

CHAPTER 312: DOMICILIARY

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1 PURPOSE AND SCOPE

This document outlines space planning criteria for Chapter 312: Domiciliary. It applies to all medical facilities at the Department of Veterans Affairs (VA).

The Department of Veterans Affairs (VA) Domiciliary program represents that segment of the Department of Veterans Affairs (VA) health care continuum which provides rehabilitative and long-term health maintenance care for veterans who require minimal acute medical care. A recipient of this care is called "Domiciliary patient." These patients do not require the level of clinical intervention, bedside nursing care or observation routinely provided to other categories of patients such as medical, psychiatric, intermediate or nursing home patients. They do, however, require a full range of rehabilitation services, which may include, as authorized: Domiciliary Care for Homeless Veterans (DCHV); Center for Addiction Treatment Program (CAT), Health Maintenance Program (HMP), Post-Traumatic Stress Disorder Residential Rehabilitation Program (PRRP), and Traumatic Brain Injury.

Domiciliary programs provide a safe, secure, therapeutic, home-like environment designed to facilitate attainment of each patient's optimal level of functional independence through active participation in individually developed treatment plans. Domiciliary patients typically possess multiple chronic medical, psychological and social problems; are economically disadvantaged; are currently unemployable and are limited in their ability to provide adequately for themselves in the community. Many fall in the category of "homeless".

Domiciliary care has been shown to be a clinically appropriate, cost effective alternative to the unwarranted utilization of scarce and more costly acute care resources in meeting the rehabilitative and health maintenance needs of chronic care patients. The ultimate goal of the Domiciliary Program is the return of the patient to independent or semi-independent life in the community. At the same time, it has to be recognized that there are a small proportion of patients who require a "sheltered environment" for an indefinite period of time. For those patients, the Domiciliary Program provides the physical, social, cultural and vocational ingredients necessary for them to achieve and maintain the best possible quality of life within their capability.

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).

Communications Center: The central control point for the patient unit.

Center for Addictions Treatment (CAT): The CAT is an alcohol and drug rehabilitation program. Addiction services includes detoxification (1-3 days), pre-programming evaluation (1-14 days) and an intensive 28-day component designed to impact the veteran's denial system and present the patient with an array of recovery tools. CAT also offers the Cornerstone Track and the Balanced Living Track to teach veterans to apply the learned recovery tools.

Domiciliary Homeless Program: Domiciliary Care for Homeless Veterans (DCHV): The DCHV is a vocational rehabilitation program designed to help the veteran to solve his/her homelessness problem by returning to income-generating productivity. This program also provides assistance in locating a safe, healthy and affordable living environment. DCHV staff assists the veteran in securing housing or alternative placement. The ultimate goal is returning to or achieving a move independent lifestyle.

Domiciliary Medical Clinic: A functional area within Domiciliary that provides medical support for patients enrolled in the Domiciliary Program.

Domiciliary Patient Care Unit: The minimum number of patient beds, of all types, to generate one Domiciliary Patient Care Unit is sixteen; the maximum is thirty-one.

Full-Time Equivalent (FTE): A work force equivalent to one individual working full time for a specific period, which may be made up of several part-time individuals or one full-time individual. This will include everyone working in the facility; VA and contractor personnel.

Health Maintenance Program (HMP): This program provides health maintenance care to veterans with chronic medical and psychiatric problems needing long-term maintenance care. HMP provides assessment and quality medical care in a supportive environment to ADL-independent veterans who require support in the activities of daily living (ADL). Many of these veterans are lacking financial resources and the general support necessary for transition back into the community.

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 II.

Post-Traumatic Stress Disorder Residential Rehabilitation Program (PRRP): The PRRP is a structured 90-day program focused on helping veterans to move toward resolution of feelings associated with their experiences during the war and thereafter. The PRRP helps the veterans to better understand the ways traumatic experiences have affected them and to prepare them for successful return to community living. PRRP treatment is intended to facilitate continuing recovery from a variety of service-related experiences including trauma, homecoming and readjustment.

Program for Design (PFD): A space program generated by SEPS II based on criteria set forth in this document and specific information about Concept of Operations, Workload projections and Staffing levels authorized.

Provider: An individual, who examines, diagnoses, treats, prescribes medication and manages the care of the patients within his or her scope of practice as established by the governing body of a healthcare organization.

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.

Traumatic Brain Injury (Mainstream): This program provides cognitive rehabilitation to veterans and active duty personnel who have sustained a brain injury and to return those

persons to the highest level of functioning possible. Mainstream provides a structured environment which includes life skills classes, psychosocial groups, recreation activities and community outings for the veterans.

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 Statements. SEPS II, the current version, incorporates the propositions set forth in this chapter as well as all chapters in VA's PG-18-9. SEPS II 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 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 Domiciliary 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 based on established and anticipated standards, which are subject to modification relative to development in the standards of practice, equipment, vendor requirements, and healthcare planning and design. The selection of the size and type of domiciliary equipment is determined by VACO and upon Veterans Health Administration (VHA) anticipated medical needs.
- D. The minimum number of patient beds, of all types, to generate one Domiciliary Patient Care Unit is sixteen. The maximum number of allowable patient beds per Unit is thirty-one.

4 INPUT DATA STATEMENTS

- A. Mission Input Data Statements
 - 1. Is a Linen Collection Room authorized? (M)
 - 2. Is a Linen Disposal Chute Room authorized? (M)
 - 3. Is a Trash Collection Room authorized? (M)
 - 4. Is a Trash Disposal Chute Room authorized? (M)
 - 5. Is a Recycling Area authorized? (M)
 - 6. Is a Physical Therapy Room authorized? (M)
 - 7. Is an Occupational Therapy Room authorized? (M)
 - 8. Is a Job Development and Vocational Skill Center authorized? (M)
 - 9. Is a Building Management Storage authorized? (M)
 - 10. Is a Nutrition and Food Service component authorized? (M)
- B. Workload Input Data Statements
 - 1. How many Addiction Treatment Program patient beds are projected? (W)

2. How many Domiciliary Homeless Program patient beds are projected? (W)
3. How many Health Maintenance Program patient beds are projected? (W)
4. How many Post-Traumatic Stress Disorder Residential Rehabilitation Program patient beds are projected? (W)
5. How many Traumatic Brain Injury Program patient beds are projected? (W)
6. How many bariatric patient beds per Patient Care Unit are projected? (W)

C. Staffing Input Data Statements

1. How many Clinical Coordinator FTE positions are authorized? (S)
2. How many Section Coordinator FTE positions are authorized? (S)
3. How many Clerical FTE positions are authorized? (S)
4. How many Provider FTE positions are authorized? (S)
5. How many Dietitian FTE positions are authorized? (S)
6. How many Recreational Therapist FTE positions are authorized? (S)
7. How many Kinesiotherapist FTE positions are authorized? (S)
8. How many Occupational Therapist FTE positions are authorized? (S)
9. How many Nurse Coordinator FTE positions are authorized? (S)

D. Miscellaneous Input Data Statements

1. How many Multiple Living Units for each Patient Care Unit are authorized? (Misc)
2. How many FTEs 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: Domiciliary Patient Care Unit Calculation:

1. **Number of Patient Care Units (CALC1)** **0 NSF (0 NSM)**
The minimum number of patient beds, of all types, to generate one Domiciliary Patient Care Unit is sixteen; the maximum is thirty-one.

B. FA 2: Reception Area:

1. **Reception (RCP02)** **260 NSF (24.2 NSM)**
Provide one for Domiciliary.

Allocated NSF accommodates two Receptionist FTEs, patient privacy area, and circulation. This area serves as access control point for domiciliary with multiple units.

2. **Consult Room (OFDC2)** **120 NSF (11.2 NSM)**
Provide one for Domiciliary.

3. **Toilet, Public (TNPG1)** **60 NSF (5.6 NSM)**
Provide two for Domiciliary.

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.

C. FA 3: Patient Care Unit: Patient Area:

1. **Waiting, Public (WTF01)**..... **125 NSF (11.7 NSM)**
Provide one per each Domiciliary Patient Care Unit.

Allocated NSF accommodates one lounge chair @ 12 NSF, one 2-seat sofa at 32 NSF, one accessible space @ 10 NSF, and circulation; total four people.

2. **Toilet, Public (TNPG1).....60 NSF (5.6 NSM)**
Provide one per each Domiciliary Patient Care Unit.

Allocated NSF accommodates one accessible toilet @ 25 NSF, one wall-hung lavatory @ 12 NSF, ABA clearances, and circulation.
3. **Lounge, Patient (DAYR1).....560 NSF (52.1 NSM)**
Minimum NSF; provide an additional 20 NSF per patient bed greater than twenty-five (in the same Domiciliary Patient Care Unit); provide one per each Domiciliary Patient Care Unit.

This total area may be allocated into smaller Patient Lounges within each Patient Care Unit.
4. **Bedroom,
One-Bed Addiction Treatment Program (BRUN1).....120 NSF (11.2 NSM)**
Provide one for seventy percent of the Addiction Treatment Program patient beds projected.
5. **Bedroom,
Two-Bed Addiction Treatment Program (BRUN1).....200 NSF (18.6 NSM)**
Provide one for fifteen percent of the Addiction Treatment Program patient beds projected.
6. **Bedroom,
One-Bed Domiciliary Homeless Program (BRUN1)120 NSF (11.2 NSM)**
Provide one for seventy percent of the Domiciliary Homeless Program patient beds projected.
7. **Bedroom,
Two-Bed Domiciliary Homeless Program (BRUN1)200 NSF (18.6 NSM)**
Provide one for fifteen percent of the Domiciliary Homeless Program patient beds projected.
8. **Bedroom,
One-Bed Health Maintenance Program (BRUN1)120 NSF (11.2 NSM)**
Provide one for seventy percent of the Health Maintenance Program patient beds projected.
9. **Bedroom,
Two-Bed Health Maintenance Program (BRUN1).....200 NSF (18.6 NSM)**
Provide one for fifteen percent of the Health Maintenance Program patient beds projected.
10. **Bedroom, One-Bed Post-Traumatic Stress Disorder
Residential Rehabilitation Program (BRUN1).....120 NSF (11.2 NSM)**
Provide one for seventy percent of the Post-Traumatic Stress Disorder Residential Rehabilitation Program patient beds projected.
11. **Bedroom, Two-Bed Post-Traumatic Stress Disorder
Residential Rehabilitation Program (BRUN1).....200 NSF (18.6 NSM)**
Provide one for fifteen percent of the Post-Traumatic Stress Disorder Residential Rehabilitation Program patient beds projected.
12. **Bedroom,
One-Bed Traumatic Brain Injury Program (BRUN1).....120 NSF (11.2 NSM)**
Provide one for each Traumatic Brain Injury Program patient bed projected.

13. **Toilet / Shower, Patient (TSPG1)**..... **70 NSF (6.6 NSM)**
Provide one per each Patient Bedroom.

Allocated NSF accommodates one accessible toilet @ 25 NSF, one accessible counter lavatory @ 16 NSF, one accessible shower @ 28 NSF, ABA clearances, and circulation.
14. **Bedroom, Bariatric Patient (BRNP1)**..... **160 NSF (14.9 NSM)**
Provide one per each bariatric bed projected for a patient care unit.

Bariatric Patient Rooms are single bed only.
15. **Toilet / Shower, Bariatric Patient (TSPB1)**..... **85 NSF (7.9 NSM)**
Provide one per each Bariatric Bedroom.

Allocated NSF accommodates one bariatric toilet @ 25 NSF, one bariatric lavatory @ 21 NSF, one bariatric shower @ 30 NSF, ABA clearances, and circulation.
16. **Multiple Living Unit: Sleeping Area (XXYYC)**..... **200 NSF (18.6 NSM)**
Provide one per each Multiple Living Unit authorized for every Domiciliary Patient Care Unit.

Space can be configured for two or three residents.
17. **Multiple Living Unit:**
Living / Dining / Kitchenette (IPK01)..... **200 NSF (18.6 NSM)**
Provide one per each Multiple Living Unit authorized for every Domiciliary Patient Care Unit.
18. **Multiple Living Unit: Toilet / Shower (TSPG1)**..... **70 NSF (6.6 NSM)**
Provide one per each Multiple Living Unit authorized for every Domiciliary Patient Care Unit.

Allocated NSF accommodates one accessible toilet @ 25 NSF, one accessible counter lavatory @ 16 NSF, one accessible shower @ 28 NSF, ABA clearances, and circulation.
19. **Computer Room (CMP01)** **120 NSF (11.2 NSM)**
Provide one per each Domiciliary Patient Care Unit.
20. **Quiet Room (RAMR1)** **120 NSF (11.2 NSM)**
Provide one per each Domiciliary Patient Care Unit.
21. **Multipurpose Room / Kitchenette (IPK01)** **400 NSF (37.2 NSM)**
Provide one per each Domiciliary Patient Care Unit.
22. **Laundry Room (NULR1)** **150 NSF (14.0 NSM)**
Provide one per each Domiciliary Patient Care Unit.

This space accommodates 3 washers, 3 dryers, an area for folding clothes, and an area for ironing.
23. **Housekeeping Aids Closet (HAC) (JANC1)**..... **60 NSF (5.6 NSM)**
Provide one per each Domiciliary Patient Care Unit.

This space is used for patient training and cleaning supply storage.

D. FA 4: Patient Care Unit: Support Area:

1. **Workstation, Domiciliary Health Technician (OFA07)**..... **56 NSF (5.3 NSM)**
Provide one per each Domiciliary Patient Care Unit.

2. **Storage, General (SRS01)**.....120 NSF (11.2 NSM)
Provide one per each Domiciliary Patient Care Unit.
3. **Storage, Patient Clothing and Luggage (SRPB1)**.....100 NSF (9.3 NSM)
Minimum NSF; provide an additional 4 NSF per each projected patient bed greater than twenty-five (in a Domiciliary Patient Care Unit); provide one per each Domiciliary Patient Care Unit.
4. **Clean Linen Room (LCCL1)**.....60 NSF (5.6 NSM)
Provide one per each Domiciliary Patient Care Unit.
5. **Collection Room, Linen (LCSL1)**80 NSF (7.5 NSM)
Provide one per each Domiciliary Patient Care Unit.
6. **Chute Room, Linen Disposal (LCSL1)**.....60 NSF (5.6 NSM)
Provide one per each Domiciliary Patient Care Unit.
7. **Collection Room, Trash (UTC01)**60 NSF (5.6 NSM)
Provide one per each Domiciliary Patient Care Unit.
8. **Chute Room, Trash Disposal (UTC01)**60 NSF (5.6 NSM)
Provide one per each Domiciliary Patient Care Unit.
9. **Recycling Area (UTC01)**.....40 NSF (3.8 NSM)
Provide one per each Domiciliary Patient Care Unit.
10. **Data and Telecommunications Room (COMC1)**.....80 NSF (7.5 NSM)
Provide one per each Domiciliary Patient Care Unit.

E. FA 5: Core Area: Staff and Administrative Area:

1. **Office, Domiciliary Chief (OFA09)**.....100 NSF (9.3 NSM)
Provide one for Domiciliary.
2. **Office, Clinical Coordinator (OFA09)**.....100 NSF (9.3 NSM)
Provide one per each Domiciliary Clinical Coordinator FTE position authorized.
3. **Workstation, Section Coordinator (OFA07)**56 NSF (5.3 NSM)
Provide one per each Section Coordinator FTE position authorized.
4. **Workstation, Clerical (OFA07)**.....56 NSF (5.3 NSM)
Provide one per each Clerical FTE position authorized.
5. **Workstation, Provider (OFA07)**.....56 NSF (5.3 NSM)
Provide one per each Provider FTE position authorized.
6. **Office, Dietitian (OFD03)**.....120 NSF (11.2 NSM)
Provide one per each Dietitian FTE position authorized.
7. **Workstation, Recreational Therapist (OFA07)**.....56 NSF (5.3 NSM)
Provide one per each Recreational Therapist FTE position authorized.

This area provides space for treatment and exercise planning, patient evaluations, treatments reports, program planning and routine administrative duties.

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

This area provides space for treatment and exercise planning, patient evaluations, treatments reports, program planning and routine administrative duties.

9. **Workstation, Occupational Therapist (OFA07)** **56 NSF (5.3 NSM)**
Provide one per each Occupational Therapist FTE position authorized.

This area provides space for treatment and exercise planning, patient evaluations, treatments reports, program planning and routine administrative duties.

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

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

12. **Toilet, Staff (TNP1)**..... **60 NSF (5.6 NSM)**
Minimum one; provide an additional one for every increment of fifteen Domiciliary 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.

F. FA 6: Core Area Patient Services:

1. **Patient Education / Conference / Group Room (CFR02)**..... **300 NSF (27.9 NSM)**
Provide one for Domiciliary.

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.

2. **Vending Area (BX001)** **50 NSF (4.7 NSM)**
Minimum NSF; provide an additional 25 NSF per each Domiciliary Patient Care Unit greater than two.

3. **Dining Room (FSCD1)** **200 NSF (18.6 NSM)**
Minimum NSF; provide an additional 8 NSF per each projected patient bed greater than twenty-five.

4. **Recreation / Therapy Room (DAYR1)** **300 NSF (27.9 NSM)**
Minimum NSF; provide an additional 6 NSF for each projected patient bed greater than twenty-five.

5. **Physical Therapy Room (PTEA1)**..... **120 NSF (11.2 NSM)**
Minimum NSF; provide an additional 4 NSF per each projected patient bed greater than twenty-five.

The Exercise Room will be staffed during the day-time hours and available for individuals and / or other groups during the evening hours.

6. **Occupational Therapy Room (OTDL1)**..... **125 NSF (11.7 NSM)**
Minimum NSF; provide an additional 5 NSF per each projected patient bed greater than twenty-five.

This space is used for rehabilitation incorporating arts and crafts with the objective of facilitating the recovery of finite motor movement and hand-eye coordination. It will be staffed during the day-time hours and available for individuals and / or other groups during the evening hours.

7. **Job Development and Vocational Skill Center (CRA01)120 NSF (11.2 NSM)**
Minimum NSF; provide an additional 30 NSF per each increment of fifty projected patient beds greater than fifty.

This is a training and self development area designed to help patients learn how to apply for employment and present themselves to prospective employer.

G. FA 7: Core Area Patient Nutrition and Food Service:

Space for dining only. Highly recommended to consult with Nutrition and Food Service for food preparation and serving and refer to Chapter 224: Nutrition and Food Service for additional space requirements. Alternatively, for separate Domiciliary N&FS provide space as follows:

1. **Office, Dietitian (OFD03)120 NSF (11.2 NSM)**
Provide one per each Domiciliary Patient Care Unit if a Nutrition and Food Service component is authorized.
2. **Serving Unit (FSSL1).....780 NSF (72.5 NSM)**
Minimum NSF; provide an additional 315 NSF if total number of patient beds is between 101 and 150; provide an additional 420 NSF if total number of patient beds is between 151 and 200 and if a Nutrition and Food Service component is authorized.

A dishwashing unit is included in this space.

3. **Bulk Food Carts (FSCS1).....30 NSF (2.8 NSM)**
Provide two for every increment of one hundred patient beds, of all types, if a Nutrition and Food Service component is authorized.

One car for hot and one for food cold items.

4. **Non-food Storage (SRS01)112 NSF (10.4 NSM)**
Minimum NSF; provide an additional 0.64 NSF per each patient bed greater than one hundred if the total number of patient beds, of all types, is between one hundred and one and two hundred; provide an additional 0.574 NSF per each patient bed, of all types, greater than two hundred if the total number of patient beds is between two hundred and one and four hundred; provide an additional 0.510 NSF per each patient bed, of all types, greater than four hundred if total number of patient beds is between four hundred and one and seven hundred and fifty; provide an additional 0.63 NSF per each patient bed greater than seven hundred and fifty if a Nutrition and Food Service component is authorized.

Non-food stores includes most paper goods used in tray service, e.g., napkins, disposable dishes, condiment kits, aluminum foil, clear food wraps, small equipment, permanent (new) dishes, and glassware, utensils, etc.

H. FA 8: Core Area Support:

1. **Storage, Recreation Therapy (SRS01).....60 NSF (5.6 NSM)**
Minimum NSF; provide an additional 40 NSF if the projected number of patient beds, of all types, is two-hundred or greater.

2. **Storage, Physical Therapy (SRS01)**..... **40 NSF (3.8 NSM)**
Minimum NSF; provide an additional 60 NSF if the projected number of patient beds, of all types, is two-hundred or greater.
3. **Storage, Occupational Therapy (SRS01)**..... **40 NSF (3.8 NSM)**
Minimum NSF; provide an additional 40 NSF if the projected number of patient beds, of all types, is two-hundred or greater.
4. **Storage, Environmental Management (SRS01)**..... **80 NSF (7.5 NSM)**
Provide one for Domiciliary.

This space is for storage of cleaning and sanitation supplies and equipment.
5. **Storage, Building Management (SRS01)** **100 NSF (9.3 NSM)**
Provide one for Domiciliary.

This space is for building maintenance / repair supplies, equipment and tools.
Provide only if adequate adjacent Facility Engineering storage space not available.

I. FA 9: Medical Clinic Area:

1. **Exam / Treatment Room (TRGM1)**..... **120 NSF (11.2 NSM)**
Provide one per each Domiciliary Provider FTE position authorized.
2. **Medication Room (MEDP1)** **80 NSF (7.5 NSM)**
Provide one for Domiciliary.
3. **Workstation, Nurse Coordinator (OFA07)** **56 NSF (5.3 NSM)**
Provide one per each Nurse Coordinator FTE position authorized.

6 PLANNING AND DESIGN CONSIDERATIONS

- A. Departmental net-to-gross (NTDG) for Domiciliary is **1.55**. This number when multiplied by the programmed net square foot (NSF) area determines the departmental gross square feet.
- B. Accommodations should be made to display patient's projects in a public area.
- C. One-bed Patient Bedrooms are provided to respond to increasing patient acuity, isolation concerns, patient privacy, and patient safety by minimizing patient transfers.
- D. Two-bed Patient Bedrooms are provided for patients whose mental diagnosis and treatment planning is better served with additional patient interaction.
- E. All patient bedrooms will have a private connecting bathroom with toilet, shower and lavatory.
- F. Patient corridors should be a minimum of 8'-0" wide, to accommodate wheelchairs, motorized scooters, or gurneys.
- G. Refer to Department of Veterans Affairs (VA) Office of Facilities Management Handbooks, Standards, Standard Details, and Design Guides for technical criteria.
- H. If the VA facility has recreation space dedicated for domiciliary use, the need for the recreation multipurpose room, physical exercise and arts and crafts areas must be evaluated.
- I. The exercise and arts and crafts programs will be managed by kinesiotherpists and occupational therapist during the day-time but will be available for use by individual patients or other disciplines during evening hours.

- J. The exercise room and Arts and Crafts are independent functions and do not have to be located together.
- K. The floor for the exercise room must be designed to support the weight of the heaviest equipment to be in the room.
- L. The dining and recreation / multipurpose area should be contiguous so that the total area can be used for large therapeutic functions.
- M. If the patient laundry is located adjacent to the multipurpose room the project planners may place a glass wall (or window) between the two rooms. This will enable patients to observe their belongings from the multipurpose room rather than congesting the laundry area.

7 FUNCTIONAL RELATIONSHIPS

Relationship of Domiciliary to services listed below:

TABLE 1: FUNCTIONAL RELATIONSHIP MATRIX

SERVICES	RELATIONSHIP	REASON
Ambulatory Care	3	K
AMM / SPD	3	L
Audiology and Speech Pathology	3	K
Canteen Service – Dining and Retail Store	3	H
Canteen Service – Barber and Beauty Shop	3	H
Chaplain Service	3	K
Day Hospital	3	L
Day Treatment Center	3	L
Dental Service	3	K
Dietetics Service – Admin. & Food Proc.	3	L
Dialysis Center	3	K
ENT Clinic	3	K
Env. Mgmt – Central Storage	3	A
Eye Clinic	3	K
Laboratory	3	K
Laboratory – Autopsy Suite	3	K
Library	3	H
Medical Research and Development	3	L
Mental Hygiene Clinic	3	K
Nursing Service – Administration	3	L
Patient Care Units – MS&N and Psychiatric	3	K
Parking Facilities	3	H
Pharmacy – Main	3	K
Psychology Service – Administration	3	L
Radiation Therapy Service	3	K
Rehabilitation Medicine Service	3	K
Service Organizations	3	H
Social Work Service	3	L
Veterans Assistance Unit	3	H
Voluntary Service	3	L

Legend:

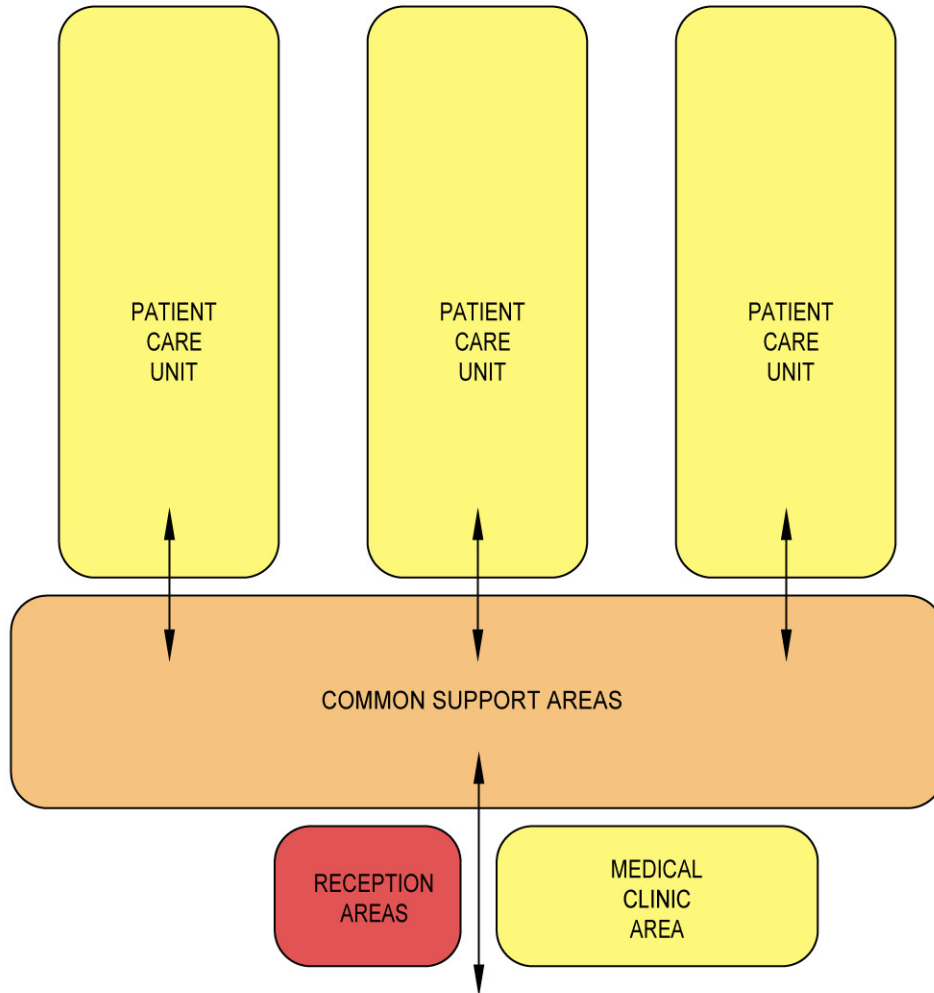
Relationship

1. Adjacent
2. Close / Same Floor
3. Close / Different Floor Acceptable
4. Limited Traffic
5. 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 1: DOMICILIARY



9 FUNCTIONAL DIAGRAM 2: DOMICILIARY PATIENT CARE UNIT

