

CHAPTER 269: VETERANS HEALTH ADMINISTRATION: RECREATION SERVICE

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1 PURPOSE AND SCOPE

This document outlines Space Planning Criteria for Chapter 269: Recreation Service. It applies to all medical facilities at the Department of Veterans Affairs (VA).

Recreation Service provides a therapeutic program to improve the quality of patients' lives and to assist in their transition to community living. The program is appropriately provided as an integral part of health care delivery.

- a. Clinical techniques are applied to diagnose, assess, prescribe, treat and evaluate the success of the treatment for individuals who experience barriers to leisure fulfillment.
- b. Recreation therapists utilize a variety of modalities to provide treatment programs involving sensory integration, ambulation, diminishing emotional stress, community entry, reality orientation, muscular dysfunction reorientation, treatment of psychosocial dysfunction, providing a sense of achievement and progress and channeling energies into acceptable forms of behavior.

2 DEFINITIONS

- A. Art Therapy: Art therapy is the therapeutic use of art making, within a professional relationship, by people who experience illness, trauma, or challenges in living, and by people who seek personal development. Through creating art and reflecting on the art products and processes, people can increase awareness of self and others; cope with symptoms, stress, and traumatic experiences; enhance cognitive abilities; and enjoy the life-affirming pleasures of making art. Art therapists are professionals trained in both art and therapy. They are knowledgeable about human development, psychological theories, clinical practice, spiritual, multicultural and artistic traditions, and the healing potential of art. They use art in treatment, assessment and research, and provide consultations to allied professionals. Art therapists work with people of all ages: individuals, couples, families groups and communities. They provide services, individually and as part of clinical teams, in settings that include mental health, rehabilitation, medical and forensic institutions; community outreach programs; wellness centers; schools; nursing homes; corporate structures; open studios and independent practices.
- B. 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 Clinic Stops in a single visit or in one day.
- 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. Dance Therapy: Based on the assumption that body and mind are interrelated, dance / movement therapy is defined by the American Dance Therapy Association as "the psychotherapeutic use of movement as a process which furthers the emotional, cognitive and physical integration of the individual." Dance / movement therapy effects changes in feelings, cognition, physical functioning, and behavior.

- E. Drama Therapy: Drama therapy is defined by the National Association for Drama Therapy as "the systematic and intentional use of drama / theater processes, products, and associations to achieve the therapeutic goals of symptom relief, emotional and physical integration and personal growth". Drama therapy is an active approach that helps the client tell his or her story to solve a problem, achieve a catharsis, extend the depth and breadth of inner experience, understand the meaning of images, and strengthen the ability to observe personal roles while increasing flexibility between roles.
- 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. Music Therapy: Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. Music Therapy is an established health profession in which music is used within a therapeutic relationship to address physical, emotional, cognitive, and social needs of individuals. After assessing the strengths and needs of each client, the qualified music therapist provides the indicated treatment including creating, singing, moving to, and/or listening to music. Through musical involvement in the therapeutic context, clients' abilities are strengthened and transferred to other areas of their lives. Music therapy also provides avenues for communication that can be helpful to those who find it difficult to express themselves in words. Research in music therapy supports its effectiveness in many areas such as: overall physical rehabilitation and facilitating movement, increasing people's motivation to become engaged in their treatment, providing emotional support for clients and their families, and providing an outlet for expression of feelings.
- J. 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.
- K. Recreation Therapy Service: Recreation Therapy Service provides a therapeutic program to improve and enrich bio-psycho-social functioning through active therapy and/or meaningful therapeutic activities to maintain or improve functional independence and life quality. The program is appropriately provided as an integral part of health care delivery. The intended outcome of the service is independence in

life activities based upon patient / resident needs and goals. The mission is accomplished through the professional skills of recreation therapists, creative arts therapists, and assistants through a four-step process of assessment, planning, intervention / activity implementation, and evaluation of services delivered. The mission includes state of the art clinical care, education, technology, and research within the scope of recreation/creative arts therapy service.

- L. Recreation Aid / Rehabilitation Therapy Assistant: Recreation Assistants carry out a variety of assignments that require a practical knowledge of the recreation activities or programs to which they are assigned. This practical knowledge, combined with skill in the maintenance and use of recreation materials and equipment, is used in providing support and assistance to recreation therapists by performing limited aspects of recreation work, and by working with patients / residents in well-organized and carefully monitored recreation activities. Documents evaluation results and reports data to the recreation therapist and members of the treatment team. Reviews and discontinues the treatment plan as directed by the recreation therapist.
- M. Recreation Therapy: Recreation Therapy, also known as therapeutic recreation, is a systematic process that utilizes recreation and other activity-based interventions that are based upon the assessed needs of individuals with illnesses and/or disabling conditions. The purpose of the recreation therapy process is to improve or maintain physical, cognitive, social, emotional and spiritual functioning in order to facilitate full participation in life.
- N. 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-SE has been designed to aid healthcare planners in creating a space plan based on a standardized set of criteria parameters.
- O. Workload: Workload is the anticipated number of procedures or suite stops that is processed through a department/service area. The total workload applied to departmental operational assumptions will determine overall room requirements by product.

3 OPERATING RATIONALE AND BASIS OF CRITERIA

- A. Workload Projections or planned services / products 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 products 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 the Recreation Service 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 health 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. The selection of the size and type of Recreation Therapy Service equipment is determined by VISN and local level medical centers, and upon Veterans Health Administration (VHA) anticipated medical needs.

Total Daily Patient Hours (TDPH) calculations should be based on Table 1. The TDPH will be used as a criteria parameter to determine the Program Level and size of recreational products per Table 1:

Formula 1: Room capacity per year should be based on;

$$\frac{\text{Operating days per year} \times \text{Hours of operation per day}}{\text{Minutes per procedure} / 60 \text{ minutes}} = \frac{\text{Number of annual Recreation Activities}}{\text{Activities}}$$

1. The general planning model for VA Recreation Service assumes 365 Operating Days per Year and 12-Hours of Operation per Day.
2. The Basic Room Efficiency Factor for Recreation Therapy Service is 80%.

Example: Assume a Treatment Station that averages 45 minutes per Recreation Activity:

$$\frac{365 \text{ operating days per year} \times 12 \text{ hours of operation per day}}{45 \text{ minutes per clinic stop} / 60 \text{ minutes}} = \frac{4,380}{.75} = 5,840$$

A maximum capacity of 5,840 clinic stops per year, assuming 100% utilization. However, 100% utilization is not realistic to achieve, thus, it is not realistic as a design standard. Since the Efficiency Factor adopted is 80%, then (5,840 x 0.80) 4,672 annual Recreation Activities (of a given type) are needed to activate the space allocation for that activity.

TABLE 1: TOTAL DAILY PATIENT HOURS (TDPH) CALCULATION PARAMETERS

BED TYPE OR CLINIC STOP	DAILY PATIENT HOURS
Medical, Surgical and Neurological *	Projected number of Beds x 1.4
Spinal Cord Injury **	Projected number of Beds x 3.1
Mental Health and Behavioral Patient Care Units	Projected number of Beds x 6.1
Domiciliary	Projected number of Beds x 3.4
Nursing Home / Residential Care Facilities	Projected number of Beds x 3.1
Mental Health Clinic Outpatient Clinic Stops ***	Projected number of Annual Clinic Stops x 0.0032

- * Include Intermediate Care Beds.
- ** Deduct Long Term Care Beds located in a separate building.
- *** Include Mental Health, Day Treatment, and Substance Abuse; do not include Day Hospital.

TABLE 2: PROGRAM LEVEL DETERMINATION BASED ON TDPH

Prog. Level 1	Prog. Level 2	Prog. Level 3	Prog. Level 4	Prog. Level 5	Prog. Level 6	Prog. Level 7	Prog. Level 8
150 – 750	751 – 1,350	1,351 – 1,950	1,951 – 2,550	2,551 – 3,150	3,151 – 3,750	3,751 – 4,350	Over 4,350

4 PROGRAM DATA REQUIRED (Input Data Questions)

A. Mission Input Data Statements

1. Are Bowling Lanes authorized? (M)
2. Is a Theater authorized? (M)

B. Workload Input Data Statements:

1. How many MS&N patient beds are projected? (W) (include Intermediate Care)
2. How many Spinal Cord Injury / Disorders Center patient beds are projected? (W) (exclude Long Term Care in separate building)
3. How many Mental Health and Behavioral Patient Care Units patient beds are projected? (W)
4. How many Domiciliary Service patient beds are projected? (W)
5. How many Nursing Home / Residential Care Facilities patient beds are projected? (W)
6. How many annual Mental Health Clinic Outpatient Clinic Stops are projected? (W) (Include Mental Health, Day Treatment, and Substance Abuse; do not include Day Hospital)

C. Staffing Input Data Statements:

1. How many Secretary FTE positions are authorized? (S)
2. How many Recreation Therapist FTE positions are authorized? (S)
3. How many Intern / Student FTE positions are authorized? (S)

D. Miscellaneous Input Data Statements:

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

5 SPACE CRITERIA

A. Patient Areas:

1. **Multipurpose**

Recreation Room (DAYR1)..... TDPH x Factor = NSF (NSM)

Provide one per Recreation Service. To determine NSF multiply the number of Total Daily Patient Hours (TDPH) with factor assigned per Table 3 below. (Refer

to Operating Rationale and Basis of Criteria, Section D, Table 1 to calculate TDPH and determine Program Level).

TABLE 3: MULTIPURPOSE RECREATION ROOM AREA CALCULATION

Prog. Level 1	Prog. Level 2	Prog. Level 3	Prog. Level 4	Prog. Level 5	Prog. Level 6	Prog. Level 7	Prog. Level 8
2.50	1.75	1.53	1.40	1.30	1.02	0.90	0.85

2. **Storage, Multipurpose Recreation (SRSE1)200 NSF (18.6 NSM)**
Minimum NSF if Program Level One; provide an additional 50 NSF if Program Level Two; provide an additional 100 NSF if Program Level Three; provide an additional 150 NSF if Program Level Four; provide an additional 200 NSF if Program Level Five; provide an additional 250 NSF if Program Level Six; provide an additional 300 NSF if Program Level Seven; provide an additional 350 NSF if Program Level Eight.

3. **Toilet, Patient – Multipurpose Recreation (TLTU1).....50 NSF (4.7 NSM)**
Provide one for male and one for female if Program Level One through Three; provide an additional 50 NSF for male and 50 NSF for female if Program Level Four through Eight.

Room will also service Billiard Room / Bowling Lanes if applicable.

4. **Serving Kitchen (FSSL1)180 NSF (16.7 NSM)**
Provide one if Program Level One or Two; provide an additional 40 NSF if Program Level Three through Five; provide an additional 70 NSF if Program Level Six; provide an additional 80 NSF if Program Level Seven or Eight.

5. **Game and Activity Room (DAYR1) TDPH x Factor = NSF (NSM)**
Provide one if Program Level Two through Eight. To determine NSF for each Program Level, multiply the number of Total Daily Patient Hours (TDPH) by the factor assigned in Table 4 below. (Refer to Operating Rationale and Basis of Criteria, Section D, Table 1 and Table 2, to calculate TPH and determine Program Level).

TABLE 4: GAME AND ACTIVITY ROOM AREA CALCULATION

Prog. Level 1	Prog. Level 2	Prog. Level 3	Prog. Level 4	Prog. Level 5	Prog. Level 6	Prog. Level 7	Prog. Level 8
N/A	0.75	0.80	0.58	0.53	0.53	0.38	0.30

6. **Recreation Clinic (DAYR1) TDPH x Factor = NSF (NSM)**
Provide one if Program Level Four through Eight. To determine NSF for each Program Level, multiply the number of Total Daily Patient Hours (TDPH) by factor assigned in Table 5 below. (Refer to Operating Rationale and Basis of Criteria, Section D, Table 1 and Table 2, to calculate TDPH and determine Program Level).

TABLE 5: RECREATION CLINIC ARTS, CRAFTS AND HOBBY ROOM AREA CALCULATION

Prog. Level 1	Prog. Level 2	Prog. Level 3	Prog. Level 4	Prog. Level 5	Prog. Level 6	Prog. Level 7	Prog. Level 8
N/A	N/A	N/A	0.48	0.43	0.43	0.30	0.25

7. **Music Room (DAYR1)..... TDPH x Factor = NSF (NSM)**
Provide one if Program Level Five through Eight. To determine NSF multiply the number of Total Daily Patient Hours (TDPH) by factor assigned in Table 6 below. (Refer to Operating Rationale and Basis of Criteria, Section D, Table 1 and Table 2, to calculate TDPH and determine Program Level).

Area will be divided into two rooms, one for listening and one for playing.

TABLE 6: MUSIC CLINIC AREA CALCULATION

Prog. Level 1	Prog. Level 2	Prog. Level 3	Prog. Level 4	Prog. Level 5	Prog. Level 6	Prog. Level 7	Prog. Level 8
N/A	N/A	N/A	N/A	0.18	0.17	0.13	0.11

8. **Storage, Game and Activity Room (SRSE1)65 NSF (6.0 NSM)**
Minimum NSF if Program Level Two or Three; provide an additional 200 NSF if Program Level Four; provide an additional 300 NSF if Program Level Five through Eight.

Room will also service Arts, Crafts Hobby / Music Room if applicable.

9. **Toilet, Patient - Game and Activity Room (TLTU1)..... 50 NSF (4.7 NSM)**
Provide one for male and one for female.

Room will also service Arts, Crafts Hobby / Music Room if applicable.

10. **Bowling Lanes (XXYYZ) 1,800 NSF (167.3 NSM)**
Provide one if Program Level Six; provide an additional 1,200 NSF if Program Level Seven; provide an additional 2,400 NSF if Program Level Eight if authorized in Concept of Operations.

The space allocated will accommodate two bowling lanes per Program Level Six, four lanes per Program Level Seven and six lanes per Program Level Eight.

11. **Storage, Bowling (SRSE1) 75 NSF (7.0 NSM)**
Provide one if Program Level six through eight, and if Bowling Lanes are authorized in Concept of Operations.

12. **Theater (XXYYZ)..... TDPH x Factor = Seats x 12 SF = NSF (NSM)**
Provide one for Program Level Seven or Eight and if authorized in Concept of Operations. To determine number of Theater Seats multiply the number of Total Daily Patient Hours (TDPH) by the factor assigned in Table 7 below. Multiply the number of Theater Seats by 12 SF to determine Theater NSF. (Refer to Operating Rationale and Basis of Criteria, Section D, Table 1 and Table 2, to calculate TPH and determine Program Level).

Provide this space only if in authorized Concept of Operations. Wheelchair seating area to account for 10% of regular seats when there are no existing SCI/Disorders Center beds. Provide Wheelchair / Litter seating area equivalent to 25% of SCI/Disorders Center beds when the facility has an SCI/Disorders Center.

TABLE 7: THEATER SEAT CALCULATION

Prog. Level 1	Prog. Level 2	Prog. Level 3	Prog. Level 4	Prog. Level 5	Prog. Level 6	Prog. Level 7	Prog. Level 8
N/A	N/A	N/A	N/A	N/A	N/A	0.041	0.039

13. **Toilet, Theater (TLTU1)50 NSF (4.7 NSM)**
Minimum NSF and if Theater is authorized in Concept of Operations. Provide two for male and two for female for the first 200 theater seats authorized. Provide an additional 50 NSF for male and 50 NSF for female per each additional 200 seats authorized.
14. **Storage, Stage (SRSE1)200 NSF (18.6 NSM)**
Provide one if for Program Level Seven or Eight and if Theater is authorized in Concept of Operations.
15. **Housekeeping Aides Closet - HAC (JANC1)40 NSF (3.8 NSM)**
Minimum NSF; provide an additional 40 NSF if Program Level Seven or Eight.

B. Staff and Administrative Areas:

1. **Office, Chief of Service (OFC01)150 NSF (13.9 NSM)**
Provide one per Recreation Service.
2. **Office, Secretary and Waiting (SEC01)120 NSF (11.2 NSM)**
Minimum NSF; provide an additional 80 NSF for each Secretary FTE position authorized greater than one.
3. **Workstation, Recreation Therapist (OFA03)64 NSF (5.9 NSM)**
Provide one per Recreation Therapist FTE position authorized.
4. **Cubicle, Intern /Student (OFA03)32 NSF (3.0 NSM)**
Provide one per every two Intern / Student FTE positions authorized.

C. 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. Departmental net-to-gross (DNTG) for Recreation Service is **1.30**. This number when multiplied by the programmed net square foot (NSF) area determines the departmental gross square feet.
- B. Where recreational facilities are authorized for a Hospital, these should be centrally located to facilitate patient, staff and visitor access.
- C. Patient confidentiality should be maintained when providing personal information to interview clerks and / or other staff.
- D. Recreation Service will share appropriate areas of other services, i.e., Rehabilitation Medicine Service, for use as desired recreation modalities where the level of usage is too low to justify constructing separate spaces.
- E. The minimum clear ceiling height is 22'-0" in the Multipurpose Recreation Room of 2,400 NSF or more.
- F. Outside storage (adjacent to outdoor activity area) is not to be included in the net square feet tabulation. This area is considered gross square feet and is included for estimating purposes only.
- G. The Multipurpose Recreation rooms are sized to accommodate storage of a portable stage in hospitals without Theaters.

- H. Game and Activity rooms are separated into two or more areas by movable partitions for Program Levels Two through Five.
- I. The Stage Storage area in the Theater is convertible to a dressing area.
- J. The 12 NSF per theater seat space constant is a composite factor. It includes dimensions for a conventional seat (24" x 45" – includes space for passage by seated viewers), main aisles, and front/rear aisles.
- K. A Theater Lobby will be designed as part of the gross circulation space when a Theater is authorized.

7 FUNCTIONAL RELATIONSHIPS

Relationship of Recreation Service to services listed below:

TABLE 8: FUNCTIONAL RELATIONSHIP MATRIX

SERVICES	RELATIONSHIP	REASON
Voluntary Service	1	G,I
Patient Care Units - SCI/Disorders Center	2	G, H
Rehabilitation Medicine Service	2	G,H
SCI/Disorders Center – Admin. Offices	2	A,B,G,I
Ambulatory Care	3	G,H
Day Hospital	3	G,H
Day Treatment Center	3	G, H
Mental Hygiene Clinic	3	G,H
Patient Care Units – Substance Abuse	3	G,H
Patient Care Units – MS&N	3	G,H
Patient Care Units – Nursing Home	3	G,H
Patient Care Units – Psychiatric	3	G,H
Patient Care Units - Respiratory	3	G,H
Psychiatric Services Administration	3	G
Prosthetic Service	3	G,H
Social Work Service – Administration Office	3	G
Dialysis Center	4	G,H
Drug Dependency Clinic	4	G,H
Inhalation Therapy unit	4	G,H
Library	4	A,B,G
Medical Media	4	A,B,G
Service Organizations	4	G
Supply Services - Warehouse	4	A,B

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

