

CHAPTER 300: VETERANS HEALTH ADMINISTRATION: DAY HOSPITAL

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1. PURPOSE AND SCOPE

This document outlines space planning criteria for VA Handbook 7610 Chapter 300: Day Hospital. It applies to all medical facilities at the Department of Veterans Affairs (VA).

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 services to be provided in the new or remodeled space.
- B. Day Room: Dedicated space in a nursing unit for patients to engage in social and therapeutic activities.
- 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, and Residency Program.
- 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 for the facility. This information is processed through mathematical and logical operations in VA-SEPS.
- F. Net-to-department gross factor (NTDG): This number, when multiplied by the programmed Net Square Foot (NSF) area, determines the Departmental Gross Square Feet (DGSF). The **NTDG** factor adopted for **Day Hospital** is **1.45**.
- 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. Provider: A medical professional, 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.
- I. Psychiatrist: A professional that is licensed as a medical doctor (MD), and can prescribe medications.
- J. Psychologist: A professional specializing in diagnosing and treating diseases of the brain, emotional disturbance, and behavioral problems. Psychologists can only use talk therapy as treatment; and are not licensed to prescribe medication.
- K. Quiet Room: A small room where a patient can go and calm down if over stimulated by other activities or events.

- L. 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.
- M. 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 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.
- N. Workload: Workload is the anticipated number of procedures or suite stops that are 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 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 a Day Hospital and their 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 based on established and anticipated standards, which are subject to modification relative to development in standards of practice, equipment, vendor requirements, and/or healthcare planning and design developments.
- D. Room capacity calculation per year should be based on:

$$\frac{\text{Operating days per year} \times \text{Hours of operation per day}}{\text{Minutes per clinic stop} / 60 \text{ minutes}} = \text{Number of annual clinic stops}$$

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 Day Hospital is 85%.

Example: For a Day Hospital clinic stop that averages 40 minutes:

$$\frac{250 \text{ operating days per year} \times 8 \text{ hours of operation per day}}{40 \text{ minutes per clinic stop} / 60 \text{ minutes}} = 3,030 \text{ annual clinic stops}$$

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 Day Hospital.

$$3,030 \times 85\% = 2,575 \text{ annual clinic stops.}$$

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 Questions)

A. Workload Input Data Statements:

- 1 How many annual Day Hospital clinic stops are projected? (W)

B. Staffing Input Data Statements:

- 1 How many Psychiatrist FTE positions are authorized? (S)
- 2 How many Psychologist FTE positions are authorized? (S)
- 3 How many Social Worker FTE positions are authorized? (S)
- 4 How many Resident Trainee FTE positions are authorized? (S)
- 5 How many Rehabilitation Therapist FTE positions are authorized? (S)
- 6 How many Nurse FTE positions are authorized? (S)
- 7 How many Secretary FTE positions are authorized? (S)

C. Miscellaneous Input Data Statements:

- 1 How many FTE positions for whom office space is not authorized? (Misc)

5. SPACE CRITERIA

A. Reception Areas

1. **Waiting (WRC01)**.....**60 NSF (5.6 NSM)**
Minimum NSF; provide an additional 55 NSF per each projected Exam and Treatment Room greater than one.

60 NSF provides for two standard seats, one wheelchair accessible seat and lighting / table / planting. An additional 55 NSF allocates 25 NSF for one accessible seat and 30 NSF for two standard seats.

2. **Communication Center (NSTA1)**.....**100 NSF (9.3 NSM)**
Minimum NSF; provide an additional 10 NSF per Psychiatrist, Psychologist and Social Worker FTE position authorized greater than four; maximum 200 NSF.

Area includes space for secretary/ receptionist

3. **Toilet , Public (TLTU1)****50 NSF (4.7 NSM)**
Provide one for male and one for female.

B. Patient Areas

1. **Exam Room (EXRG3)**.....**120 NSF (11.2 NSM)**
Divide the projected number of annual clinic stops by 2,575; provide one room for each whole increment.

Minimum annual workload to provide a room is 770 (see Table 1).

2. **Treatment Room (TRGM1)****160 NSF (14.9 NSM)**
Provide one per each whole increment of four Exam Rooms.

3. **Consultation Room (OFDC2)****100 NSF (9.3 NSM)**
Provide one per each whole increment of eight Exam Rooms.

4. **Group Therapy Room (OPMH1)****300 NSF (27.9 NSM)**
Provide one per each whole increment of six Exam Rooms.

5. **Activities / Dining Room (FSCD1)**.....**800 NSF (74.4 NSM)**
Minimum NSF; provide an additional 100 NSF per each whole increment of two Exam Rooms greater than six.

6. **Storage, Activities / Dining (SRS01)****100 NSF (9.3 NSM)**
Minimum NSF; provide an additional 50 NSF per each whole increment of 250 NSF of Activity / Dining Room greater than 800.

7. **Quiet Room (DAYR1)****120 NSF (11.2 NSM)**
Minimum one; provide an additional one per each whole increment of six Exam Rooms greater than six.

8. **Storage, Medication (MEDP1)** **80 NSF (7.5 NSM)**
Provide one per Day Hospital.

This space should be located adjacent to Communication Station.

9. **Nourishment Room (NCWD1)** **70 NSF (6.6 NSM)**
Provide one per Day Hospital.

This space should be located adjacent to Communication Station.

10. **Toilet, Patient (TLTU1)** **50 NSF (4.7 NSM)**
Minimum two; provide an additional two per each increment of ten Exam Rooms.

C. Staff and Administrative Areas

1. **Office, Chief (OFC01)** **150 NSF (14.0 NSM)**
Provide one per Day Hospital.

2. **Office, Secretary (SEC1)** **100 NSF (9.3 NSM)**
Provide one per Secretary FTE position authorized.

3. **Office, Psychiatrist (OFDC1)** **120 NSF (11.2 NSM)**
Provide one per Psychiatrist FTE position authorized.

4. **Office, Psychologist (OFDC1)** **120 NSF (11.2 NSM)**
Provide one per Psychologist FTE position authorized.

5. **Office, Social Worker (OFDC1)** **120 NSF (11.2 NSM)**
Provide one per Social Worker FTE position authorized.

6. **Office, Resident Trainee (OFDC1)** **120 NSF (11.2 NSM)**
Provide one per Resident Trainee FTE position authorized.

7. **Office, Rehabilitation Therapist (OFDC1)** **120 NSF (11.2 NSM)**
Provide one per Rehabilitation Therapist FTE position authorized.

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

Locate adjacent to Communication Station.

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. Provide 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.

2. **Locker Room, Staff (LR001)****80 NSF (7.5 NSM)**
Minimum NSF if number of FTE positions for whom office space is not authorized is between five and thirteen; provide an additional 6 NSF per FTE position authorized for whom office space is not authorized greater than thirteen.

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.

3. **Toilet, Staff (TLTU1)**.....**50 NSF (4.7 NSM)**
Minimum one; provide an additional staff toilet for each increment of five FTE positions authorized greater than fifteen.

6. PLANNING AND DESIGN CONSIDERATIONS

- A. Net-to-department gross factor (**NTDG**) for **Day Hospital** is **1.45**. This number when multiplied by the programmed net square foot (NSF) area determines the departmental gross square feet.
- B. Centralize check-in/check-out for more efficient use of staff.
- C. Consider location of Travel Office (See Chapter 265 Outpatient Clinic) in vicinity of main check-in / checkout or other central location. Use comparable criteria for administrative office / reception areas. (If these programs are part of a larger outpatient facility)
- D. Co-locate groups of exam and office rooms so other service teams can use rooms, as the demand fluctuates.
- E. Create clinic modules with connecting corridors to allow internal circulation of patients and staff; avoid crossing public circulation patterns.
- F. 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.
- G. Locate staff lounge convenient to staff area(s) but separate from patient care spaces.

- H. Plan to minimize walking distances for patients from building main entrance to clinical destination and from clinical waiting area to clinical exam or treatment space.
- I. Design corridors a minimum of six (6) feet in width, to accommodate passage of two (2) wheelchairs.
- J. In order to accommodate the designated equipment and a patient in a wheelchair, examination rooms require a minimum clear dimension of 10'-0".
- K. The Day Hospital should be located adjacent to the psychiatric inpatient program.
- L. Egress should be independent of ward units.
- M. Visitor circulation to Group Therapy Rooms through the Day Hospital should be controlled.

7. FUNCTIONAL RELATIONSHIPS

Relationship of the Day Hospital to services listed below:

TABLE 2: FUNCTIONAL RELATIONSHIP MATRIX

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

8. FUNCTIONAL DIAGRAM

