unit.*

Counter area to accommodate two rotating Medical Support Assistants.  
Reception Counter to be located at registration entry adjacent the waiting area.

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

This position may supervise multiple clinics including the Emergency Department, Specialty and Outpatient Clinics.

4. **Office, Decedent Affairs Clerk (OFA01 / OFA02) ..... 120 NSF (11.2 NSM)**  
*Provide one per each Decedent Affairs Clerk FTE position authorized; provide OFA01 if standard furniture is authorized; or, OFA02 if systems furniture is authorized.*

This office to be located near; not in the Centralized Registration Unit.

5. **Cubicle, MCCR Section Clerk (OFA03)..... 64 NSF (5.9 NSM)**  
*Provide one per each MCCR Clerk FTE position authorized.*

6. **Cubicle, Eligibility Clerk (OFA03) ..... 64 NSF (5.9 NSM)**  
*Provide one per each Eligibility Clerk FTE position authorized.*

A small office or interview room is preferable to assure confidentiality of information discussed. Administrative staff interview veterans during the intake / income process. Using typical cubicles for this activity do not lend themselves to promoting the level of privacy required.

7. **Cubicle, Photo Area for Veterans Identification Cards (VIC) (OFA03) ..... 64 NSF (5.9 NSM)**  
*Provide one per Centralized Registration Unit.*

This space is required for equipment necessary for staff to take photos (camera, PC, etc.) for veterans identification cards (VICs). The current dimensions of a VIC workstation are: 2-3 feet of desk space and an area where subject to be photographed is 3-6 feet from camera. The area accommodating the equipment needs to be secure

8. **Cubicle, Release of Information Clerk (OFA03) ..... 64 NSF (5.9 NSM)**  
*Provide one per each Release of Information Clerk FTE position authorized.*

9. **Cubicle, Program Support Clerk (OFA03) ..... 64 NSF (5.9 NSM)**  
*Provide one per each Program Support Clerk FTE position authorized.*

10. **Cubicle, Bed Control Clerk (OFA03)..... 64 NSF (5.9 NSM)**  
*Provide one per each Bed Control Clerk position authorized.*

11. **Cubicle, Medical and Patient Support Assistant (OFA03) ..... 64 NSF (5.9 NSM)**  
*Provide one per each Centralized Registration Medical Support Assistant FTE position authorized.*



12. **Cubicle, Lead Patient Services Assistant (OFA03).....64 NSF (5.9 NSM)**  
*Provide one per each Lead Patient Services Assistant FTE position authorized.*

13. **Office, Clothing Room Clerk (OFA01 / OFA02).....200 NSF (18.6 NSM)**  
*Provide one per Centralized Registration Unit; provide OFA01 if standard furniture is authorized; or, OFA02 if systems furniture is authorized.*

This office to be located near, but not in the Centralized Registration Unit. It should accommodate one person plus storage of supplies, safe, and the holding of patient belongings during outpatient procedures.

14. **Cubicle, Outpatient Transfer Clerk (OFA03).....64 NSF (5.9 NSM)**  
*Provide one per each Outpatient Transfer Clerk FTE position authorized.*

15. **Cubicle, Inpatient Transfer Clerk (OFA03).....64 NSF (5.9 NSM)**  
*Provide one per each Inpatient Transfer Clerk FTE position authorized.*

16. **Storage, Supplemental Equipment (SRS01).....180 NSF (16.8 NSM)**  
*Minimum NSF; provide an additional 30 NSF for each Centralized Registration Medical Support Assistant FTE position authorized greater than six.*

The space provided accommodates office equipment, file cabinets, supplies and work tables for Centralized Registration staff.

C. Health Benefits Section: Outpatient Registration:

Refer to Chapter 262, Ambulatory Care (Hospital Based) for Waiting and Reception spaces under the control of Health Administration Service (HAS). HAS Medical Support Assistant(s) will be physically located in Reception areas of Ambulatory Care.

1. **Office, Supervisor (OFA01 / OFA02) .....100 NSF (9.3 NSM)**  
*Provide one per each Outpatient Registration Supervisor FTE position authorized; provide OFA01 if standard furniture is authorized; or, OFA02 if systems furniture is authorized.*

D. Emergency Care Area (ER):

Refer to Chapter 262, Ambulatory Care (Hospital Based) for Waiting and Reception spaces under the control of Health Administration Service (HAS). HAS Patient Services Assistant(s) will be physically located in Reception areas of Ambulatory Care (Hospital Based) Chapter 262.

1. **ER Reception (RECP1).....100 NSF (9.3 NSM)**  
*Minimum NSF; provide one per ER.*

E. Health Information Management Section (HIMS):

1. **Office, Chief, Health Information Management Section (HIMS) (OFM02) .....150 NSF (14. NSM)**  
*Provide one per Health Information Management Section.*

2. **Office, Supervisor (OFA01 / OFA02) .....100 NSF (9.3 NSM)**  
*Provide one per each HIMS Supervisor FTE position authorized; provide OFA01 if standard furniture is authorized; or, OFA02 if systems furniture is authorized.*

3. **Office, File Room Supervisor (OFA01 / OFA02)**..... **120 NSF (11.2 NSM)**  
*Provide one per each HIMMS File Room Supervisor FTE position authorized;  
provide OFA01 if standard furniture is authorized; or, OFA02 if systems furniture  
is authorized.*
4. **Cubicle, Billing Clerk (OFA03)** ..... **64 NSF (5.9 NSM)**  
*Provide one per each HIMMS Billing Clerk FTE position authorized.*
5. **Cubicle, Coding Unit (OFA03)**..... **64 NSF (5.9 NSM)**  
*Provide one per each HIMMS Coding Clerk FTE position authorized.*
6. **Cubicle, Tumor Registry (OFA03)**..... **64 NSF (5.9 NSM)**  
*Provide one per each HIMMS Tumor Registry FTE position authorized.*
7. **Cubicle, QA Technician (OFA03)** ..... **64 NSF (5.9 NSM)**  
*Provide one per each HIMMS QA Technician FTE position authorized.*
8. **Cubicle, Release of Information Clerk (OFA03)** ..... **64 NSF (5.9 NSM)**  
*Provide one per each HIMMS Release of Information Clerk FTE position  
authorized.*
9. **Cubicle, Transcription Coordinator (OFA03)** ..... **64 NSF (5.9 NSM)**  
*Provide one per each HIMMS Transcription Coordinator FTE position authorized.*
10. **Cubicle, Transcriptionist (OFA03)** ..... **64 NSF (5.9 NSM)**  
*Provide one per each HIMMS Transcriptionist FTE position authorized.*
11. **Storage, Transcription Equipment (SRSE1)** ..... **80 NSF (7.5 NSM)**  
*Provide one per Health Information Management Section.*
12. **Cubicle, EPRP Technician (OFA03)**..... **64 NSF (5.9 NSM)**  
*Provide one per each HIMMS EPRP Technician FTE position authorized.*
13. **Cubicle, Record Review Clerk (OFA03)**..... **64 NSF (5.9 NSM)**  
*Provide one per each HIMMS Record Review Clerk FTE position authorized.*
14. **Cubicle, Scanning Equipment (OFA03)**..... **64 NSF (5.9 NSM)**  
*Provide one per Health Information Management Section.*
15. **Supply Workroom (MRWK1)** ..... **120 NSF (11.2 NSM)**  
*Provide one per Health Information Management Section.*
16. **File Room (FILE1)** ..... **200 NSF (18.6 NSM)**  
*Provide one per Health Information Management Section.*

F. Ward Administration Section (WAS):

1. **Office, Supervisor (OFA01 / OFA02)**..... **100 NSF (9.3 NSM)**  
*Provide one per Ward Administration Section; provide OFA01 if standard furniture  
is authorized; or, OFA02 if systems furniture is authorized.*

This office to be located within the Office of the Chief Functional Area.

2. **Office, Lead Clerk (OFA01 / OFA02)**.....120 NSF (11.2 NSM)  
*Provide one per Ward Administration Section; provide OFA01 if standard furniture is authorized; or, OFA02 if systems furniture is authorized.*

This office to be shared by two clerks and shall be located within one of the patient care units.

3. **Cubicle, Ward Clerk (OFA03)**.....64 NSF (5.9 NSM)  
*Provide one per each WAS Ward Clerk FTE position authorized.*
4. **Storage, Ward Clerk (SRS01)** .....20 NSF (1.9 NSM)  
*Provide one per Ward Administration Section.*

G. Fee Services (FS) Section:

1. **Office, Chief, Fee Services Section (OFM02)** .....150 NSF (14.0 NSM)  
*Provide one per Fee Services Section.*
2. **Office, Supervisor (OFA01 / OFA02)** .....100 NSF (9.3 NSM)  
*Provide one per FS Supervisor FTE position authorized; provide OFA01 if standard furniture is authorized; or, OFA02 if systems furniture is authorized.*
3. **Cubicle, Secretary (OFA03)** .....64 NSF (5.9 NSM)  
*Provide one per each FS Secretary FTE position authorized.*
4. **Cubicle, Clerical (OFA03)** .....64 NSF (5.9 NSM)  
*Provide one per each FS Clerical FTE position authorized.*

This space accommodates clerks (claims, audit, program, and correspondence) who review, examine and explain fee authorizations and medical claims payment determinations for non-VA care.

5. **Cubicle, Interview (OFA03)**.....64 NSF (5.9 NSM)  
*Provide one per Fee Services Section.*

This space accommodates Fee Services staff who discusses non-VA care health care claim issues with non-staff visitors, such as veterans, family members, clinicians, and representatives from Veterans Service Organizations (VSOs). These visitors should not have general access to the Fee Services office area due to privacy and confidentiality concerns.

6. **Storage, Supplemental Equipment (SRS01)**.....40 NSF (3.8 NSM)  
*Provide one per Fee Services Section.*

H. Office Operations Section:

1. **Mailroom (MRMB1)**.....200 NSF (18.7 NSM)  
*Minimum NSF; provide an additional 150 NSF per each Mail Clerk FTE position authorized greater than one.*
2. **Telephone Switchboard Room (COMC1)**.....120 NSF (11.2 NSM)  
*Minimum NSF; provide an additional 64 NSF per each Telephone Operator FTE position authorized greater than one.*

The main telephone PBX equipment is located in this Room.

## 6 PLANNING AND DESIGN CONSIDERATIONS

- A. Net-to-department gross factor (**NTDG**) for **Health Administration Services** is **1.30**. This number when multiplied by the programmed net square foot (NSF) determines the departmental gross square feet.
- B. Patient accessible (Hospital Based) corridors should be a minimum of 8'-0" wide and staff accessible only (Hospital Based) corridors should be a minimum of 6'-0". Internal suite passages and main aisles should be a minimum of 5'-0" wide to accommodate handicap accessibility standards.

## 7 FUNCTIONAL RELATIONSHIPS

Note that distinct elements of H.A.S. including Office of the Chief (OOC), Health Benefits (HB) and Ward Administration (WA) may be non-contiguous components and / or located on different floor levels.

**TABLE 1: FUNCTIONAL RELATIONSHIP MATRIX**

SERVICES	RELATIONSHIP	REASON
Ambulatory Care (Hospital Based)	HB-1, OOC-2	A,C,G,H,I
Day Hospital	HB-1, OOC-2	A,G,H,I
Day Treatment center	1	A,G,H,I
Domiciliary	1	A,G,H,I
Lobby	HB-1, OOC-2	H,I
Nursing Home / Residential Care Center	1	A,G,H,I
Childcare / Development Center	2	H
Fiscal service	2	G
Medical Center Director's Suite	2	C,G,I
Medical Media Service	2	A,G,H
Nursing Service Administration	2	I
Social Work Service	2	G,H,I
Veterans Assistance Unit	2	G,H,I
Cardiovascular Laboratories	3	G,H,I
Chaplain Service	3	H
Dental Service	3	G,H,I
Dialysis Center	3	G,H,I
Digestive Diseases Program - Endoscopy Suite	3	G,H,I
Electroencephalography Laboratory	3	G,H,I
Environmental Management Service Administration	3	A,B,I
Eye Clinic	3	G,H,I
Human Resources Management	3	A,C,G,H,I
Intensive Care Nursing Units	3	A,B,C,F,G,H,I
Magnetic Resonance Imaging	3	A,B,C,F,G,H,I
Clinical Services Administration	3	A,G,I
Mental Health and Behavioral Patient Care Units	3	A,B,C,F,G,H,I
Mental Health Clinic	3	A,C,G,H,I
MS&N Patient Care Units	3	A,B,C,F,G,H,I
Nuclear Medicine Service	3	A,C,G,H,I
Pathology and Laboratory Medicine Service	3	A,G,H,I
Pharmacy Service	3	A,B,C,G,H,I
Physical Medicine and Rehabilitation Service	3	A,B,G,H,I
Prosthetic and Sensory Aids Service	3	A,B,G,H,I
Pulmonary Medicine Service	3	G,H,I
Radiation Therapy Service	3	A,B,C,F,G,H,I
Radiology Service	3	A,B,C,F,G,H,I
Spinal Cord Injury / Disorders Center	3	A,B,C,F,G,H,I
Substance Abuse Clinic	3	A,C,G,H,I
Surgical Service	3	G,H,I
Voluntary Service	3	A

Legend:

Relationship

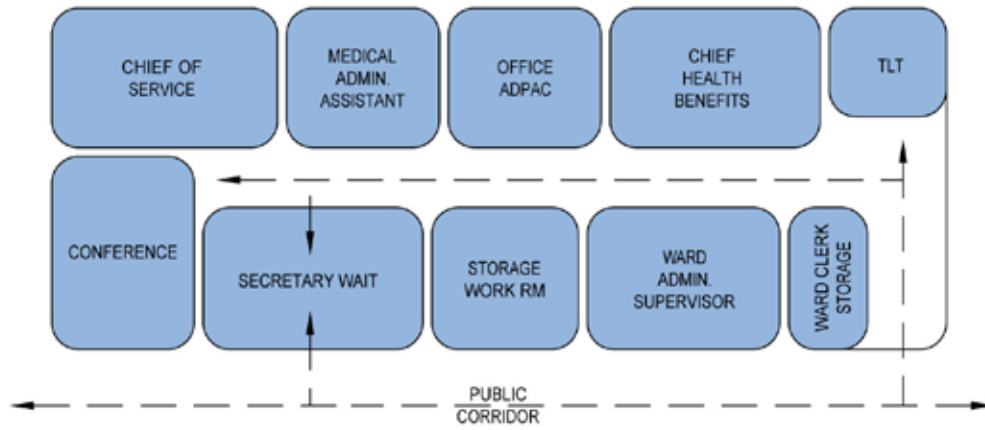
1. Adjacent
2. Close / Same Floor
3. Close / Different Floor Acceptable
4. Limited Traffic
5. Separation Desirable

Reasons:

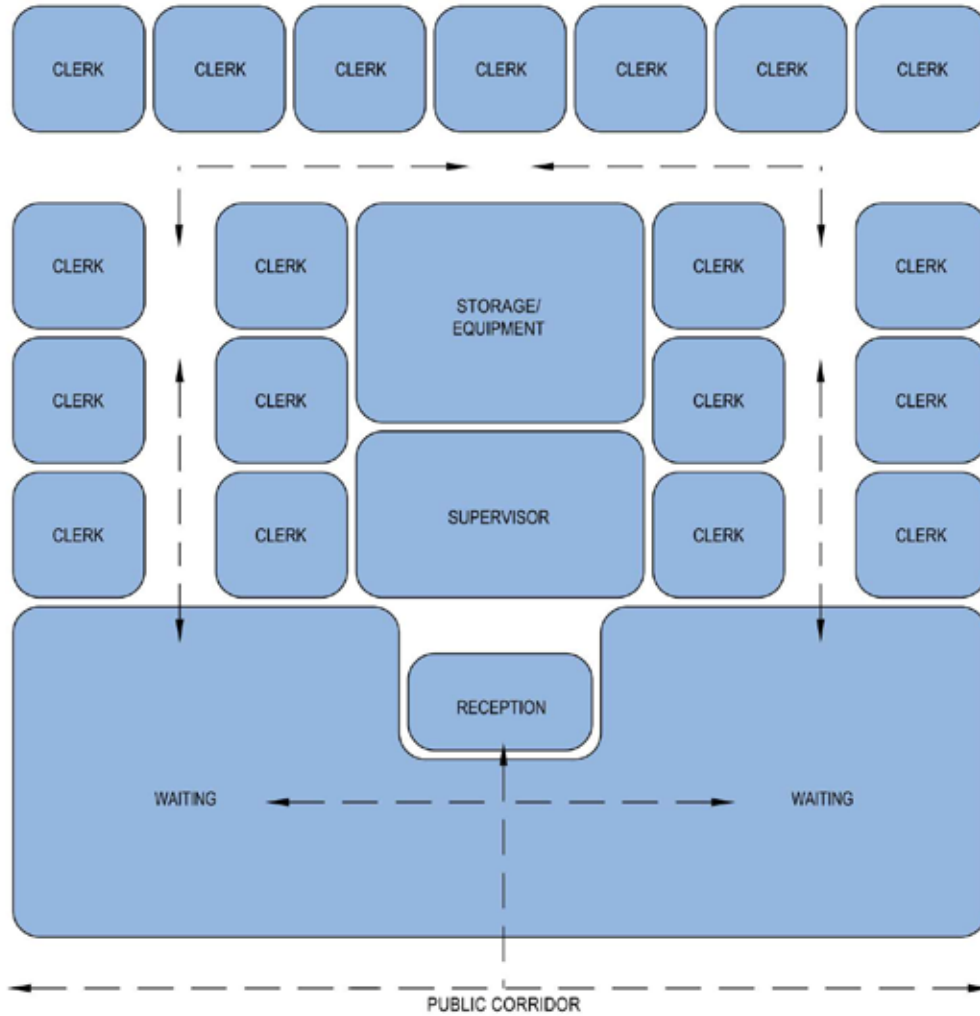
(Use as many as appropriate)

- 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 1: Office of the Chief



### 9 FUNCTIONAL DIAGRAM 2: Health Benefits Section





### FUNCTIONAL DIAGRAM 3: Health Information Management Section

