

CHAPTER 282: VETERANS HEALTH ADMINISTRATION: SOCIAL WORK SERVICE

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1 PURPOSE AND SCOPE

This document outlines Space Planning Criteria for Chapter 282: Social Work Service. It applies to all medical facilities at the Department of Veterans Affairs (VA).

Social Work Service is responsible to assist patients and families maintain psychosocial well-being by resolving existing barriers and creating connections to solutions. Aspects of services include assessment, treatment planning, case management, coordination of VA and community services, psychosocial treatment, individual, marital and group counseling, discharge planning, community-based care planning, patient education and financial and vocational planning.

Social Work Services are provided across the entire VHA continuum of care including special emphasis programs serving the homeless, the seriously mentally ill, spinal cord injured, women, poly-trauma patients and others.

VHA Social Work provides clinical training to over 600 MSW students annually.

2 DEFINITIONS

- A. 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 or optometric services to be provided in the new or remodeled space.
- B. 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 Social Work Service is 1.30**
- C. 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.
- D. 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.
- E. 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.
- F. 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.

- G. 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.
- 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. 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 the Social Work 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.

4 PROGRAM DATA REQUIRED (Input Data Questions)

- A. Staffing Input Data Statements
 - 1 How many Social Worker FTE positions are authorized? (S)
 - 2 How many Social Worker Associate FTE positions are authorized? (S)
 - 3 How many Social Work Intern FTE positions are authorized? (S)
 - 4 How many Social Work Secretary FTE positions are authorized? (S)
 - 5 How many Social Work Clerical FTE positions are authorized? (S)

5 SPACE CRITERIA

A. Reception Areas:

1. **Waiting (WRC01)**..... **60 NSF (5.6 NSM)**
Minimum NSF; provide an additional 15 NSF per each Social Work Clerk FTE position authorized.
2. **Toilet (TLTU1)** **50 NSF (4.7 NSM)**
Provide one if Social Work Clerk FTE positions authorized is between one and thirteen; provide an additional one if Social Work FTE positions authorized is greater than thirteen.

B. Patient Areas:

1. **Office, Social Worker (OFA01 / OFA02)**..... **120 NSF (11.2 NSM)**
Provide one per Social Worker FTE position authorized; provide OFA01 if standard furniture is authorized; or, provide OFA02 if systems furniture is authorized.
2. **Office, Social Work Associate (OFA01 / OFA02)** **120 NSF (11.2 NSM)**
Provide one per Social Worker Associate FTE position authorized; provide OFA01 if standard furniture is authorized; or, provide OFA02 if systems furniture is authorized.
3. **Cubicle, Social Work Intern (OFA03)**..... **64 NSF (5.95 NSM)**
Provide one per Social Work Intern FTE position authorized.

C. Staff and Administrative Areas:

1. **Office, Social Work Service Chief (OFC01)**..... **150 NSF (13.9 NSM)**
Provide one per Social Work Service.
2. **Office, Secretary / Waiting (SEC01)**..... **120 NSF (11.2 NSM)**
Minimum NSF; provide an additional 80 NSF per each Secretary FTE position authorized greater than one.
3. **Cubicle, Clerical (OFA03)**..... **64 NSF (5.95 NSM)**
Provide one per Clerical FTE position authorized.
4. **Conference / Classroom (CRA01)**..... **240 NSF (22.3 NSM)**
Provide one per Social Work Service.
5. **Storage, Equipment (SRE01)** **90 NSF (8.4 NSM)**
Provide one per Social Work Service.

6 PLANNING AND DESIGN CONSIDERATIONS

- A. Departmental net-to-gross factor (DNTG) for Social Work Service is 1.30. This number when multiplied by the programmed Net Square Foot (NSF) area determines the Departmental Gross Square Feet (DGSF).
- B. All offices for Social Work Service staff, except those staff assigned to other services, (e.g., nursing units), should be grouped together in the same office suite.
- C. The Social Work Service Office suite should be easily accessible by inpatients and outpatients.
- D. The waiting area should be visible from the secretary's office.

7 FUNCTIONAL RELATIONSHIPS

Relationship of Social Work Service to services listed below:

TABLE 1: FUNCTIONAL RELATIONSHIP MATRIX

| SERVICES | RELATIONSHIP | REASON |
|---|--------------|--------|
| Ambulatory Care | 2 | G,H,I |
| MS&N Patient Care Units | 3 | G,I |
| SCI Center | 3 | G,H,I |
| Nursing Home Care Units | 3 | G,H,I |
| Mental Health & Behavioral Patient Care Units | 3 | G,I |
| Drug Dependence Treatment Clinic | 3 | G,I |
| Mental Health Clinic | 3 | G,I |
| Day Treatment Center | 3 | G,I |
| Day Hospital | 3 | G,I |
| Dialysis Center | 3 | G,I |
| Engineering Service | X | D,E |

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

