

## CHAPTER 290: VOLUNTARY SERVICE

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## 1 PURPOSE AND SCOPE

This document outlines Space Planning Criteria for Chapter 13: Voluntary Service. 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).

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.

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.

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 Voluntary Service 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 Voluntary Service equipment is determined by VACO and upon Veterans Health Administration (VHA) anticipated medical needs.
- D. Administrative space is based on the following rationale:
  - 1. Staffing requirements from the Quarterly Name Listing of VHA personnel in Pay Status.
  - 2. Provisions for CRT and printer space to accommodate the automated records system used by Voluntary Service to collect and tabulate data for reporting information pertaining to Voluntary Services Programs Served and Status of Regularly Scheduled Volunteers.
  - 3. Voluntary Service policy that one volunteer sign-in area be available in administration.
- E. Space for the VAVS Organization Area is based on field visits and survey data demonstrating:
  - 1. The Department of Veterans Affairs (VA) Medical Center management provides space for unpaid representatives (reps) or veteran and non-veteran service organizations that provide direct, essential services to hospitalized / outpatient veterans and their dependents on a regular basis.
  - 2. The amount and type of space required by unpaid reps of service organizations is dependent on the number of service organizations represented on the VAVS Advisory Committee for medical center.
- F. Volunteer Multipurpose Workroom space is based in field visits and survey data demonstrating the types of activities and number of volunteers utilizing the space during peak intervals.
- G. Storage space is based on field visits and survey data demonstrating the types and quantity of items stored by Voluntary Service and unpaid reps of service organizations.

#### 4 INPUT DATA STATEMENTS

- A. Mission Input Data Statements  
None
- B. Workload Input Data Statements
  - 1. How many annual volunteer hours are projected? (W)
- C. Staffing Input Data Statements
  - 1. How many Assistant Chief FTE positions are authorized? (S)
  - 2. How many Voluntary Service Officer FTE positions are authorized? (S)
  - 3. How many Clerical Staff FTE positions are authorized? (S)
- D. Miscellaneous Input Data Statements
  - 1. How many Volunteer Sign-in Areas are authorized? (Misc)
  - 2. How many VAVS Organizations are represented in the VAVS Hospital Advisory Committee? (Misc)
  - 3. Will Voluntary Service be collocated with Recreation Service? (Misc)
  - 4. Will Voluntary Service be responsible for Public Relations? (Misc)
  - 5. Will a "Coffee Program" be provided? (Misc)

#### 5 SPACE CRITERIA

##### A. FA 1: Reception Area:

- 1. **Reception / Secretary (RCP01).....85 NSF (7.9 NSM)**  
*Provide one for Voluntary Service.*

Allocated NSF accommodates one Receptionist FTEs, patient privacy area, and circulation. This serves as the reception and control point for Voluntary Service. Activities performed in this office may include screening visitors, handling telephone calls, assisting Voluntary Service Chief and Officers.

- 2. **Volunteer Sign-in (RCP01).....85 NSF (7.9 NSM)**  
*Provide one per each Volunteer Sign-in area authorized.*

Allocated NSF accommodates one Receptionist FTEs, patient privacy area, and circulation. Volunteer Sign-In areas are typically located in the Main Entrance Lobby. Area provides space to accommodate workspace and automated record system for volunteers to document their assignment activity, the meal sheet to be signed by each volunteer and the brochures/information sheets to be disseminated to them.

##### B. FA 2: Staff and Administrative Area:

- 1. **Office, Voluntary Service Chief (OFA09).....100 NSF (9.3 NSM)**  
*Provide one for Voluntary Service.*

The chief has administrative responsibility for all volunteer program activities. His/her duties include developing program and budget requirements, interviewing volunteers, representing Voluntary Service in liaison with service chiefs and veterans' organizations, placing volunteers in assignments with medical center programs and maintaining volunteer activity records.

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

This position shares the administrative responsibility for the program with the chief. At some large medical centers and at medical centers with dual facilities, this office may have total technical and administrative responsibility for one segment and/or one facility and be under general supervision of the chief.

3. **Workstation, Voluntary Service Officer (OFA07)..... 56 NSF (5.3 NSM)**  
*Provide one per each Voluntary Service Officer FTE position authorized.*

A voluntary Service Officer shares, in varying degrees, the administrative responsibility for the program with the chief. At some large medical centers and at medical centers with dual facilities, this office may have total technical and administrative responsibility for one segment and/or one facility and be under general supervision of the chief.

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

This space can be incorporated into the Secretary and Reception area.

**C. FA 3: Volunteer Area:**

1. **Workstation, VAVS Organization (OFA07) ..... 56 NSF (5.3 NSM)**  
*Provide four if between five and nineteen VAVS Organizations are represented in the VAVS Hospital Advisory Committee; provide an additional two for every increment of ten VAVS Organizations greater than nineteen; maximum twelve.*

The workstations accommodate desk space used by one or more organizations as well as secured storage lockers for items distributed to veterans. Depending on the number of organizations involved and the frequency Reps / Deps occupy the area, the space may be planned as separate offices (private and/or shared), as an open office shared by several organizations with movable partitions creating work areas for each organization or a combination of both.

Note: Escort / Messenger Service Area In some medical centers, Voluntary Service or a VAVS Organization supervises and administrates the hospital-wide transportation of patients and delivery of messages, lab specimens, etc.

2. **Multipurpose Workroom (CFR01) ..... 240 NSF (22.3 NSM)**  
*Provide one if total number of projected annual volunteer hours is less than one hundred thousand; provide CFR02 if total number of projected annual volunteer hours is one hundred thousand or greater.*

CFR01: 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.

CFR02: Allocated NSF accommodates ten conference chairs @ 7.5 NSF each, four 5'-0" x 2'-0" tables at 10 NSF each, one credenza @ 8 NSF, and circulation; total ten people.

This area is used by Voluntary Service staff, volunteers and service organizations for volunteer activities such as receiving, sorting and distributing donated items; assembling / collating materials for hospital services; special projects; bagging comfort items for distribution; volunteer clerical assistance, etc.; meetings such as volunteer orientation, VAVS Executive Committee, conferences with hospital services, etc.

3. **Volunteer Lounge (SL002)**.....**100 NSF (9.3 NSM)**  
*Provide one for Voluntary Service.*

**D. FA 4: Support Area:**

1. **Storage Room (SRS01)**.....**50 NSF (4.7 NSM)**  
*Provide one for every increment of twenty five thousand projected annual volunteer hours; provide an additional 25 NSF for every increment of fifteen VAVS Organizations; provide an additional 25 NSF if Voluntary Service is responsible for Public Relations for the facility; provide an additional 25 NSF if “coffee program” is provided.*

**6 PLANNING AND DESIGN CONSIDERATIONS**

- A. Departmental net-to-gross factor (DNTG) for Voluntary Service is **1.20**. This number when multiplied by the programmed Net Square Foot (NSF) determines the Departmental Gross Square Feet (DGSF).
- B. Voluntary Service should be located near the main entrance to the Medical Center, Hospital Administration, The Nursing Units, and Recreation Service.
- C. Offices for the Chief and Assistant Chief of Voluntary Service should be accessible from the Volunteer Multipurpose Workroom and to the Main Entrance to the Medical Center.
- D. The Volunteer Multipurpose Workroom should be located in proximity to the Secretary / Reception area, but accessible only from a main corridor to enable volunteers to utilize the area during evenings and weekends.
- E. The Storage area should be easily accessible from all Voluntary Service functions. It should open onto a main corridor to facilitate loading and distributing donated items, and to enable weekend/evening access by Service Organization representatives.

**7 FUNCTIONAL RELATIONSHIPS**

Relationship of Fiscal Service to services listed below:

**TABLE 1: FUNCTIONAL RELATIONSHIP MATRIX**

SERVICES	RELATIONSHIP	REASON
Hospital Director Suite	2	I
Data Processing	2	I
AMM – Administration	2	A, I
MAS – Administration Offices	3	A, I
MAS – Processing Unit	3	A, I
MAS – Fee Services Unit	3	A, I

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

