# CHAPTER 270: VETERANS HEALTH ADMINISTRATION: PHYSICAL MEDICINE AND REHABILITATION SERVICE

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#### 1 PURPOSE AND SCOPE

This document provides VA Space Planning Criteria for Chapter 270: Physical Medicine and Rehabilitation Service. It applies to all medical facilities at the Department of Veterans Affairs (VA).

## 2 DEFINITIONS

- A. <u>Activities of Daily Living (ADL) Area</u>: A treatment area where a modified home environment is created to evaluate and retrain patients. This area includes a kitchen, bathroom, living and bedroom settings, and laundry.
- B. <u>Affiliated</u>: An arrangement whereby a school of medicine agrees to partially staff a VA facility with faculty physicians, residents and interns. In return, the VA provides the medical school with a venue to train new physicians. In this arrangement, the VA retains responsibility for the care of its patients while the school of medicine retains responsibility for all graduate level education and training.
- C. <u>Cardiopulmonary Rehabilitation</u>: A program that involves medical evaluation, prescribed exercise, education, and counseling of patients with cardiac disease in order to reverse the limitations caused by cardiac events. This program requires VHA approval and space for this function is determined on an individual project basis.
- D. <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 clinic stops in a single visit or in one day.
- E. <u>Compensated Work Therapy</u>: This program provides therapeutic sheltered workshop environments where veterans are paid on a piece-rate basis (based on the current federal hourly minimum wage) for work performed on contracts negotiated with private businesses. Patients work in a realistic, non-institutional working environment to further develop work tolerances and prevocational skills while promoting effective work habits and social skills. Patients work in this therapy for up to 6.5 hours daily.
- F. <u>Concept of Operations</u>: 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.
- G. <u>Driver Training</u>: This program provides disabled veterans instruction, practice, and evaluation of the special adaptive equipment needed to independently operate a motor vehicle.
- H. <u>Educational Therapy</u>: Treatment using activities designed to improve the educational skills of the patient.
- I. <u>EMG</u>: An acronym for Electromyogram. This is a test to evaluate nerve and muscle function.
- J. <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 hours per week.
- K. <u>Functional Area</u>: 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.
- L. <u>Incentive Therapy</u>: A program that provides work in a variety of jobs within the medical center paid on an hourly basis. Patients prescribed to this therapy generally are those unable to function at an acceptable level in Compensated Work Therapy or transitional work experience placement.
- M. <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) 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. This information is processed through mathematical and logical operations in VA-SEPS.
- N. <u>Kinesiotherapy (KT)</u>: The application of scientifically based exercise principles adapted to enhance the strength, endurance, and mobility of individuals with functional limitations or those requiring extended physical conditioning.
- O. <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) the **NTDG** factor adopted for **Physical Medicine and Rehabilitation Services** is **1.35**.
- P. Occupational Therapy: Therapy based on engagement in meaningful activities of daily life such as self-care skills, education, work, and social interaction, to enable or encourage participation in such activities despite impairments or limitations in physical or mental functioning.
- Q. <u>Physical Medicine and Rehabilitation Service</u>: A medical, multidisciplinary, team orientated treatment process designed to reduce the dysfunctional effects of a wide variety of social and physical disabilities.
- R. <u>Physical Medicine and Rehabilitation Service Provider</u>: A medical professional providing patient care in the Physical Medicine and Rehabilitation Service who is a Physical Therapist, Occupational Therapist, Kinesiotherapist, or a Vocational Rehabilitation Therapist.
- S. <u>Physical Therapy (PT)</u>: A treatment that provides therapeutic interventions for patients whose ability to function is impaired by disease, injury, or other causes. This includes those with pain, neuromuscular, musculoskeletal, cardiopulmonary, and integumentary conditions. Physical Therapy includes that prevention of injury and impairment through the promotion and maintenance of fitness.
- T. <u>Program for Design (PFD)</u>: A space program based on criteria set forth in this document and specific information about Concept of Operations, workload projections and staffing levels authorized.

- U. 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.
- V. <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 Questions. VA-SEPS incorporates the propositions set forth in all VHA 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.
- W. <u>Vocational Rehabilitation Therapy (VRT)</u>: A treatment that determines the jobs that are best suited for an individual through the use of interviews, evaluation of abilities, and tests of manual and physical skills.
- X. <u>Work Evaluation Program</u>: A program that identifies personal barriers to obtaining and maintaining employment including vocational, behavioral, emotional, attitudinal, and social barriers in order to identify appropriate employment options.
- Y. <u>Workload</u>: 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 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 the Physical Medicine and Rehabilitation Services and its relationship with other services of a medical facility. These criteria are based on established and/or projected 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. The selection of the size and type of Eye Clinic equipment is determined by VACO and upon Veterans Health Administration (VHA) anticipated medical needs.

D. Room capacity per year should be based on:

Operating days per year x Hours of operation per day

= Number of
Minutes per procedure / 60 minutes annual procedures

- 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 The Basic Room Efficiency Factor for Physical Medicine and Rehabilitation Service is 80%.

Example: Assume a Treatment Station that averages 45 minutes per clinic stop:

A maximum capacity of 2,667 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 for affiliated facility:

 $2,667 \times 80\% = 2,133$  annual procedures.

TABLE 1: WORKLOAD PARAMETER CALCULATION

PHYSICAL MEDICINE AND REHABILITATION SERICE PATIENT AREA	AVERAGE LENGTH OF CLINIC STOP (minutes)	UTILIZATION RATE	MINIMUM WORKLOAD TO GENERATE ONE ROOM
Physical Medicine and Rehabilitation			
Exam Room	50	80%	1,920
EMG Room	70	80%	1,370
Physical Therapy (PT)			
Treatment Station	45	80%	2,130
Hubbard Tank – Full and Partial	60	80%	1,600
Whirlpool	60	80%	1,600
Kinesiotherapy (KT)			
Treatment Station	45	80%	2,130
Psychiatric Treatment Station	45	80%	2,130
Occupational Therapy (OT)			
Treatment Station	45	80%	2,130
Vocational Rehabilitation Therapy (VRT)			
Treatment Station	180	80%	530
Educational Therapy (ET)			

Learning Station	90	80%	1,070
Compensated Work Therapy (CWT)			
Workstation	90	80%	1,070
Incentive Therapy Program (ITP)			
Workstation	90	80%	1,070
Work Evaluation Program (WEP)			
Treatment Station	90	80%	1,070
Driver Training	120	80%	800

The number of annual clinic stops per patient area will be used as a criteria parameter to calculate the number of Exam / Treatment Stations in the Space Criteria section of this document.

# 4 PROGRAM DATA REQUIRED (Input Data Questions)

# A. Mission Input Data Statements

- 1. Is Chiropractic Care authorized? (M)
- 2. Is Vocational Rehabilitation Therapy (VRT) authorized? (M)
- 3. Is Education Therapy (ET) authorized? (M)
- 4. Is a Driver Training Center (DTC) authorized? (M)
- 5. Is Compensated Work Therapy (CWT) authorized? (M)
- 6. Is Incentive Therapy Program (ITP) authorized? (M)
- 7. Is a Work Evaluation Program authorized? (M)
- 8. Is a Spinal Cord Injury Center authorized? (M)
- 9. Is a Conference / Classroom authorized for the Residency Program? (M)
- 10. Is Standard Furniture authorized? (M)

#### B. Workload Input Data Statements

- 1. How many annual Physical Medicine and Rehabilitation Service clinic stops are projected? (W)
- 2. How many annual PT: Treatment Station clinic stops are projected? (W)
- How many annual PT: Hubbard Tank Full Immersion clinic stops are projected?
   (W)
- 4. How many annual PT: Hubbard Tank Partial Immersion clinic stops are projected? (W)
- 5. How many annual PT: Whirlpool clinic stops are projected? (W)
- 6. How many annual KT: Treatment Station clinic stops are projected? (W)
- 7. How many annual KT: Psychiatric Treatment Station clinic stops are projected? (W)
- 8. How many annual OT: Treatment Station clinic stops are projected? (W)
- 9. How many annual ET: Treatment Station clinic stops are projected? (W)
- 10. How many annual VRT: Treatment Station clinic stops are projected? (W)
- 11. How many annual CWT: Work Station clinic stops are projected? (W)
- 12. How many annual Electromyographies (EMGs) are projected? (W)
- 13. How many ITP Treatment Station clinic stops are projected? (W)
- 14. How many WEP Treatment Station clinic stops are projected? (W)
- 15. How many Therapeutic Pool patient hours / day are projected? (W)

## C. Staffing Input Data Statements

- 1. How many Kinesiotherapy FTE positions are authorized? (S)
- 2. How many Occupational Therapist FTE positions are authorized? (S)
- 3. How many Physical Therapist FTE positions are authorized? (S)
- 4. How many Vocational Rehabilitation Therapist FTE positions are authorized? (S)
- 5. How many Chiropractor FTE positions are authorized? (S)
- 6. How many Educational Therapist FTE positions are authorized? (S)
- 7. How many PM&R Staff Physician FTE positions are authorized? (S)
- 8. How many SCI Kinesiotherapist FTE positions are authorized? (S)
- 9. How many SCI Occupational Therapist FTE positions are authorized? (S)
- 10. How many SCI Physical Therapist FTE positions are authorized? (S)
- 11. How many PM&R Clerk FTE positions are authorized? (S)
- 12. How many PM&R Assistant Chief / Coordinator FTE positions are authorized? (S)
- 13. How many PM&R Resident / Intern FTE positions are authorized? (S)
- 14. How many PM&R Student FTE positions are authorized? (S)

# D. Miscellaneous Input Data Statements

1. How many SCI Beds are authorized? (Misc)

# 5 SPACE CRITERIA: Physical Medicine and Rehabilitation Service (PMRS)

## A. Treatment Station Calculation:

# 1. Physical Therapy

Provide one for every increment of 2,130 projected annual Physical Therapy Treatment Station clinic stops. (See Table 1)

# 2. Kinesiotherapy

Provide one for every increment of 2,130 projected annual Kinesiotherapy Treatment Station clinic stops. (See Table 1)

# 3. Kinesiotherapy Psychiatric

Provide one for every increment of 2,130 projected annual Kinesiotherapy Psychiatric Treatment Station clinic stops. (See Table 1)

# 4. Occupational Therapy

Provide one for every increment of 2,130 projected annual Occupational Therapy Treatment Station clinic stops. (See Table 1)

# 5. Vocational Therapy

Provide one for every increment of 530 projected annual Vocational Rehabilitation Therapy Treatment Station clinic stops. (See Table 1)

# 6. Incentive Therapy Program

Provide one for every increment of 1,070 projected annual Incentive Therapy Program clinic stops. (See Table 1)

#### 7. Work Evaluation Program

Provide one for every increment of 1,070 projected annual Work Evaluation Program clinic stops. (See Table 1)

# 8. Educational Therapy Learning Station

Provide one for every increment of 1,070 projected annual Educational Therapy Treatment clinic stops. (See Table 1)

# 9. Compensated Work Therapy Workstation

Provide one for every increment of 1,070 projected annual Compensated Work Therapy clinic stops. (See Table 1)

- B. Physical Medicine and Rehabilitation Service (PMRS) Reception Areas:

100 NSF provides for three standard seats, one wheelchair accessible seat and waiting space for one stretcher. 55 NSF additional allocates 25 NSF for one accessible seat and 30 NSF for two standard seats per each Exam Room greater than one.

- 3. **Toilet, Public (TLTU1)......50 NSF (4.7 NSM)**Provide one for male and one for female.
- C. Physical Medicine and Rehabilitation Service (PMRS) Patient Areas:

  - 2. Electromyography Room (PTEM1).......150 NSF (14.0 NSM) Provide one for each increment of 1,370 projected annual Electromyography (EMG) clinic stops. (See Table 1)

  - 4. Mat Platform Area (XXYYZ)......220 NSF (20.5 NSM) Provide one per Physical Medicine and Rehabilitation Service.
- D. Physical Therapy Basic Clinic (PTBC):
  - 1. PTBC: Private Treatment Table Room (PTTC1)......120 NSF (11.2 NSM)

    Provide one if the number of projected Physical Therapy Treatment Stations is between two and eight.
  - 2. PTBC: Semi-Private Treatment Table Room (PTTC1) ...... 210 NSF (19.5 NSM) Provide one if the number of projected Physical Therapy Treatment Stations is between two and eight.

Allocated area accommodates two Treatment Tables.

3. PTBC: Treatment Clinic (PTTC1).......360 NSF (33.5 NSM)

Provide one if the number of projected Physical Therapy Treatment Stations is between two and eight.

Allocated area accommodates six Treatment Stations.

- 4. PTBC: Storage, Equipment (SRE01).......40 NSF (3.8 NSM) Provide one if the number of projected Physical Therapy Treatment Stations is between two and eight.
- 5. PTBC: Utility Area (UTC1).......30 NSF (2.8 NSM)

  Provide one if the number of projected Physical Therapy Treatment Stations is between two and eight.
- E. Physical Therapy Expanded Clinic (PTEC):

Provide two seats per each projected PT Treatment Station; allocate one at 15 NSF and one at 25 NSF.

- 2. PTEC: Hubbard Tank- Full Immersion (PTWT1)......324 NSF (30.1 NSM)

  Provide one for every increment of 1,600 projected annual Physical Therapy

  Hubbard Tank-Full Immersion clinic stops. (See Table 1)
- 3. PTEC: Hubbard Tank-Partial Immersion (PTWT1) .......60 NSF (5.6 NSM)

  Provide one for every increment of 1,600 projected annual Physical Therapy

  Hubbard Tank-Partial Immersion clinic stops. (See Table 1)

- 6. PTEC: Exercise Area (PTEA1).......65 NSF (6.0 NSM)

  Minimum one; provide an additional one for every increment of three Physical

  Therapy Treatment Stations greater than three. (See 5A1 and Table 1)

This exercise area is necessary to deliver state of the art exercise and treatment interventions to veteran patients. This need is further emphasized by the unique clinical presentations and rehabilitation needs of our newest generation of veterans. Larger space requirements to accommodate new treatment interventions will ensure that veterans and active duty service members achieve their maximum rehabilitation potential.

7. PTEC: Special Treatment Room (XXYYC)......120 NSF (11.2 NSM) Minimum one; provide an additional one for every increment of three Physical Therapy Treatment Stations greater than three. (See 5A1 and Table 1) The Physical Therapy Special Treatment Room provides a private, controlled environment for therapeutic treatment. 8. PTEC: Dressing Room / Cubicle (DR001)......35 NSF (3.3 NSM) Minimum one; provide an additional one if the number of projected Physical Therapy Treatment Stations is seven or greater. (See 5A1 and Table 1) 9. PTEC: Office, Administration (OFD03)......100 NSF (9.3 NSM) Minimum NSF; or, provide an additional 100 NSF if the number of Physical Therapist FTE positions authorized is between three and six; or, provide an additional 180 NSF if the number of Physical Therapist FTE positions authorized is between seven and twelve; or, provide an additional 210 NSF if the number of Physical Therapist FTE positions authorized is greater than thirteen. Minimum NSF if the number of projected Physical Therapy Treatment Stations is eight; provide an additional 75 NSF per each projected Physical Therapy Treatment Station greater than eight; and, provide an additional 200 NSF if a formalized rehabilitation treatment program addressing the needs of special emphasis groups and / or other specially designated programs is authorized in the Concept of Operations. The Physical Therapy Treatment Clinic provides range of motion, massage and other therapeutic techniques. 11. PTEC: Storage, Equipment (SRE01)......80 NSF (7.5 NSM) Minimum NSF; or, provide one if the number of projected Physical Therapy Treatment Stations is eight; or, provide an additional 10 NSF per each projected Physical Therapy Treatment Station greater than eight. (See 5A1 and Table 1) 12. PTEC: Utility Area (UTLC1) .......70 NSF (6.6 NSM) Provide one if number of projected PT Treatment Stations is eight or greater. F. Kinesiotherapy Basic Clinic (KTBC): 1. KTBC: Treatment Area (PTTC1).......360 NSF (33.5 NSM) Provide one if the number of projected Kinesiotherapy Treatment Stations is between two and seven. (See 5A2 and Table 2) Provide one if the number of projected Kinesiotherapy Treatment Stations is

between two and seven. (See 5A2 and Table 2)

# G. Kinesiotherapy Expanded Clinic (KTEC):

Provide two seats per each projected KT Treatment Station; allocate one at 15 NSF and one at 25 NSF.

2. **KTEC: Exercise Area (XXYYZ)......65 NSF 6.0 NSM)**Minimum one; provide an additional one per each increment of three
Kinesiotherapy Treatment Stations greater than three. (See 5A2 and Table 2)

This exercise area is necessary to deliver state of the art exercise and treatment interventions to veteran patients. This need is further emphasized by the unique clinical presentations and rehabilitation needs of our newest generation of veterans. Larger space requirements to accommodate new treatment interventions will ensure that veterans and active duty service members achieve their maximum rehabilitation potential.

3. KTEC: Special Treatment Room (XXYYC)......120 NSF (11.2 NSM) Minimum one; provide an additional one per each increment of three Kinesiotherapy Treatment Stations greater than three.

The KTEC Special Treatment Room provides a private, controlled environment for therapeutic treatment.

- 6. **KTEC:** Psychiatric Exercise Clinic (PTEA1) .......500 NSF (46.5 NSM) Minimum NSF if the projected number of Kinesiotherapy Psychiatric Treatment Stations is seven; or, provide an additional 55 NSF per each projected Kinesiotherapy Psychiatric Treatment Station greater than seven.
- 7. **KTEC: Storage, Equipment (SRE01)......70 NSF (6.6 NSM)**Minimum NSF if the projected number of Kinesiotherapy Treatment Stations and
  Kinesiotherapy Psychiatric Treatment Stations is seven; or, provide an additional
  10 NSF per each projected Kinesiotherapy Treatment Station and Kinesiotherapy
  Psychiatric Treatment Station greater than seven.

- H. Occupational Therapy Basic Clinic (OTBC):
- I. Occupational Therapy Expanded Clinic (OTEC):

Provide two seats per projected OT Treatment Station; allocate one at 15 NSF and one at 25 NSF.

This exercise area is necessary to deliver state of the art exercise and treatment interventions to veteran patients. This need is further emphasized by the unique clinical presentations and rehabilitation needs of our newest generation of veterans. Larger space requirements to accommodate new treatment interventions will ensure that veterans and active duty service members achieve their maximum rehabilitation potential.

The OT Special Treatment Room provides a private, controlled environment for therapeutic treatment.

- 5. **OTEC:** Storage, Patient Projects (SRS01)......50 NSF (4.7 NSM) Provide one per Occupational Therapy Expanded Clinic.

7. OTEC: Treatment Clinic (PTTC1) .......650 NSF (60.4 NSM) Minimum NSF; provide one if the projected number of Occupational Therapy Treatment Stations is ten or greater; provide an additional 65 NSF per each projected OT Treatment Station greater than ten. Provide an additional 200 NSF if a formalized rehabilitation treatment program addressing the needs of special emphasis groups and / or other specially designated programs is in Concept of Operations. 8. OTEC: Storage, Equipment (SRE01)......100 NSF (9.3 NSM) Minimum NSF; provide one if number of projected Occupational Therapy Treatment Stations is ten or greater; provide an additional 10 NSF per each projected OT Treatment Station greater than ten. J. Activities of Daily Living (ADL): 1. ADL: Evaluation and Training Center (OTDL1) ......400 NSF (37.2 NSM) Provide one per Occupational Therapy if an Occupational Therapy Treatment Clinic is authorized in Concept of Operations. K. Chiropractic Care (CC): 1. CC: Sub-Waiting (WRC01)......40 NSF (3.7 NSM) Minimum NSF; provide an additional 40 NSF per each increment of two projected Chiropractic Care Exam / Treatment Rooms greater than two. Provide two seats per each projected CC Exam / Treatment Room; allocate one at 15 NSF and one at 25 NSF. 2. CC: Exam / Treatment Room (XXYYZ)......120 NSF (11.2 NSM) Provide two per each Chiropractor FTE position authorized. 3. Office, Chiropractor (OFA01 / OFA02) ......120 NSF (11.2 NSM) Provide one per each Chiropractor FTE position authorized; provide OFA01 if standard furniture is authorized; or, OFA02 if systems furniture is authorized. L. Vocational Rehabilitation Therapy (VRT): 1. VRT: Sub-Waiting (WRC01)......40 NSF (3.7 NSM) Minimum NSF; provide an additional 40 NSF per each increment of two projected Vocational Rehabilitation Therapy Treatment Stations greater than two. Provide two seats per each projected Vocational Rehabilitation Therapy Treatment Station; allocate one at 15 NSF and one at 25 NSF. 2. VRT: Treatment Clinic (PTTC1) ......75 NSF (7.0 NSM) Minimum NSF: provide an additional 75 NSF per each projected Vocational Rehabilitation Therapy Treatment Station greater than fourteen. 3. VRT: Storage, Equipment (SRE01) ......280 NSF (26.1 NSM)

Minimum NSF; provide an additional 20 NSF per each projected Vocational

Rehabilitation Therapy Treatment Station greater than fourteen.

# M. Educational Therapy (ET):

Provide two seats per each projected Educational Therapy Learning Station; allocate one at 15 NSF and one at 25 NSF.

## N. Driver Training Center (DTC):

Provide two seats; allocate one at 15 NSF and one at 25 NSF.

- 3. DTC: Office, Driver Training Instructor (OFA01 / OFA02) ... 100 NSF (9.3 NSM) Provide one if a Driver Training Center is authorized in Concept of Operations. Provide OFA01 if standard furniture is authorized; or, OFA02 if systems furniture is authorized.

# O. Compensated Work Therapy Clinic (CWT):

Provide two seats per each projected CWT Work Station; allocate one at 15 NSF and one at 25 NSF.

- 2. **CWT: Treatment Clinic (XXYC)......65 NSF (6.0 NSM)** *Minimum NSF; provide an additional 65 NSF per each projected Compensated Work Therapy Workstation greater than one.*
- 3. **CWT: Storage (SRS01)......10 NSF (1.0 NSM)** *Minimum NSF; provide an additional 10 NSF per each projected Compensated Work Therapy Workstation greater than one.*
- 5. **CWT: Evaluation Area (OTDL1).......100 NSF (9.3 NSM)** *Minimum NSF; provide an additional 10 NSF per each projected Compensated Work Therapy Workstation greater than ten; maximum 400 NSF.*

# P. Incentive Therapy Program (ITP):

Provide two seats per projected ITP Work Station; allocate one at 15 NSF and one at 25 NSF.

2. **ITP: Treatment Clinic Sign-in (XXYYC)......40 NSF (3.7 NSM)** *Minimum NSF; provide an additional 6 NSF per each projected Incentive Therapy Program Workstation greater than one.* 

This space is provided as a place where veterans report in order to be dispatched to other areas in the medical facility for work as provided by the Incentive Therapy Program.

	3.	ITP: Tool Area (XXYYC)
	4.	ITP: Bathroom (TLTP3)
		This space includes area for a shower, a lavatory and a toilet.
	5.	ITP: Office, Supervisor (OFD03)
Q.	Ca	ardiopulmonary Rehabilitation Center:
	1.	Cardiopulmonary Rehabilitation Center (XXYYC) 0 NSF (0 NSM)  Provide one per special study if authorized in Concept of Operations.
R.	W	ork Evaluation Program (WEP):
	1.	WEP: Basic Clinic (XXYYC)
	2.	WEP: Sub-Waiting (WRC01)
		Provide two seats per each projected WEP Treatment Station; allocate one at 15 NSF and one at 25 NSF.
	3.	WEP: Storage, Equipment (SRE01)50 NSF (4.7 NSM)  Provide one if a Work Evaluation Program is authorized in Concept of Operations.
	4.	WEP: Office, Case Manager (OFD03)
	5.	WEP: Office, Supervisor (OFD03)
	6.	WEP: Treatment Clinic (PTTC1)
S.	<u>Th</u>	erapeutic Pool:
	1.	Pool (PTWT1)

patient hours / day is between 48 and 175; provide an additional 1,815 NSF if the projected number of Therapeutic Pool patient hours / day is greater than 175.

- 2. **Dressing, Showers, and Toilets-Male (TLTU1)......238 NSF (33.5 NSM)**Minimum NSF if an SCI program is authorized in Concept of Operations and the projected number of Therapeutic Pool patient hours / day is between 1 and 48; provide an additional 122 NSF if the projected number of Therapeutic Pool patient hours / day is between 48 and 175; provide an additional 474 NSF if the projected number of Therapeutic Pool patient hours / day is greater than 175.
- 3. **Dressing, Showers, and Toilets-Female (TLTU1)......185 NSF (17.2 NSM)**Minimum NSF if an SCI program is authorized in Concept of Operations or the projected number of Therapeutic Pool patient hours / day is between 1 and 175; provide an additional 161 NSF if the projected number of Therapeutic Pool patient hours / day is greater than 175.
- 4. Clean / Soiled Towels / Suits Room (UCCL1).......210 NSF (19.5 NSM) Minimum NSF if an SCI program is authorized in Concept of Operations or the projected number of Therapeutic Pool patient hours / day is between 1 and 175; provide an additional 70 NSF if the projected number of Therapeutic Pool patient hours / day is greater than 175.
- T. Physical Medicine and Rehabilitation Service (PMRS) Support Areas:
  - 1. Conference Room (CRA02) .......300 NSF (27.9 NSM)

    Provide one per Physical Medicine and Rehabilitation Service.
  - 2. Storage Alcove, Linen (LCCL1)......20 NSF (1.9 NSM) Provide one per Physical Medicine and Rehabilitation Service.
  - 3. Utility Room, Soiled (USCL1) ......80 NSF (7.5 NSM) Provide one per Physical Medicine and Rehabilitation Service.
  - 4. Storage, Stretcher / Wheelchair (SRLW1)......60 NSF (5.6 NSM) Provide one per Physical Medicine and Rehabilitation Service.
  - 5. Housekeeping Aids Closet HAC (JANC1)......40 NSF (3.8 NSM) Provide one per Physical Medicine and Rehabilitation Service.
- U. Physical Medicine and Rehabilitation Service (PMRS) Staff and Administrative Areas:
  - 1. Office, Chief of Service (OFC02) .......150 NSF (14.0 NSM) Provide one per Physical Medicine and Rehabilitation Service.

- 3. Office, Secretary, Waiting and Clerical (SEC01).......120 NSF (11.2 NSM) Minimum NSF; provide an additional 80 NSF per each Physical Medicine and Rehabilitation Service Clerk FTE position authorized greater than one.

This area is for volunteers awaiting escort assignments.

V. <u>Physical Medicine and Rehabilitation Service (PMRS) Staff Lounge, Lockers and Toilets:</u>

The following provides programming of Lounge, Lockers, and Toilets at department/service/chapter level. Otherwise, sum all departments/services/chapters data for Lockers, Lounges and Toilets, and program space in Chapter 410-EMS Lockers, Lounges, Toilets and Showers. Either/or – do not duplicate space.

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

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

- W. Residency Program Physical Medicine and Rehabilitation Service

The following provides space programming at department/service/chapter level. Otherwise, sum all departments/services/chapters data for Residency Program, and program space in Chapter 402 – Educational Facilities. Either/or – do not duplicate space.

Provide one per two PM&R student positions authorized if in Concept of Operations. Provide one if in Concept of Operations. 6 SPACE CRITERIA: Physical Medicine and Rehabilitation in Spinal Cord Injury Centers A. SCI Physical Therapy (SCI PT): 1. SCI PT: Sub-Waiting (WRC01)......40 NSF (3.8 NSM) Provide one per SCI PT if the number of projected SCI beds is greater than sixty. Minimum NSF if the number of projected SCI beds is between sixty and one hundred; provide an additional 100 NSF if the number of projected SCI beds is greater than one hundred. 3. SCI PT: Whirlpool, Arm, Hip, and Leg (PTEW1) ......150 NSF (14 NSM) Provide one per SCI PT if the number of projected SCI beds is greater than sixty. Minimum NSF if the number of projected SCI beds is between sixty and one hundred; provide an additional 344 NSF if the number of projected SCI beds is greater than one hundred. 5. SCI PT: Clean Utility / Linen Area (UCCL1) ......80 NSF (7.4 NSM) Minimum NSF if the number of projected SCI beds is between sixty and one hundred; provide an additional 10 NSF if the number of projected SCI beds is greater than one hundred. 6. SCI PT: Soiled Utility Area (USCL1)......80 NSF (7.4 NSM) Minimum NSF if the number of projected SCI beds is between sixty and one hundred: provide an additional 10 NSF if the number of projected SCI beds is greater than one hundred. 7. SCI PT: Storage, Equipment (SRE01) ......160 NSF (14.9 NSM) Minimum NSF if the number of projected SCI beds is between sixty and one hundred; provide an additional 40 NSF if the number of projected SCI beds is greater than one hundred. 8. SCI PT: Office, Administration (OFD03) ......100 NSF (9.3 NSM) Minimum NSF if the number of SCI Physical Therapist FTE positions authorized is one or two and the number of projected SCI beds is greater than sixty; provide an additional 100 NSF if the number of SCI Physical Therapist FTE positions authorized is greater than three.

b. Soi killesiotilelapy (Soi Ki)	B.	SCI Kinesiotherapy	(SCI KT)
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- C. SCI: Combined Physical Therapy and Kinesiotherapy (SCI PT & KT):

- 7. SCI PT & KT: Storage, Equipment (SRE01).......40 NSF (3.8 NSM) Minimum NSF if the number of projected SCI beds is between fifteen and thirty one; provide an additional 20 NSF if the number of projected SCI beds is between thirty two and sixty two.
- D. <u>SCI Occupational Therapy (SCI OT)</u>:

  - 4. **SCI OT: Office, Administration (OFD03).......100 NSF (9.3 NSM)**Minimum NSF if the number of SCI Occupational Therapist FTE positions authorized is one or two and the number of projected SCI beds is greater than sixty; provide an additional 100 NSF if the number of SCI Occupational Therapist FTE positions authorized is greater than three.
- E. SCI Activities for Daily Living (SCI ADL):
  - 1. SCI ADL: Activities for Daily Living (OTDL1) .......450 NSF (41.8 NSM) Provide one if SCI Activities for Daily Living is authorized.

#### 7 PLANNING AND DESIGN CONSIDERATIONS

- A. Net-to-department gross factor (NTDG) for Physical Medicine and Rehabilitation Service is 1.35. This number when multiplied by the programmed net square foot (NSF) area determines the departmental gross square feet.
- B. Consideration should be given to combining areas of common use in order to maximize efficiency of space.

- C. Physical Medicine and Rehabilitation Services should be located near the main entrance to the facility in order to decrease the travel distance for patients with mobility limitations.
- D. A strong relationship between Physical Medicine and Rehabilitation Service, the SCI Patient Care Unit, and Prosthetics and Sensory Aids Service should be maintained and these services should be located within close proximity to each other.
- E. Other services including Ambulatory Care, Day Hospital, Day Treatment Center, Dialysis Center, Mental Hygiene Clinic, Substance Abuse Patient Care Units, MS&S Patient Care Units, Nursing Home Care, Psychiatric Patient Care Units, respiratory Patient Care Units, Psychiatric Service Administration, Social work Service Administration, Recreation, Audiology and Speech Pathology, and Voluntary Service have a direct relationship to Physical Medicine and Rehabilitation Service, but may be more remotely located from each other.
- F. Physical Therapy, Occupational Therapy, and Kinesiotherapy should be colocated and efficiencies may be achieved through the use of shared space and equipment.

# **8 FUNCTIONAL RELATIONSHIPS**

Relationship of Physical Medicine and Rehabilitation Service to services listed below:

**TABLE 2: FUNCTIONAL RELATIONSHIP MATRIX** 

SERVICES	RELATIONSHIP	REASON
Patient Care Units - SCI	2	H, I
Prosthetics and Sensory Aids Service	2	Н
Recreation Service	2	H, I
Administration Offices - SCI	2	I
Ambulatory Care	3	G, H
Day Hospital	3	Н
Day Treatment Center	3	Н
Dialysis Center	3	Н
Patient Care Units – Substance Abuse	3	H, I
Patient Care Units – MS&N	3	H, I
Patient Care Units – Nursing Home Care	3	H, I
Patient Care Units - Psychiatric	3	H, I
Patient Care Units - Respiratory	3	H, I
Psychiatric Service Administration	3	I
Social Work Service Administration	3	I
Voluntary Service	3	I

# Legend:

# Relationship

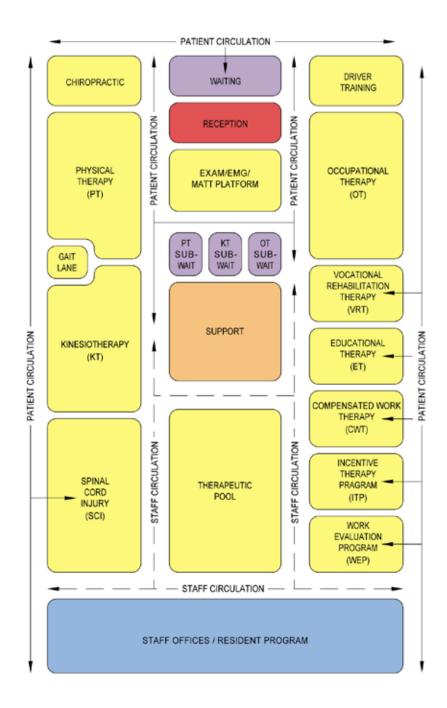
- 1. Adjacent
- 2. Close / Same Floor
- 3. Close / Different Floor Acceptable
- 4. Limited Traffic
- X. Separation Desirable

## 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

# 9 FUNCTIONAL DIAGRAM



FUNCTIONAL DIAGRAM 1 - PHYSICAL MEDICINE AND REHABILITATION SERVICE