

CHAPTER 261: VETERANS HEALTH ADMINISTRATION – DAY TREATMENT CENTER

1	Purpose and Scope	261-2
2	Definitions.....	261-2
3	Operating Rationale and Basis of Criteria	261-3
4	Program Data Required (Input Data Questions)	261-5
5	Space Criteria.....	261-5
6	Planning and Design Considerations	261-8
7	Interfunctional Relationships.....	261-9
8	Functional Diagram	261-10

1 PURPOSE AND SCOPE

This document outlines Space Planning Criteria for Chapter 261: Day Treatment Center. It applies to all medical facilities at the Department of Veterans Affairs (VA).

The Day Treatment Center (DTC) is an outpatient treatment program that provides a supportive learning environment in which patients having chronic difficulties with community adjustment, interpersonal relations and vocational or educational problems may receive help. Such patients often have long periods of hospitalization, and need continuing monitoring of their general health and medication needs. The DTC offers a therapeutic experience for a patient who requires clinical assistance and support for as much as six to eight hours per day, five days per week, but does not require hospitalization. The program permits patients to remain within their social and family environments concurrent with their treatment program.

2 DEFINITIONS

- A. Biofeedback (also known as Neurotherapy or Neurofeedback): A method used to teach a person control of different bodily functions in order to increase feelings of calm and relaxation as well as reduce pain and discomfort. Biofeedback is the use of electronic equipment to reflect the physical state of the individual while the person learns techniques to regulate the body's systems and to reduce unwanted symptoms. This is typically done by the use of an EEG (*electroencephalography*). The Biofeedback Laboratory is used to treat patients with a wide variety of disorders such as anxiety, headache, hypertension, irritability, tachycardia, ulcers, insomnia, and musculoskeletal problems.
- B. Compensated Work Therapy Program: Compensated Work Therapy (CWT) provides therapeutic work rehabilitation for inpatients and outpatients through the use of remunerative work. Industrial business practices are utilized to simulate realistic working conditions, with therapy as the objective. Ranges of activities include simple packaging to complex assembly of computer parts.
- C. 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.
- D. Clinic Stop: 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.
- E. Clinic Visit: Patient arrival (stop) at the main reception desk. Patients may have multiple Clinic Stops during one Clinic Visit.
- F. 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.

- G. 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.
- H. Input Data Statements: 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.
- I. Net-to-department-gross (NTDG): A parameter, determined by the VA for each criteria chapter, used to convert the programmed Net Square Foot (NSF) area to the Department Gross Square Foot (**DGSF**) area. The Departmental **Conversion Factor** for this chapter is **1.45**.
- J. Program for Design (PFD): A space program generated by VA-SEPS based on criteria set forth in this document and specific information entered about Concept of Operations, Workload projections and Staffing levels authorized.
- K. 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.
- L. 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 all VA space planning criteria for health care. VA-SEPS has been designed to aid healthcare planners in creating a space plan based on a standardized set of criteria parameters.
- M. 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 satellite 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 Treatment Center 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 subject to modification relative to development in medical practice and subsequent planning and design.
- D. Room capacity calculation per year should be based on:

$$\frac{\text{Operating days per year} \times \text{Hours of operation per day}}{\text{Minutes per clinic stop} / 60 \text{ minutes}} = \text{Number of annual clinic stops}$$

1. The general planning model for VA facilities assumes 250 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. Basic Room Efficiency Factor selected for Day Treatment Center is 85%.

Example: For a Day Treatment Center clinic stop that averages 40 minutes:

$$\frac{250 \text{ operating days per year} \times 8 \text{ hours of operation per day}}{40 \text{ minutes per clinic stop} / 60 \text{ minutes}} = 3,030 \text{ annual clinic stops}$$

A maximum capacity of 3,030 clinic stops per year, assuming 100% utilization. However, 100% utilization is not realistic. We will apply an 85% Efficiency Factor as a design standard for Day Treatment Center.

$$3,030 \times 85\% = 2,575 \text{ annual clinic stops.}$$

TABLE 1: WORKLOAD PARAMETER CALCULATION

CLINIC STOP	AVERAGE LENGTH OF CLINIC STOP (minutes)	UTILIZATION RATE	ANNUAL CLINIC STOPS PER ROOM (rounded)	MINIMUM WORKLOAD TO GENERATE ONE ROOM
Exam Room	40	85%	2,575	770

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. The minimum workload to generate one room is 30% of the calculated annual clinic stops per room.

4 PROGRAM DATA REQUIRED (Input Data Statements)

A. Mission Input Data Statements:

1. Is a Biofeedback Laboratory Treatment Room provided in Psychology Service? (M)
2. Is a Biofeedback Laboratory Treatment Room provided in the Mental Health Clinic? (M)
3. Is a Biofeedback Laboratory Control Room / Office authorized? (M)
4. Is an Education Therapy Room authorized? (M)
5. Is an Occupational Therapy Room authorized? (M)

B. Workload Input Data Statements:

1. How many annual Day Treatment Center clinic stops are projected? (W)
2. How many annual Compensation Work Therapy clinic stops are projected? (W)

C. Staffing Input Data Statements:

1. How many Psychiatrist FTE positions are authorized? (S)
2. How many Psychologist FTE positions are authorized? (S)
3. How many Social Worker FTE positions are authorized? (S)
4. How many Vocational Rehabilitation Specialist FTE positions are authorized? (S)
5. How many Psychiatric Nurse FTE positions are authorized? (S)
6. How many Rehabilitation Technician FTE positions are authorized? (S)
7. How many Clerical FTE positions are authorized? (S)

D. Miscellaneous Input Data Statements:

1. How many FTE positions for whom office space is not authorized are projected? (Misc)

5 SPACE CRITERIA

A. Reception Areas

1. **Waiting (WRC01)60 NSF (5.6 NSM)**
Minimum NSF; provide an additional 55 NSF per each projected Exam and Treatment Room greater than one.

Minimum 60 NSF provides for two standard seats, one wheelchair accessible seat and lighting / table / planting; additional 55 NSF allocates 25 NSF for one accessible seat and 30 NSF for two standard seats.

2. **Communication Center (NSTA1).....100 NSF (9.3 NSM)**
Minimum NSF; provide an additional 10 NSF per each Psychiatrist, Psychologist and Social Worker FTE position authorized greater than four; maximum 200 NSF.

Area includes space for secretary/ receptionist

3. **Toilet, Public (TLTU1)50 NSF (4.7 NSM)**
Provide one for male and one for female.

B. Patient Areas

1. **Exam Room (EXRG3).....120 NSF (11.2 NSM)**
Divide the projected number of annual Day Treatment Center clinic stops by 2,575; provide one room for each whole increment; minimum annual workload to provide a room is 770 (see Table 1).

2. **Treatment Room (TRGM1)** **160 NSF (14.9 NSM)**
Provide one per each increment of four Exam Rooms.

3. **Quiet Room (DAYR1)** **120 NSF (11.2 NSM)**
Minimum one; provide an additional one for each increment of 7,725 projected annual Day Treatment Center clinic stops.

A Quiet Room is a place where a patient can go to calm down if over stimulated by other activities or events.

4. **Group Therapy Room (OPMH1)** **150 NSF (13.9 NSM)**
Minimum NSF; provide an additional 150 NSF for each increment of three Exam Rooms greater than three.

This room provides space for patient group therapy. Freedom of movement is an integral part of the treatment.

5. **Social Activities / Dining / Multipurpose Room (SL001)** **500 NSF (46.5 NSM)**
Minimum NSF; provide an additional 250 NSF for each increment of 7,725 projected Day Treatment Center clinic stops greater than 15,540.

Area provides space for re-socialization training of patients through participation in planned social activities including dining.

6. **Storage, Social Activities (SRS01)**..... **100 NSF (9.3 NSM)**
Minimum NSF; provide an additional 25 NSF per each increment of 250 NSF of Social Activities / Dining / Multipurpose Room greater than five hundred.

7. **Kitchen (IPK01)** **160 NSF (14.9 NSM)**
Minimum NSF; provide an additional 40 NSF per each increment of 250 NSF of Social Activities / Dining / Multipurpose Room greater than five hundred.

Locate adjacent to Activity room.

8. **Biofeedback Laboratory Treatment Room (OPMH3)** **140 NSF (13.1 NSM)**
Provide one if Biofeedback Laboratory not provided in Psychology Service (Chapter 272) or Mental Health Clinic (Chapter 260).

The Biofeedback Laboratory Treatment Room accommodates a large relaxation-inducing lounge recliner and biofeedback equipment such as EMG units, temperature units, electrodermal units, automated sphygmomanometer, audio-voltage isolators, printers, neuroprocessor and polygraph.

9. **Biofeedback Laboratory Control Room / Office (CMP02)**..... **100 NSF (9.3 NSM)**
Provide one if Biofeedback Laboratory not provided in Psychology Service (Chapter 272) or Mental Health Clinic (Chapter 260).

Room is equipped with one-way viewing capability and used as a teaching facility.

10. **Education Therapy Room (OTGC1)** **160 NSF (14.9 NSM)**
Provide one if Education Therapy Room is authorized.

11. **Occupational Therapy Room (OTGC1)**.....**600 NSF (55.8 NSM)**
Provide one if Occupational Therapy Room is authorized.
12. **Storage, Occupational Therapy (SRE01)**.....**100 NSF (9.3 NSM)**
Provide one if Occupational Therapy Room is authorized.
13. **Compensated Work Therapy Room (OTGC1)****64 NSF (5.9 NSM)**
Minimum NSF; provide an additional 64 NSF if number of projected Compensated Work Therapy clinic stops is between 6,001 and 21,000; provide an additional 64 NSF if number of projected Compensated Work Therapy clinic stops is between 21,001 and 36,000; provide an additional 64 NSF if number of projected Compensated Work Therapy clinic stops is greater than 36,000.

Area allocated for one Compensated Work Therapy station is 64 NSF.

14. **Toilet, Patient (TLTU1)****50 NSF (4.7 NSM)**
Minimum of one; provide an additional two for each increment of 10 Exam Rooms.

One for male and one for female.

C. Staff and Administrative Areas

1. **Office, Chief (OFC01)**.....**150 NSF (14.0 NSM)**
Provide one per Day Treatment Center.
2. **Office, Counselor (OFDC1)**.....**120 NSF (11.2 NSM)**
Provide one per Psychiatrist, Psychologist, Social Worker, Vocational Rehabilitation Specialist, Psychiatric Nurse and Rehabilitation Technician FTE position authorized.
3. **Cubicle, Clerk (OFA03)****80 NSF (7.5 NSM)**
Provide one per Clerical FTE position authorized.

D. Staff Lockers, Lounge, 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 FTE position authorized 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 authorized for whom office space is not authorized is between five and thirteen. Provide an additional 6 NSF per FTE position authorized fro whom office space is not authorized 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 one for each increment of five FTE positions authorized greater than fifteen.

6 PLANNING AND DESIGN CONSIDERATIONS

- A. Net-to-department gross factor (**NTDG**) for **Day Treatment Center** is **1.45**. This number when multiplied by the programmed net square foot (NSF) area determines the departmental gross square feet.
- B. Configure patient waiting area with partitions to provide clustered seating and privacy, in order to reduce large waiting spaces and to improve patient environment and reduce noise and confusion. A Women Veterans sub-waiting area may be provided within Waiting, and located adjacent to the patient care spaces.
- C. Plan to minimize walking distances for patients from building main entrance to clinical destination and from clinical waiting area to clinical exam or procedure space.
- D. Centralize check-in/check-out for more efficient use of staff.
- E. Day Treatment Centers may be adjacent to other outpatient mental health services such as Mental Health Clinic.
- F. Day Treatment Centers should not be located adjacent to in-patient hospital facilities.
- G. Consider location of Travel Office (See Chapter 265) in vicinity of main check-in / checkout or other central location. Use comparable criteria for administrative office / reception areas. (If these programs are part of a larger outpatient facility).
- H. To create flexibility, provide patient care space to handle the widest range of patient visits, reduce, to the extent possible, the amount of space customized for a single patient visit type.
- I. Co-locate groups of exam and office rooms so other service teams can use rooms, as the demand fluctuates.
- J. Create clinic modules with connecting corridors to allow internal circulation of patients and staff; avoid crossing public circulation patterns to the greatest extent possible.
- K. Design corridors a minimum of six (6) feet in width, to accommodate passage of two (2) wheelchairs.
- L. In order to accommodate the designated equipment and a patient in a wheelchair, examination rooms require a minimum clear dimension of 10'-0".
- M. Security and safety devices should be tamper proof. Architectural design should accommodate the requirements for the handicapped.

7 INTERFUNCTIONAL RELATIONSHIP

Relationship of Day Treatment Center to services listed below:

TABLE 2: FUNCTIONAL RELATIONSHIP MATRIX

SERVICES	RELATIONSHIP	REASON
Police Service	2	C,J
Pharmacy-Outpatient Satellite	3	H,G
Social Work	3	H,G
Physical Medicine and Rehabilitation Service	3	H,G
Ambulatory Care	4	H
Mental Health Clinic	4	A
Psychology Service	4	A
Substance Abuse Clinic		A
Spinal Cord Injury / Disorders Center	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

