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## 1 PURPOSE AND SCOPE

This Chapter sets forth space planning criteria for Mental Health Outpatient Programs that are provided by VA healthcare facilities. It Criteria set forth in this document update Chapter-272: Psychology Service, and apply to all medical facilities at the Department of Veterans Affairs (VA).

The Psychology Service utilizes the knowledge and skills of the behavioral sciences in dealing with human adjustment. It provides a comprehensive program of testing, evaluation, training, treatment, care, and rehabilitation of veterans; education and development of professional personnel; and research.

## 2 DEFINITIONS

- A. <u>Alcohol Dependence</u>: Any use of alcohol that produces a pattern of pathological use causing impairment in social or occupational functioning or produces physiological dependency evidenced by physical tolerance or withdrawal.
- B. <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.
- C. <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.
- D. <u>Clinic Visit</u>: Patient arrival (stop) at the main reception desk. Patients may have multiple Clinic Stops during one Clinic Visit.
- E. <u>Departmental Net to Gross (DNTG) Conversion Factor</u>: A parameter, determined by the VA for each space planning criteria chapter, used to convert the programmed Net Square Foot (NSF) area to the Department Gross Square Foot (DGSF) area. The **DNTG** Departmental Conversion Factor for **Psychology Service** is **1.40**.
- F. <u>Detoxification (Detox)</u>: The process to rid the body of a toxic substance. Non-medical Detox refers to the fact that the body will rid itself of drugs (including alcohol). Medical Detox refers to a wide variety of detoxification techniques used by the medical profession. These techniques range from simple observation by professionals while an individual rids itself naturally, to medical intervention which may include tranquilizers or other drugs that reduce the symptoms caused by the withdrawal from the addictive drug.
- G. <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.

- H. <u>Functional Area</u>: The grouping of rooms and spaces based on their function within a clinical or clinical support service. Typical Functional Areas are Reception Areas, Patient Areas, Support Areas, Staff and Administrative Areas, and Residency Program.
- 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.
- J. <u>Group Room</u>: Room where patient activities and counseling sessions are performed. A typical group room is sized for 10 to 12 patients.
- K. <u>Program for Design (PFD)</u>: 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.
- L. <u>Provider</u>: An individual, who examines, diagnoses, treats, prescribes medication and manages the care of the patients within his or her scope of practice as established by the governing body of a healthcare organization.
- M. <u>Psychologist:</u> A professional specializing in diagnosing and treating diseases of the brain, emotional disturbance, and behavior problems. Psychologists can only use talk therapy as treatment; and are not licensed to prescribe medication.
- N. <u>Rehabilitation Counselor</u>: An individual who assists patients that have disabilities in order to maximizing their potential and their independence. Rehabilitation counselors work with individuals who have a variety of physical, mental and emotional disabilities. They assist individuals who have disabilities in vocational, independent living and educational pursuits.
- O. 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.
- P. <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 VA 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.

Q. 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 modality.

## 3 OPERATING RATIONALE AND BASIS OF CRITERIA

- A. The following workload criteria have been developed on the basis of an understanding of the activities involved in various functional areas of Mental Health Clinics and their relationship with other departments and services of a medical facility. These criteria are predicated on established and/or anticipated standards. Square feet/meters for each area and unit have been compared to those of the Department of Defense (DoD) and private healthcare institutions considered adequate for normal operations. These criteria are subject to modification and adjustment relative to developments in state-of-the-art equipment, medical practice, and subsequent planning and design.
- B. Room capacity calculation 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

- 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 Psychology Service is 85%.

Example: For a Psychology Service clinic stop that averages 40 minutes:

250 operating days per year x 8 hours of operation per day
= 3,030 annual
40 minutes per clinic stop / 60 minutes 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 Psychology Service.

 $3,030 \times 85\% = 2,575$  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 Multipurpose Room authorized? (M)
- 2. Is a Multipurpose Room with a Control Room authorized? (M)
- 3. Is a Health Psychology Clinic authorized? (M)
- 4. Is a Control Room / Office authorized? (M)
- 5. Is a Neurophysiology Laboratory authorized? (M)
- 6. Is a Viewing Room for the Neurophysiology Laboratory authorized? (M)
- 7. Is a Neurophysiology Vocational Rehabilitation Room authorized? (M)
- 8. Is a Biofeedback Laboratory Testing Room authorized? (M)

## B. Workload Input Data Statements:

- 1. How many annual Psychology Service clinic stops are projected? (W)
- 2. How many MS&N beds are authorized? (W)

## C. Staffing Input Data Statements:

- 1. How many Psychologist FTE positions are authorized? (S)
- 2. How many Psychiatrist FTE positions are authorized? (S)
- How many Vocational Rehabilitation Specialist FTE positions are authorized?
   (S)
- 4. How many Social Worker FTE positions are authorized? (S)
- 5. How many Psychology Technician FTE positions are authorized? (S)
- 6. How many Psychology Intern FTE positions are authorized? (S)
- 7. How many Secretary FTE positions are authorized? (S)
- 8. 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? (Misc)

#### 5 SPACE CRITERIA

A.	Reception Areas

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.

Area includes space for secretary/ receptionist

## B. Patient Areas

- 2. Multipurpose Room (OPMH1) .......300 NSF (27.9 NSM) Provide one if Multipurpose Room is authorized.
- 3. Multipurpose Room w/Control Room (OPMH4) ............ 300 NSF (27.9 NSM) Provide one if Multipurpose Room w/Control Room is authorized.
- 4. Office, Control Room (CMP02)......100 NSF (9.3 NSM)

  Provide one if Control Room Office is authorized.
- 6. Biofeedback Laboratory Testing Room (OPMH3).......100 NSF (9.3 NSM)

  Provide one if Biofeedback Laboratory Testing Room is authorized.

	8.	Neurophysiology Laboratory (OTWT1)180 NSF (16.8 NSM)  Provide one if Neurophysiology Laboratory is authorized.			
	9.	Neurophysiology Laboratory Viewing Room (CMP02)80 NSF (7.5 NSM Provide one if Neurophysiology Laboratory is authorized.			
	10	Neurophysiology Vocational Rehabilitation Room (OTEV1)120 NSF (11.2NSM) Provide one if Neurophysiology Vocational Rehabilitation Room is authorized.			
	11	. <b>Health Psychology Clinic (OPMH1)</b> 300 NSF (27.9 NS Provide one if Health Psychology Clinic is Authorized.			
	12	Toilet, Patient (TLTU1)			
C.	C. Staff and Administrative Areas				
	1.	Office, Chief (OFC01)			
	2.	Office, Secretary (SEC01)			
	3.	Cubicle, Clerical (OFA03)			
	4. Office, Psychologist (OFDC1)				
	5.	Office, Vocational Rehabilitation Specialist (OFDC1)120 NSF (11.2 NSM) Provide one per Vocational Rehabilitation Specialist FTE position authorized.			
	6. Office, Psychology Intern (OFDC1)100 NSF (9.3 NSM) Provide one per Psychology Intern FTE position authorized.				
	7.	Storage Room (SRS01)			
D.	D. Staff Lounge, Lockers, and Toilets:				

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

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.

## 5 PLANNING AND DESIGN CONSIDERATIONS

- A. Net-to-department gross factor **(NTDG)** for **Psychology Service** is **1.40**. 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. 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.
- F. Co-locate groups of exam and office rooms so other service teams can use rooms, as the demand fluctuates.
- G. Create clinic modules with connecting corridors to allow internal circulation of patients and staff; avoid crossing public circulation patterns to the greatest extent possible.

- H. Design corridors a minimum of six (6) feet in width, to accommodate passage of two (2) wheelchairs.
- I. In order to accommodate the designated equipment and a patient in a wheelchair, Exam Rooms require a minimum clear dimension of 10'-0".
- J. Office space for Psychologists covered in this chapter may be either centralized or decentralized.
- K. Refer to Department of Veterans Affairs (VA) Office of Facilities Management Handbooks, Standards, Standard Details, and Design Guides for technical criteria.

## **6 INTERFUNCTIONAL RELATIONSHIP**

Relationship of Psychology Service to services listed below:

**TABLE 2: FUNCTIONAL RELATIONSHIP MATRIX** 

SERVICES	RELATIONSHIP	REASON
Police Service	2	C,J
	,	
Pharmacy-Outpatient Satellite	3	Н
Social Work	3	Н
Physical Medicine and Rehabilitation Service	3	Н
Mental Health Clinic	4	Α
Mental Health and Behavioral Patient Care Unit	1	А
Psychology Service	4	Α
Substance Abuse Clinic	4	Α
	,	
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

# 7 FUNCTIONAL DIAGRAM

