

**Section 1**

**Narrative**

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# Narrative

## OVERVIEW:

The provision of health care to veterans has changed dramatically in recent times. When initially developed, the care for veterans was episodic and inpatient oriented. Changes have resulted in a shift of care to the outpatient arena with the emphasis on continuity of care. To facilitate these changes, the Department of Veterans Affairs has developed several types of clinics which are associated with the VA Medical Centers, but are usually remotely located from the centers.

Today we must expand the Veterans Health Administration's continuum of clinical service settings so that patient care can be provided in the most cost-effective setting that is clinically appropriate. There is also a need to tailor healthcare solutions to local circumstances in the most cost effective settings. VA Pharmacies tend to be very busy and precise in their operations and require maximum use of allocated space to allow for efficient functioning and the expected high level of service to veterans and their families

We must increase VA's outpatient capacity to accommodate the workload shifted from inpatient to an outpatient setting and to obviate the need for inpatient care as much as possible. Healthcare solutions will be shifted to local circumstances.

## Space Planning

Space requirements for outpatient pharmacies in VA clinics are based on leased space. There is a need to develop strategic partnerships with other government agencies and with the private sector. The VA should seek opportunities for sharing activities with the private sector when doing so will be cost effective and improve service to VA patients. This will mean an increase in design-build construction projects. The Facilities Quality Office - Standards Service (187C) of Veterans Affairs Central Office has developed several Design Guides which will help answer many of the questions that arise when planning various departments during the transition of VA from being an inpatient system to one that is rooted in outpatient care. Pharmacy and Satellite Outpatient Clinic are two of several guides that can be of use to architects, planners, directors, staff and other interested parties.

## Accessibility:

Uniform Federal Accessibility Standards (UFAS) must apply to all new clinics.

## Cost:

The outpatient pharmacies will be located in satellite structures which will be simpler structures than hospitals, and therefore have substantially lower initial first cost. The Pharmacy should be located near the main entrance for easy access. It should not be near high volume queuing areas such as Laboratories and Radiology.

## Interior Design:

Interior design includes space planning, lighting, noise control, privacy issues and safety. Wayfinding systems include signage, furnishings, and finish selections of color and texture, The color scheme should be appropriate to the patient, pharmacists, physicians, other staff and the community. The design must relate and help define the term "high-quality care". The design, therefore, must balance technological needs and human needs. We must tailor healthcare solutions to local circumstances expressing the local regional elements to the design, materials, colors, textures and patterns, as this is a good start towards patient and staff comfort and satisfaction with the environment.

**Pharmacy:**

Pharmacy Service in clinics will reflect the changes in VA Health Care to primary care. One aspect of this is the developing of a benchmarking program to share best practices system wide so as to improve overall performance and comparison to non-VA benchmarks. Emphasis will be placed on the provision of medical care as part of an interdisciplinary team. Pharmacists on the team will stress provision pharmaceutical care including drug therapy monitoring and patient education. Provision of prescriptions will be supported through electronic communications with a primary medical facility and establishment of contract relationships (PPO, Fee for Service) with community pharmacies.

Prescriptions generated by the various clinics will be provided in a number of ways. Each clinic will be supported by a main medical facility or a Consolidated Mail Outpatient Pharmacy (CMOP). The small (basic) to medium size clinic will provide a consultation room for pharmacy and a minimum storage area for initial supplies of pharmaceuticals. After providing patient consultation on new prescriptions, the pharmacist will enter prescription data into a terminal for transmission to the main medical facility or CMOP. The pharmacist may provide an initial supply of medication to the patient or direct the patient to a contracted pharmacy for medication required immediately. Refills will be handled by mail from the main medical facility.

Larger clinics will have a free-standing pharmacy. This pharmacy can provide a greater number of services but is designed to be smaller than the pharmacies at Medical Centers. In addition to the required patient consultation on new prescriptions, the large pharmacy will provide the initial supply of medication. Refill requests will be handled by the clinic but may be filled by remote CMOPs. The size of the pharmacies is dependent on the establishment of electronic communication with all VA medical facilities. VA pharmacies will have the ability to share prescription data of patients treated at medical facilities throughout the VA health care system. At present many pharmacies are conducting regular surveys of patients and customers about their treatment in order to determine where improvement is needed. VA 's goal is to deliver more with less stress, in a shorter time frame and at more competitive costs.

**Security:**

There are currently two approaches to dispensing area security in the pharmacy. One direction is to include the dispensing area within the security zone of the pharmacy. This would include providing full height concrete masonry walls, bullet proof glass at the dispensing windows, etc. The other approach is to create the secure area behind the dispensing area in order to have a more open, commercial pharmacy feel. The specific approach is at the discretion of the Medical Center.

Further information on Pharmacy design can be obtained from the Pharmacy Design Guide as prepared by the VA Central Office Standards Service (187C).