

**CHAPTER 254: VETERANS HEALTH ADMINISTRATION: NURSING SERVICE
ADMINISTRATION**

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1. PURPOSE AND SCOPE

This document outlines Space Planning Criteria for Chapter 254: Nursing Service Administration. It applies to all medical facilities at the Department of Veterans Affairs (VA).

2. DEFINITIONS

- A. 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 services to be provided in the new or remodeled space.
- B. 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 **Nursing Administration Service** is **1.30**.
- C. 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.
- D. 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, and Residency Program.
- E. 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 for the facility. This information is processed through mathematical and logical operations in VA-SEPS.
- F. 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.
- G. Provider: A medical professional, who examines, diagnoses, treats, prescribes medication and manages the care of the patients within his or her scope of practice as established by the governing body of a healthcare organization.
- H. Room Efficiency Factor: A factor that provides flexibility in the utilization of a room to account for patient delays, scheduling conflicts, and equipment maintenance. Common factors are in the 80 to 85% range. A room with 80% room efficiency provides a buffer to assume that this room would be available 20% of the time beyond the planned operational practices of the room. This factor may be adjusted based on the actual and/or anticipated operations and processes of the room/department.
- I. 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 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.

- J. Workload: Workload is the anticipated number of procedures or suite stops that are 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 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 a Day Hospital and their 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.
- C. These criteria are based on established and anticipated standards, which are subject to modification relative to development in standards of practice, equipment, vendor requirements, and/or healthcare planning and design developments.
- D. Administrative Conference Room - At any hospital, Nursing Service accounts for 30 percent to 40 percent of the total FTEE. It is difficult to schedule the hospital's conference room because the Medical Center Director has scheduling priority and all other hospital services also have need of the room. The classroom already included in these criteria is in constant use for the educational requirements for 600 to 800 people, e.g., CPR training and 10 or 11 mandatory classes per employee per year in areas of fire and safety, patient abuse and assaultive behavior. With a staff as large as nursing service, there are always management and personnel functions which must be frequently supported.

4. PROGRAM DATA REQUIRED (Input Data Questions)

- A. Mission Input Data Statements:
1 Is Nursing Service Administration authorized? (M)

B. Workload Input Data Statements:

- 1 How many inpatient beds in total are projected for this facility? (W)

C. Staffing Input Data Statements:

- 1 How many Assistant Chief FTE positions are authorized? (S)
- 2 How many Clinical Service Supervisor FTE positions are authorized? (S)
- 3 How many Administrative Officer FTE positions are authorized? (S)
- 4 How many Clerical FTE positions are authorized? (S)
- 5 How many Associate Chief for Education FTE positions are authorized? (S)
- 6 How many Secretary FTE positions are authorized? (S)
- 7 How many Instructor FTE positions are authorized? (S)
- 8 How many Trainee FTE positions are authorized? (S)
- 9 How many Resident / Intern FTE positions are authorized? (S)
- 10 How many Student FTE positions are authorized? (S)

D. Miscellaneous Input Data Statements:

- 1 How many Nursing Service Administration FTEs will work on peak shift? (Misc)
- 2 How many Nursing Service Administration FTE positions are not authorized to have office or cubicle space? (Misc)

5. SPACE CRITERIA

A. Reception Areas

- 1 **Waiting (WRC01)60 NSF (5.6 NSM)**
Provide one per Nursing Service Administration.

60 NSF provides for two standard seats, one wheelchair accessible seat and lighting / table / planting.

- 2 **Reception (RECP1)100 NSF (9.3 NSM)**
Provide one per Nursing Service Administration

Allocated NSF includes space for Receptionist / Secretary.

- 3 **Toilet , Public (TLTU1)50 NSF (4.7 NSM)**
Provide one per Nursing Service Administration.

B. Staff and Administration Areas

- 1 **Office, Chief (OFC01)150 NSF (14.0 NSM)**
Provide one per Nursing Service Administration.

- 2 **Office, Assistant Chief (OFA01 / OFA02).....120 NSF (11.2 NSM)**
Provide one per Assistant chief FTE position authorized; provide OFA01 if standard furniture is authorized; or, OFA02 if systems furniture is authorized.

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

- 4 **Office, Administrative Officer (OFA01 / OFA02).....120 NSF (11.2 NSM)**

Provide one per Administrative Officer FTE position authorized; provide OFA01 if standard furniture is authorized; or, OFA02 if systems furniture is authorized.

- 5 **Conference Room (CRA01)**200 NSF (18.6 NSM)
Provide one per Nursing Service Administration.
- 6 **Cubicle, Clerical (OFA03)**64 NSF (5.9 NSM)
Provide one per Clerical FTE position authorized.

C. Education and Training

- 1 **Office, Associate Chief
Nurse for Education (OFA01 / OFA02)**.....120 NSF (11.2 NSM)
Provide one per Associate Chief for Education FTE position authorized; provide OFA01 if standard furniture is authorized; or, OFA02 if systems furniture is authorized.
- 2 **Office, Secretary (SEC01)**.....120 NSF (11.2 NSM)
Provide one per Secretary FTE position authorized.
- 3 **Office, Instructor (OFA01 / OFA02)**100 NSF (9.3 NSM)
Provide one per Instructor FTE position authorized; provide OFA01 if standard furniture is authorized; or, OFA02 if systems furniture is authorized.
- 4 **Storage Room (SRS01)**.....100 NSF (9.3 NSM)
Provide one per Nursing Service Administration.
- 5 **Cubicle, Trainee (OFA03)**.....64 NSF (5.9 NSM)
Provide one per Chief Nurse Trainee FTE position authorized.
- 6 **Cubicle, Resident / Intern (OFA03)**64 NSF (5.9 NSM)
Provide one per Resident / Intern FTE position authorized.
- 7 **Cubicle, Graduate Nurse (OFA03)**.....64 NSF (5.9 NSM)
Provide one per each increment of two student FTE positions authorized.
- 8 **Classroom (CLR02)**.....400 NSF (37.2 NSM)
Minimum NSF; provide an additional 370 NSF if total number of projected number of inpatient beds for the facility is greater than three hundred and fifty.

This space is used for classes dealing with ongoing educational requirements, e.g. CPR training, mandatory classes per employee in areas of fire and safety, patient abuse and assaultive behavior.

D. Staff Lounge, Lockers and Toilets:

The spaces below provide programming of Lounge, Lockers, and Toilets at department / service / chapter level. Alternatively, sum all departments/services data for Lockers, Lounges and Toilets, and program space in Chapter 410-EMS Lockers, Lounges, Toilets and Showers. Either/or – do not duplicate space. Provide locker space only for those FTEs without office or cubicle space.

- 1 **Lounge, Staff (SL001)**80 NSF (7.5 NSM)

Minimum NSF; provide an additional 15 NSF per each projected FTE on peak shift greater than five; maximum 210 NSF.

For less than five FTE combine Lounge facilities with adjacent department or sum in chapter 410.

2 Locker Room, Staff (LR001)80 NSF (7.5 NSM)

Minimum NSF if total number of FTE positions not authorized to have office or cubicle space is between five and thirteen; provide an additional 6 NSF per FTE position if total number of FTE positions not authorized to have office or cubicle space is greater than thirteen.

Provide locker space only for those FTEs without assigned office or cubicle space. For less than five FTE combine Locker Room facilities with adjacent department or sum in chapter 410.

3 Toilet, Staff (TLTU1)50 NSF (4.7 NSM)

Minimum one; provide an additional staff toilet for each increment of five projected FTEs on peak shift greater than thirteen.

6. PLANNING AND DESIGN CONSIDERATIONS

- A. Net-to-department gross factor (**NTDG**) for **Nursing Administration** is **1.30**. This number when multiplied by the programmed net square foot (NSF) area determines the departmental gross square feet.
- B. Centralize check-in/check-out for more efficient use of staff.
- C. Space saving systems furniture will be used wherever possible.

7. FUNCTIONAL RELATIONSHIP

Relationship of Nursing Service Administration to services listed below:

TABLE 1: FUNCTIONAL RELATIONSHIP MATRIX

SERVICES	RELATIONSHIP	REASON
Dental Service	3	H
Dietic Service – Administration Office	3	H
Patient Care Units – Alcohol Dependency Treatment	3	H
Patient Care Units - MICU	3	H
Patient Care Units - SICU	3	J
Patient Care Units – Medical	3	H
Patient Care Units - Neurology	3	H
Patient Care Units – Patient Care Home Care	3	H
Patient Care Units – Mental Health and Behavioral	3	H
Patient Care Units – Respiratory Care	3	H
Patient Care Units - SCI	3	H
Patient Care Units - Surgical	3	H
Personnel Service	3	H
Psychology	3	H

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

