

Section 2

Narrative

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General Considerations

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OVERVIEW

Current Direction

With the recent change in direction of the VA from an inpatient oriented service to a primarily outpatient service many new and innovative approaches to service have been inaugurated. One result of the changes has been the location of smaller clinics in neighborhoods to better serve the veterans. The majority of patients will be ambulatory and the work will be treating everyday needs

The basic eye care program is available at all VA Medical Centers and clinics. Routine eye exams, disease evaluation, preventative eye health care, health screening and health education are all part of the services to be found.

The larger eye clinics mainly in VA Medical Centers will treat both inpatients and outpatients while neighborhood clinics will be primarily concerned with local outpatients. Levels of service will be determined by needs and complexities of disorders and this in turn will affect the size and location of new clinics

VA Trends

The present trend is to make all these services more "user friendly".

There are four levels of clinic size with level one being the largest and most complex and level four the smallest

Clinic programs are determined by several factors:

- Total number of annual Inpatient and outpatient clinic stops.
- The Medical Center complexity level.
- The need for a full or part time clinic..
- Planned staffing.
- Staff requirements for offices.
- Whether an Argon and/or Yag laser room has been authorized.

Besides being more user friendly there is a real effort to reduce costs throughout government; and this is leading to more, smaller buildings with equipment and capabilities to match levels of use.. The urban center will have all the basic refractive equipment but also include instruments that ophthalmology would share with the satellite offices. The satellite clinics would then schedule /refer/ consult those patients to the urban clinic as needed. Both optometry and ophthalmology would share offices, with usually at least two fully equipped examination rooms. Within these exam rooms would be the chair, stand, light, phoropter, slit lamp keratometer and tonometer. In larger clinics a visual field room, photography room, ultrasound room, and eye procedure room will be required. When a procedure room is required clean and soiled utility rooms are also necessary.

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The smaller clinics would be used less frequently and the complexity of their equipment will be determined by the volume of patients. (Ultrasound in smaller clinics may be a small portable unit while larger clinics will require a separate room.) Small community based clinics will treat everyday needs and some ambulatory surgical problems. This is evidenced by laser capsulotomies for post IOL surgery, iridotomies (glaucoma), etc.

Specialized Equipment

Argon and Yag lasers would be the standard lasers for satellite clinics. Other specialized equipment is noted on the Design Guide Plates and Equipment Guide Lists.

Support areas are required for all clinics. These include staff lockers and lounge areas; workrooms; scrub areas for the staff; storage space; connection to the Supply Processing and Distribution (SPD); housekeeping closets; gas storage area; appropriate staff offices; control and communication areas; patient holding areas; and other rooms or areas as is deemed appropriate. Small stand alone clinics will require most of the above while clinics in the VAMC's will be able to share many of these facilities with other disciplines.

The Design Guide will not show layouts of support facilities since we are primarily concerned with the specialized spaces required. Adjacent areas will frequently be noted to show adjacency requirements.

SITING

Location of the clinic in an area of greatest need is a prime concern. The sites that are chosen should be central to the local veteran population. Location in areas that are easily accessible to residents is very important. Public access is very important. How do patients get to the clinic? Convenient access from patient parking or arrival areas is necessary; pedestrians, vehicular traffic and public transportation are other necessary factors in location. Concerns such as access to the site by staff and parking for both users and staff is very important. Most clinics are a nine to five operations and safety for everyone both going and coming has to be assured. Some clinics have found that the trust built by their operation in the community is an insurance policy for the safety of patients and staff. An undesirable environment can create problems so proper location is of prime importance. Most patients at va clinics are of an older age than the average clinic patient and they are often handicapped. It is therefore very important that parking be located as close as possible to the entrance. Barrier free design requirements are very explicit about handicapped spaces and access walks to the building. Clear signage is needed, especially when clinics are located in shopping malls, elderly patients can easily become confused if signage is not both legible and easily discernible.

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ARCHITECTURAL

Pleasant interior architecture with soothing colors, finishes and signage is very important to the patient when visiting the clinic. It is important because knowing exactly where to go and an aesthetically pleasing environment instills a feeling of confidence that will relieve the anxiety that can accompany a visit to the clinic. These factors become increasingly important as the volume of patients rises and the size and complexity of the facility expands. It is important to make the patients' visits a good experience. Choice of materials is significant - they must be durable, permanent, maintainable, cost effective and aesthetically pleasing.

Interior partitions should be primarily painted gypsum wallboard on metal stud construction. Partitions around exam and treatment rooms should have sound attenuation batts between the studs in accordance with VA Construction Standards PG-18-3, CD-34-1, "Noise Transmission Control".

Floors in offices, exam and treatment rooms and most other spaces should be vinyl composition tile with a 100mm (4") high resilient base. Waiting spaces may be carpeted with a 100mm (4") resilient base. Toilets should have ceramic tile floors and bases.

Ceilings should be lay-in acoustic ceiling tile systems.

Interior doors should be primarily 45mm (1^{3/4}") thick hollow core wood in metal frames. Hollow metal may be used where fire rating is

required. Handicapped accessible hardware should be used throughout.

HEATING, VENTILATING & AIR CONDITIONING

Provide HVAC to heat, cool and ventilate the individual spaces, as required by VA design criteria.

The heating and cooling loads should be established by the engineer/designers to meet project requirements.

All air conditioning systems that are considered should be compared on life cycle cost basis. The selected system should be that system having the lowest life cycle cost.

Transfer air should not be more than 2.8m³/min (100 CFM) per undercut door. Care should be taken to minimize the short circuiting between supply and return/exhaust in the spaces. Corridors should not be used to supply or exhaust/return air from rooms except exfiltration/infiltration from positive/negative pressure rooms adjacent to a corridor should be considered in balancing air flow. Corridor air may be used to ventilate toilet rooms, HACS and small electrical or telephone closets opening directly to corridors.. Provide seismic bracing as outlined in the VA HVAC Design Manual for Hospital Projects. Also refer to VA Handbook PG-18-3, CD-54 "Natural Disaster Resistive Design (non-structural) for additional information.

Follow TB Criteria in the HVAC Design Manual for Hospital Projects

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Select HVAC equipment, ductwork and air distribution devices to achieve noise levels listed in the HVAC Design Manual for Hospital Projects and Master Construction Specification Section 15200.

PLUMBING

The plumbing system should satisfy the clinics needs. Cold and hot water should be piped to all plumbing fixtures and equipment requiring them. Plumbing fixtures and drains should be drained by gravity through soil, waste and vent stacks. A minimum of a standard wet sprinkler system is required for fire protection. Local code requirements for seismic protection should govern.

ELECTRICAL

Illumination

Illumination is typically provided utilizing recessed fluorescent luminaries with acrylic prismatic lenses. Fixtures must conform to the National Energy Policy Act of 1992. Lighting intensities must conform to VA design criteria, the Illuminating Engineering Society of North America (IESNA) Lighting Handbook and IESNA - Recommended Practice RP-29, "Health Care Facility Lighting" replaces the CP-29 publication.

Lighting is typically controlled by wall mounted switches located at the entrance to the room. Larger spaces may utilize multiple switching through separate switches for lighting of individual zones or areas. Power load densities for lighting are listed for use by the mechanical HVAC load calculations. Load densities should be verified by the actual design, as they may vary depending on the room configuration, fixtures used, types of lamps and ballast's. General

purpose duplex receptacles are typically provided on each wall of the room.

LIFE SAFETY

A life safety program should be developed to provide a reliable system to protect the occupants, patients and fire fighting personnel. Design aspects relating to fire and safety include:

- Structural Fire Resistance
- Fire Detection, Alarm & Suppression
- Smoke Control & Exhaust
- Fire Fighter Access

Federal Facilities are required to be fully protected by an automatic fire suppression system. The local codes and NFPA 101 should be referenced in the design of the clinic.

COMMUNICATIONS

Telephone outlets are typically provided in each room. Desk outlets are 450mm (18") AFF (above finished floor) and wall phones are 1200mm (48") AFF. Computer outlets are provided at personal computers and printers, desk outlets are 450mm (18") AFF.

RECYCLING

Methods of sorting, collecting, transporting and disposing of recyclable products must be specifically analyzed for the facility and location. The optional use of disposable and reusable products is an important consideration in recycling and waste disposal alternatives.

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MEDICAL AND GENERAL WASTE

Medical waste generated in patient areas is bagged and transported to soiled utility rooms. General waste is also stored in utility rooms. Medical waste is usually put in red bags to keep it separate from general waste. Medical waste goes to special waste handling facilities while general waste requires no special facilities for disposal.