

**CHAPTER 312: VETERANS HEALTH ADMINISTRATION – DOMICILIARY**

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## 1 PURPOSE AND SCOPE

This document outlines space planning criteria for Chapter 312: Domiciliary. It applies to all medical facilities at the Department of Veterans Affairs (VA).

The Department of Veterans Affairs (VA) Domiciliary program represents that segment of the Department of Veterans Affairs (VA) health care continuum which provides rehabilitative and long-term health maintenance care for veterans who require minimal acute medical care. A recipient of this care is called "Domiciliary patient." These patients do not require the level of clinical intervention, bedside nursing care or observation routinely provided to other categories of patients such as medical, psychiatric, intermediate or nursing home patients. They do, however, require a full range of rehabilitation services, which may include, as authorized: Domiciliary Care for Homeless Veterans (DCHV); Center for Addiction Treatment Program (CAT), Health Maintenance Program (HMP), Post-Traumatic Stress Disorder Residential Rehabilitation Program (PRRP), and Traumatic Brain Injury.

Domiciliary programs provide a safe, secure, therapeutic, home-like environment designed to facilitate attainment of each patient's optimal level of functional independence through active participation in individually developed treatment plans. Domiciliary patients typically possess multiple chronic medical, psychological and social problems; are economically disadvantaged; are currently unemployable and are limited in their ability to provide adequately for themselves in the community. Many fall in the category of "homeless".

Domiciliary care has been shown to be a clinically appropriate, cost effective alternative to the unwarranted utilization of scarce and more costly acute care resources in meeting the rehabilitative and health maintenance needs of chronic care patients. The ultimate goal of the Domiciliary Program is the return of the patient to independent or semi-independent life in the community. At the same time, it has to be recognized that there are a small proportion of patients who require a "sheltered environment" for an indefinite period of time. For those patients, the Domiciliary Program provides the physical, social, cultural and vocational ingredients necessary for them to achieve and maintain the best possible quality of life within their capability.

## 2 DEFINITIONS

- A. Communications Center: The central control point for the patient unit.
- 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. Center for Addictions Treatment (CAT): The CAT is an alcohol and drug rehabilitation program. Addiction services includes detoxification (1-3 days), pre-programming evaluation (1-14 days) and an intensive 28-day component designed to impact the veteran's denial system and present the patient with an array of recovery tools. CAT also offers the Cornerstone Track and the Balanced Living Track to teach veterans to apply the learned recovery tools.

- D. Domiciliary Homeless Program: Domiciliary Care for Homeless Veterans (DCHV): The DCHV is a vocational rehabilitation program designed to help the veteran to solve his/her homelessness problem by returning to income-generating productivity. This program also provides assistance in locating a safe, healthy and affordable living environment. DCHV staff assists the veteran in securing housing or alternative placement. The ultimate goal is returning to or achieving a move independent lifestyle.
- E. Domiciliary Medical Clinic: A functional area within Domiciliary that provides medical support for patients enrolled in the Domiciliary Program.
- F. Domiciliary Patient Care Unit: The minimum number of patient beds, of all types, to generate one Domiciliary Patient Care Unit is sixteen; the maximum is thirty-one.
- G. Full-Time Equivalent (FTE): A work force equivalent to one individual working full time for a specific period, which may be made up of several part-time individuals or one full-time individual. This will include everyone working in the facility; VA and contractor personnel.
- H. Health Maintenance Program (HMP): This program provides health maintenance care to veterans with chronic medical and psychiatric problems needing long-term maintenance care. HMP provides assessment and quality medical care in a supportive environment to ADL-independent veterans who require support in the activities of daily living (ADL). Many of these veterans are lacking financial resources and the general support necessary for transition back into the community.
- I. 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 II.
- J. Net-to-department gross factor (NTDG): A factor that when multiplied by the programmed Net Square Foot (NSF) area, determines the Departmental Gross Square Feet (DGSF). The NTDG factor adopted for Domiciliary is 1.55
- K. Post-Traumatic Stress Disorder Residential Rehabilitation Program (PRRP): The PRRP is a structured 90-day program focused on helping veterans to move toward resolution of feelings associated with their experiences during the war and thereafter. The PRRP helps the veterans to better understand the ways traumatic experiences have affected them and to prepare them for successful return to community living. PRRP treatment is intended to facilitate continuing recovery from a variety of service-related experiences including trauma, homecoming and readjustment.
- L. Program for Design (PFD): A space program generated by SEPS II based on criteria set forth in this document and specific information about Concept of Operations, Workload projections and Staffing levels authorized.
- M. Provider: 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.

- N. 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.
- O. Traumatic Brain Injury (Mainstream): This program provides cognitive rehabilitation to veterans and active duty personnel who have sustained a brain injury and to return those persons to the highest level of functioning possible. Mainstream provides a structured environment which includes life skills classes, psychosocial groups, recreation activities and community outings for the veterans.
- P. 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 Statements. SEPS II, the current version, incorporates the propositions set forth in this chapter as well as all chapters in VA's Handbook 7610. SEPS II has been designed to aid healthcare planners in creating a space plan based on a standardized set of criteria parameters.

### 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 Domiciliary 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 based on established and anticipated standards, which are subject to modification relative to development in the standards of practice, equipment, vendor requirements, and healthcare planning and design. The selection of the size and type of domiciliary equipment is determined by VACO and upon Veterans Health Administration (VHA) anticipated medical needs.
- D. The minimum number of patient beds, of all types, to generate one Domiciliary Patient Care Unit is sixteen. The maximum number of allowable patient beds per Unit is thirty-one.

#### 4 PROGRAM DATA REQUIRED (Input Data Statements):

##### A. Mission:

1. Is a Linen Collection Room authorized? (M)
2. Is a Linen Disposal Chute Room authorized? (M)
3. Is a Trash Collection Room authorized? (M)
4. Is a Trash Disposal Chute Room authorized? (M)
5. Is a Recycling Area authorized? (M)
6. Is a Physical Therapy Room authorized? (M)
7. Is an Occupational Therapy Room authorized? (M)
8. Is a Job Development and Vocational Skill Center authorized? (M)
9. Is a Building Management Storage authorized? (M)
10. Is a Nutrition and Food Service component provided in this Department? (M)

##### B. Workload:

1. How many Addiction Treatment Program patient beds are projected? (W)
2. How many Domiciliary Homeless Program patient beds are projected? (W)
3. How many Health Maintenance Program patient beds are projected? (W)
4. How many Post-Traumatic Stress Disorder Residential Rehabilitation Program patient beds are projected? (W)
5. How many Traumatic Brain Injury Program patient beds are projected? (W)
6. How many bariatric patient beds per Patient Care Unit are projected? (W)

##### C. Staffing:

1. How many Clinical Coordinator FTE positions are authorized? (S)
2. How many Section Coordinator FTE positions are authorized? (S)
3. How many Clerical FTE positions are authorized? (S)
4. How many Provider FTE positions are authorized? (S)
5. How many Dietitian FTE positions are authorized? (S)
6. How many Recreational Therapist FTE positions are authorized? (S)
7. How many Kinesiotherapist FTE positions are authorized? (S)
8. How many Occupational Therapist FTE positions are authorized? (S)
9. How many Nurse Coordinator FTE positions are authorized? (S)

##### D. Miscellaneous:

1. How many Multiple Living Units for each Patient Care Unit are authorized? (Misc)
2. How many FTEs will work on peak shift? (Misc)
3. How many FTE positions are not authorized to have office or cubicle space? (Misc)

#### 5 SPACE CRITERIA

*The minimum number of patient beds, of all types, to generate one Domiciliary Patient Care Unit is sixteen; the maximum is thirty-one.*

##### A. Reception Areas

1. **Reception (RECP1) .....60 NSF (5.6 NSM)**  
*Provide one for Domiciliary.*

This area serves as access control point for domiciliary with multiple units.

2. **Consultation (OFDC2)** ..... **120 NSF (11.2 NSM)**  
*Provide one for Domiciliary.*
3. **Toilet, Public (TLTU1)**..... **50 NSF (4.7 NSM)**  
*Provide one for male and one for female for Domiciliary.*

B. Patient Care Unit: Patient Areas

1. **Waiting, Public (WRC01)** ..... **60 NSF (5.6 NSM)**  
*Provide one per Domiciliary Patient Care Unit.*
2. **Toilet, Public (TLTU1)**..... **50 NSF (4.7 NSM)**  
*Provide one per Domiciliary Patient Care Unit.*
3. **Lounge, Patient (DAYR1)** ..... **560 NSF (52.1 NSM)**  
*Minimum NSF; provide an additional 20 NSF per projected patient bed greater than twenty-five (in the same Domiciliary Patient Care Unit); provide one per each Domiciliary Patient Care Unit.*

This total area may be allocated into smaller Patient Lounges within each Patient Care Unit.

4. **Bedroom, Addiction Treatment Program Patient, One-Bed (BRUN1)**..... **120 NSF (11.2 NSM)**  
*Provide one for seventy percent of the Addiction Treatment Program patient beds projected.*
5. **Bedroom, Addiction Treatment Program Patient, Two-Bed (BRUN1)**..... **200 NSF (18.6 NSM)**  
*Provide one for fifteen percent of the Addiction Treatment Program patient beds projected.*
6. **Bedroom, Domiciliary Homeless Program Patient, One-Bed (BRUN1)**..... **120 NSF (11.2 NSM)**  
*Provide one for seventy percent of the Domiciliary Homeless Program patient beds projected.*
7. **Bedroom, Domiciliary Homeless Program Patient, Two-Bed (BRUN1)**..... **200 NSF (18.6 NSM)**  
*Provide one for fifteen percent of the Domiciliary Homeless Program patient beds projected.*
8. **Bedroom, Health Maintenance Program Patient, One-Bed (BRUN1)**..... **120 NSF (11.2 NSM)**  
*Provide one for seventy percent of the Health Maintenance Program patient beds projected.*
9. **Bedroom, Health Maintenance Program Patient, Two-Bed (BRUN1)**..... **200 NSF (18.6 NSM)**  
*Provide one for fifteen percent of the Health Maintenance Program patient beds projected.*

10. **Bedroom, Post-Traumatic Stress Disorder Residential Rehabilitation Program Patient, One-Bed (BRUN1)**..... **120 NSF (11.2 NSM)**  
*Provide one for seventy percent of the Post-Traumatic Stress Disorder Residential Rehabilitation Program patient beds projected.*
11. **Bedroom, Post-Traumatic Stress Disorder Residential Rehabilitation Program Patient, Two-Bed (BRUN1)**..... **200 NSF (18.6 NSM)**  
*Provide one for fifteen percent of the Post-Traumatic Stress Disorder Residential Rehabilitation Program patient beds projected.*
12. **Bedroom, Traumatic Brain Injury Program Patient, One-Bed (BRUN1)** ..... **120 NSF (11.2 NSM)**  
*Provide one for each Traumatic Brain Injury Program patient bed projected.*
13. **Bathroom, Patient (TLTS2)** ..... **65 NSF (6.0 NSM)**  
*Provide one for every One-Bed and every Two-Bed Patient Bedrooms.*  
  
Provides space for accessible toilet, sink and tub/shower.
14. **Bedroom, Bariatric Patient (BRNP1)**..... **160 NSF (14.9 NSM)**  
*Provide one for each bariatric bed projected for a patient care unit.*  
  
Bariatric Patient Rooms are single bed only.
15. **Bathroom, Bariatric Patient (TLTS2)**..... **75 NSF (7.0 NSM)**  
*Provide one for every Bariatric Bedroom.*
16. **Multiple Living Unit: Sleeping Area (XXYYC)** ..... **200 NSF (18.6 NSM)**  
*Provide one per each Multiple Living Unit authorized for every Domiciliary Patient Care Unit.*  
  
Space can be configured for two or three residents
17. **Multiple Living Unit: Living / Dining / Kitchenette (IPK01)**..... **200 NSF (18.6 NSM)**  
*Provide one per each Multiple Living Unit authorized for every Domiciliary Patient Care Unit.*
18. **Multiple Living Unit: Bathroom (TLTS2)** ..... **75 NSF (7.0 NSM)**  
*Provide one per each Multiple Living Unit authorized for every Domiciliary Patient Care Unit.*
19. **Computer Room (CMP01)**..... **120 NSF (11.2 NSM)**  
*Provide one per Domiciliary Patient Care Unit.*
20. **Quiet Room (RAMR1)**..... **120 NSF (11.2 NSM)**  
*Provide one per Domiciliary Patient Care Unit.*
21. **Multipurpose Room / Kitchenette (IPK01)** ..... **400 NSF (37.2 NSM)**  
*Provide one per Domiciliary Patient Care Unit.*
22. **Laundry Room (NULR1)**..... **150 NSF (14.0 NSM)**  
*Provide on per Domiciliary Patient Care Unit.*

This space accommodates 3 washers, 3 dryers, an area for folding clothes, and an area for ironing.

23. **Housekeeping Aids Closet - HAC (JANC1)** ..... **60 NSF (5.6 NSM)**  
*Provide one per Domiciliary Patient Care Unit.*

This space is used for patient training and cleaning supply storage.

C. Patient Care Unit: Support Areas

1. **Cubicle, Domiciliary Health Technician (OFA03)**..... **80 NSF (7.5 NSM)**  
*Provide one per Domiciliary Patient Care Unit.*
2. **Storage, General (SRS01)** ..... **120 NSF (11.2 NSM)**  
*Provide one per Domiciliary Patient Care Unit.*
3. **Storage, Patient Clothing and Luggage (SRPB1)** ..... **100 NSF (9.3 NSM)**  
*Minimum NSF; provide an additional 4 NSF per projected patient bed greater than twenty-five (in a Domiciliary Patient Care Unit); provide one per each Domiciliary Patient Care Unit.*
4. **Clean Linen Room (LCCL1)** ..... **60 NSF (5.6 NSM)**  
*Provide one per Domiciliary Patient Care Unit.*
5. **Collection Room, Linen (LCSL1)** ..... **80 NSF (7.5 NSM)**  
*Provide one per Domiciliary Patient Care Unit and if authorized in Concept of Operations.*
6. **Chute Room, Linen Disposal (LCSL1)**..... **60 NSF (5.6 NSM)**  
*Provide one per Domiciliary Patient Care Unit and if authorized in Concept of Operations.*
7. **Collection Room, Trash (UTC01)** ..... **60 NSF (5.6 NSM)**  
*Provide one per Domiciliary Patient Care Unit and if authorized in Concept of Operations.*
8. **Chute Room, Trash Disposal (UTC01)** ..... **60 NSF (5.6 NSM)**  
*Provide one per Domiciliary Patient Care Unit and if authorized in Concept of Operations.*
9. **Recycling Area (UTC01)** ..... **40 NSF (3.8 NSM)**  
*Provide one per Domiciliary Patient Care Unit and if authorized in Concept of Operations.*
10. **Data and Telecommunications Room (COMC1)** ..... **80 NSF (7.5 NSM)**  
*Provide one per Domiciliary Patient Care Unit.*

D. Core Area: Administration

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



2. **Office, Clinical Coordinator (OFA01 / OFA02).....120 NSF (11.2 NSM)**  
*Provide one per Domiciliary Clinical Coordinator FTE position authorized; provide OFA01 if standard furniture is authorized; or, provide OFA02 if systems furniture is authorized.*
3. **Office, Section Coordinator (OFA01 / OFA02).....120 NSF (11.2 NSM)**  
*Provide one per Section Coordinator FTE position authorized; provide OFA01 if standard furniture is authorized; or, provide OFA02 if systems furniture is authorized.*
4. **Cubicle, Clerical (OFA03) .....80 NSF (7.5 NSM)**  
*Provide one per Clerical FTE position authorized.*
5. **Office, Provider (OFD03).....120 NSF (11.2 NSM)**  
*Provide one per Provider FTE position authorized.*
6. **Office, Dietitian (OFD03).....120 NSF (11.2 NSM)**  
*Provide one per Dietitian FTE position authorized.*
7. **Cubicle, Recreational Therapist (OFA03) .....80 NSF (7.5 NSM)**  
*Provide one per Recreational Therapist FTE position authorized.*

This area provides space for treatment and exercise planning, patient evaluations, treatments reports, program planning and routine administrative duties.

8. **Cubicle, Kinesiotherapist (OFA03) .....80 NSF (7.5 NSM)**  
*Provide one per Kinesiotherapist FTE position authorized.*
9. **Cubicle, Occupational Therapist (OFA03).....80 NSF (7.5 NSM)**  
*Provide one per Occupational Therapist FTE position authorized.*

This area provides space for treatment and exercise planning, patient evaluations, treatments reports, program planning and routine administrative duties.

E. Core Area: Patient Services

1. **Patient Education / Conference / Group Room (CRA02).....300 NSF (27.9 NSM)**  
*Provide one per Domiciliary Patient Care Unit.*
2. **Vending Area (BX001)..... 50 NSF (4.7 NSM)**  
*Minimum NSF; provide an additional 25 NSF for every Domiciliary Patient Care Unit greater than two.*
3. **Dining Room (FSCD1)..... 200 NSF (18.6 NSM)**  
*Minimum NSF; provide an additional 8 NSF per each projected patient bed greater than twenty-five.*

4. **Recreation / Therapy Room (DAYR1)** ..... **300 NSF (27.9 NSM)**  
*Minimum NSF; provide an additional 6 NSF for each projected patient bed greater than twenty-five.*

5. **Physical Therapy Room (PTEA1)** ..... **120 NSF (11.2 NSM)**  
*Minimum NSF; provide an additional 4 NSF per each projected patient bed greater than twenty-five and if authorized in Concept of Operations.*

The Exercise Room will be staffed during the day-time hours and available for individuals and / or other groups during the evening hours.

6. **Occupational Therapy Room (OTDL1)** ..... **125 NSF (11.7 NSM)**  
*Minimum NSF; provide an additional 5 NSF per each projected patient bed greater than twenty-five and if authorized in Concept of Operations.*

This space is used for rehabilitation incorporating arts and crafts with the objective of facilitating the recovery of finite motor movement and hand-eye coordination. It will be staffed during the day-time hours and available for individuals and / or other groups during the evening hours.

7. **Job Development and Vocational Skill Center (CRA01)** ..... **120 NSF (11.2 NSM)**  
*Minimum NSF; provide an additional 30 NSF per each increment of fifty projected patient beds greater than fifty and if authorized in Concept of Operations.*

This is a training and self development area designed to help patients learn how to apply for employment and present themselves to prospective employer.

F. Core Area: Patient Nutrition and Food Service

Space for dining only. Highly recommended to consult with Nutrition and Food Service for Concept of Operations for food preparation and serving and refer to Chapter 224: Nutrition and Food Service for additional space requirements. Alternatively, for separate Domiciliary N&FS provide space as follows:

1. **Office, Dietitian (OFD03)**..... **100 NSF (9.3 NSM)**  
*Provide one per Domiciliary Patient Care Unit Nutrition and Food Service if authorized in Concept of Operations.*

2. **Serving Unit (FSSL1)** ..... **780 NSF (72.5 NSM)**  
*Minimum NSF if authorized in Concept of Operations; provide an additional 315 NSF if total number of patient beds is between 101 and 150; provide an additional 420 NSF if total number of patient beds is between 151 and 200.*

A dishwashing unit is included in this space

3. **Bulk Food Carts (FSCS1)** ..... **30 NSF (2.8 NSM)**  
*Provide per one hot and one cold cart per each 100 beds.*

4. **Non-food Storage (SRS01)**..... **112 NSF (10.4 NSM)**  
*Minimum NSF if authorized in Concept of Operations; provide an additional 0.64 NSF per patient bed greater than 100 if total number of patient beds is between 101 and 200; provide an additional 0.574 NSF per patient bed greater than two*

*hundred if total number of patient beds is between 201 and 400; provide an additional 0.510 NSF per patient bed greater than four hundred if total number of patient beds is between 401 and 750; provide an additional 0.63 NSF per patient bed greater than 750.*

Non-food stores includes most paper goods used in tray service, e.g., napkins, disposable dishes, condiment kits, aluminum foil, clear food wraps, small equipment, permanent (new) dishes, and glassware, utensils, etc.

G. Core Area: Support

1. **Storage, Recreation Therapy (SRS01)** .....**60 NSF (5.6 NSM)**  
*Minimum NSF; provide an additional 40 NSF if the projected number of patient beds is two-hundred or greater.*
2. **Storage, Physical Therapy (SRS01)** .....**40 NSF (3.8 NSM)**  
*Minimum NSF; provide an additional 60 NSF if the projected number of patient beds is two-hundred or greater.*
3. **Storage, Occupational Therapy (SRS01)** .....**40 NSF (3.8 NSM)**  
*Minimum NSF; provide an additional 40 NSF if the projected number of patient beds is two-hundred or greater.*
4. **Storage, Environmental Management (SRS01)** .....**80 NSF (7.5 NSM)**  
*Provide one per Domiciliary.*

This space is for storage of cleaning and sanitation supplies and equipment.

5. **Storage, Building Management (SRS01)** .....**100 NSF (9.3 NSM)**  
*Provide one per Domiciliary if authorized in Concept of Operations.*

This space is for building maintenance/repair supplies, equipment and tools.  
Provide only if adequate adjacent Facility Engineering storage space not available

H. Medical Clinic Area

1. **Exam / Treatment Room (TRGM1)** .....**120 NSF (11.2 NSM)**  
*Provide one per Provider FTE position authorized.*
2. **Medication Room (MEDP1)** .....**80 NSF (7.5 NSM)**  
*Provide one per Domiciliary.*
3. **Office, Nurse Coordinator (OFA01 / OFA02)** .....**120 NSF (11.2 NSM)**  
*Provide one per Nurse Coordinator FTE position authorized; provide OFA01 if standard furniture is authorized; or, provide OFA02 if systems furniture is authorized.*

I. 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 projected FTE on peak shift 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 total number of FTEs for whom office or cubicle space is not authorized is between five and thirteen. Provide an additional 6 NSF per FTE for whom office or cubicle 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 projected FTEs on peak shift greater than thirteen.*

## 6 PLANNING AND DESIGN CONSIDERATIONS

- A. Departmental net-to-gross (**NTDG**) for **Domiciliary** is **1.55**. This number when multiplied by the programmed net square foot (NSF) area determines the departmental gross square feet.
- B. Accommodations should be made to display patient's projects in a public area.
- C. One-bed Patient Bedrooms are provided to respond to increasing patient acuity, isolation concerns, patient privacy, and patient safety by minimizing patient transfers.
- D. Two-bed Patient Bedrooms are provided for patients whose mental diagnosis and treatment planning is better served with additional patient interaction.
- E. All patient bedrooms will have a private connecting bathroom with toilet, shower and lavatory.
- F. Patient corridors should be a minimum of 8'-0" wide, to accommodate wheelchairs, motorized scooters, or gurneys.
- G. Refer to Department of Veterans Affairs (VA) Office of Facilities Management Handbooks, Standards, Standard Details, and Design Guides for technical criteria.
- H. If the VA facility has recreation space dedicated for domiciliary use, the need for the recreation multipurpose room, physical exercise and arts and crafts areas must be evaluated.
- I. The exercise and arts and crafts programs will be managed by kinesiotherpists and occupational therapist during the day-time but will be available for use by individual patients or other disciplines during evening hours.

- J. The exercise room and Arts and Crafts are independent functions and do not have to be located together.
- K. The floor for the exercise room must be designed to support the weight of the heaviest equipment to be in the room.
- L. The dining and recreation/multipurpose area should be contiguous so that the total area can be used for large, therapeutic functions. j.
- M. If the patient laundry is located adjacent to the multipurpose room the project planners may place a glass wall (or window) between the two rooms. This will enable patients to observe their belongings from the multipurpose room rather than congesting the laundry area.

## 7 FUNCTIONAL RELATIONSHIPS (MATRIX)

Relationship of Domiciliary to services listed below:

**TABLE 2: FUNCTIONAL RELATIONSHIP MATRIX**

SERVICES	RELATIONSHIP	REASON
Ambulatory Care	3	K
AMM / SPD	3	L
Audiology and Speech Pathology	3	K
Canteen Service – Dining and Retail Store	3	H
Canteen Service – Barber and Beauty Shop	3	H
Chaplain Service	3	K
Day Hospital	3	L
Day Treatment Center	3	L
Dental Service	3	K
Dietetics Service – Admin. & Food Proc.	3	L
Dialysis Center	3	K
ENT Clinic	3	K
Env. Mgmt – Central Storage	3	A
Eye Clinic	3	K
Laboratory	3	K
Laboratory – Autopsy Suite	3	K
Library	3	H
Medical Research and Development	3	L
Mental Hygiene Clinic	3	K
Nursing Service – Administration	3	L

Patient Care Units – MS&N and Psychiatric	3	K
Parking Facilities	3	H
Pharmacy – Main	3	K
Psychology Service – Administration	3	L
Radiation Therapy Service	3	K
Rehabilitation Medicine Service	3	K
Service Organizations	3	H
Social Work Service	3	L
Veterans Assistance Unit	3	H
Voluntary Service	3	L

Legend:

Relationship

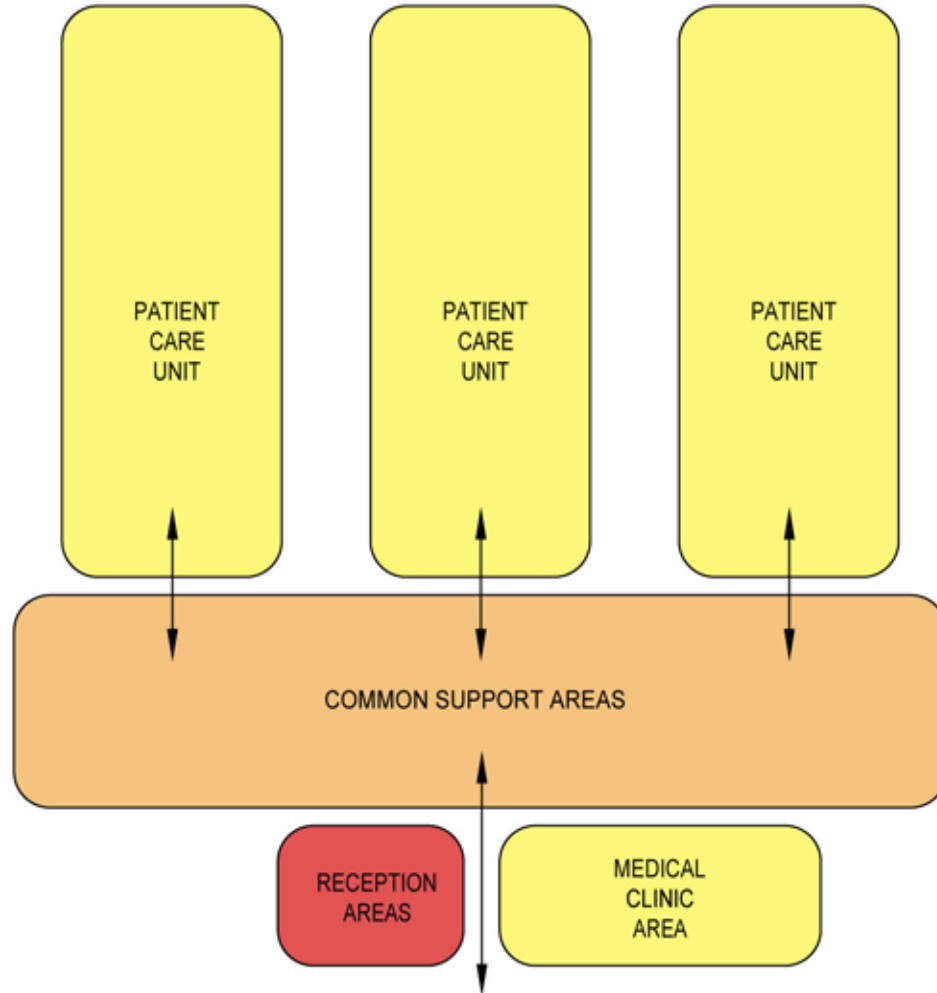
1. Adjacent
2. Close / Same Floor
3. Close / Different Floor  
Acceptable
4. Limited Traffic
- X. Separation Desirable

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

### 8 FUNCTIONAL DIAGRAM 1: DOMICILIARY



## 2 FUNCTIONAL DIAGRAM 2: DOMICILIARY PATIENT CARE UNIT

