CHAPTER 254: NURSING SERVICE ADMINISTRATION

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1 PURPOSE AND SCOPE
This document outlines Space Planning Criteria for Chapter 254: Nursing Service Administration. It applies to all medical facilities at the Department of Veterans Affairs (VA).

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, and Residency Program.

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.

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.

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.

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 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 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

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.

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 heath care for Veterans.

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.

Administrative Conference Room - At any hospital, Nursing Service accounts for 30 percent to 40 percent of the total FTEE. It is difficult to schedule the hospital's conference room because the Medical Center Director has scheduling priority and all other hospital services also have need of the room. The classroom already included in these criteria is in constant use for the educational requirements for 600 to 800 people, e.g., CPR training and 10 or 11 mandatory classes per employee per year in areas of fire and safety, patient abuse and assaulitive behavior. With a staff as large as nursing service, there are always management and personnel functions which must be frequently supported.

4 INPUT DATA STATEMENTS

A. Mission Input Data Statements
   1. Is Nursing Service Administration authorized? (M)

B. Workload Input Data Statements
   1. How many inpatient beds in total are projected for this facility? (W)

C. Staffing Input Data Statements
   1. How many Assistant Chief FTE positions are authorized? (S)
   2. How many Clinical Services Supervisor FTE positions are authorized? (S)
   3. How many Administrative Officer FTE positions are authorized? (S)
   4. How many Clerical FTE positions are authorized? (S)
   5. How many Associate Chief for Education FTE positions are authorized? (S)
   6. How many Secretary FTE positions are authorized? (S)
   7. How many Instructor FTE positions are authorized? (S)
   8. How many Intern / Student FTE positions are authorized? (S)

D. Miscellaneous Input Data Statements
   1. How many Nursing Service Administration FTEs will work on peak shift? (Misc)
   2. How many Nursing Service Administration FTE positions are not authorized to have an office or work space? (Misc)
5 SPACE CRITERIA

A. FA 1: Reception Area:

1. **Waiting (WTG03)** ................................................................. 80 NSF (7.5 NSM)
   *Provide one for Nursing Service Administration.*
   Allocated space accommodates one standard chair @ 9 NSF, one bariatric chair @ 14 NSF, one accessible space @ 10 NSF, and circulation; total three people.

2. **Reception (RCP01)** ............................................................ 85 NSF (7.9 NSM)
   *Provide one for Nursing Service Administration.*
   Allocated NSF accommodates one Receptionist FTE, patient privacy area, and circulation.

3. **Toilet, Public (TNPG1)** ....................................................... 60 NSF (5.6 NSM)
   *Provide one for Nursing Service Administration.*
   Allocated NSF accommodates one accessible toilet @ 25 NSF, one wall-hung lavatory @ 12 NSF, ABA clearances, and circulation.

B. FA 2: Staff and Administrative Area:

1. **Office, Nurse Executive Chief / Patient Care Associate Director (OFA11)** .................... 150 NSF (14.0 NSM)
   *Provide one for Nursing Service Administration.*

2. **Waiting (WTG03)** ................................................................. 80 NSF (7.5 NSM)
   *Provide one for Nursing Service Administration.*
   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 Nursing Service Administration.*

4. **Office, Assistant Chief (OFA09)** .......................................... 100 NSF (9.3 NSM)
   *Provide one per each Assistant Chief FTE position authorized.*

5. **Office, Clinical Services Supervisor (OFA09)** ...................... 100 NSF (9.3 NSM)
   *Provide one per each Clinical Services Supervisor FTE position authorized.*

6. **Office, Administrative Officer (OFA09)** .............................. 100 NSF (9.3 NSM)
   *Provide one per each Administrative Officer FTE position authorized.*

7. **Conference Room (CFR01)** ............................................... 240 NSF (22.3 NSM)
   *Provide one for Nursing Service Administration.*
   Allocated NSF accommodates six conference chairs @ 7.5 NSF each, two 5'-0” x 2'-0” tables at 10 NSF each, one credenza @ 8 NSF, and circulation; total six people.

8. **Workstation, Clerical (OFA07)** ........................................... 56 NSF (5.3 NSM)
   *Provide one per each Clerical FTE position authorized.*

9. **Lounge, Staff (SL001)** ........................................................ 80 NSF (7.5 NSM)
   *Minimum NSF; provide an additional 15 NSF per each Nursing Service Administration FTE position working on peak shift greater than five; maximum 210 NSF.*
10. **Locker Room, Staff (LR001)** ..................................................... 80 NSF (7.5 NSM)

Minimum NSF if total number of Nursing Service Administration FTE positions not
authorized to have office or work space is between five and thirteen; provide an
additional 6 NSF per each Nursing Service Administration FTE position not
authorized to have office or work space is greater than thirteen.

Provide locker space only for those FTEs without assigned office or work space.
For less than five FTE combine Locker Room facilities with adjacent department
or sum in chapter 410.

11. **Toilet, Staff (TNPG1)** ................................................................. 60 NSF (5.6 NSM)

Minimum one; provide an additional one for every increment of fifteen Nursing
Service Administration FTE positions working on peak shift greater than fifteen.

Allocated NSF accommodates one accessible toilet @ 25 NSF, one wall-hung
lavatory @ 12 NSF, ABA clearances, and circulation.

C. **FA 3: Education Area:**

1. **Office, Associate Chief for Education (OFA09) ................... 100 NSF (9.3 NSM)**

Provide one per each Associate Chief for Education FTE position authorized.

2. **Waiting (WTG03)................................................................. 80 NSF (7.5 NSM)**

Provide one for Nursing Service Administration.

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 Nursing Service Administration.

4. **Workstation, Instructor (OFA07) ............................................. 56 NSF (5.3 NSM)**

Provide one per each Instructor FTE position authorized.

5. **Workstation, Intern / Student (OFA07) .................................... 56 NSF (5.3 NSM)**

Provide one per each Intern and Student FTE position authorized.

6. **Training Room, Staff (CFR01).............................................. 240 NSF (22.3 NSM)**

Provide one for Nursing Service Administration.

Allocated NSF accommodates six conference chairs @ 7.5 NSF each, two 5'-0” x
2'-0” tables at 10 NSF each, one credenza @ 8 NSF, and circulation; total six
people. This space is used for classes dealing with ongoing educational
requirements, e.g. CPR training, mandatory classes per employee in areas of fire
and safety, patient abuse and assaultive behavior.

6 **PLANNING AND DESIGN CONSIDERATIONS**

A. Net-to-department gross factor (NTDG) for Nursing Administration is 1.30. 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. Space saving systems furniture will be used wherever possible.
7 FUNCTIONAL RELATIONSHIPS

Relationship of Nursing Service Administration to services listed below:

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<tr>
<th>SERVICES</th>
<th>RELATIONSHIP</th>
<th>REASON</th>
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<tbody>
<tr>
<td>Dental Service</td>
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<tr>
<td>Dietetic Service – Administration Office</td>
<td>3</td>
<td>H</td>
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<tr>
<td>Patient Care Units – Alcohol Dependency Treatment</td>
<td>3</td>
<td>H</td>
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<tr>
<td>Patient Care Units – MICU</td>
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<td>Patient Care Units – SICU</td>
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<td>Patient Care Units – Medical</td>
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<td>Patient Care Units - Neurology</td>
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<td>Patient Care Units – Patient Care Home Care</td>
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<td>Patient Care Units – Mental Health and Behavioral</td>
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<td>Patient Care Units – Respiratory Care</td>
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<td>Patient Care Units - Surgical</td>
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<td>Psychology</td>
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Legend:

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

Reasons:  
- 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