CHAPTER 233: EYE CLINIC

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1 PURPOSE AND SCOPE
This document outlines Space Planning Criteria for Chapter 233: Eye Clinic. 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 (ophthalmologists), 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.

Clinic Stop: A clinic stop is one encounter of a patient with a healthcare provider. Per these criteria, the clinic stop is the workload unit of measure for space planning. One individual patient can have multiple clinic stops in a single visit or in one day.

Eye Care Provider: An Optometrist or Ophthalmologist who examines, diagnoses, treats, prescribes medication, and manages the care of patients within his or her clinical privileges as established by the governing body of a healthcare organization.

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 Internship / 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 VA-SEPS.

Low Vision: Vision considered being inferior to normal vision, as represented by accepted standards of acuity, field of vision, or motility, and uncorrectable by conventional lenses, or the branch of visual care identified with its correction or rehabilitation by special aids or techniques.

Low Vision Training: Training an individual with low vision to use his or her residual vision. This may also include training in the use of low vision and other aids in everyday
situations and activities of daily living. Low Vision Services including Basic, Intermediate, Poly-trauma Facility, Advanced, Visual Impairment Center to Optimize Remaining Sight (VICTORS), Poly-trauma Rehabilitation Network Site, as well as Poly-trauma Rehabilitation Center which may include Low Vision Services have separate staffing, space, and workload requirements based upon the level and intensity of vision rehabilitation care provided.

**Ophthalmologist:** An ophthalmologist is a physician who specializes in the comprehensive care of the eyes and visual system. An ophthalmologist is medically trained and qualified to diagnose and treat all eye and visual system problems. An ophthalmologist can deliver total eye care as well as diagnose general diseases of the body. An ophthalmologist has completed 4 years of college premedical training, 4 or more years of medical school, 1 year of internship, and 3 years or more of specialized medical training and experience in eye care. An additional 1 to 3 years may be spent in sub-specialty training. Source: VHA Handbook 1121 (July 5, 2002): VHA Eye Care.

**Optometrist:** Doctors of Optometry are independent primary health care providers who examine, diagnose, treat, and manage diseases and disorders of the visual system, the eye and associated structures, as well as diagnose related systemic conditions. An optometrist typically completes 4 years of baccalaureate training and 4 years of optometry training. Residency training is 1 year beyond attainment of the optometry degree. Source: VHA Handbook 1121 (July 5, 2002): VHA Eye Care.

**Net-to-department gross factor (NTDG):** This number, when multiplied by the programmed net square foot (NSF) area, determines the departmental gross square feet (DGSF) The NTDG factor adopted for Eye Clinic is 1.60.

**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.

**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 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.

**Visual Fields:** The area or extent of physical space visible to an eye in a given position. Its average extent is approximately 65 degrees upward, 75 degrees downward, 60 degrees inward, and 95 degrees outward when the eye is in the straightforward position.

**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 Eye Clinic 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 heath 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 Eye Clinic equipment is determined by VACO and upon Veterans Health Administration (VHA) anticipated medical needs.

D. Room capacity per year should be based on:

\[
\frac{\text{Operating days per year} \times \text{Hours of operation per day}}{\text{Minutes per clinic stop} / 60 \text{ minutes}} = \text{Number of annual clinic stops}
\]

1. The general planning model for VA facilities assumes 250 Operating Days per Year and 8 Hours of Operation per Day. Room capacity will fluctuate as hours of operation are modified, i.e., additional capacity may be generated by extending the daily hours of operation within the same physical setting.

2. The Basic Room Efficiency Factor for Optometry is 80% (affiliated/non-affiliated). The Efficiency Factor for Ophthalmology is 70% (affiliated/non-affiliated).

3. Average length of procedure for affiliated Optometry and Ophthalmology is 40 minutes, and for non-affiliated Optometry and Ophthalmology is 32 minutes.

Example: Assume an exam / treatment room for Optometry that averages 40 minutes per clinic stop:

\[
\frac{250 \text{ operating days per year} \times 8 \text{ hours of operation per day}}{40 \text{ minutes per clinic stop} / 60 \text{ minutes}} = 3,000 \text{ annual clinic stops}
\]

A maximum capacity of 3,000 clinic stops per year, assuming 100% utilization. However, 100% utilization is not realistic to achieve, thus, it is not realistic as a design standard. Apply Room Efficiency Factor for an affiliated facility:

\[
3,000 \times 80\% = 2,400 \text{ annual clinic stops}
\]
TABLE 1: WORKLOAD PARAMETER CALCULATION

<table>
<thead>
<tr>
<th>EYE CLINIC</th>
<th>AVERAGE LENGTH OF CLINIC STOP (minutes)</th>
<th>UTILIZATION RATE</th>
<th>MINIMUM WORKLOAD TO GENERATE ONE ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optometry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affiliated</td>
<td>40</td>
<td>80%</td>
<td>2,400</td>
</tr>
<tr>
<td>Non-Affiliated</td>
<td>32</td>
<td>80%</td>
<td>3,000</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affiliated</td>
<td>40</td>
<td>70%</td>
<td>2,100</td>
</tr>
<tr>
<td>Non-Affiliated</td>
<td>32</td>
<td>70%</td>
<td>2,625</td>
</tr>
</tbody>
</table>

The number of annual clinic stops per room will be used as a criteria parameter to calculate the number of Exam / Treatment Rooms in the Space Criteria section of this document.

4 INPUT DATA STATEMENTS

A. Mission Input Data Statements
   1. Is Ophthalmology Service authorized? (M)
      a. Is an affiliated Ophthalmology program authorized? (M)
   2. Is Optometry Service authorized? (M)
      a. Is an affiliated Optometry program authorized? (M)
   3. Is an Eyeglass Fitting and Display, and Dispensing Room authorized? (M)
   4. Is Ultrasound / Optical Coherence Tomography authorized? (M)
   5. Is an Eye Procedure room authorized? (M)
   6. Is a Laser Room authorized? (M)
   7. Is an Electodiagnosis Room authorized? (M)
   8. Is a Patient Education / Contact Lens Dispensing Room authorized? (M)
   9. Is an Eyeglass Frame Storage Room authorized? (M)
  10. Are Advanced Low Vision Services authorized? (M)
  11. Are VICTORS Low Vision Services authorized? (M)
  12. Is Intermediate or Polytrauma Facility Vision Rehabilitation Services authorized? (M)
  13. Is a Low Vision Exam / Training Room authorized? (M)
  14. Is a Consultation / Viewing Room authorized? (M)
  15. Is a Conference Room for the Staff and Administrative Area authorized? (M)
  16. Is an Ophthalmology Residency Program authorized? (M)
  17. Is an Optometry Residency Program authorized? (M)

B. Workload Input Data Statements
   1. How many annual Ophthalmology clinic stops are projected? (W)
   2. How many annual Optometry clinic stops are projected? (W)

C. Staffing Input Data Statements
   1. How many Ophthalmology Section Chief FTE positions are authorized? (S)
   2. How many Optometry Section Chief FTE positions are authorized? (S)
   3. How many Clerical FTE positions are authorized? (S)
   4. How many Ophthalmologist FTE positions are authorized? (S)
   5. How many Optometrist FTE positions are authorized? (S)
   6. How many Nurse Manager FTE positions are authorized? (S)
   7. How many Administrative FTE positions are authorized? (S)
D. Miscellaneous Input Data Statements
   1. Is a Resident Training Room for the Education Area authorized? (Misc)
   2. How many FTE positions will work on peak shift? (Misc)
   3. How many 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 if the projected number of Optometry and Ophthalmology Exam / Treatment Rooms is two; provide WTG06 if the projected number of Optometry and Ophthalmology Exam / Treatment Rooms is three or four; provide WTG09 if the projected number of Optometry and Ophthalmology Exam / Treatment Rooms is five or six; provide WTG12 if the projected number of Optometry and Ophthalmology Exam / Treatment Rooms is seven or eight; provide WTG15 if the projected number of Optometry and Ophthalmology Exam / Treatment Rooms is nine or ten; provide WTG18 if the projected number of Optometry and Ophthalmology Exam / Treatment Rooms is eleven or twelve; provide WTG21 if the projected number of Optometry and Ophthalmology Exam / Treatment Rooms is thirteen or fourteen; provide WTG24 if the projected number of Optometry and Ophthalmology Exam / Treatment Rooms is fifteen or sixteen; provide WTG27 if the projected number of Optometry and Ophthalmology Exam / Treatment Rooms is seventeen or eighteen; provide WTG30 if the projected number of Optometry and Ophthalmology Exam / Treatment Rooms is nineteen or twenty; provide WTG33 if the projected number of Optometry and Ophthalmology Exam / Treatment Rooms is twenty-one or twenty-two; provide WTG36 if the projected number of Optometry and Ophthalmology Exam / Treatment Rooms is twenty-three or twenty-four; provide WTG39 if the projected number of Optometry and Ophthalmology Exam / Treatment Rooms is twenty-five or twenty-six.

   WTG03: Allocated space accommodates one standard chair @ 9 NSF, one bariatric chair @ 14 NSF, one accessible space @ 10 NSF, and circulation; total three people.

   WTG06: Allocated space accommodates four standard chairs @ 9 NSF each, one bariatric chair @ 14 NSF, one accessible space @ 10 NSF, and circulation; total six people.

   WTG09: Allocated space accommodates seven standard chairs @ 9 NSF each, one bariatric chair @ 14 NSF, one accessible space @ 10 NSF, and circulation; total nine people.

   WTG12: Allocated space accommodates ten standard chairs @ 9 NSF each, one bariatric chair @ 14 NSF, one accessible space @ 10 NSF, and circulation; total twelve people.

   WTG15: Allocated space accommodates eleven standard chairs @ 9 NSF each, two bariatric chairs @ 14 NSF each, two accessible spaces @ 10 NSF each, and circulation; total fifteen people.

   WTG18: Allocated space accommodates fourteen standard chairs @ 9 NSF each, two bariatric chairs @ 14 NSF each, two accessible spaces @ 10 NSF each, and circulation; total eighteen people.
WTG21: Allocated space accommodates seventeen standard chairs @ 9 NSF each, two bariatric chairs @ 14 NSF each, two accessible spaces @ 10 NSF each, and circulation; total twenty-one people.

WTG24: Allocated space accommodates twenty standard chairs @ 9 NSF each, two bariatric chairs @ 14 NSF each, two accessible spaces @ 10 NSF each, and circulation; total twenty-four people.

WTG27: Allocated space accommodates twenty-one standard chairs @ 9 NSF each, three bariatric chairs @ 14 NSF each, three accessible spaces @ 10 NSF each, and circulation; total twenty-seven people.

WTG30: Allocated space accommodates twenty-four standard chairs @ 9 NSF each, three bariatric chairs @ 14 NSF each, three accessible spaces @ 10 NSF each, and circulation; total thirty people.

WTG33: Allocated space accommodates twenty-seven standard chairs @ 9 NSF each, three bariatric chairs @ 14 NSF each, three accessible spaces @ 10 NSF each, and circulation; total thirty-three people.

WTG36: Allocated space accommodates twenty-eight standard chairs @ 9 NSF each, four bariatric chairs @ 14 NSF each, four accessible spaces @ 10 NSF each, and circulation; total thirty-six people.

WTG39: Allocated space accommodates thirty-one standard chairs @ 9 NSF each, four bariatric chairs @ 14 NSF each, four accessible spaces @ 10 NSF each, and circulation; total thirty-nine people.

2. Reception (RCP02) ............................................................... 260 NSF (24.2 NSM)
   Provide one for Eye Clinic.
   Allocated NSF accommodates two Receptionist FTEs, patient privacy area, and circulation.

3. Toilet, Public (TNPG1) .............................................................. 60 NSF (5.6 NSM)
   Provide two for Eye Clinic.
   Allocated NSF accommodates one accessible toilet @ 25 NSF, one wall-hung lavatory @ 12 NSF, ABA clearances, and circulation. One for male and one for female.

B. FA 2: Patient Area:

1. Exam / Treatment Room, Optometry (EYOT2) ............... 130 NSF (12.1 NSM)
   Provide one for every increment of 2,400 annual Optometry clinic stops projected if program is affiliated; provide one for every increment of 3,000 annual Optometry clinic stops projected if program is not affiliated. (See Table 1)

2. Exam / Treatment Room, Ophthalmology (EYOT2) ........ 130 NSF (12.1 NSM)
   Provide one for every increment of 2,100 annual Ophthalmology clinic stops projected if program is affiliated; provide one for every increment of 2,625 annual Ophthalmology clinic stops projected if program is not affiliated. (See Table 1)

3. Waiting, Dilation (WTG03) ......................................................... 80 NSF (7.5 NSM)
   Provide one for the Eye Clinic.
   Allocated space accommodates one standard chair @ 9 NSF, one bariatric chair @ 14 NSF, one accessible space @ 10 NSF, and circulation; total three people.
4. **Visual Fields Room (EYVF1)** ................................................ 120 NSF (11.2 NSM)  
   *Minimum one; provide an additional one for every increment of five Optometry and Ophthalmology Exam / Treatment Rooms.*  

   The Visual Fields Room accommodates testing, evaluation, and monitoring of the visual fields of a patient who may or may not be ambulant. This room may also be used as a patient’s darkroom adaptation. One room will be provided in smaller clinics and used for both manual and automated perimetry. A movable partition separating the equipment should be provided. In larger clinics, two separate rooms will be used for manual and automated perimetry.

5. **Photography Room (EYVF1)** ................................................ 150 NSF (14.0 NSM)  
   *Minimum one; provide an additional one if the total number of Optometry and Ophthalmology Exam / Treatment Rooms is greater than five.*

6. **Pre-testing Room (EYVS1)** ................................................... 120 NSF (11.2 NSM)  
   *Minimum NSF; provide an additional 50 NSF if the total number of Optometry and Ophthalmology Exam / Treatment Rooms is greater than five.*  

   The Pre-testing Room is used by the technician to assist in the performance of preliminary testing and preparation of the patient’s profile with the supervision of the optometrist or ophthalmologist. In Eye Clinics with greater than five Optometry and Ophthalmology Exam / Treatment Rooms, space for a rotary screening center which provides visual field screening, visual acuity, auto-refractor, auto-lensometer, auto-tonometer, auto-keratometry, and auto-biometry instruments located on a single table may be provided.

7. **Eyeglass Fitting and Display, and Dispensing Room (EYFD1)** ........................................... 140 NSF (13.1 NSM)  
   *Provide one if an Eyeglass Fitting and Display, and Dispensing Room is authorized.*  

   The Eyeglass Fitting and Display, and Dispensing Room is used by the technician to assist in the fitting, adjustment, repair, and dispensing of eyeglasses. An area for the display of eyeglasses should be included.

8. **Ultrasound / Optical Coherence Tomography Room (XDUS1)** ................................................ 180 NSF (16.8 NSM)  
   *Provide one if an Ultrasound / Optical Coherence Tomography Room is authorized.*  

   Diagnostic uses of the Ultrasound Room are for the location of unseen intraocular foreign bodies, for retinal detachment, and for internal view when the patient’s eye lid can not be opened or the patient’s eye is blocked by blood or cataracts impeding the examiner’s view. The Ultrasound Room is provided with ultrasound equipment with diagnostic A and B modes, a calculation / computer for intraocular lens calculations, and a reclining patient chair. The Optical Coherence Tomography Room for ocular imaging may be combined within the Ultrasound Room space allocation.

9. **Eye Procedure Room (EYOT2)** ............................................. 220 NSF (20.5 NSM)  
   *Provide one if an Eye Procedure Room is authorized.*  

   The Eye Procedures Room is designed for any treatment that requires surgical intervention that is deemed “an office procedure”. Procedures commonly
performed in this space are chalazion excisions, tarsorrhaphy, biopsy, eyelid tumors, suture external eyelid lacerations, and pterygium removal.

10. **Laser Room (TREY2)** ............................................................ 130 NSF (12.1 NSM)

   Provide one if a Laser Room is authorized.

   The Laser Room accommodates treatment of ocular problems including diabetic retinopathy, glaucoma, retinal detachment, occludable angles/ocular hypertension. Equipment commonly provided is laser instruments, a laser cart, a slit lamp delivery system, and safety equipment. The Laser Room may include more than one laser system.

11. **Electrodiagnosis Room (EYER1)** ........................................ 150 NSF (14.0 NSM)

   Provide one if an Electrodiagnosis Room is authorized.

   The Electrodiagnosis Room accommodates visual digitized equipment for conducting electro-oculographic, electroretinographic, and visual evoked cortical potential testing of retina, optic nerve, and visual pathway functioning with analysis.


   Provide one if Low Vision Exam / Training Room is authorized.

   The Low Vision Examination / Training Room is used for the examination of low vision patients, storage of low vision devices, and for minor training and education for adult daily living skills.

13. **Training Room, Low Vision / Polytrauma (EYOT2)** .......... 400 NSF (37.2 NSM)

   Provide one if Intermediate or Polytrauma Facility Vision Rehabilitation Services are authorized.

   The Low Vision / Poly-Trauma Training Room is used to provide vision rehabilitation care. Patient education and eye care counseling sessions are conducted so that patients can learn how to use prescribed low vision and other aids in order to perform everyday skills, activities of daily living, and to improve their overall functional independence. If Advanced, VICTORS, Poly-trauma Rehabilitation Network Site or Polytrauma Rehabilitation Center Vision Rehabilitation Services are authorized, two rooms are recommended.

14. **Patient Education / Contact Lens Dispensing Room (EYCL1)** ........................................ 130 NSF (12.1 NSM)

   Provide one if a Patient Education / Contact Lens Dispensing Room is authorized.

   The Patient Education / Contact Lens Dispensing Room is used to educate patients about their eye diseases and vision conditions, instruct them on the proper use and instillation of eye medications, provide training in the insertion and removal of contact lenses, and dispense contact lenses.

C. **FA 3: Support Area:**

1. **Supply Room, Clean (UCCL1)** ........................................ 80 NSF (7.4 NSM)

   Provide one for the Eye Clinic.

   The Clean Supply Room provides storage for medical supplies used in the delivery of patient care. It should be accessible from the corridor and located near the Eye Procedure Room.
2. **Utility Room, Soiled (USCL1)................................................... 80 NSF (7.5 NSM)**
   *Provide one for the Eye Clinic.*

   The Soiled Utility Room provides an area for cleanup of equipment, utensils, and for disposal of waste material. It provides a temporary holding area for material that will be picked up by Supply, Processing, and Distribution (SPD). It should be accessible from the main corridor and located near the Eye Procedure Room.

3. **Medication Preparation Room (MEDP1)............................................. 80 NSF (7.5 NSM)**
   *Provide one for the Eye Clinic.*

   The Medication Preparation Room should be secured and provide storage for medication. It should be accessible only from within the staff area.

4. **Storage, Equipment (SRE01).......................................................... 120 NSF (11.2 NSM)**
   *Provide one for the Eye Clinic.*

5. **Storage Alcove, Medical Equipment (RCA01).............................. 15 NSF (1.4 NSM)**
   *Provide one for the Eye Clinic.*

   The Medical Equipment Storage Alcove is reserved for storage of equipment, such as a crash cart, requiring monitoring by the eye clinic staff. The alcove should be located in the clinic area but out of the main traffic flow.

6. **Storage Alcove, Wheelchair (SRLW1)........................................... 40 NSF (3.8 NSM)**
   *Provide one for the Eye Clinic.*

7. **Storage, Eyeglass Frame (SRS01).................................................. 80 NSF (7.5 NSM)**
   *Provide one if Eyeglass Frame Storage is authorized.*

8. **Housekeeping Aides Closet (HAC) (JANC1)................................. 60 NSF (5.6 NSM)**
   *Minimum one; provide an additional 40 NSF per each additional increment of five Exam / Treatment rooms greater than five.*

D. **FA 4: Staff and Administrative Area:**

1. **Office, Ophthalmology / Optometry Chief (OFA09)..................... 100 NSF (9.3 NSM)**
   *Provide one if Ophthalmology or Optometry Service is authorized.*

2. **Office, Ophthalmology Service Chief (OFA09)............................. 100 NSF (9.3 NSM)**
   *Provide one if Ophthalmology Service is authorized.*

3. **Office, Optometry Service Chief (OFA09)................................. 100 NSF (9.3 NSM)**
   *Provide one if Optometry Service is authorized.*

4. **Waiting (WTG03)............................................................................ 80 NSF (7.5 NSM)**
   *Provide one if Ophthalmology or Optometry Service is authorized.*

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

5. **Workstation, Secretary (OFA07)..................................................... 56 NSF (5.3 NSM)**
   *Provide one if Ophthalmology or Optometry Service is authorized.*

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

7. **Workstation, Eyecare Provider (OFA07)........................................ 56 NSF (5.3 NSM)**
   *Provide one per each Ophthalmologist and Optometrist FTE position authorized.*
8. **Office, Social Work / Intake / Adjustment Counseling (OFA04)** ........................................ 120 NSF (11.2 NSM)  
*Provide one if Advanced Low Vision Clinic or VICTORS is authorized.*

9. **Nurse Workroom (WRCH1)** .................................................. 120 NSF (11.2 NSM)  
*Provide one for the Eye Clinic.*

10. **Support Equipment Area (SRE01)** ................................. 40 NSF (3.8 NSM)  
*Provide one for the Eye Clinic.*

11. **Office, Nurse Manager (OFA09)** ....................................... 100 NSF (9.3 NSM)  
*Provide one per each Nurse Manager FTE position authorized.*

12. **Workstation, Administration (OFA07)** ............................... 56 NSF (5.3 NSM)  
*Provide one per each Administrative FTE position authorized.*

13. **Consult Room / Viewing Room (XVC01)** ............................ 175 NSF (16.3 NSM)  
*Provide one if a Consultation / Viewing Room is authorized.*  
The Consultation / Viewing room will provide staff, residents, and extern / intern students an area to review specific case information as it relates to patient examination and treatment. The confidential nature of this information should be considered when planning this area.

14. **Conference Room (CFR01)** ............................................. 240 NSF (22.3 NSM)  
*Provide one if a Conference Room is authorized.*  
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. If Conference Room is programmed or available in potentially adjacent clinic space, program only one space for maximum of two adjacent clinics.

15. **Lounge, Staff (SL001)** .................................................. 80 NSF (7.5 NSM)  
*Minimum NSF; provide an additional 15 NSF per each Eye Clinic FTE position working on peak shift greater than five; maximum 210 NSF.*

16. **Locker Room, Staff (LR001)** ........................................... 80 NSF (7.5 NSM)  
*Minimum NSF if total number of Eye Clinic FTE positions not authorized to have office or work space is between five and thirteen; provide an additional 6 NSF per each Eye Clinic 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.

17. **Toilet, Staff (TNPG1)** .................................................. 60 NSF (5.6 NSM)  
*Minimum one; provide an additional one for every increment of fifteen Eye Clinic 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.

E. **FA 5: Education Area:**

1. **Office, Ophthalmology Residency Director (OFA09)** ........ 100 NSF (9.3 NSM)  
*Provide one if Ophthalmology Residency is authorized.*
2. **Office, Optometry Residency Director (OFA09) ................... 100 NSF (9.3 NSM)**  
   *Provide one if Optometry Residency is authorized.*

3. **Training Room, Resident (CFR01) ....................................... 240 NSF (22.3 NSM)**  
   *Provide one if a Resident Training Room for the Education Area is authorized.*

   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.

6 **PLANNING AND DESIGN CONSIDERATIONS**

A. Net-to-department gross factor (NTDG) for Eye Clinic is **1.60**. This number when multiplied by the programmed net square foot (NSF) area determines the departmental gross square feet.

B. The Eye Clinic should be located adjacent to the Ambulatory Care Clinic (Hospital based).

C. The recommendations of these criteria are based on workload / number of clinical stops at the Eye Clinic. An alternative staffing-generated method is based upon having 2.5 Exam / Treatment Rooms per 1.0 FTE eye care provider (Optometrist or Ophthalmologist), 1.0 FTE Eye Technician per 1.0 FTE eye care provider as well as adequate clerical and administrative support. For workload planning purposes, there are about two annual eye care provider visits per unique veteran. The number of unique veterans seen at any VA facility will vary dependent upon the prevalence and complexity of ocular disease conditions in the veteran population served. With a higher incidence of mental health disorders and/or long term care patients, there is expected to be fewer unique veterans receiving eye care services. The more ambulatory procedures performed, the potentially fewer unique veterans receiving care. For optometry, the majority of primary eye care services provided includes a comprehensive eye examination with refraction, so although there may be fewer visits, there will be a greater number of unique patients receiving care.

D. Exam / Treatment Rooms should be designed to accommodate the specialized equipment required for eye testing. Windows to the exterior may be provided but total room darkening capability should be able to be attained. Each Exam / Treatment and Low Vision Examination / Training room should be provided with a hand washing sink, paper towel dispenser, and waste receptacle. The sink needs to be provided with either wrist blades or motion sensors for infection control purposes. Light dimming should be available. The rooms should be designed to accommodate the specialized equipment required for eye testing that includes special ophthalmic equipment stand arms and ability to move / glide the patient examination chair necessary for wheelchair, scooter, or gurneys patients.

E. Patient corridors should be a minimum of 8'-0" wide, to accommodate wheelchairs, motorized scooters, or gurneys.

F. Consideration should be given to the effects of building vibration, as building vibration could interfere with the accuracy of patient testing.
7 FUNCTIONAL RELATIONSHIPS
Relationship of Eye Clinic to services listed below:

TABLE 2: FUNCTIONAL RELATIONSHIP MATRIX

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>RELATIONSHIP</th>
<th>REASONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Care</td>
<td>1</td>
<td>H,I</td>
</tr>
<tr>
<td>Pharmacy-Outpatient Satellite</td>
<td>2</td>
<td>G,H,I</td>
</tr>
<tr>
<td>Radiology-Outpatient Satellite</td>
<td>2</td>
<td>G,H,I</td>
</tr>
<tr>
<td>Pharmacy-Inpatient</td>
<td>3</td>
<td>G,H</td>
</tr>
<tr>
<td>Prosthetics Service</td>
<td>3</td>
<td>G,H</td>
</tr>
<tr>
<td>Supply Service-SPD</td>
<td>3</td>
<td>B</td>
</tr>
</tbody>
</table>

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

FUNCTIONAL DIAGRAM 1 - EYE CLINIC