CHAPTER 258: VETERANS HEALTH ADMINISTRATION: WOMEN VETERANS CLINICAL SERVICE (WVCS) (For Models 2 and 3)*

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1 PURPOSE AND SCOPE

This document outlines space planning criteria for VA Program Guide (PG) 18-9 Chapter 258: Women Veterans Clinical Service (WVCS). It applies to all medical facilities of the Veterans Health Administration (VHA) at the Department of Veterans Affairs (VA).

VHA Handbooks 1330.01, *Healthcare Services for Women Veterans* (dated May 21, 2010) and 1330.02 *Women Veterans Program Manager (WVPM) Position* (dated March 28, 2007) have been reviewed as part of the development of this Space Planning Criteria Chapter and the space criteria contained herein responds to the information and requirements of these Handbooks where appropriate. These handbooks should be referred to prior to any space programming effort for additional information. The Women Veterans Clinical Service (WVCS) program supports the Patient Aligned Care Team (PACT) delivery model for Primary Care.

The Women Veterans Health Strategic Health Care Group (WVHSHG) has adopted the following principles to provide the highest quality care for our women Veterans:

- A. Comprehensive primary care
- B. Provided by proficient and interested primary care clinicians
- C. Focused on safety, dignity, and sensitivity to gender-specific needs
- D. Offering the right care in the right place at the right time
- E. Using state-of-the-art health care equipment and technology

2 DEFINITIONS

- A. <u>Ambulatory Care: Primary Care Clinic (AC:PCC)</u>: An Ambulatory Care: Primary Care Clinic space within a VA Medical Center / Hospital.
- B. <u>Clinic Stop</u>: A clinic stop is one encounter of a patient with a healthcare provider. Per these criteria, the clinic stop is the workload unit of measure for space planning. One individual patient can have multiple procedure / suite stops in a single visit or in one day. Clinic Stops are captured in the Stop Codes.
- C. Comprehensive Primary Care for Women Veterans: The provision of complete primary care and care coordination by one primary care provider at one site. The primary care provider should, in the context of a longitudinal relationship, fulfill all primary care needs such as Care for Acute and Chronic Illness, Gender-Specific Primary Care, Preventive Services, Mental Health Services, and Coordination of Care. (Refer to VHA Handbook 1330.01 for a complete review of comprehensive Primary Care for Women Veterans services.)
- D. <u>Comprehensive Primary Care Clinic Models</u>: Comprehensive Primary Care for women veterans is, per VHA Handbook 1330.01 is offered in three service- directed models of care:
 - 1. **Model 1: General Primary Care Clinic**Comprehensive primary care services for women Veterans is delivered by a designated Women's Health Primary Care Provider (WH PCP) who is interested and proficient in women's health. Women Veterans are incorporated into the WH

PCP panel and seen within a general gender-neutral Primary Care clinic. Mental health services for women should be co-located in the general gender-neutral Primary Care Clinic in accordance with the Primary Care-Mental Health Integration. Efficient referral to specialty gynecology service must be available either on-site or through fee-basis, contractual or sharing agreements, or referral to other VA facilities within a reasonable traveling distance (less than 50 miles).

2. Model 2: Separate but Shared Space

Comprehensive primary care services for women Veterans are offered by designated Women's Health Primary Care Providers (WH PCPs) in a separate but shared space that may be located within or adjacent to Primary Care clinic areas. Gynecological care and mental health services should be co-located in this space and readily available.

- 3. Model 3: Women's Health Center (WHC)
 - VHA facilities with larger women Veterans populations are encouraged to create Women's Health Centers (WHC) that provide the highest level of coordinated, high quality comprehensive care to women Veterans.
- E. <u>Facility</u>: Includes all freestanding medical centers, parent facilities and their divisions, and Community-Based Outpatient Clinics (CBOCs).
- F. <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 hour-week workload.
- G. <u>Functional Area</u>: The grouping of rooms and spaces based on their function within a clinical service. Typical Functional Areas are Reception Area, Patient Area, Support Area, Staff and Administrative Area, and Education Area.
- H. <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; see definition below) 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 VHA or the VISN about the estimated model of operation. This information is processed through mathematical and logical operations in VA-SEPS (see definition below).
- I. Military Sexual Trauma (MST) (defined according to Title 38 U.S. Code 1720D): "physical assault of a sexual nature, battery of a sexual nature or sexual harassment that occurred while a Veteran was serving on active duty or active duty for training." Sexual harassment is further defined as "repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character." The location where the sexual trauma occurred, the genders of the people involved, and their relationship to each other do not matter.
- J. <u>Minutes per Clinic Stop</u>: The length of time based on when a patient enters a (Exam, Procedure, etc) room until the room is ready to accept the next patient.
- K. <u>Net-to-department gross factor (NTDG)</u>: This number, when multiplied by the programmed net square foot (NSF) area, determines the departmental gross square feet (DGSF). (See Section 6.A.1)

- L. <u>Outpatient Clinic</u>: An Outpatient Clinic is a freestanding ambulatory care facility that is physically separated but administratively attached to a VA Medical Center providing a specific set of outpatient services.
- M. <u>Patient Aligned Care Team (PACT)</u>: Patient Aligned Care Team, providing service to Veterans that is patient-centered, is the right care at the right time by the right person. A typical PACT Team is comprised of a Provider, RN, LPN/Health Tech and a Clerk.
- N. <u>Program for Design (PFD)</u>: A listing of all of the spaces and rooms to be included in a construction project for a service and the corresponding net square foot area of each space and room. This listing of spaces and rooms is based on criteria set forth in this document and specific information about Program Mission, Workload projections and Staffing levels authorized.
- O. <u>Provider (Primary / Specialty Care)</u>: A medical professional, such as a physician, nurse practitioner, or physician assistant, providing care to Veteran patients.
- P. <u>Reception</u>: This is the Meet/Greet function for the clinic; may serve as check-in for appointments.
- Q. <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 Statements. VA-SEPS incorporates the propositions set forth in this chapter as well as all chapters in VA's PG 18-9. VA-SEPS has been designed to aid healthcare planners in creating a space plan based on a standardized set of criteria parameters.
- R. <u>Stop Code</u>: A measure of workload including clinic stops forecasted by the Office of Policy and Planning (OPP) for all Strategic Planning Categories at Medical Center and Outpatient Clinic levels. Other workload indicators are (annual) bed-days of care and (annual) scripts filled.
- S. <u>Teamlet:</u> The core PACT team of the Veteran patient, his / her provider, a RN care manager, a clinical staff assistant, and an administrative staff member that are responsible for the central functions of a medical home model. Each Teamlet can accommodate a Panel. Teamlets can be combined in PACT modules for collaborative care. Panel sizes vary based on the patient demographic at each VA facility; the Office for Primary Care utilizes an average panel size of 1,200 patients for planning purposes.
- T. VISN: Acronym for Veteran Integrated Service Network.
- U. <u>Women's Health Primary Care Provider (WH PCP)</u>: A primary care provider who is dedicated to and proficient in women's health. A designated WH PCP is preferentially assigned women Veterans within their primary care patient panels.
- V. Women Veterans Program Manager (WVPM): (Refer to VHA Handbook 1330.02 for a complete review of the role of the Women Veterans Program Manager). The WVPM is responsible for executing comprehensive planning for women's health issues that improves the overall quality of care provided to women Veterans and achieves program goals and outcomes.
- W. Women Veterans Clinical Service patient Panel: Each Panel is assigned 800 Unique Patients. For the purpose of this Chapter, it is assumed that each unique patient will generate 3.5 annual visits; hence a Panel will handle 2,800 annual visits.

X. Workload: Women Veterans Clinical Services workload is captured by the following Stop Codes: 322: Women's Clinic, 404: Gynecology and 704: Female Gender Specific Cancer Screening are used as criteria parameters to capture workload and drive the space calculation.

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 generated by the VA Office of Policy and Planning (OPP) based upon the expected veteran population in the respective market / service area. Healthcare and clinical planners working on VA medical center, hospital or satellite outpatient clinic projects shall utilize and apply the workload based criteria set forth herein for identified services and modalities to determine space requirements for the project.
- B. Space planning criteria have been developed on the basis of an understanding of the activities involved in the functional areas required for Women Veterans Clinical Services 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.
- D. Room capacity per year should be based on:

Operating days per year x Hours of operation per day

= Number of

Minutes per clinic stop / 60 minutes

annual clinic stops

- The general planning model for VA facilities assumes 220 Operating Days per Year and 8 Hours of Operation per Day. Room capacity will fluctuate as hours of operation are modified, i.e., additional capacity may be generated by extending the daily hours of operation within the same physical setting.
- 2. The Basic Room Efficiency Factor planning factor is 80% for Models 2 or 3. (Refer to PG 18-9: Chapter 262: Ambulatory Care, Primary Care for Model 1.)

Example: Assume a clinic stop for Women Veterans Primary Care that averages 60 minutes per clinic stop:

220 operating days per year x 8 hours of operation per day
= 1,760 annual
60 minutes per clinic stop / 60 minutes clinic stops

A maximum capacity of 1,760 routine/follow-up clinic stops per year, assuming 100% utilization. However, 100% utilization is not realistic to achieve, thus, it is not realistic as a design standard. Apply Room Efficiency Factor noted above:

 $1,760 \times 80\% = 1,408$ annual routine/follow-up clinic stops per exam room.

TABLE 1: WORKLOAD PARAMETER CALCULATION

WORKLOAD (STOP CODES)	AVERAGE LENGTH OF CLINIC STOP (minutes)	UTILIZATION RATE	ANNUAL WORKLOAD PER EXAM ROOM	MINIMUM ANNUAL WORKLOAD TO GENERATE ONE EXAM ROOM
Women's Clinic (Stop Code 322)	60	80%	1,408	422
Gynecology (Stop Code 404)	60	70%	1,232	370
Female Gender Specific Cancer Screening (Stop Code 704)	60	70%	1,232	370

The number of annual clinic stops per room will be used as a criteria parameter to calculate the number of Exam Rooms in the Space Criteria Section of this document.

4 PROGRAM DATA REQUIRED (Input Data Questions)

- (M): Mission Input Data Statement
- (W): Workload Input Data Statement
- (S): Staffing Input Data Statement

(Misc): Miscellaneous Input Data Statement

A. Mission Input Data Questions (M):

- 1. Is a Breast Clinic Program authorized? (M)
- 2. Is enhanced patient privacy authorized? (M)
- 3. Is a Gynecology Specialty Program authorized? (M)
- 4. Is a Satellite Laboratory authorized? (M)
- 5. Is a Tele-Health Program authorized? (M)
- 6. Is a Urology-Gynecology Specialty Program authorized? (M)
- 7. Is an Alternative Therapy Specialty Program authorized? (M)
- 8. Is a Women Veterans Clinical Service (WVCS) Education Program authorized? (M)
- 9. Is General Waiting provided by another service sharing clinical space with Women Veterans Clinical Service (WVCS)? (M)
- 10. Is a Women Veterans Clinical Service Volunteer Program authorized? (M)
- 11. Is a Women Veterans Program Manager FTE position authorized? (M)
- 12. Is a Women Veterans Program Assistant FTE position authorized? (M)
- 13. Is Model 2 (Separate but shared space) authorized? (M)
- 14. Is Model 3 (Women's Health Center (WHC)) authorized? (M)
- 15. Is Breast Ultrasound in the Women Veterans Clinical Service (WVCS) authorized? (M)
 - a Is Mammography in the Women Veterans Clinical Service (WVCS) authorized? (M)
 - b Is Stereotactic Radiography in the Women Veterans Clinical Service (WVCS) authorized? (M)

c Is Bone Densitometry in the Women Veterans Clinical Service (WVCS) authorized? (M)

B. Workload Input Data Questions (W):

- How many Women's Clinic annual clinic stops (Stop Code 322) are projected?
 (W)
- 2. How many Gynecology annual clinic stops (Stop Code 404) are projected? (W)
- 3. How many Female Gender-specific Cancer Screening annual clinic stops (Stop Code 704) are projected? (W)

C. Staffing Input Data Questions (S):

- 1. How many Benefits Advisor FTE positions are authorized? (S)
- 2. How many Clerical FTE positions are authorized? (S)
- 3. How many Nurse Manager FTE positions are authorized? (S)
- 4. How many Patient Advocate FTE positions are authorized? (S)
- 5. How many Specialty Provider FTE positions are authorized? (S)
- 6. How many Receptionist FTE positions are authorized? (S)
- 7. How many RN Care Manager FTE positions are authorized? (S)

D. Miscellaneous Input Data Questions (Misc):

- 1. Is private office space for Specialty Providers authorized? (Misc)
- 2. How many FTEs are not authorized to have private office space? (Misc)
- 3. How many FTEs will work on peak shift? (Misc)

5 SPACE CRITERIA

The term Patient Rooms, as used in this Section, refers to the following rooms:

- 1. Multipurpose Exam Room (FA2, Room 1),
- 2. Gynecology Exam Room (FA2, Room 2),
- 3. Cancer Screening Exam Room (FA2, Room 3),
- 4. Breast Clinic Exam Room (FA2, Room 5),
- 5. Gynecology Procedure Room (FA2, Room 6),
- 6. Urology-Gynecology Procedure Room (FA2, Room 8),
- 7. Alternative Therapy Procedure Room (FA2, Room 10),
- 8. Shared Medical Appointment Room (FA2, Room 11),
- 9. Breast Ultrasound Procedure Room (FA3, Room 4),
- 10. Mammography Procedure Room (FA3, Room 5),
- 11. Stereotactic Radiography Procedure Room (FA3, Room 6), and
- 12. Bone Densitometry Procedure Room (FA3, Room 7).

A. FA 1: Reception Area:

Minimum allocated NSF accommodates six standard seats at 18 NSF plus three wheelchairs at 25 NSF and circulation area, or three bariatric bench seating at 36 NSF plus three wheelchairs at 25 NSF and circulation area. If Waiting is provided by Service sharing clinical space, no NSF will be generated.

2.	Waiting, Family (WRF01)				
	This space, including its furniture and accessories, shall be designed to accommodate children's play activities.				
3.	Reception (RECP1)				
	This space accommodates patient check-in and scheduling activities.				
4.	Alcove, Copier / Printer (RPR01)				
	Locate adjacent to Reception.				
5.	Interview / Consult Room (OFDC2)				
	This space accommodates private interviews with patients and family; furnished to accommodate Means Testing and validation of insurance information for scheduled and non-scheduled patients; locate near Reception.				
6.	Toilet, Family (TLTF3)				
	Locate adjacent to Public Toilet; provide baby changing station.				
7.	Toilet, Public (TLTU1)				
	Allocate one for male, rest for female.				
8.	Alcove, Refreshment Center (NCWD4)				
	Allocated space provides area for counter, sink, storage, and small refrigerator.				
9.	Kiosk, Patient Check-in (RECP4)				
10	. Workstation, Patient Education (CLSC1)				
	Allocated NSF includes space for "My Health-eVet" computer terminals.				
11	11. Lactation Room (LAC01)75 NSF (8.9 NSM)				

Minimum one; provide an additional one for every increment of twelve <u>Patient Rooms</u> greater than twelve if Model 2 (Separate but shared space) or Model 3 (Women's Health Center (WHC)) is authorized.

A Lactation Room accommodates one person at a time; for use by patients and visitors. A comfortable chair, a flat surface to hold breast pump, a baby changing table and a sink shall be provided.

12. **Toilet, Lactation Room (TLTF3)......60 NSF (5.6 NSM)**Provide one per each Lactation Room if Model 2 (Separate but shared space) or Model 3 (Women's Health Center (WHC)) is authorized.

Locate adjacent to the Lactation Room.

B. FA 2: Patient Area:

- - All Exam Rooms shall be equipped and furnished to accommodate gender specific care and routine primary care including Gynecology and Cancer Screening. Provide direct access from Exam Room into Exam Room Toilet. Refer to Table 1 for minimum annual workload to generate one room.
- - All Gynecology Exam Rooms shall be equipped and furnished to accommodate GYN care; it can also be used for routine Primary Care and Cancer Screening to accommodate clinic workload. Provide direct access from Exam Room into Exam Room Toilet. Refer to Table 1 for minimum annual workload to generate one room.
- 3. Exam Room, Cancer Screening (EXW01)......140 NSF (13.1 NSM) Minimum one; provide an additional one for every increment of 1,232 Female Gender specific Cancer Screening (Stop Code 704) annual clinic stops if Model 2 (Separate but shared space) or Model 3 (Women's Health Center (WHC)) is authorized.
 - All Cancer Screening Exam Rooms should be equipped and furnished to accommodate gender specific care and routine primary care including Gynecology. Provide direct access from Exam Room into Exam Room Toilet. Refer to Table 1 for minimum annual workload to generate one room.
- 4. Exam Room, Breast Clinic (EXW02)140 NSF (13.1 NSM) Provide one if a Breast Clinic Program is authorized and if Model 2 (Separate but shared space) or Model 3 (Women's Health Center (WHC)) is authorized.
 - Ultrasound imaging procedures shall be performed in this space.
- 5. Toilet, Exam Room Patient (TLTU1)......60 NSF (5.6 NSM)

Provide one per each Multipurpose, Gynecology, Cancer Screening and Breast Clinic Exam Room if Model 2 (Separate but shared space) or Model 3 (Women's Health Center (WHC)) is authorized.

- - LEEP, colposcopy, and electrocautery procedures will be performed in this room; provide smoke evacuators. This space can be used for bariatric patient examinations.
- 7. **Toilet, Gynecology Procedure Room Patient (TLTF1)........... 60 NSF (5.6 NSM)**Provide one if a Gynecology Specialty Program is authorized and if Model 2

 (Separate but shared space) or Model 3 (Women's Health Center (WHC)) is authorized.

Urodynamics studies will be performed in this room.

(WHC)) is authorized.

- 9. Toilet, Urology-Gynecology Procedure Room Patient (TLTF1) 60 NSF (5.6 NSM) Provide one if a Urology-Gynecology Specialty Program is authorized and if Model 2 (Separate but shared space) or Model 3 (Women's Health Center
- 10. Procedure Room, Alternative Therapy (TRAT1)......180 NSF (16.8 NSM)

 Provide one if an Alternative Therapy Specialty Program is authorized and if

 Model 2 (Separate but shared space) or Model 3 (Women's Health Center

 (WHC)) is authorized.

Acupuncture, pain management, and massage therapy will be performed in this room.

11. Shared Medical Appointment Room (CLSC4)......240 NSF (22.3 NSM)

Provide one if Model 2 (Separate but shared space) or Model 3 (Women's Health
Center (WHC)) is authorized.

This space is provided to accommodate shared (group) medical appointments and patient education.

12. **Tele-Health Room (WRTM2).......120 NSF (11.2 NSM)**Provide one if a Tele-Health Program is authorized and if Model 2 (Separate but shared space) or Model 3 (Women's Health Center (WHC)) is authorized.

This room will also be used for Tele-Mental Health.

- C. FA 3: Imaging Women's Health Center (WHC) (Model 3 only) Patient Area:

The Imaging Service Patient Sub-Waiting, the Imaging Service Patient Dressing and the Imaging Service Patient Toilet should be arranged as a "waiting suite". "Waiting Suites" should be located so that gowned patients have minimum travel distance to imaging rooms without visibility from public areas.

2. **Dressing Area, Imaging Patient (DR001).................40 NSF (3.8 NSM)**Provide two per each Breast Ultrasound, Mammography, Stereotactic

Radiography and Bone Densitometry Procedure Rooms if Model 3 (Women's Health Center (WHC)) is authorized.

The Imaging Service Patient Sub-Waiting, the Imaging Service Patient Dressing and the Imaging Service Patient Toilet should be arranged as a "waiting suite". "Waiting Suites" should be located so that gowned patients have minimum travel distance to imaging rooms without visibility from public areas. Allocated NSF allows provision of accessible Dressing Area(s).

The Imaging Service Patient Sub-Waiting, the Imaging Service Patient Dressing and the Imaging Service Patient Toilet should be arranged as a "waiting suite". "Waiting Suites" should be located so that gowned patients have minimum travel distance to imaging rooms without visibility from public areas.

- 4. Procedure Room,
- 5. Procedure Room.

Provide a separate discrete access for male Veterans from corridor/public area in order to serve both female and male patients.

- 6. Procedure Room,
- 7. Procedure Room,

Provide a separate discrete access for male Veterans from corridor/public area in order to serve both female and male patients.

8. Viewing Room, Picture Archiving and Communication System - PACS (XVC01)......120 NSF (11.2 NSM)

Provide one if Breast Ultrasound, Mammography, Stereotactic Radiography or Bone Densitometry in the Women Veterans Clinical Service (WVCS) is authorized and if Model 3 (Women's Health Center (WHC)) is authorized.

D. FA 4: Support Area:

The Clean Linen Alcove provides storage for linen supplies used in the delivery of patient care. It should be accessible from a corridor and located near the Exam Rooms. Provide covered linen cart.

This room should be located near the Exam Rooms for storage of clean supplies and sterile supplies.

The Soiled Utility Room provides an area for cleanup of medical equipment and instruments, and for disposal of medical waste material. It provides a temporary holding area for material that will be picked up by Supply, Processing, and Distribution (SPD), or similar service. It should be accessible from the main corridor and located near the Exam Rooms.

- - Allocated NSF allows area for a phlebotomy station, specimen storage and microscope work area including a handwash sink.

- 7. Alcove, Wheelchair / Stretcher / Lift (SRLW1)60 NSF (5.6 NSM)

Provide one if Model 2 (Separate but shared space) or Model 3 (Women's Health Center (WHC)) is authorized.

The Wheelchair Storage Alcove should be located with direct accessibility to the Patient Care area.

8. Housekeeping Aides Closet – HAC (JANC1)......60 NSF (5.6 NSM) Provide one if Model 2 (Separate but shared space) or Model 3 (Women's Health Center (WHC)) is authorized.

E. FA 5: Staff and Administrative Area:

Allocated space provides workspace for work and documentation for one Teamlet (Provider, RN, LPN, and Clerk). Allocated area includes space for computer workstations, printers, fax, and copier; if applicable locate pneumatic tube terminal near this area.

- 3. Workroom, Volunteers (WRTM1)80 NSF (7.5 NSM) Provide one if Women Veterans Clinical Service Volunteer Program and Model 3 (Women's Health Center (WHC)) is authorized.
- 4. Office,
 Women Veterans Program Manager (OFC01)150 NSF (14.0 NSM)
 Provide one if a Women Veterans Program Manager FTE position and Model 2
 (Separate but shared space) or Model 3 (Women's Health Center (WHC)) is authorized.
- 5. Office, Women Veterans Program Assistant (OFA01 / OFA02).....120 NSF (11.2 NSM) Provide one if a Women Veterans Program Assistant FTE position and Model 2 (Separate but shared space) or Model 3 (Women's Health Center (WHC)) is authorized; provide OFA01 if Standard Furniture is authorized, provide OFA02 if Systems Furniture is authorized.

Specialty Provider Offices should be located in close proximity to Exam Rooms. The following professionals are considered Specialty Women Veterans Clinical Service Providers: Mental Health Professionals, Psychologists, Psychiatrists,

Mental Health Prevention Educator, Social Workers, Psychiatric Nurse Practitioners, Addiction Therapists, Clinical Nutritionists, Addiction Therapists and Clinical Pharmacists. These Specialty Providers do not have dedicated Exam Rooms; the Office serves as the patient interview / appointment.

- - RN Care Manager may be located in Shared Documentation Area with Teamlet and would not require this office.

- - For less than five FTE combine Lounge facilities with adjacent department.
- - 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.

F. FA 6: Education Area:

- 1. Office,
 - WVCS Residency Program Director (OFA01 / OFA02)120 NSF (11.2 NSM) Provide one if an Education Area in the Women Veterans Clinical Service (WVCS) is authorized and if Model 2 (Separate but shared space) or Model 3 (Women's Health Center (WHC)) is authorized; provide OFA01 if Standard Furniture is authorized, provide OFA02 if Systems Furniture is authorized.

6 PLANNING AND DESIGN CONSIDERATIONS

A. General:

- The planning and design for Women Veteran's Clinical Service shall accommodate the PACT model as implemented in Ambulatory Care: Primary Care.
- 2. Net-to-department gross factor (NTDG) for the Women Veterans Clinical Service chapter is **1.50**. This number, when multiplied by the programmed Net Square Footage (NSF) of the project determines the Departmental Gross Square Feet (DGSF).
- 3. Patient corridors should be a minimum of 8'-0" wide, to accommodate wheelchairs, motorized scooters, or gurneys.
- 4. Restrict access to corridors of patients/staff/visitors who do not work or have need to be in the Women Veterans Clinical Service.
- 5. Sound privacy must be considered between every patient care space and surrounding adjacent space.

B. Exam Rooms (Ref. VHA HB 1330.01):

- 1. Locate such that room is not directly accessed from a public space (i.e. waiting area or public corridor)
- 2. Provide auditory and visual privacy.
- 3. Exam table shall be situated to have foot of table facing away from room access door and shall be fully shielded by privacy curtains.
- 4. Provide patient changing area behind privacy curtain.
- 5. Exam room doors shall have locking mechanism.
- 6. Provide access to Patient Toilet Room directly from Exam Room.
- 7. Provide staff computer workstation such that provider and/or staff has 'first out' access to main entry door for the exam room or procedure room.

C. Patient Safety and Privacy (Ref. VHA HB 1330.01):

1. At Check-in/Check-out provide adequate visual and auditory privacy for patient checking in/checking-out from the waiting room and/or general public.

2. At Interview function provide adequate visual and auditory privacy for patient being interviewed from waiting room and/or general clinic.

D. Toilet Rooms (Ref. VHA HB 1330.01):

1. Provide Family (or Unisex) Toilet where a patient or visitor can be assisted. Provide baby changing table and accommodation for sanitary product dispensing and disposal.

E. Mammography / Bone Densitometry:

1. Provide access for male patients, if required, such that male Veteran patients can enter and exit without circulating through any of the patient corridors within the Women Veterans Clinic or Health Center.

F. Waiting Rooms:

1. In Clinic Model 2 (Separate but shared space); provide separate waiting for female Veteran patients that has visual and auditory privacy from the main Primary Care waiting and has a dedicated toilet room.

7 FUNCTIONAL RELATIONSHIPS

Relationship of Women Veterans Clinical Services to services listed below:

TABLE 2: FUNCTIONAL RELATIONSHIP MATRIX

SERVICES	RELATIONSHIP	REASON
Primary Care	1, 2	A, B, C, H
Emergency Services	1, 2, 3	A, B, C, H
Tele-Health Programs (if not authorized in WVCS)	3	A, G, H
Physical Medicine and Rehabilitation	3	В
Pharmacy Services	2, 3	A, B, G, H
Laboratory	2, 3	A, B, G, H

Legend:

Relationship:

- 1. Adjacent
- 2. Close / Same Floor
- 3. Close / Different Floor Acceptable
- 4. Limited Traffic
- 5. Other VA Facility
- 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

B FUNCTIONAL DIAGRAM

