

CHAPTER 280: VETERANS HEALTH ADMINISTRATION: SERVICE ORGANIZATIONS

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1 PURPOSE AND SCOPE

This document outlines Space Planning Criteria for Chapter 280: Service Organizations. It applies to all medical facilities at the Department of Veterans Affairs (VA).

These criteria provide the office space for representatives of national service organizations recognized by the Department of Veterans Affairs. Service Organization representatives provide veterans, their dependents and survivors with information, advice and assistance regarding the availability and acquisition of veterans' benefits under laws administered by the Department of Veterans Affairs and other agencies.

2 DEFINITIONS

- A Affiliated: An arrangement whereby a school of medicine or optometry agrees to staff a VA facility with faculty physicians, optometrists, residents and interns / externs. In return, the VA provides the medical or optometry school with a venue to train new physicians / optometrists. In this arrangement, the VA retains responsibility for the care of its patients while the school of medicine or optometry retains responsibility for all graduate level education and training.
- B 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.
- C Departmental Net to Gross (DNTG) Conversion Factor: 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 **Service Organizations** is **1.20**
- D 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.
- E 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, Residency and / or Externship Program Areas.
- F Input Data Statement: 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 SEPS.
- G 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.

- H 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-SEPS has been designed to aid healthcare planners in creating a space plan based on a standardized set of criteria parameters.
- I Service Organizations (Department): The department within the medical center that provides facilities for representatives of national service organizations recognized by the Department of Veterans Affairs such as American Legion, Disabled American Veterans (DAV), Paralyzed Veterans of America (PVA), the Veterans of Foreign Wars (VFW), etc.
- J Service Organization Representative: Representatives of national service organizations recognized by the Department of Veterans Affairs. Service Organization representatives provide veterans, their dependents and survivors with information, advice and assistance regarding the availability and acquisition of veterans' benefits under laws administered by the Department of Veterans Affairs and other agencies. They also assist in the preparation of claims and represent the veteran, his dependents or survivors during an appeals process, when such action is necessary.
- K 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 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 based 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 Service Organizations 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 Service Organizations equipment is determined by VACO and upon Veterans Health Administration (VHA) anticipated medical needs.

4 PROGRAM DATA REQUIRED (Input Data Questions)

A Staffing Input Data Statements

- 1 How many Service Organization Secretary FTE positions are authorized? (S)
- 2 How many Service Organization Representative FTE positions are authorized? (S)

B Miscellaneous Input Data Statements

- 1 How many National Service Organizations are authorized for this facility? (Misc)

5 SPACE CRITERIA

A. Reception Areas:

1. **Waiting (WRC01).....40 NSF (3.7 NSM)**
Minimum NSF; provide an additional 30 NSF per National Service Organization greater than one authorized.
2. **Office, Receptionist / Secretary (RECP1).....80 NSF (7.4 NSM)**
Minimum NSF; provide an additional 40 NSF per each Secretary FTE position authorized greater than one.

B. Staff and Administrative Areas:

1. **Office, Service Organization Representative (OFA01 / OFA02).....120 NSF (11.2 NSM)**
Minimum one per each National Service Organization authorized. Provide an additional one per each Service Organization Representative FTE position authorized greater than one; provide OFA01 if standard furniture is authorized; or OFA02 if systems furniture is authorized.

C. Support Areas:

1. **Storage (SRS01).....40 NSF (3.7 NSM)**
Provide one per Service Organizations.

This space is shared by all the service organizations and accommodates storage of portable equipment, manuals, organization specific forms, supplies etc. Equipment required is local option and may include cabinets with locks, shelving, etc.

6 PLANNING AND DESIGN CONSIDERATIONS

- A. Departmental net-to-gross factor (DNTG) for Service Organizations is **1.20**. This number when multiplied by the programmed net square foot (NSF) area determines the departmental gross square feet.
- B. Offices listed above shall be private and soundproof.

- C. Offices of Service Organization representatives should be located in an area convenient to patients such as the main lobby/information area or ambulatory care.
- D. The waiting space should be conveniently located for use by all offices.

7 FUNCTIONAL RELATIONSHIPS

Relationship of Service Organizations to services listed below:

TABLE 1: FUNCTIONAL RELATIONSHIP MATRIX

SERVICES	RELATIONSHIP	REASON
Social Work Service – Admin. Office	2	H,I
Voluntary Service	2	H,I
Veterans Assistance Unit	2	H,I
Ambulatory Care	1	H,I
Main Lobby & Information	2	H,I

Legend:

- | | |
|----------------------------|-------------------------------|
| Relationship | Reasons: |
| 1. Adjacent | (Use as many as appropriate) |
| 2. Close / Same Floor | A. Common use of resources |
| 3. Close / Different Floor | B. Accessibility of supplies |
| Acceptable | C. Urgency of contact |
| 4. Limited Traffic | D. Noise or vibration |
| X. Separation Desirable | E. Presence of odors or fumes |
| | F. Contamination hazard |
| | G. Sequence of work |
| | H. Patient's convenience |
| | I. Frequent contact |
| | J. Need for security |

8 FUNCTIONAL RELATIONSHIPS

