

CHAPTER 218: VETERANS ASSISTANCE UNIT

| | | |
|---|--|-------|
| 1 | PURPOSE AND SCOPE..... | 218-2 |
| 2 | DEFINITIONS..... | 218-2 |
| 3 | OPERATING RATIONALE AND BASIS OF CRITERIA..... | 218-3 |
| 4 | INPUT DATA STATEMENTS..... | 218-3 |
| 5 | SPACE CRITERIA | 218-3 |
| 6 | PLANNING AND DESIGN CONSIDERATIONS | 218-4 |
| 7 | FUNCTIONAL RELATIONSHIPS..... | 218-5 |
| 8 | FUNCTIONAL DIAGRAM..... | 218-6 |

1 PURPOSE AND SCOPE

This document outlines Space Planning Criteria for Chapter 218: Veterans Assistance Unit. It applies to all medical facilities at the Department of Veterans Affairs (VA).

The Veterans Assistance Unit includes offices within the medical center for veterans' benefits counselors to serve veteran patients, their relatives and non-patient veterans. Veteran's benefits counselors, under the jurisdiction of the Veterans Benefits Administration, provide information, advice and assistance related to benefits under laws administered by the Department of Veterans Affairs (VA) and other agencies; they also assist in the preparation of claims for these benefits.

2 DEFINITIONS

Accessible: A site, building, facility, or portion thereof that complies with provisions outlined in the Architectural Barriers Act of 1968 (ABA).

Architectural Barriers Act (ABA): A set of standards developed to insure that all buildings financed with federal funds are designed and constructed to be fully accessible to everyone. This law requires all construction, renovation, or leasing of sites, facilities, buildings, and other elements, financed with federal funds, to comply with the Architectural Barriers Act Accessibility Standards (ABAAS). The ABAAS replaces the Uniform Federal Accessibility Standards (UFAS).

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.

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.

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.

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.

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.

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.

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 Veterans Assistance Unit 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 INPUT DATA STATEMENTS

- A. Mission Input Data Statements
 - 1. How many Veterans Assistance Unit Clerical FTE positions are authorized? (S)
 - 2. How many Veterans Assistance Unit Benefits Counselor FTE positions are authorized? (S)
- B. Workload Input Data Statements
None
- C. Staffing Input Data Statements
None
- D. Miscellaneous Input Data Statements
None

5 SPACE CRITERIA

A. FA 1: Staff and Administrative Area:

- 1. **Office, Unit Chief (OFA04)** **120 NSF (11.2 NSM)**
Provide one for the Veterans Assistance Unit.
- 2. **Waiting (WTG03)**..... **80 NSF (7.5 NSM)**
Provide one for the Veterans Assistance Unit.

Allocated space accommodates one standard chair @ 9 NSF, one bariatric chair @ 14 NSF, one accessible space @ 10 NSF, and circulation; total three people.
- 3. **Workstation, Secretary (OFA07)** **56 NSF (5.3 NSM)**
Provide one for the Veterans Assistance Unit.

4. **Office, Veterans Benefits Counselor (OFA04)**120 NSF (11.2 NSM)
Provide one per each Benefits Counselor FTE position authorized.
5. **Workstation, Clerical (OFA07)**.....56 NSF (5.3 NSM)
Provide one per each Clerical FTE position authorized.

B. FA 2: Support Area:

1. **Storage Room (SRS01)**40 NSF (3.72 NSM)
Provide one for the Veterans Assistance Unit.

6 PLANNING AND DESIGN CONSIDERATIONS

- A. Net-to-department gross factor (NTDG) for Veterans Assistance Unit is **1.20**. This number when multiplied by the programmed net square foot (NSF) area determines the departmental gross square feet.
- B. Provide private offices for Counselors. All other areas will utilize the open office planning concept.

7 FUNCTIONAL RELATIONSHIPS

Relationship of Veterans Assistance Unit to services listed below:

TABLE 1: FUNCTIONAL RELATIONSHIP MATRIX

| SERVICES | RELATIONSHIP | REASON |
|---|--------------|--------|
| Service Organization | 2 | A,H,I |
| Social Work Service | 2 | A,H,I |
| Ambulatory Care | 3 | A,H,I |
| Main Lobby and Information | 3 | A,H,I |
| Chaplain Service | 3 | A,H,I |
| Day Hospital | 3 | A,H,I |
| Day Treatment Center | 3 | A,H,I |
| Dental Service | 3 | A,H,I |
| Substance Abuse Treatment Clinic | 3 | A,H,I |
| Dialysis Center | 3 | A,H,I |
| Mental Health Clinic | 3 | A,H,I |
| Patient Care Units – Substance Abuse | 3 | A,H,I |
| Patient Care Units – Nursing Home Care | 3 | A,H,I |
| Patient Care Units – Mental Health/Behavioral | 3 | A,H,I |
| Patient Care Units – SCI | 3 | A,H,I |
| Parking Facilities | 3 | A,H,I |
| Psychology Service Admin. | 3 | A,H,I |

Legend:

Relationship:

1. Adjacent
2. Close / Same Floor
3. Close / Different Floor Acceptable
4. Limited Traffic
5. 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

