

CHAPTER 280: SERVICE ORGANIZATIONS

1	PURPOSE AND SCOPE	280-2
2	DEFINITIONS	280-2
3	OPERATING RATIONALE AND BASIS OF CRITERIA.....	280-3
4	INPUT DATA STATEMENTS.....	280-3
5	SPACE CRITERIA	280-4
6	PLANNING AND DESIGN CONSIDERATIONS	280-4
7	FUNCTIONAL RELATIONSHIPS	280-5
8	FUNCTIONAL DIAGRAM	280-6

1 PURPOSE AND SCOPE

This document outlines Space Planning Criteria for Chapter 280: Service Organizations. It applies to all medical facilities at the Department of Veterans Affairs (VA).

These criteria provide the office space for representatives of national service organizations recognized by the Department of Veterans Affairs. Service Organization representatives provide veterans, their dependents and survivors with information, advice and assistance regarding the availability and acquisition of veterans' benefits under laws administered by the Department of Veterans Affairs and other agencies.

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

Departmental Net to Gross (DNTG) Conversion Factor: A parameter, determined by the VA for each space planning criteria chapter, used to convert the programmed Net Square Foot (NSF) area to the Department Gross Square Foot (DGSF) area

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.

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.

Service Organizations (Department): The department within the medical center that provides facilities for representatives of national service organizations recognized by the Department of Veterans Affairs such as American Legion, Disabled American Veterans (DAV), Paralyzed Veterans of America (PVA), the Veterans of Foreign Wars (VFW), etc.

Service Organization Representative: Representatives of national service organizations recognized by the Department of Veterans Affairs. Service Organization representatives provide veterans, their dependents and survivors with information, advice and assistance regarding the availability and acquisition of veterans' benefits under laws administered by the Department of Veterans Affairs and other agencies. They also assist in the preparation of claims and represent the veteran, his dependents or survivors during an appeals process, when such action is necessary.

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 Service Organizations 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 Service Organizations equipment is determined by VACO and upon Veterans Health Administration (VHA) anticipated medical needs.

4 INPUT DATA STATEMENTS

- A. Mission Input Data Statements
None
- B. Workload Input Data Statements
None
- C. Staffing Input Data Statements
 - 1. How many Service Organizations Secretary FTE positions are authorized? (S)

D. Miscellaneous Input Data Statements

1. How many National Service Organizations are authorized? (Misc)

5 SPACE CRITERIA

A. FA 1: Reception Area:

1. **Waiting (WTG06).....130 NSF (12.1 NSM)**
Provide one for Service Organizations.

Allocated space accommodates four standard chairs @ 9 NSF each, one bariatric chair @ 14 NSF, one accessible space @ 10 NSF, and circulation; total six people.

2. **Workstation, Secretary (OFA07)56 NSF (5.3 NSM)**
Minimum one; provide an additional one per each Secretary FTE position, greater than one, authorized.

B. FA 2: Staff and Administrative Area:

1. **Office, Service Organization Representative (OFA09).....100 NSF (9.3 NSM)**
Provide one per each National Service Organization authorized.

Veterans interact with Service Organizations in these private spaces.

C. FA 3: Support Area:

1. **Storage Room (SRS01)40 NSF (3.7 NSM)**
Provide one for Service Organizations.

This space is shared by all the service organizations and accommodates storage of portable equipment, manuals, organization specific forms, supplies etc. Equipment required is local option and may include cabinets with locks, shelving, etc.

6 PLANNING AND DESIGN CONSIDERATIONS

- A. Departmental net-to-gross factor (DNTG) for Service Organizations is **1.20**. This number when multiplied by the programmed net square foot (NSF) area determines the departmental gross square feet.
- B. Offices listed above shall be private and soundproof.
- C. Offices of Service Organization representatives should be located in an area convenient to patients such as the main lobby/information area or ambulatory care.
- D. The waiting space should be conveniently located for use by all offices.

7 FUNCTIONAL RELATIONSHIPS

Relationship of Service Organizations to services listed below:

TABLE 1: FUNCTIONAL RELATIONSHIP MATRIX

SERVICES	RELATIONSHIP	REASON
Social Work Service – Admin. Office	2	H,I
Voluntary Service	2	H,I
Veterans Assistance Unit	2	H,I
Ambulatory Care	1	H,I
Main Lobby & Information	2	H,I

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

8 FUNCTIONAL DIAGRAM

