

CHAPTER 290: VETERANS HEALTH ADMINISTRATION: VOLUNTARY SERVICE

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1 PURPOSE AND SCOPE

This document outlines Space Planning Criteria for Chapter 13: Voluntary Service. It applies to all medical facilities at the Department of Veterans Affairs (VA).

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 or optometric services to be provided in the new or remodeled space.
- 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 REPS & DEPS: Veteran Affairs Voluntary Service Representative and Deputy Representatives of Voluntary Service Organizations
- 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 Voluntary 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 Voluntary Service equipment is determined by VACO and upon Veterans Health Administration (VHA) anticipated medical needs.
- D Administrative space is based on the following rationale:
 - 1. Staffing requirements from the Quarterly Name Listing of VHA personnel in Pay Status.
 - 2. Provisions for CRT and printer space to accommodate the automated records system used by Voluntary Service to collect and tabulate data for reporting information pertaining to Voluntary Services Programs Served and Status of Regularly Scheduled Volunteers.
 - 3. Voluntary Service policy that one volunteer sign-in area be available in administration.
- E Space for the VAVS Organization Area is based on field visits and survey data demonstrating:
 - 1. The Department of Veterans Affairs (VA) Medical Center management provides space for unpaid representatives (reps) or veteran and non-veteran service organizations that provide direct, essential services to hospitalized/outpatient veterans and their dependents on a regular basis.
 - 2. The amount and type of space required by unpaid reps of service organizations is dependent on the number of service organizations represented on the VAVS Advisory Committee for medical center

- F Volunteer Multipurpose Workroom space is based in field visits and survey data demonstrating the types of activities and number of volunteers utilizing the space during peak intervals.
- G Storage space is based on field visits and survey data demonstrating the types and quantity of items stored by Voluntary Service and unpaid reps of service organizations.

4 PROGRAM DATA REQUIRED (Input Data Questions)

A Staffing Input Data Statements

- 1 How many Assistant Chief FTE positions are authorized? (S)
- 2 How many Voluntary Service Officer FTE positions are authorized? (S)
- 3 How many Clerical Staff FTE positions are authorized? (S)

B Workload Input Data Statements

- 1 How many annual volunteer hours are projected? (W)

C Miscellaneous Input Data Statements

- 1 How many additional Volunteer Sign-in areas are authorized? (Misc)
- 2 How many VAVS Organizations are represented in the VAVS Hospital Advisory Committee? (Misc)
- 3 Will Voluntary Service be collocated with Recreation Service? (Misc)
- 4 Will Voluntary Service be responsible for Public Relations? (Misc)
- 5 Will a "Coffee Program" be provided? (Misc)

5 SPACE CRITERIA

A. Reception Areas

- 1. **Reception / Secretary (RECP1)..... 120 NSF (11.2 NSM)**
Provide one per Voluntary Service.

This serves as the reception and control point for Voluntary Service. Activities performed in this office may include screening visitors, handling telephone calls, assisting Voluntary Service Chief and Officers.

- 2. **Volunteer Sign-in (RECP3)..... 60 NSF (5.6NSM)**
Minimum one; provide additional Volunteer Sign-in areas if authorized in Concept of Operations.

Volunteer Sign-In areas are typically located in the Main Entrance Lobby. Area provides space to accommodate workspace and automated record system for volunteers to document their assignment activity, the meal sheet to be signed by each volunteer and the brochures/information sheets to be disseminated to them.

B. Staff and Administrative Areas

- 1. **Office, Chief of Service (OFC01)..... 150 NSF (13.9 NSM)**
Provide one per Voluntary Service.

The chief has administrative responsibility for all volunteer program activities. His/her duties include developing program and budget requirements, interviewing volunteers, representing Voluntary Service in liaison with service chiefs and veterans' organizations, placing volunteers in assignments with medical center programs and maintaining volunteer activity records.

2. **Office, Assistant Chief (OFA01 / OFA02).....120 NSF (11.2 NSM)**
Provide one per each Assistant Chief FTE position authorized; provide OFA01 if standard furniture is authorized; or, OFA02 if systems furniture is authorized.

This position shares the administrative responsibility for the program with the chief. At some large medical centers and at medical centers with dual facilities, this office may have total technical and administrative responsibility for one segment and/or one facility and be under general supervision of the chief.

3. **Office, Voluntary Service Officer (OFA01 / OFA02)120 NSF (11.2 NSM)**
Provide one per Voluntary Service Officer FTE position authorized; provide OFA01 if standard furniture is authorized; or, OFA02 if systems furniture is authorized.

A voluntary Service Officer shares, in varying degrees, the administrative responsibility for the program with the chief. At some large medical centers and at medical centers with dual facilities, this office may have total technical and administrative responsibility for one segment and/or one facility and be under general supervision of the chief.

4. **Cubicle, Clerical Staff (OFA03).....64 NSF (6.0 NSM)**
Provide one per Clerical FTE position authorized.

This space can be incorporated into the Secretary and Reception area.

C. Volunteer Areas

1. **Workstations, VAVS Organization (CRA02)240 NSF (22.3 NSM)**
Minimum NSF if between five and nineteen VAVS Organizations are represented in the VAVS Hospital Advisory Committee; provide an additional 110 NSF for each increment of ten VAVS Organizations greater than nineteen. Maximum 680 NSF

The workstations accommodate desk space used by one or more organizations as well as secured storage lockers for items distributed to veterans. Depending on the number of organizations involved and the frequency Reps/Deps occupy the area, the space may be planned as separate offices (private and/or shared), as an open office shared by several organizations with movable partitions creating cubicles for each organization or a combination of both.

Note: Escort / Messenger Service Area In some medical centers, Voluntary Service or a VAVS Organization supervises and administrates the hospital-wide transportation of patients and delivery of messages, lab specimens, etc. Space for an Escort/Messenger Service Area is provided in Chapter 262, Ambulatory Care.

2. **Multipurpose Workroom (CRA01)** **150 NSF (13.9 NSM)**
Minimum NSF; provide an additional 50 NSF if total number of projected annual volunteer hours is between fifty and one hundred thousand; provide an additional 150 NSF if total number of projected annual volunteers hours is greater than one hundred thousand; provide an additional 25 NSF if Voluntary Service will not be located next to Recreation Service.

This area is used by Voluntary Service staff, volunteers and service organizations for volunteer activities such as receiving, sorting and distributing donated items; assembling / collating materials for hospital services; special projects; bagging comfort items for distribution; volunteer clerical assistance, etc; meetings such as volunteer orientation, VAVS Executive Committee, conferences with hospital services, etc.

3. **Volunteer Lounge (SL002)** **100 NSF (9.3 NSM)**
Provide one per Voluntary Service.

D. Support Areas

1. **Storage (SRS01)**..... **50 NSF (4.7 NSM)**
Provide one per each increment of twenty five thousand projected annual volunteer hours; provide an additional 25 NSF per each increment of fifteen VAVS Organizations; provide an additional 25 NSF if Voluntary Service is responsible for Public Relations for the facility; provide an additional 25 NSF if “coffee program” is provided.

6 PLANNING AND DESIGN CONSIDERATIONS

- A. Departmental net-to-gross factor (DNTG) for **Voluntary Service** is **1.20**. This number when multiplied by the programmed Net Square Foot (NSF) determines the Departmental Gross Square Feet (DGSF).
- B. Voluntary Service should be located near the main entrance to the Medical Center, Hospital Administration, The Nursing Units, and Recreation Service.
- C. Offices for the Chief and Assistant Chief of Voluntary Service should be accessible from the Volunteer Multipurpose Workroom and to the Main Entrance to the Medical Center.
- D. The Volunteer Multipurpose Workroom should be located in proximity to the Secretary / Reception area, but accessible only from a main corridor to enable volunteers to utilize the area during evenings and weekends.
- E. The Storage area should be easily accessible from all Voluntary Service functions. It should open onto a main corridor to facilitate loading and distributing donated items, and to enable weekend/evening access by Service Organization representatives.

7 FUNCTIONAL RELATIONSHIPS

Relationship of Fiscal Service to services listed below:

TABLE 2: FUNCTIONAL RELATIONSHIP MATRIX

SERVICES	RELATIONSHIP	REASON
Hospital Director Suite	2	I
Data Processing	2	I
AMM - Administration	2	A, I
MAS – Administration Offices	3	A, I
MAS – Processing Unit	3	A, I
MAS – Fee Services Unit	3	A, 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

8 FUNCTIONAL DIAGRAM

