

CHAPTER 274: QUARTERS, ON-CALL

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1 PURPOSE AND SCOPE

This document provides Space Planning Criteria for Chapter 274: Quarters, On-Call. It applies to all medical facilities at the Department of Veterans Affairs (VA).

Quarters include sleeping space with bath and auxiliary areas for use by residents and/or physicians. On-call facilities specifically provided for intensive care units, ambulatory care and Surgical Service are not included in this chapter.

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).

Affiliated Program: An arrangement whereby a school of medicine agrees to staff a VA facility with faculty physicians, residents and interns / externs. In return, the VA provides the medical school with a venue to train new physicians. In this arrangement, the VA retains responsibility for the care of its patients while the school of medicine retains responsibility for all graduate level education and training.

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 Statements: 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.

Quarters, On-Call: A program designed to provide sleeping space with bath and auxiliary areas for use by residents and/or physicians. On-call facilities specifically provided for Intensive Care Units, Ambulatory Care and Surgical Service are not included in this chapter.

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 all VA Space Planning Criteria Chapters.

VA-SE 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 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 Quarters, On-Call 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 Quarters, On-Call equipment is determined by VACO and upon Veterans Health Administration (VHA) anticipated medical needs.

4 INPUT DATA STATEMENTS

- A. Mission Input Data Statements
 - 1. Is this an affiliated facility? (M) (if No, it will be considered Non-Affiliated)
- B. Workload Input Data Statements
 - None
- C. Staffing Input Data Statements
 - 1. How many total Resident FTE positions are authorized for this facility? (S)
- D. Miscellaneous Input Data Statements
 - None

5 SPACE CRITERIA

A. FA 1: Staff Area:

- 1. **Bedroom, Staff (DUTY1)..... 90 NSF (8.4 NSM)**
Provide one if Non-Affiliated; provide per Table 1 if Affiliated.

TABLE 1: BEDROOM CALCULATION

NUMBER OF RESIDENT FTE POSITIONS AUTHORIZED	NUMBER OF BEDROOMS
1	1
2-9	2
10-19	4
20-39	6
40-69	10
Over 70	2 Per Each Additional 15 FTEs, Maximum of 24 Bedrooms

2. **Bathroom, Shared (TSSU1)80 NSF (7.4 NSM)**
Minimum one if Affiliated; provide an additional one for every increment of two Staff Bedrooms greater than one.

Allocated NSF accommodates one accessible toilet @ 25 NSF, one accessible wall-hung lavatory @ 13 NSF, one accessible shower @ 28 NSF, ABA clearances, and circulation.
3. **Bathroom, Private (TSSU1)80 NSF (7.4 NSM)**
Provide one if Non-Affiliated.

Allocated NSF accommodates one accessible toilet @ 25 NSF, one accessible wall-hung lavatory @ 13 NSF, one accessible shower @ 28 NSF, ABA clearances, and circulation.
4. **Lounge, Staff (SL001)100 NSF (9.3 NSM)**
Minimum NSF; provide one if total number of Staff Bedrooms is between six and ten; provide an additional 100 NSF if total number of Staff Bedrooms is between eleven and seventeen; provide an additional 200 NSF if total number of Staff Bedrooms is greater than seventeen.
5. **Closet, Linen (SRS01)20 NSF (1.9 NSM)**
Provide one if Affiliated and if total number of Staff Bedrooms is four or greater.
6. **Housekeeping Aides Closet (HAC) (JANC1).....60 NSF (5.6 NSM)**
Provide one if Affiliated and if total number of Staff Bedrooms is six or greater.

6 PLANNING AND DESIGN CONSIDERATIONS

- A. Departmental Net-to-Gross factor (DNTG) for Quarters, On-Call is **1.30**. This number when multiplied by the programmed net square foot (NSF) area determines the departmental gross square feet.
- B. Locate staff areas to be convenient to staff but separate from patient areas.

7 FUNCTIONAL RELATIONSHIPS

Relationship of Quarters On-Call to services listed below:

TABLE 2: FUNCTIONAL RELATIONSHIP MATRIX

SERVICES	RELATIONSHIP	REASON
Surgical Service – Operating Suite	2	C, G, H
Patient Care Units – MS&N	3	I,G, H
Patient Care Units - Psychiatric	3	I,G,H
Patient Care Units - SCI	3	I,G,H
Patient Care Units – Respiratory Care	3	I,G,H
Patient Care units – Substance Abuse	4	K,G,H

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 (Occasional Contact)
- L. Closeness inappropriate

8 FUNCTIONAL DIAGRAM

