

VA



U.S. Department of Veterans Affairs

Office of Construction & Facilities Management
Office of Facilities Planning
Facilities Standards Service



Urgent Care Design Guide Appendix

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INTRODUCTION

The site visits occurred between July 14 and September 19, 2022. Representatives from VHA Emergency Medicine Program Office, VA-Construction & Facilities Management, Alesia Architecture, Huddy Healthcare Solutions, and HDR were in attendance. The purpose of the site visits was to perform on-site surveys of representative VA and non-VA sector facilities to establish a baseline of data on workload, staffing, facility layouts and operational requirements.

The information gathered at the site visits is being used to revise, update, and develop the next series of standards and guidelines that all VA healthcare facilities will follow to accomplish the VA mission. These guidelines will provide Space Planning Criteria, Equipment Guides and Design Guide Room Template Layouts for Urgent Care.

Actual site visits were conducted in person by only 3-4 people then were presented virtually to the remaining stakeholders. Materials were provided in advance including site plans, floor plans and photographs. Key clinical leadership from each site participated in the virtual visits, and provided metrics, observations, and lessons learned.

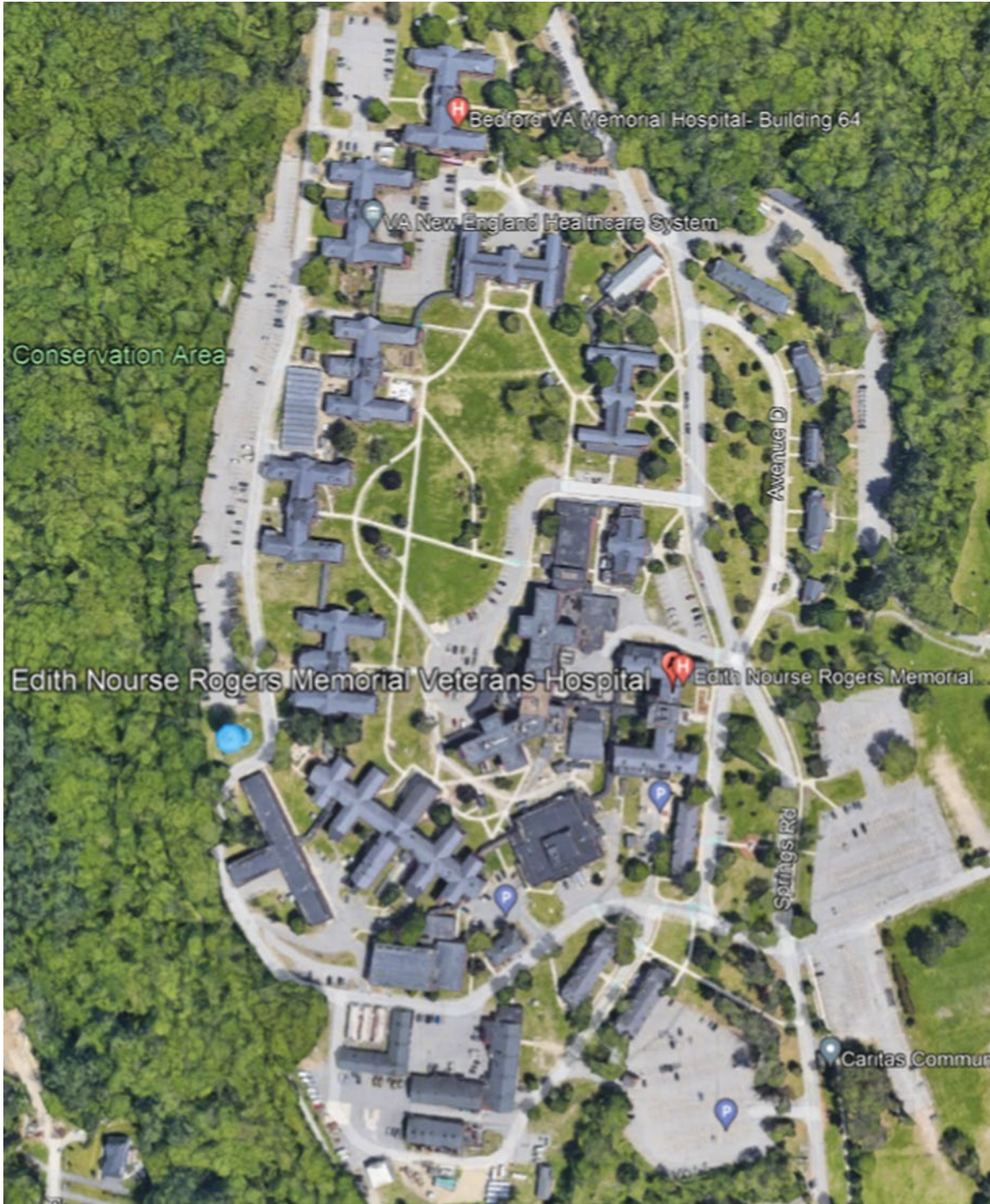
Site Visits

1.0	Bedford VA Medical Center, Bedford, MA	July 14, 2022
2.0	Sheridan VA Medical Center, Sheridan, WY	July 27, 2022
3.0	Roseburg VA Medical Center, Roseburg, OR	August 23, 2022
4.0	Spokane VA Medical Center, Spokane, WA	September 19, 2022
5.0	Sparrow Health Urgent Care Clinic, Lansing, MI	September 12, 2022
6.0	Sparrow Health – Okemos Medical Center, Okemos, MI	September 12, 2022



**1.0 Bedford VA Medical Center,
Bedford, Massachusetts**

1.1 Exterior Images



Bedford VAMC - Aerial Site Plan.





Bedford VAMC - Aerial View looking to the Southwest at Outpatient Clinic Building.

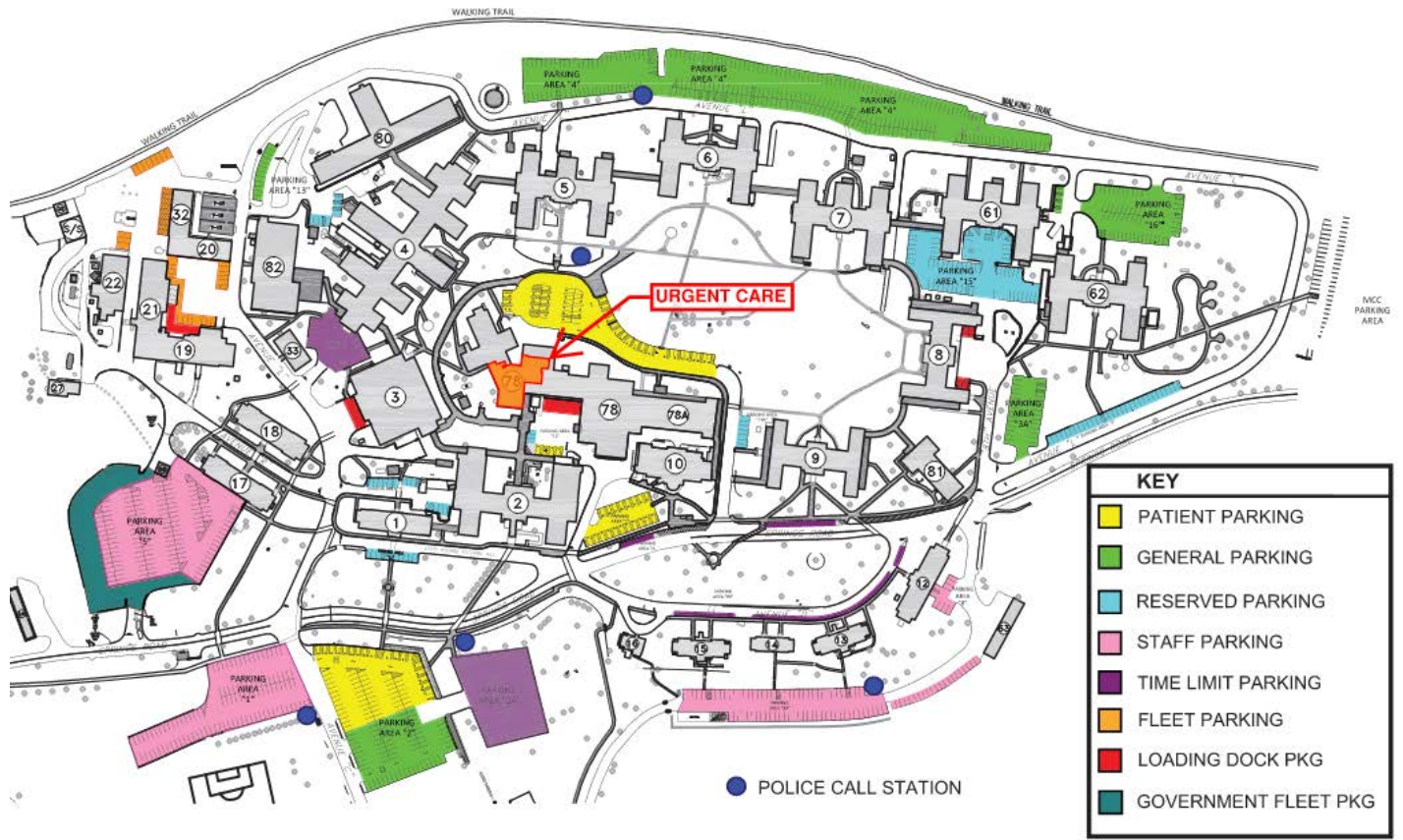


Bedford VAMC - Aerial View looking to the Southeast at Walk-In Entrance.



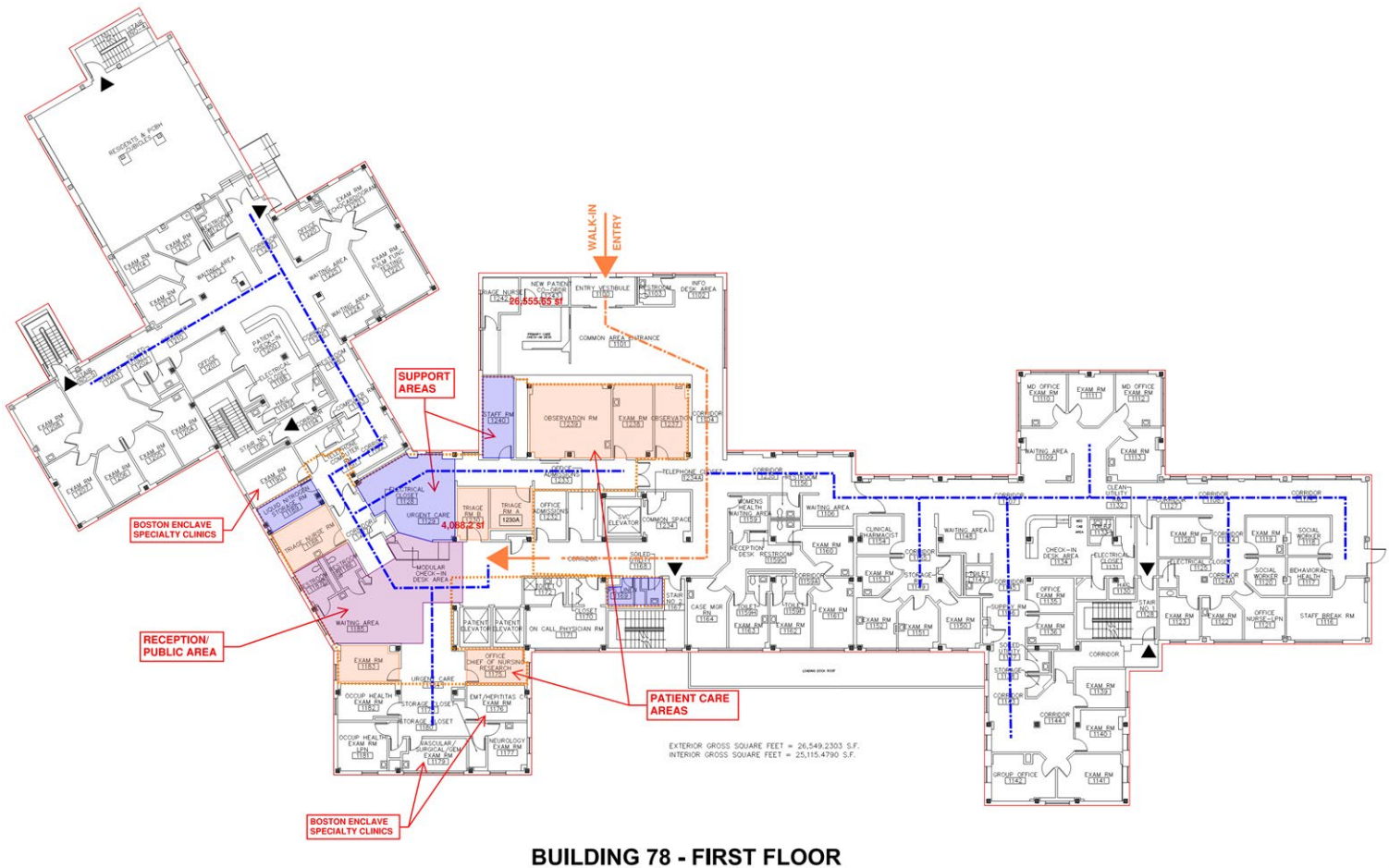
1.2 Campus Site Plan

The Urgent Care (UC) is in the middle of Building 78 – Outpatient Clinic.



1.3 Overall Floor Plan

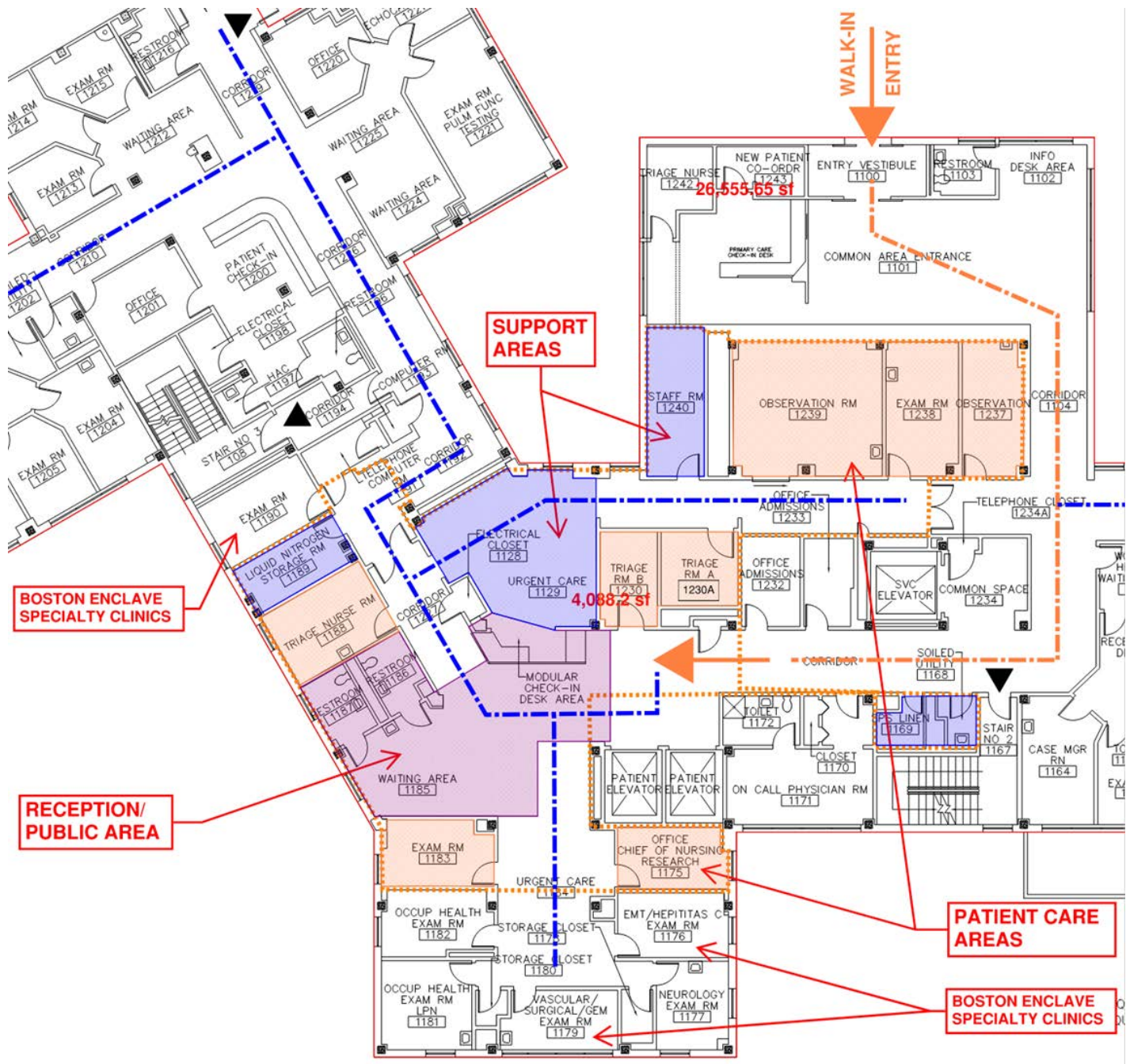
The image below is of the Building 78- First Floor Plan and highlights the location of the UC. This plan also highlights the location of the main walk-in entrance and circulation pathways of urgent care patients and also other outpatients.



1.4 Urgent Care Floor Plan

1.4.1 Access Points and Functional Areas

The UC Floor Plan below shows the various entry points into the UC. The walk-in location on the west side is shared with other outpatient clinics. The entry into the UC is on the north in the middle. Primary functional areas are identified below.



1.5 Photographs

1.5.1 Virtual 3-D Tour

[Metareal Virtual Tour](#) Link.

1.6 Metrics

A questionnaire was sent out in advance of our tour for the local UC Chief and staff to complete. Below is the data received back.

1.6.1 Questionnaire

1. # Annual UC visits- *Current FYTD 2,414, LFY- 2,991*
2. Hours of Operation – *Mon-Fri 8am-4:30pm*
3. Peak times - *10am-2pm*
4. # Treatment Rooms
 - a. # of Exam Rooms – *4 (two are provider exam rooms)*
 - b. # of Triage Rooms, if any – *1 (no exam chair)*
 - c. # of Procedure Rooms- *1 Observation room with 2 bays*
5. Mental Health encounters per day: *minimal (total of 10 encounters FYTD)*
There is a walk-in Mental Health Clinic on a different floor from Urgent Care.
6. Staff counts by shifts
 - a. Physicians –*2-3 (full-time MD #1 works 5 days alternating with 4 days over 2 week period; part-time MD #2, 4 of 5 days per work week; full-time MD #3, 3.5 days per work week, on average; rest of time in other area)*
 - b. Nurses – *5 (work compressed tour)*

1.6.2 Space Utilization

1. Does your bed count (exam/treatment rooms) include any hallway or “chair” treatment spaces? *No*
2. Do you consider part of your UC as observation, “extended stay,” or admit holding patients or are they moved to a different location in the facility? *Observation, then patients are transferred out by EMS to nearest ED.*
3. Narrative of any specific existing concerns with your department.
 - a. *UC Space constraints due to other clinics in the UC area (e.g., Occupational Health, Boston Enclave Specialty Clinics, PCBH)*
 - b. *Urgent Care is a moderately-sized open space comprised of one small waiting area and surrounding individual rooms with doors. Specialty clinics, Occupational Health rooms are randomly interspersed between UC rooms; all rooms open to waiting areas for patients and not enclosed like most Urgent Care facilities. On the off-tour, when Urgent Care is closed, Veterans have entered into the clinic presenting under potentially unsafe situations for the AODs.*
 - c. *Improperly screened patients for covid 19, some not wearing masks, readily enter into the UC waiting area; they can potentially spread infection to anyone else in the waiting room as well as providers/nurses.*

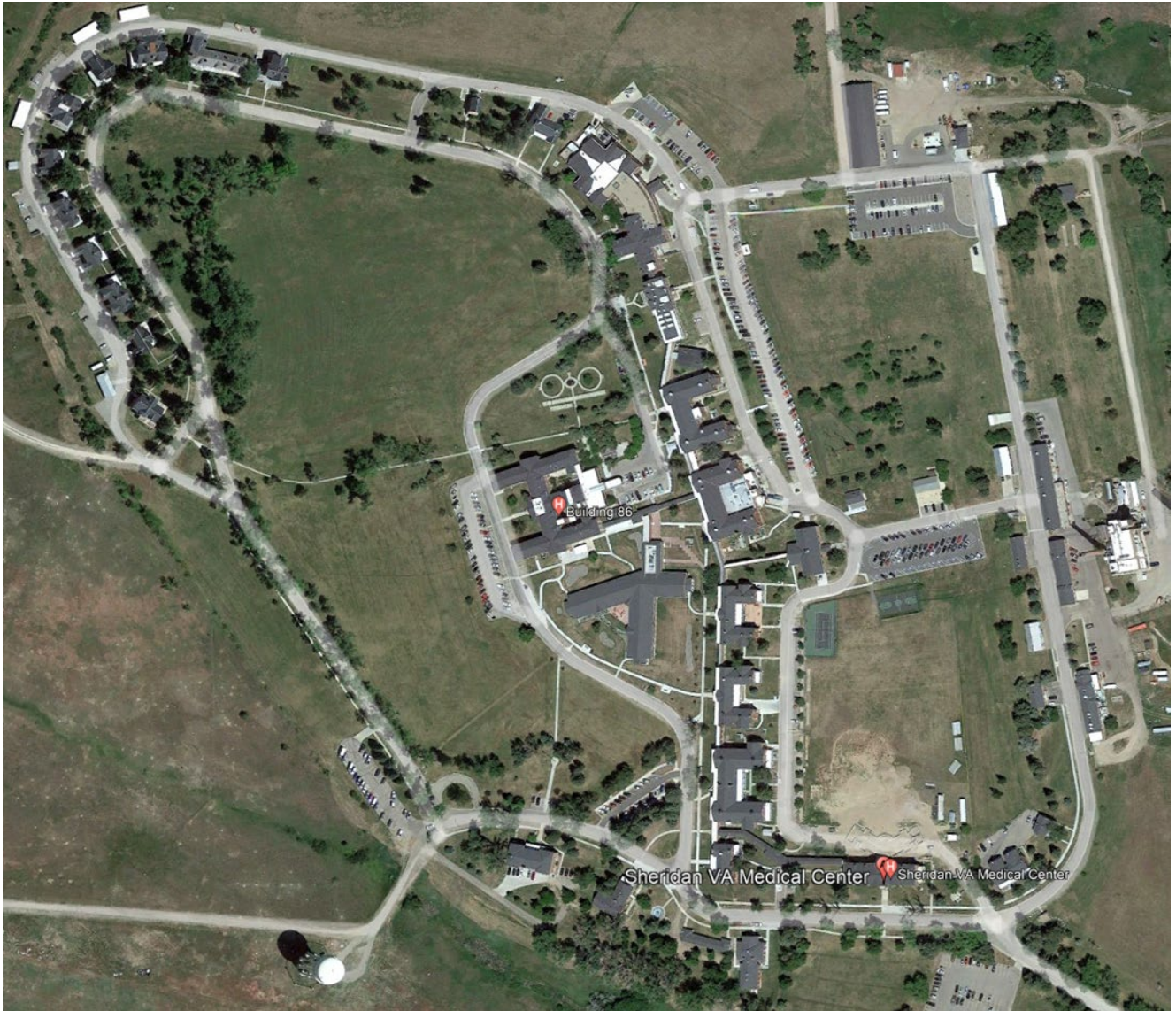


9. Do you do stat lab testing in your department? If not, where is it sent?
 - a. *We do have stat-lab testing, at the lab, but lab is on different floor and not nearby, as already mentioned above.*
 - b. *If patient isn't ambulatory and can't be taken to the lab for reasons of illness, etc., nurses collect the blood in UC and they then physically take the blood to the lab, which wastes time.*



2.0 Sheridan VA Medical Center, Sheridan, Wyoming

2.1 Exterior Images



Sheridan VAMC - Aerial Site Plan.





Sheridan VAMC - Aerial View looking to the southwest.



Sheridan VAMC – Outpatient Clinic, and UC, main entrance.



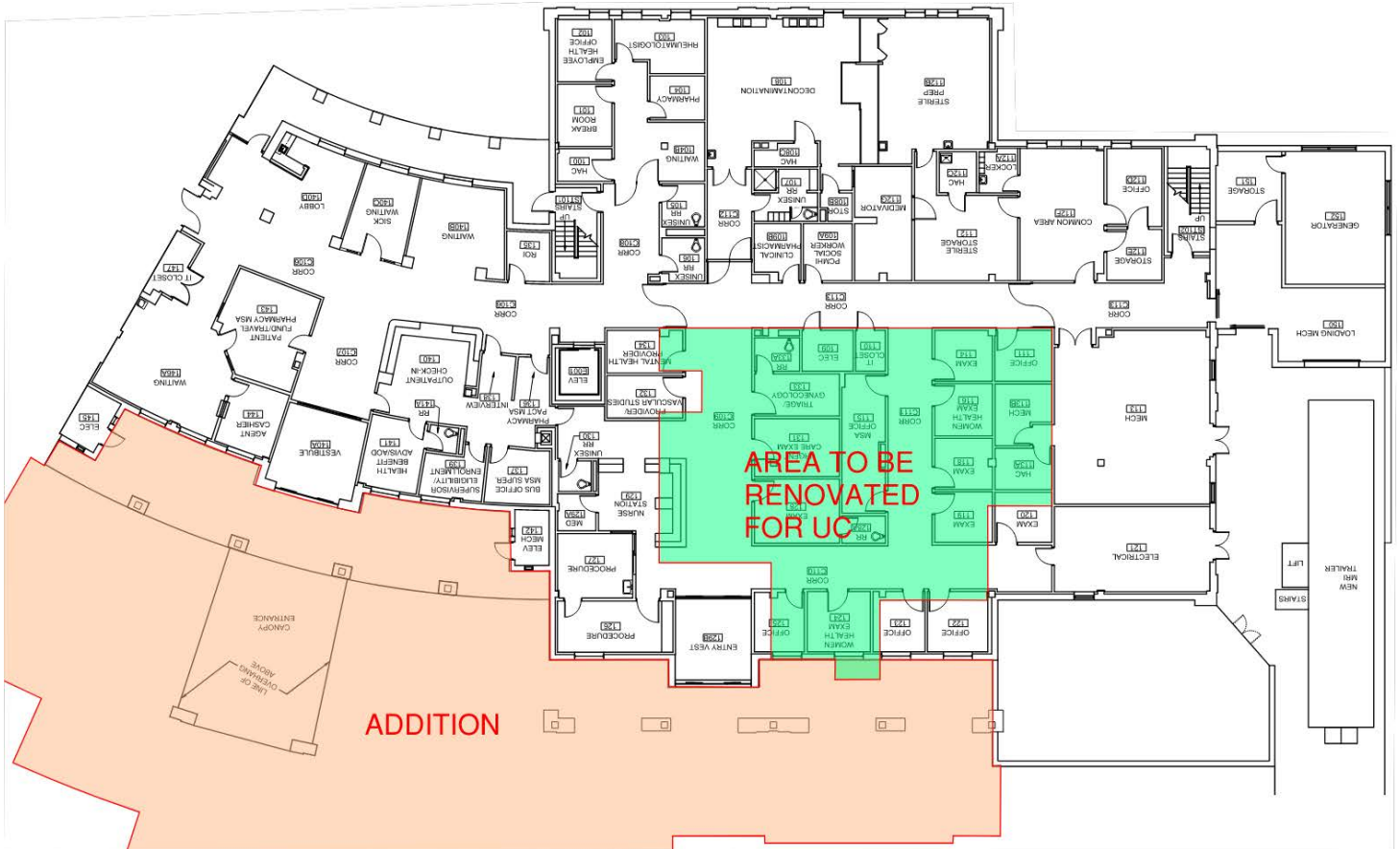
2.2 Campus Site Plan

The Urgent Care (UC) is located in the northwest corner of the outpatient clinic. North is up in this plan.



2.3 Overall Existing Floor Plan

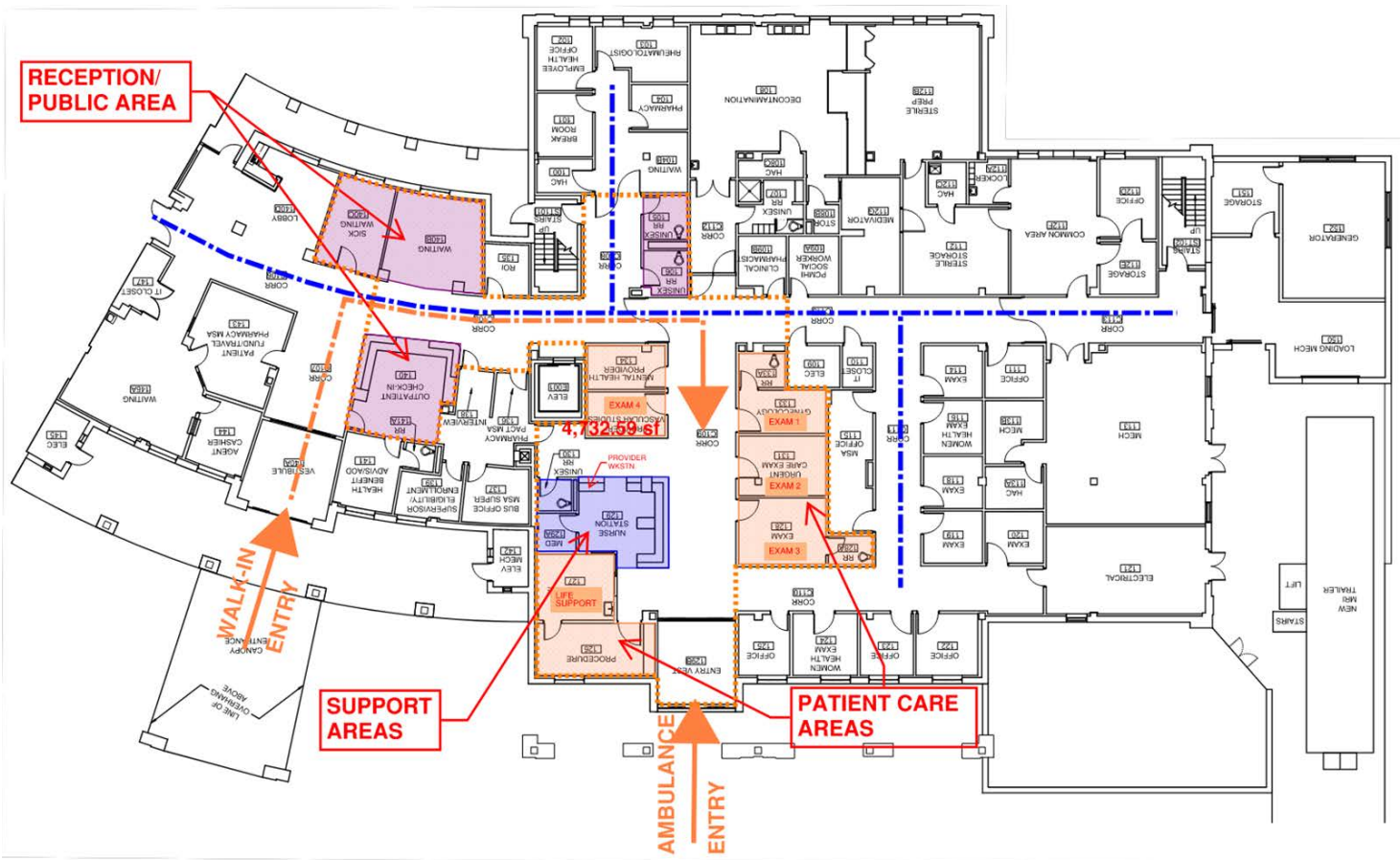
The image below is of the overall Outpatient Clinic First Floor Plan and highlights the location of the existing UC area and the area proposed for a UC addition. North is to the right in this plan.



2.4 Urgent Care Floor Plans

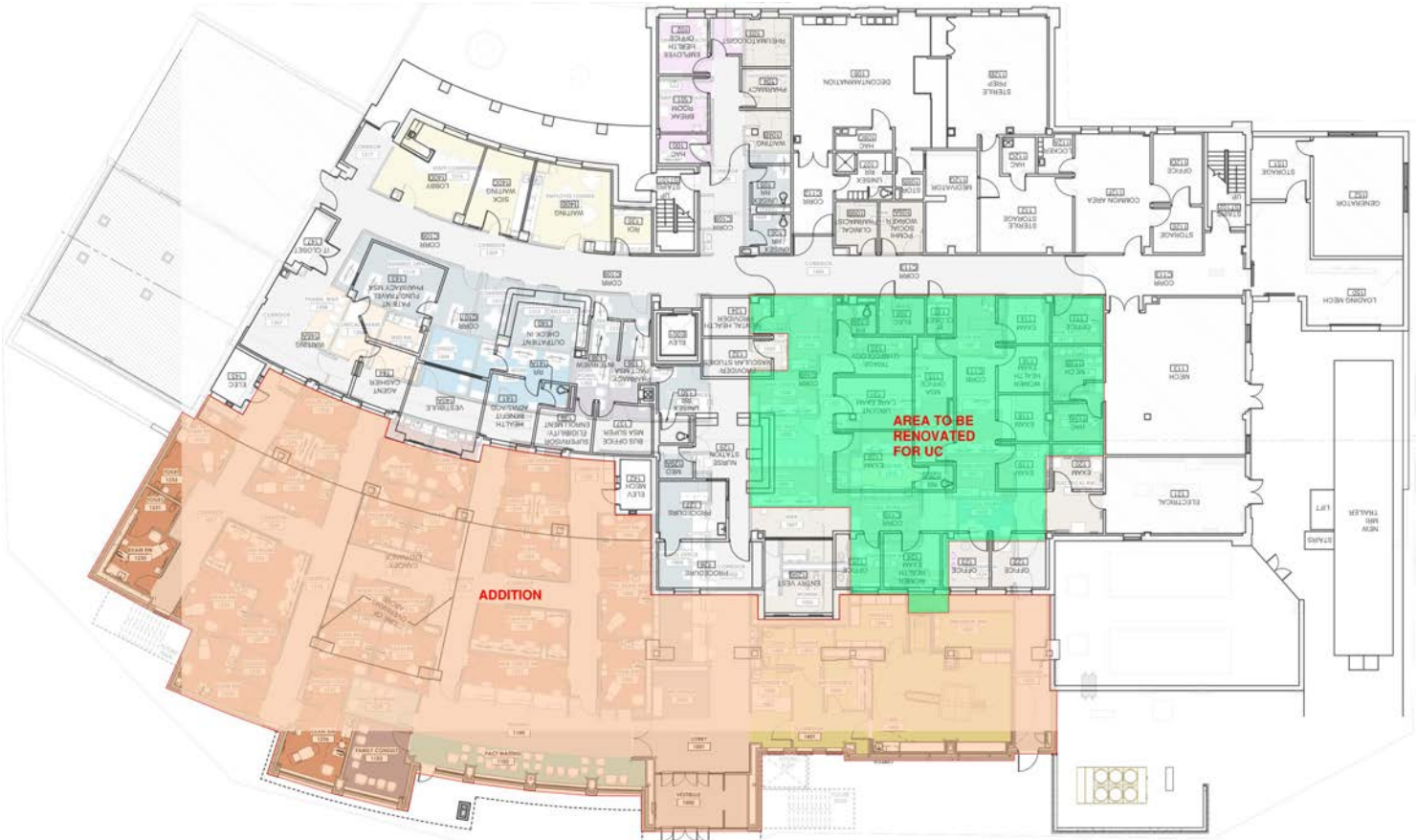
2.4.1 Access Points and Functional Areas

The UC Floor Plan below shows the various entry points into the UC. The walk-in location and EMS / Ambulance entrance points are both on the east side and directly adjacent to each other.



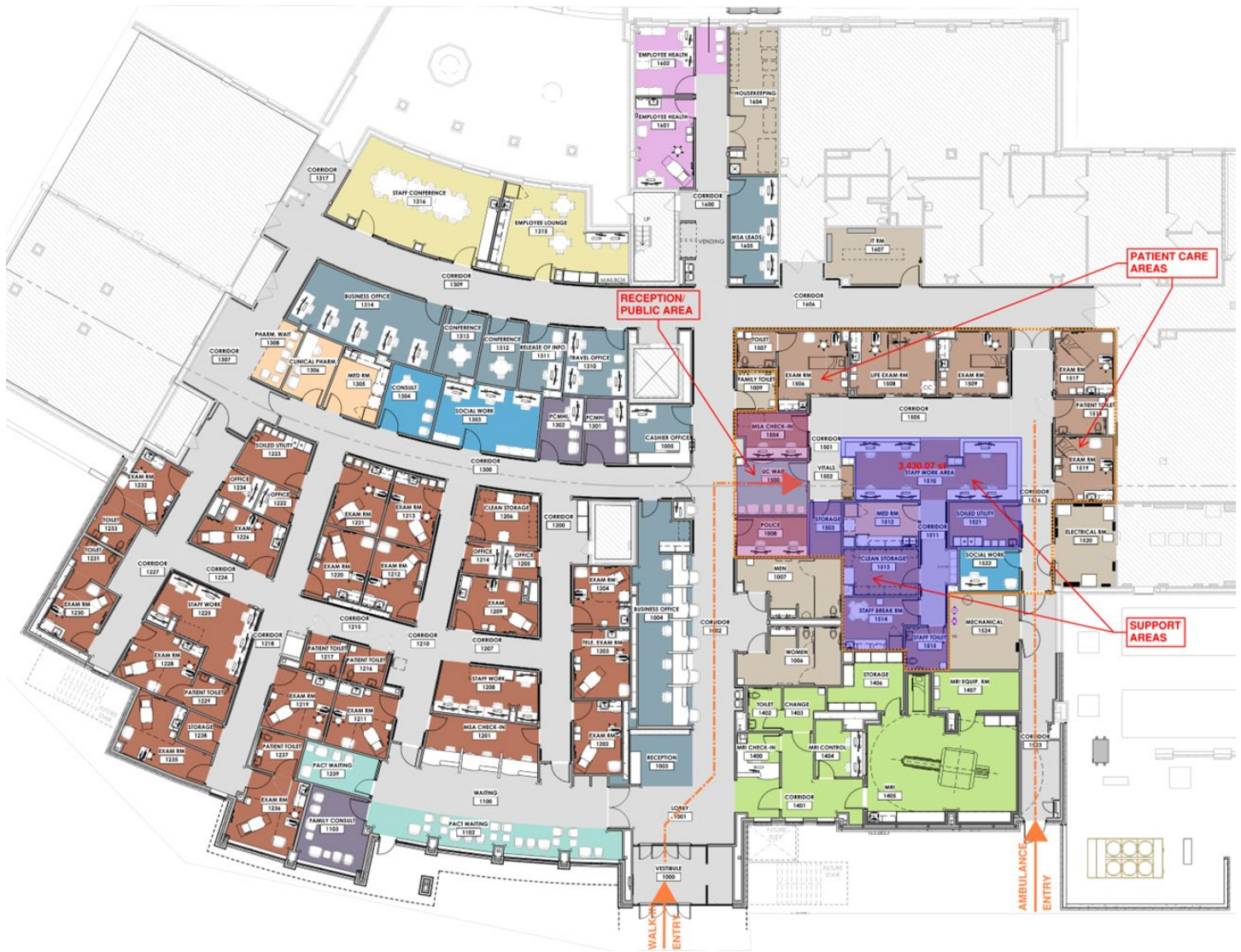
2.4.2 Overall Proposed Floor Plan

The image below is of the overall Outpatient Clinic First Floor Plan and highlights the location of the existing UC area to be renovated and the area proposed for a UC addition.



2.4.3 Proposed Access Points and Functional Areas

The below proposed UC Floor Plan keeps the existing access points from the exterior and diagrams locations of the various Functional Areas within the renovated UC.



2.5 Photographs

2.5.1 Virtual 3-D Tour

[Metareal Virtual Tour](#) link.

2.6 Metrics

A questionnaire was sent out in advance of our tour for the local UC Chief and staff to complete. Below is the data received back.

2.6.1 Questionnaire

- 1 # Annual UC visits - 1748
- 2 Hours of Operation – *Mon-Fri (no federal holidays) 0700-1900. The Urgent Care is currently closed. Care is being offered to patients via the Same Day Clinic, Primary Care, or Mental Health.*
- 3 Peak times - *900am to 1300*
- 4 # Treatment Rooms
 - a. # of Exam Rooms – *total of 5: 4 basic exam rooms with 1 life support room*
 - b. # of Triage Rooms, if any - *0*
 - c. # of Procedure Rooms – *1—also shared space with PT.*
- 5 Mental Health encounters per day: *varies but at a minimum 1 psychiatry encounter and 1 psychology encounter.*
- 6 Staff counts by shifts
 - a. Physicians – *1 (Physician available but typically staffed by APP)*
 - b. Nurses – *2*
 - c. Physical Therapist—*1*

2.6.2 Space Utilization

- 1 Does your bed count (exam/treatment rooms) include any hallway or “chair” treatment spaces? *No.*
- 2 Do you consider part of your UC as observation, “extended stay,” or admit holding patients or are they moved to a different location in the facility? *When the Urgent Care Clinic is open, observation can take place in the exam room environment.*
- 3 Narrative of any specific existing concerns with your department. *Appropriate working space for UC staff.*
- 4 How has COVID-19 impacted your department - *capacities, entrances, separate waiting areas, triage, new medications with long infusion and monitoring times, drive up covid testing clinic, increased transfers and admissions in-house and to higher levels of care.*
- 5 Impact of virtual care: *increased tele care, space & equipment requirement, decreased patient satisfaction.*
- 6 Is there a missing function, or space, you don’t have? *Not with planned redesigned.*
- 7 Need for General Radiology, or CT, if you do not have it now? *SVAHCS does have a need for diagnostic imaging and provides Xray, CT, Ultrasound, and MRI services.*



- 8 Do you do stat lab testing in your department? If not, where is it sent? *Both istat/POC testing and Stat lab testing available and used daily.*
- 9 How much is Telehealth utilized? *Daily for MH needs.*



**3.0 Roseburg VA Medical Center,
Roseburg, Oregon**

3.1 Exterior Images



Roseburg VAMC - Aerial Site Plan.





Roseburg VAMC - Aerial View looking to the Southeast with walk-in entrance in foreground in the middle of the picture.



Roseburg VAMC - Aerial View looking to the West, location of UC in upper right side.



3.2 Campus Site Plan

The Urgent Care (UC) is located at the north end of the Outpatient Clinic. The ambulance entrance is at the southwest corner of the Clinic.



3.3 Urgent Care Floor Plans

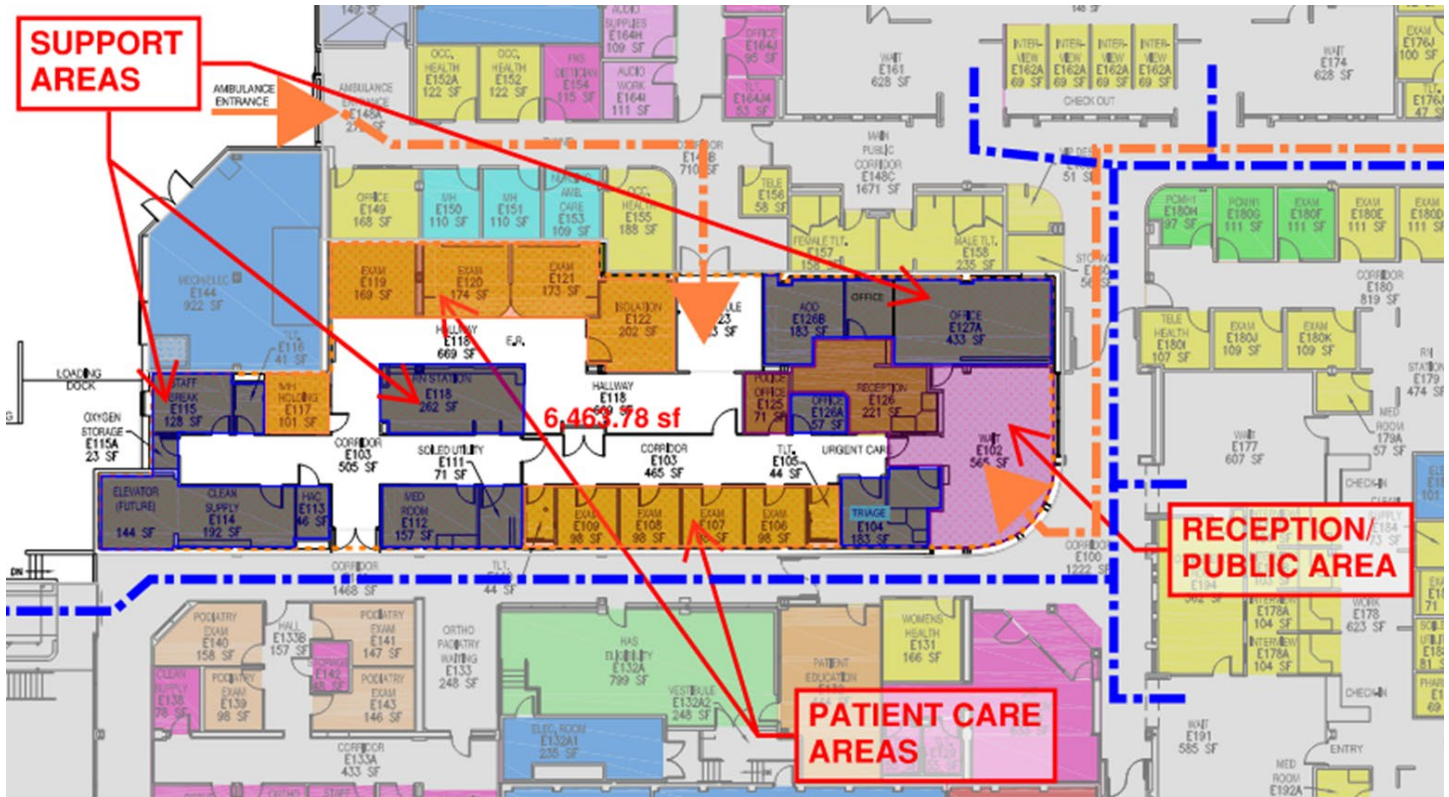
3.3.1 Overall Floor Plan and Access Points

The Outpatient Clinic floor plan below shows the location of the UC and various entry points into the UC. These floor plans are oriented with north to the right. The walk-in location faces north, and EMS / Ambulance entrance faces south.



3.3.2 Department Flow and Functional Areas

The UC Plan below indicates the department flow of patients through the UC and the locations of the various Functional Areas within the UC.



3.4 Photographs

3.4.1 Virtual 3-D Tour

[Metareal Virtual Tour link.](#)

3.5 Metrics

A questionnaire was sent out in advance of our tour for the local UC Chief and staff to complete. Below is the data received back.

3.5.1 Questionnaire

1. # Annual UC visits: *8,000 in 2022, average LOS is 99-120 minutes, 32 patients/day ave.*
2. Hours of Operation – *8:00 am – 7:30 pm stop intake at 6:00 pm, M-F, closed Holidays*
3. Peak times - *8:00 am-2:00 pm*
4. # Treatment Rooms
 - a. # of Exam Rooms – *9, includes 1 MH Observation (1-3 per day) & 1 Neg. All*
 - b. # of Triage Rooms, if any - *1*
 - c. # of Procedure Rooms - *0*
5. Mental Health encounters per day: *Utilize Social Services a lot*
6. Staff counts by shifts
 - a. Physicians – *2 staggered*
 - b. Nurses – *5 incl. 1 triage & 1 charge nurse, 1 intermediate care tech. Ratio of 1:3 nurse/patient, not including triage/charge.*

3.5.2 Space Utilization

1. Does your bed count (exam/treatment rooms) include any hallway or “chair” treatment spaces? *No, but we frequently do use hallways at times.*
2. Do you consider part of your UC as observation, “extended stay,” or admit holding patients or are they moved to a different location in the facility? *Do have some prolonged transfer waits, none overnight.*
3. Narrative of any specific existing concerns with your department – *front entrance is not at the entrance to the hospital. Need full functionality of side rooms but they are too small (i.e., fast track). Bays cannot be used for COVID-19 patients due to airflow. No wall oxygen in the hallway rooms. No direct natural light in the department. Crowded nursing station area would consider spacing out workstations better.*
4. How has COVID-19 impacted your department - capacities, entrances, waiting, triage, etc. – *Issues trying to triage patients separated from the others. Issues with space availability, especially private rooms with the ability to close the door. Overcrowding.*
5. Impact of virtual care; space & equipment – *Not currently using Telehealth, but want to move in this direction particularly for MH visits.*
6. Is there a missing function, or space, you don’t have? *This UC functions as a stand-alone, rural, non-trauma emergency department with limited hours (i.e., about ½ of our patients would be too high acuity for a normal Urgent Care). We also*



perform a lot of primary care overflow, so could use fast-track space. Changed classification from ED to UC in August 2019. Have closed other acute medical inpatient units at this campus, except for psych.

7. Need for General Radiology, or CT, if you do not have it now? *Located down the hall from UC.*
8. How are you using the space you have vs. need/want? (i.e., room sizes, layout, patient flow, staff flow, rooms / spaces that are missing, proximity to Imaging, vertical circulation) *Proximity to laboratory is not optimal, and no Pneumatic Tube system.*
9. Do you do stat lab testing in your department? If not, where is it sent? *POC capabilities for blood gases and chem 8, blood glucose, and troponin. Other stat labs are all processed within the laboratory (majority are ordered STAT).*
10. How much is Telehealth utilized? *Not currently used.*



4.0 Spokane VA Medical Center, Spokane, Washington

4.1 Exterior Images



Spokane VAMC - Aerial Site Plan.





Spokane VAMC - Aerial View looking to the Northwest with main entrance on the east side of the hospital.



Spokane VAMC - Aerial View looking to the Southwest, at location of main entrance.



4.2 Campus Site Plan

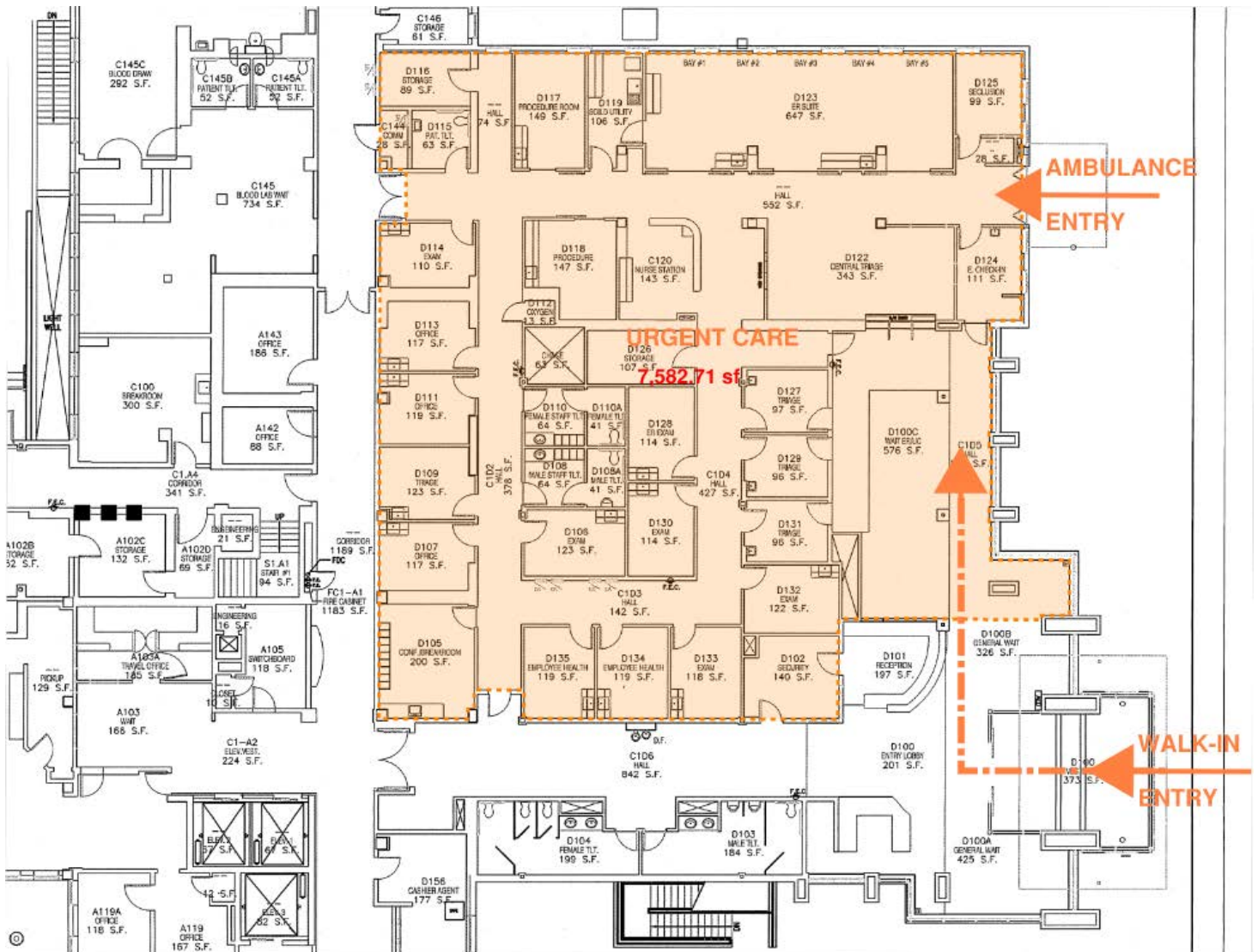
The Urgent Care (UC) is located at the south end of the Hospital.



4.3 Urgent Care Floor Plans

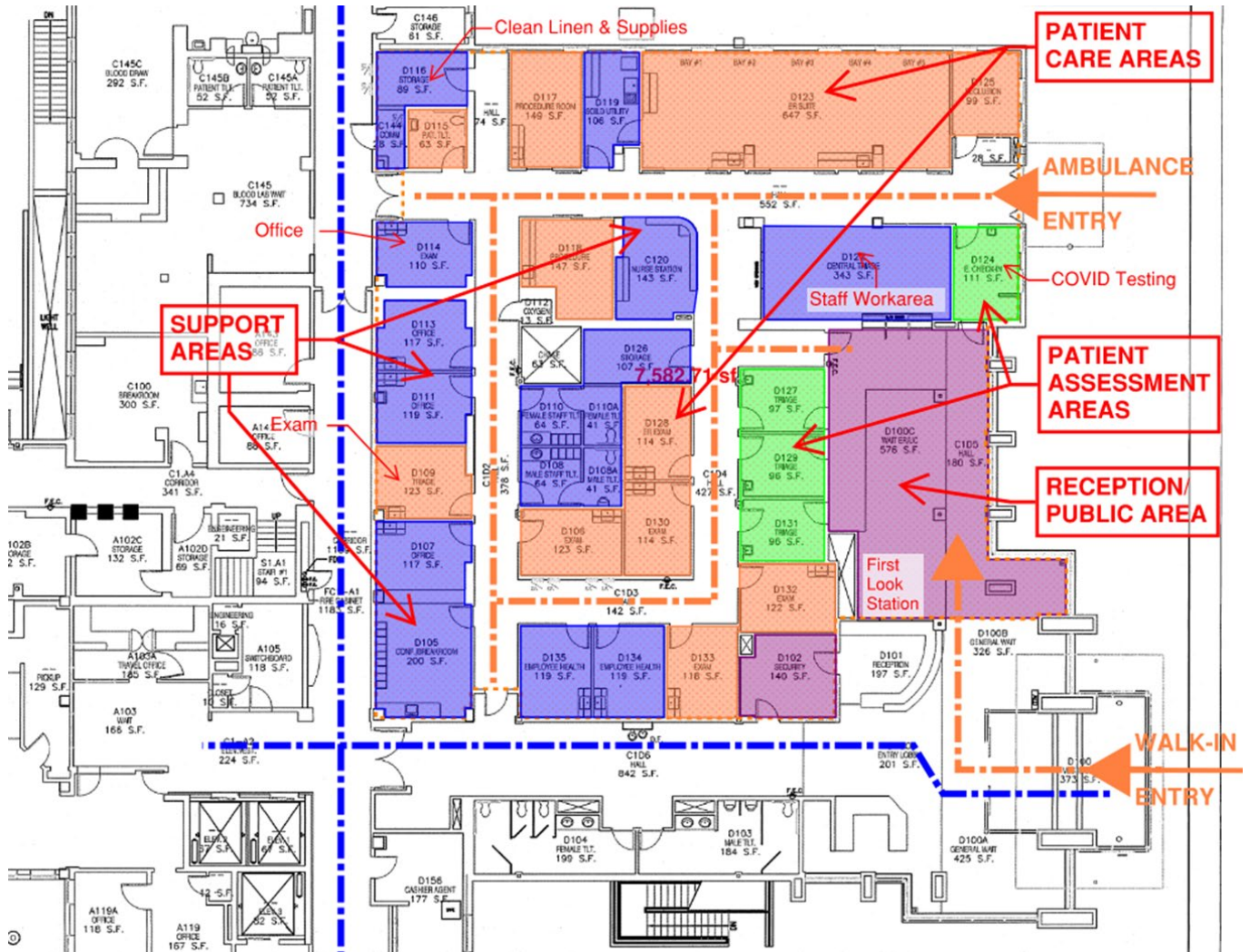
4.3.1 Overall Floor Plan and Access Points

The UC Floor Plan below shows the various entry points into the UC. These floor plans are oriented with north up. The walk-in location and Ambulance entrance faces east.



4.3.2 Department Flow and Functional Areas

The UC Plan below indicates the department flow of patients through the UC and locations of the various Functional Areas within the UC.



4.4 Photographs

4.4.1 3-D Virtual Tour

[Metareal Virtual Tour](#) link.

4.5 Metrics

A questionnaire was sent out in advance of our tour for the local UC Chief and staff to complete. Below is the data received back.

4.5.1 Questionnaire

1. # Annual UC visits: > 17,000
2. Hours of Operation – 0700-1900
3. Peak times - 1000-1400; 1600-1800
4. # Treatment Rooms
 - a. # of Exam Rooms – 7 High Acuity beds, 1 Seclusion Room, 8 Fast track room. 3 of the Fast Track Rooms are set up to assist with high acuity overflow. Monitors etc.
 - b. # of Triage Rooms, if any – 2
 - c. We also utilize a First Look Concept in the Waiting Room
 - d. # of Procedure Rooms; All rooms can be used as procedure rooms.
5. Mental Health encounters per day: *It depends*
6. Staff counts by shifts
 - a. Physicians – 4-8
 - b. Nurses – 8-11

4.5.2 Space Utilization

1. Does your bed count (exam/treatment rooms) include any hallway or “chair” treatment spaces? *NO*
2. Do you consider part of your UC as observation, “extended stay,” or admit holding patients or are they moved to a different location in the facility? *NO*
3. Impact of virtual care; space & equipment: *We do not have a virtual care concept in place at this time.*
4. Is there a missing function, or space, you don’t have? *Our space is old and was not initially an ED/UC space.*
5. Need for General Radiology, or CT, if you do not have it now? *NA*
6. Do you do stat lab testing in your department? If not, where is it sent? *We do specific Point of Care testing but labs are predominately sent to lab*
7. How much is Telehealth utilized? *None*



5.0 Sparrow Health Urgent Care, Lansing, Michigan

5.1 Introduction

Sparrow Health System is a 733-bed physician-led nonprofit teaching hospital based in Lansing, Michigan. This tour is of two different facilities of Sparrow Health. The first is an Urgent Care (UC) located directly across the street from the main Hospital Emergency Department. It is located on the Ground floor beneath a multi-story parking structure.

The second facility is Okemos Medical Center which is a freestanding Emergency Department, Imaging Center and Specialty Clinics. This tour was led by Jon Huddy of Huddy Healthcare, who worked on the design of these facilities for Sparrow Health.

5.2 Sparrow Health UC

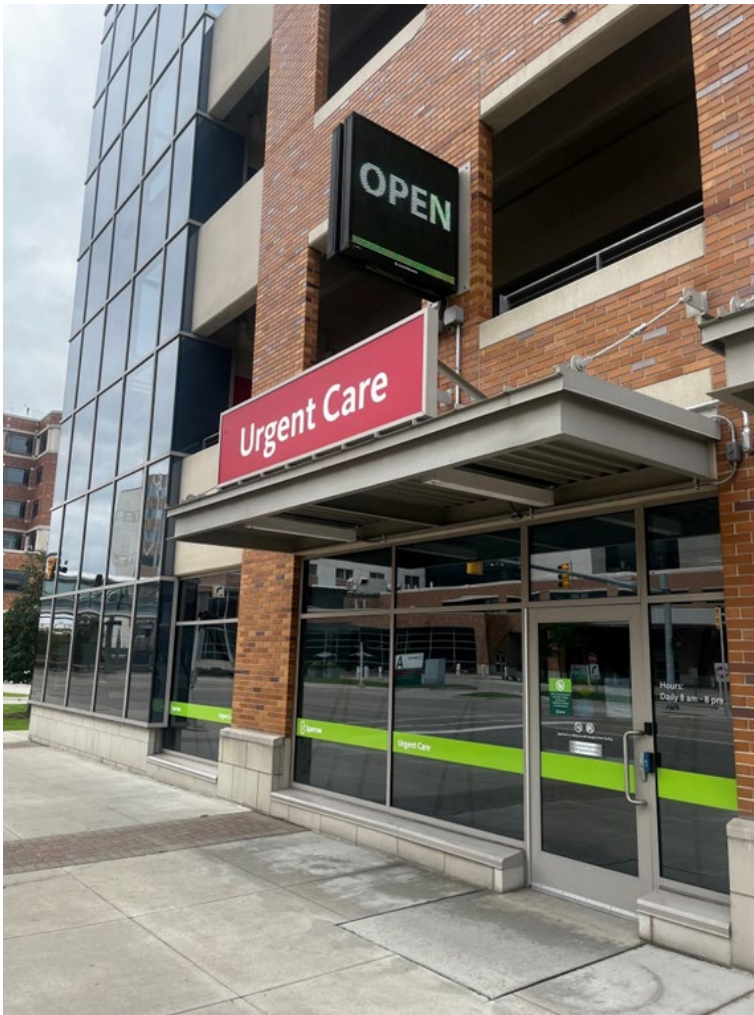


Photo of Main Urgent Care Walk-in Entrance at Sparrow Health.



5.3 Campus Site Plan

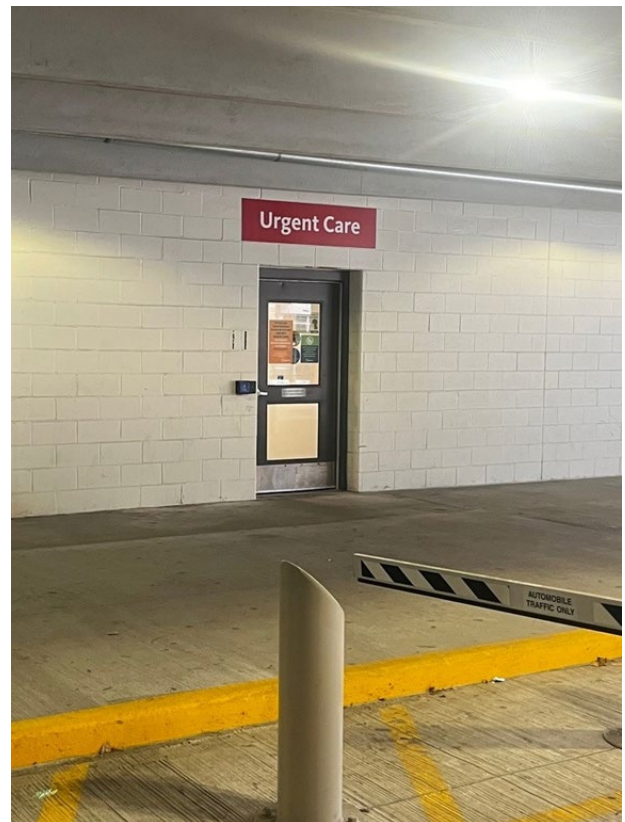
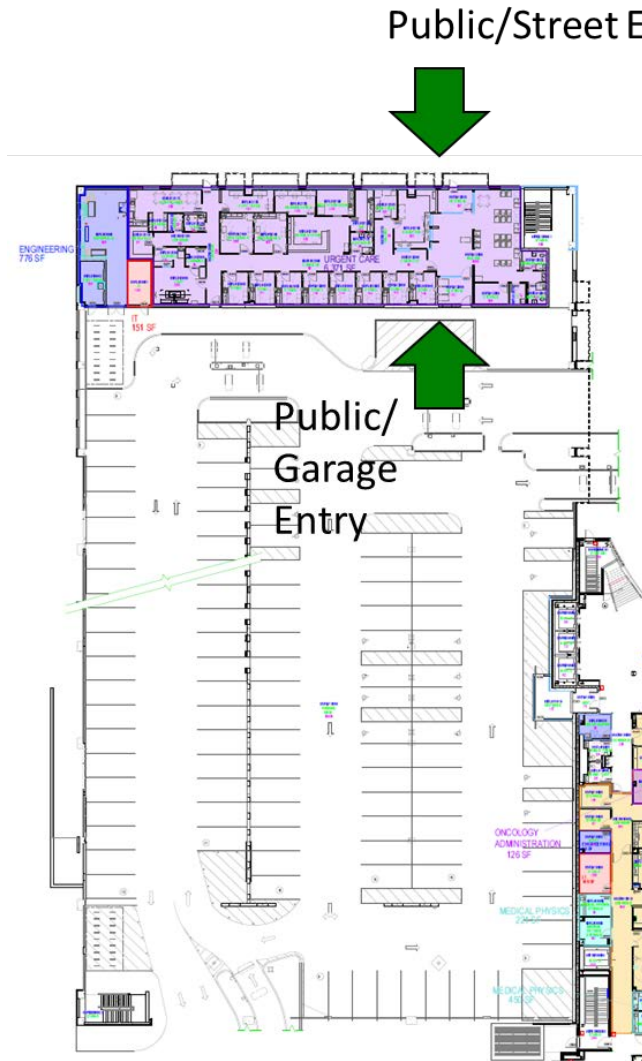


Sparrow Health Hospital and Urgent Care - Aerial Site Plan.



5.4 Overall Floor Plan

The Overall Ground Floor Plan below shows the various entry points into the UC. The walk-in entrances are on opposite sides with the entrance from the street designed to be the main entrance and the one inside the garage as secondary. But reality is the one in the garage gets most of the use.



Picture of UC Entry inside the Parking Garage.



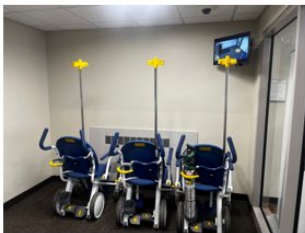
5.5 Access Points and Organizational Floor Plan

The UC Floor Plan below shows the various entry points into the UC. The walk-in entrances face opposite directions, but both have good visual observation by Staff of both entrances at the same time.



5.6 Large Scale Floor Plans with Photographs

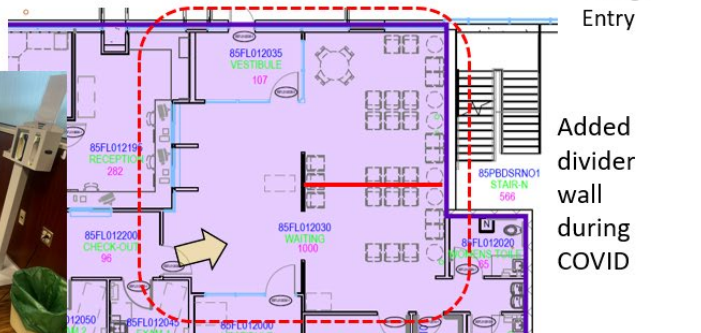
5.6.1 Public/Patient Access



Photos above of UC Walk-in Entrance Vestibules and large-scale floor plans.



Self registration kiosk



Photos above of UC Waiting area.

URGENT CARE SITE VISITS REPORT

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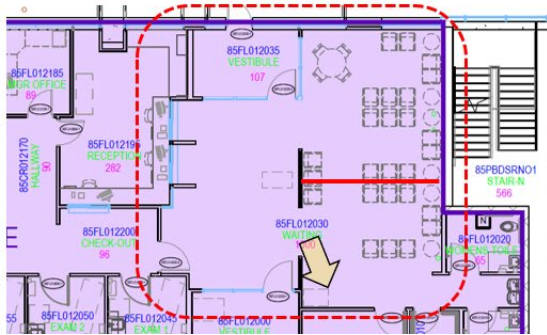


Patient Tracking Board

Photos above of UC Waiting area.



Public/
Garage
Entry



Added
divider
wall
during
COVID

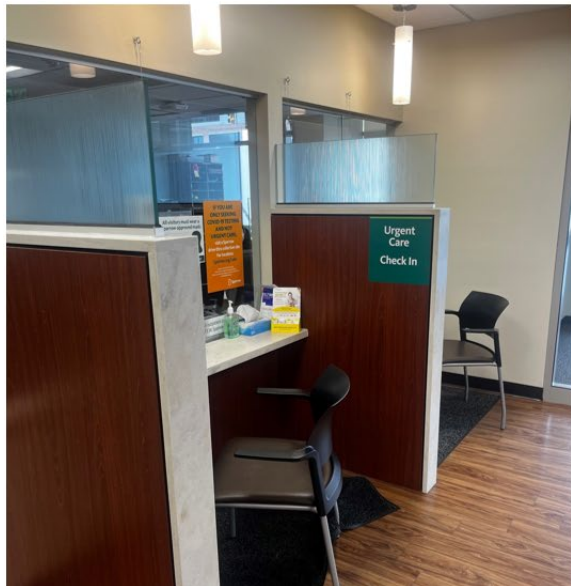


Photo above of Check-In desks.



Public/
Garage
Entry

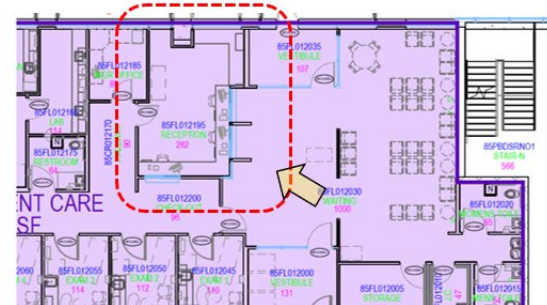
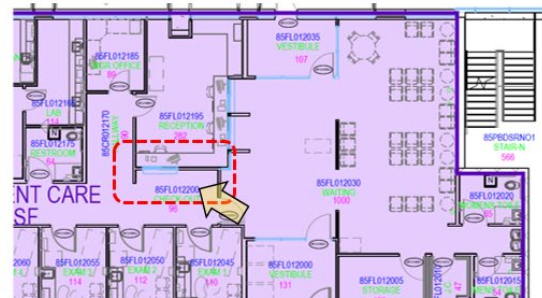




Photo above of Check-Out desk.



5.6.2 Central Treatment Core

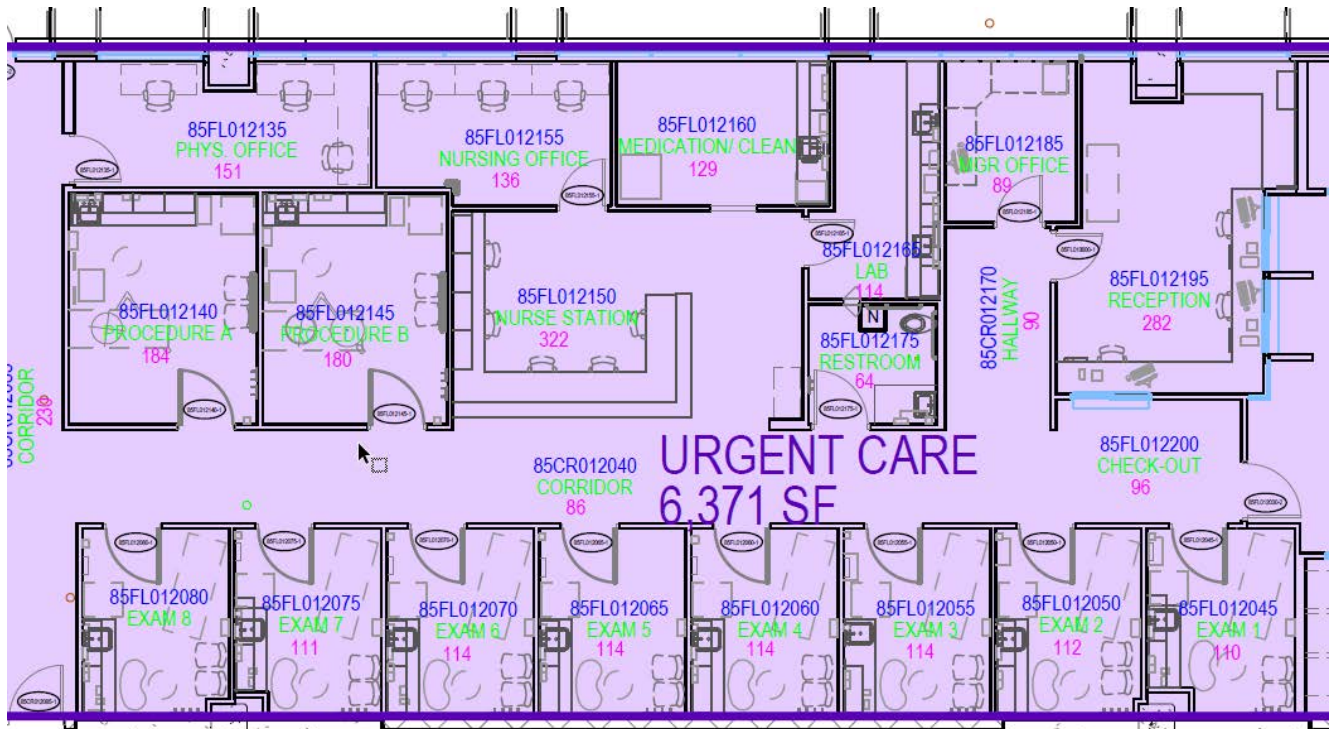




Photo above of Central Nurse Station.

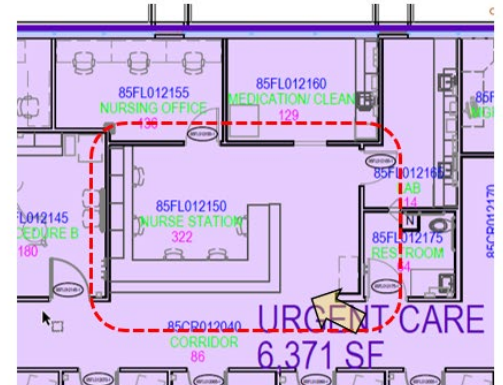
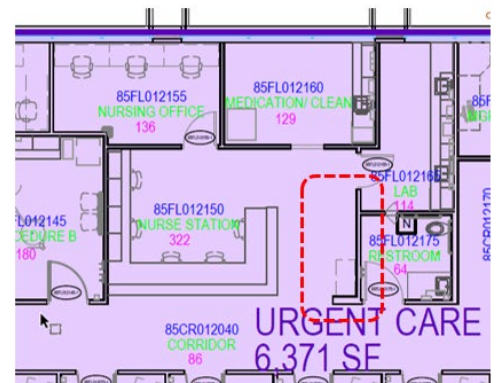


Photo above of equipment alcoves.



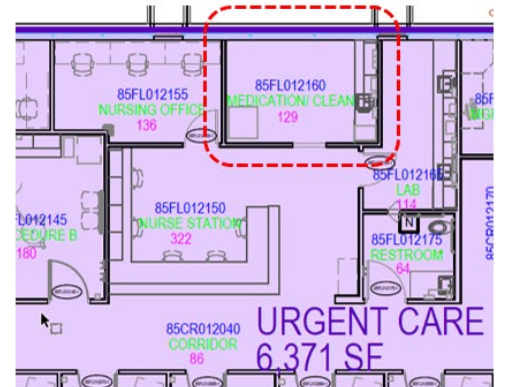


Photo above of Clean Supply and Medication Room.

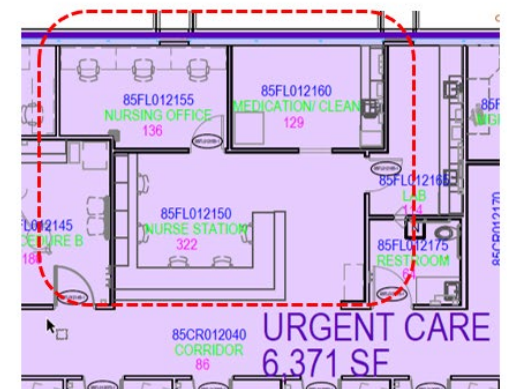
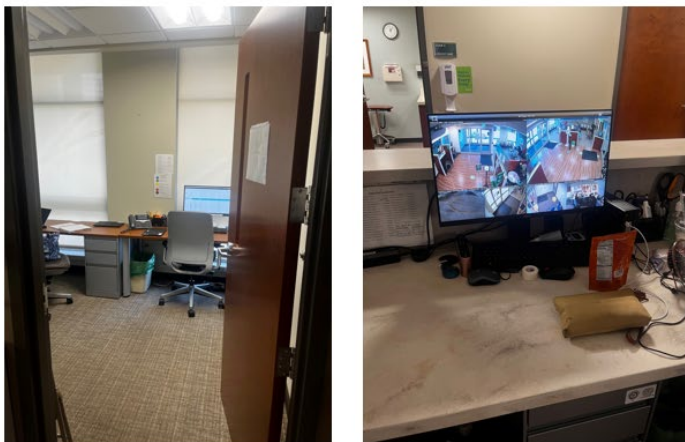


Photo above of central work core.



5.6.3 Patient Care Areas

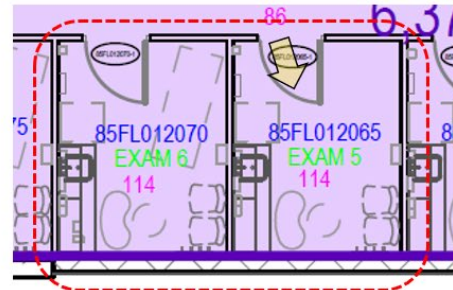
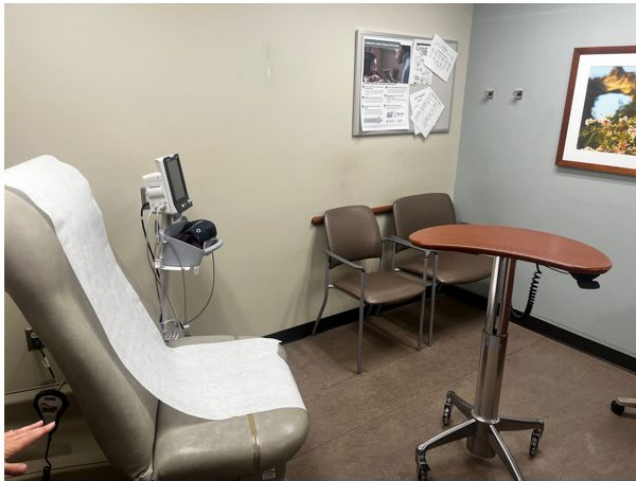


Photo and plan above are of a General Exam Room.

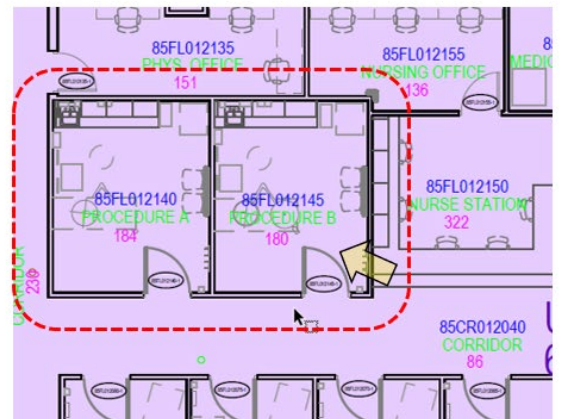


Photo and plan above are of a Procedure Room.



During COVID, to help to reduce re-admissions after ED or hospital stay, Sparrow developed a new Post-Acute Discharge service to treat returning patients in the extra exam rooms during UC slowdown

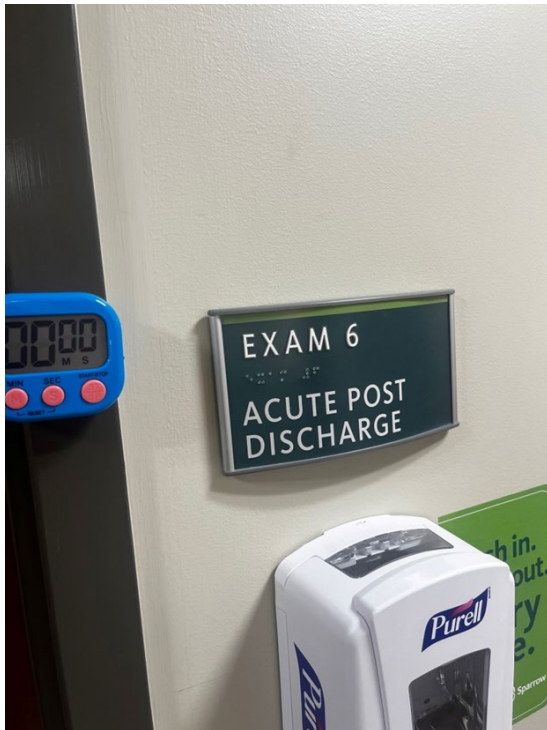
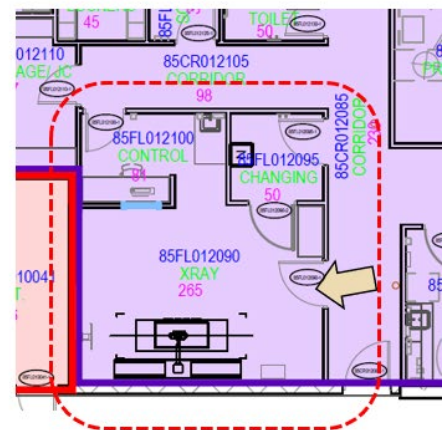


Photo above of typical Patient Toilet Room.



Photo above of a Radiology Room



5.6.4 Support Areas



Photos above of Staff Break Room.

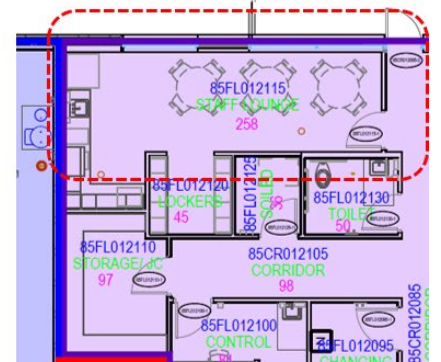
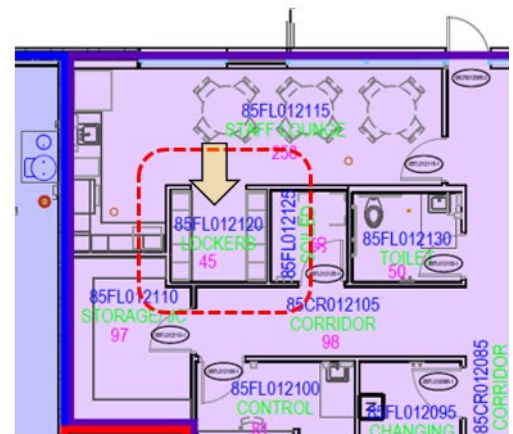


Photo above of Staff Locker Room.





No hopper sink

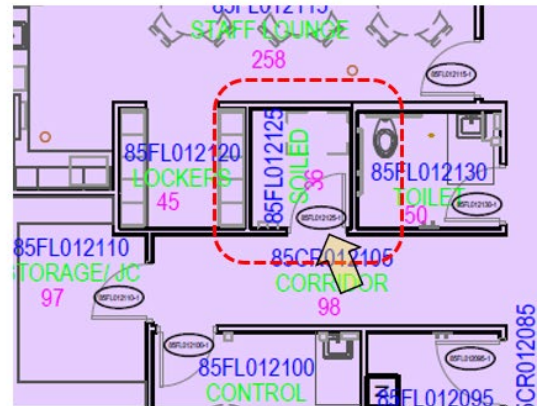


Photo above of Soiled Holding Room (Not a Soiled Utility Room).

5.7 Metrics

Below is the data received by Mr. Huddy's interview with staff.

1. Severely Reduce volumes during COVID.
2. Added an Acute Post Discharge service.
3. Hours of Operation – 0800-2000
4. Peak times - 1700-2000
5. # Treatment Rooms: 8 Exam and 2 Procedure
6. No Triage Rooms.
7. Mental Health encounters are very rare.
8. Staffed with GPs/Physicians and Nurse practitioners. Usually just 2 Nurses.
9. No hallway or chair care.
10. Underutilized Radiology.
11. They split the Waiting Room during COVID.
12. Limited use of Telehealth.
13. Offer Online registration, "waiting in car".



6.0 Sparrow Health – Okemos Medical Center, Okemos, Michigan

6.1 Introduction

Sparrow Health System is a 733-bed physician-led nonprofit teaching hospital based in Lansing, Michigan. This tour is of the second facility which is Okemos Medical Center which is a freestanding Emergency Department, Imaging Center and Specialty Clinics. This tour was led by Jon Huddy of Huddy Healthcare, who worked on the design of these facilities for Sparrow Health.

6.2 Okemos Medical Center

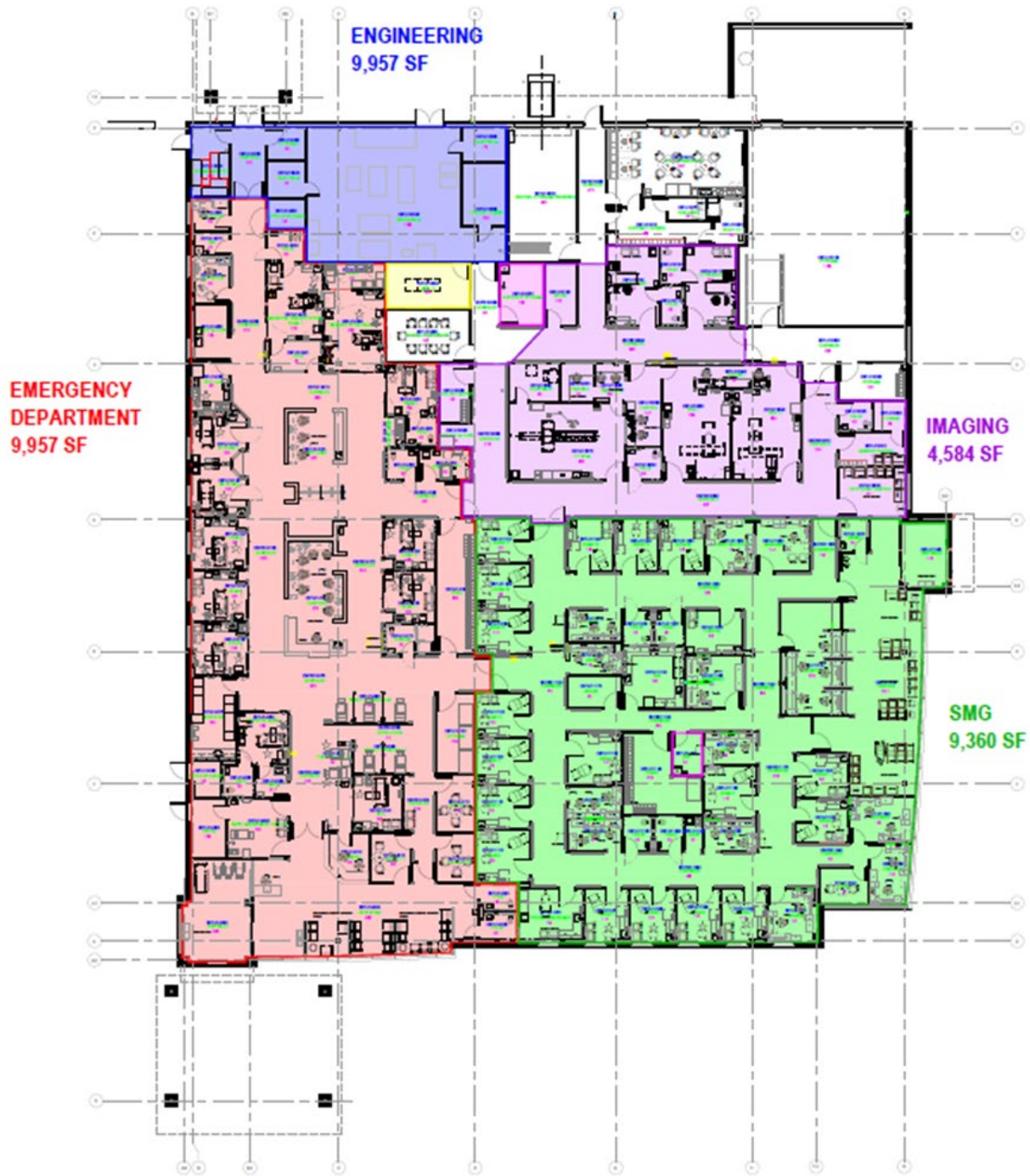


Photo above of Okemos Medical Center – Aerial Site Plan.



6.3 Overall Floor Plan

The Overall Ground Floor Plan below shows the various entry points into the Medical Center and into the Emergency Department. The walk-in entrances are on opposite sides with the entrance from the street designed to be the main entrance and the one inside the garage as secondary. But reality is the one in the garage gets most of the use.





Rendering of Main Entrance above.

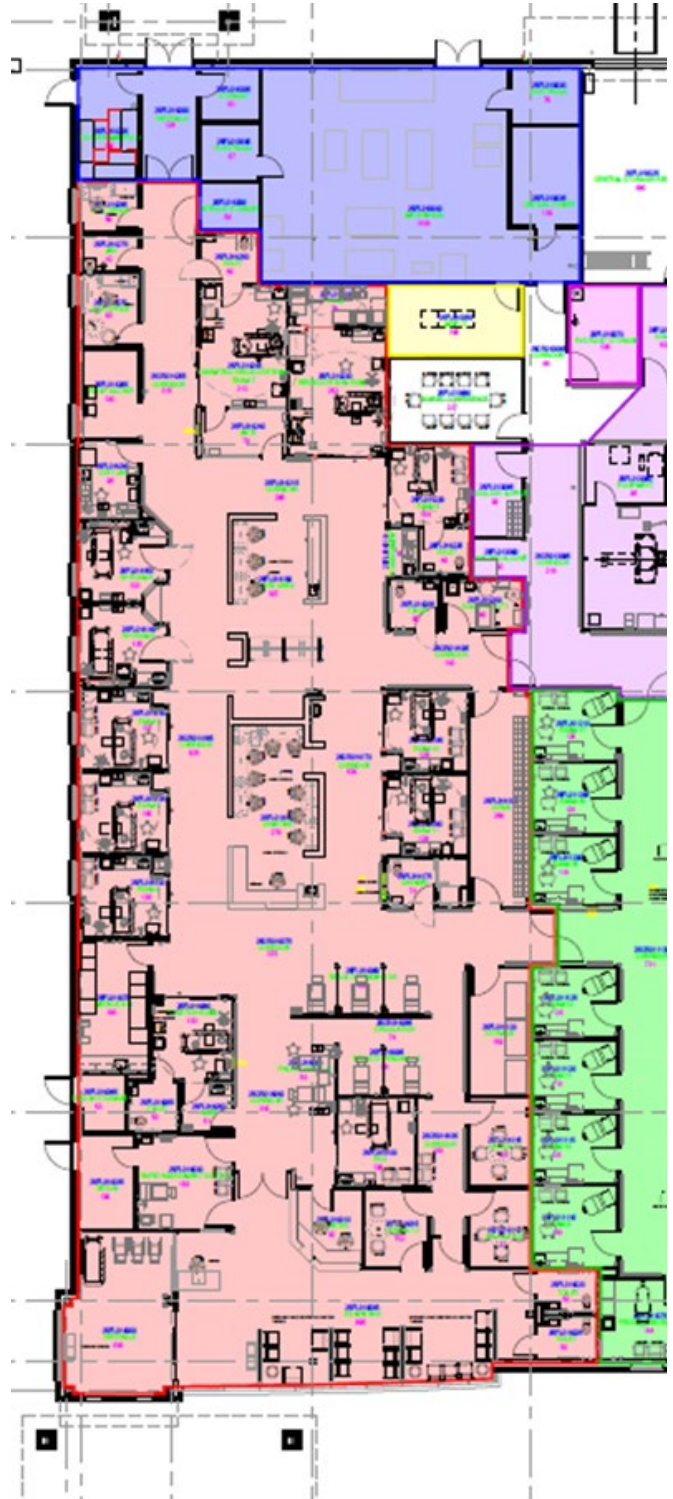


Photo of Main Entrance above.



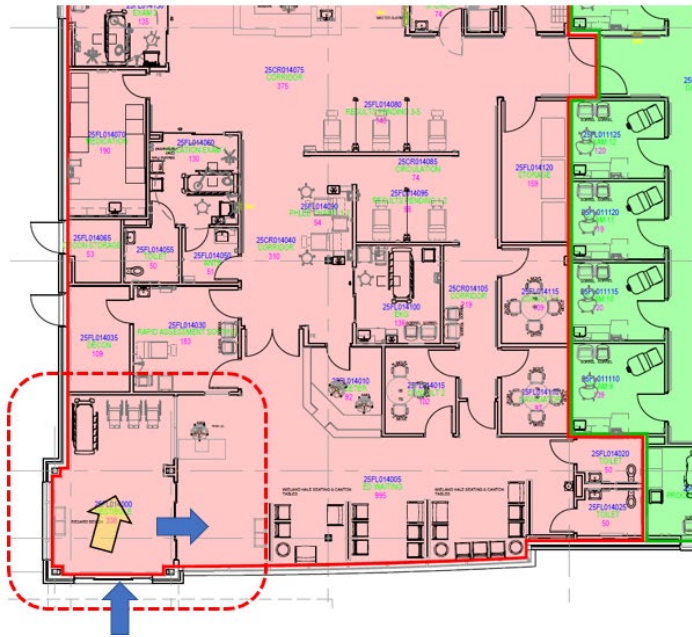
6.4 Access Points and Organizational Floor Plan

The ED Floor Plan to the right shows the various entry points into the ED. The walk-in entrance faces south. The ambulance entrance faces north, at the top of the department.

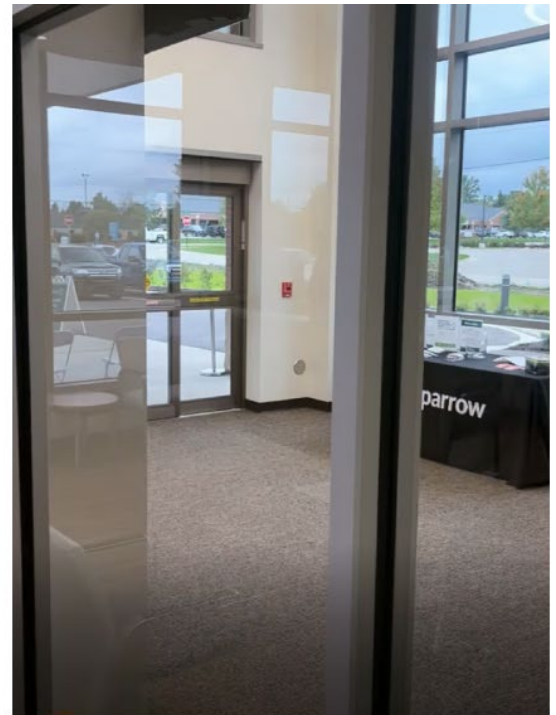
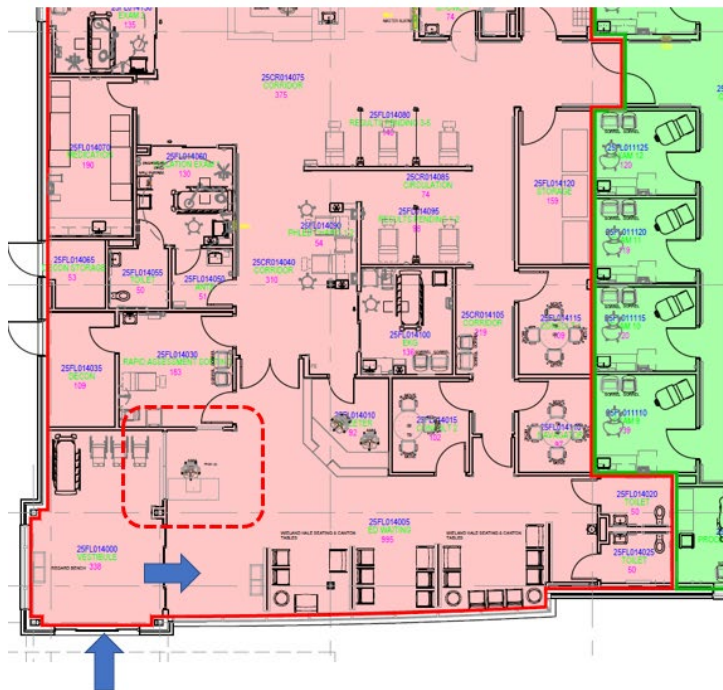


6.5 Large Scale Floor Plans with Photographs

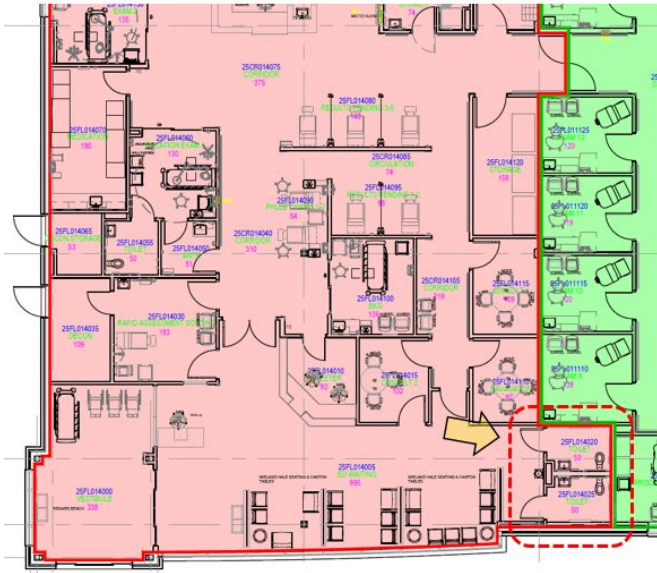
6.5.1 Public and Assessment Access



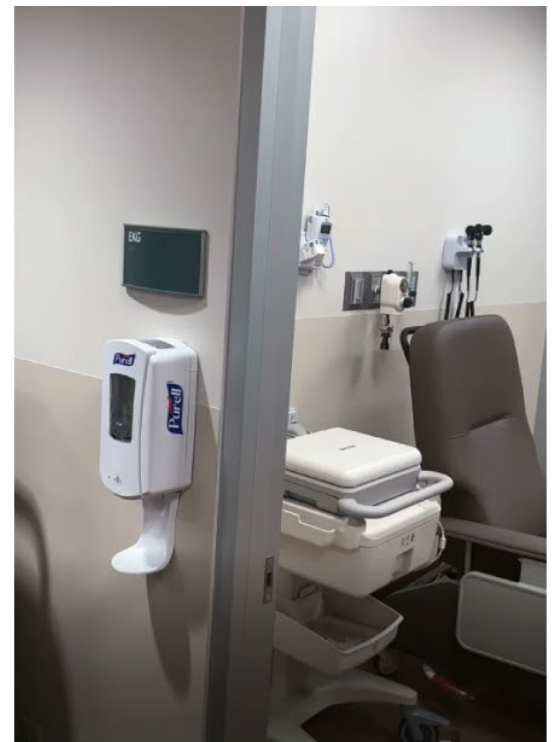
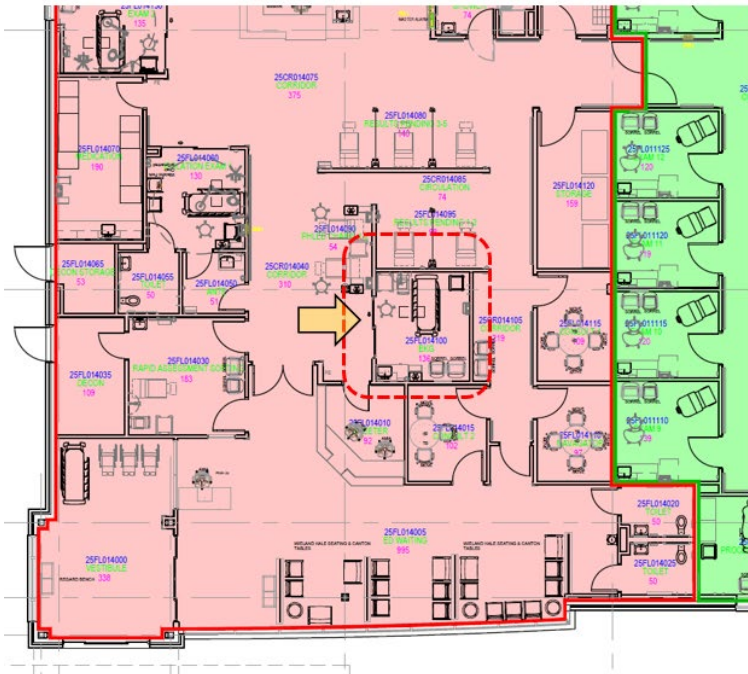
Plan and photo above of the entry Vestibule.



Floor Plan and photo above highlighting the strategic location of the Security Desk.

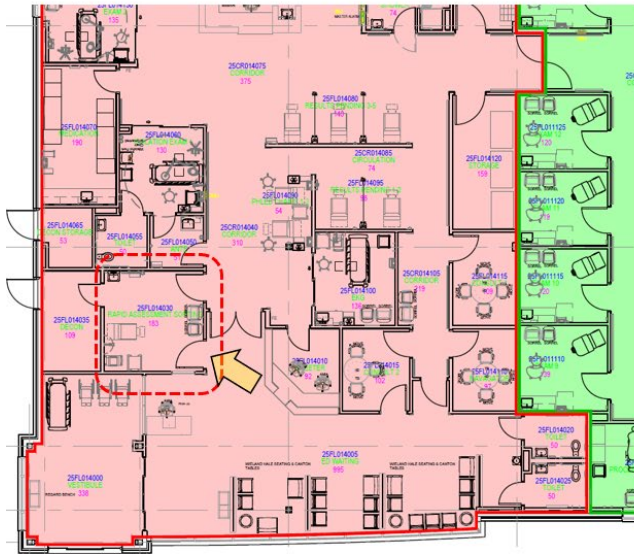


Plan and photo above of the Public Toilets off the Waiting area.

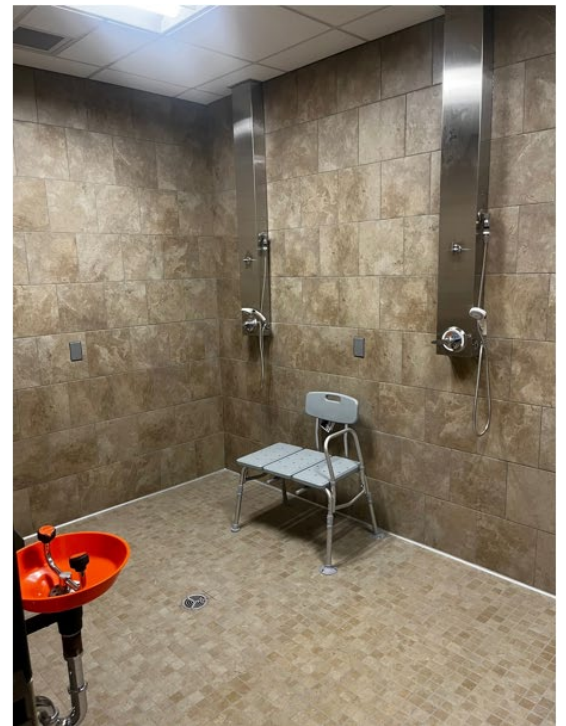
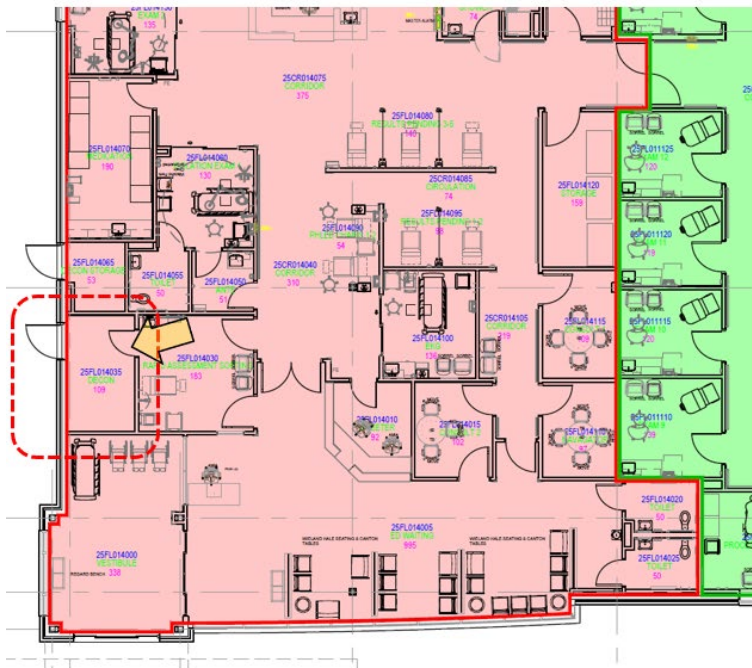


Plan and photo above of one of the Triage Rooms.



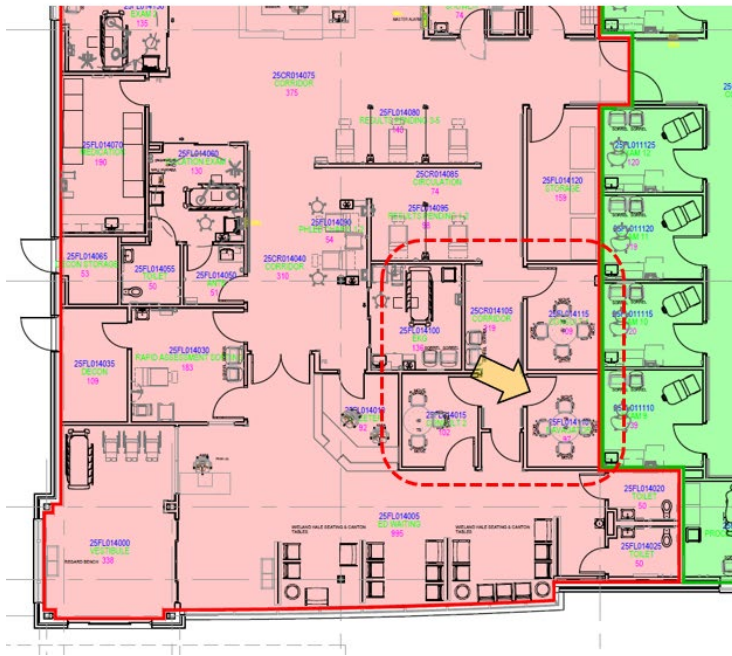


Plan and photo above of one of the Triage Rooms.

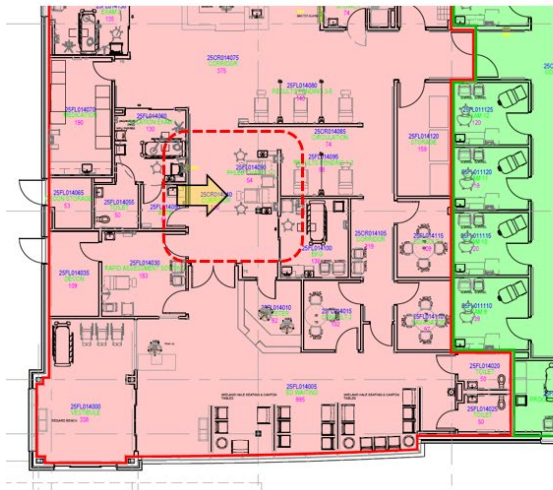


Plan and photo above of the Decontamination Room.

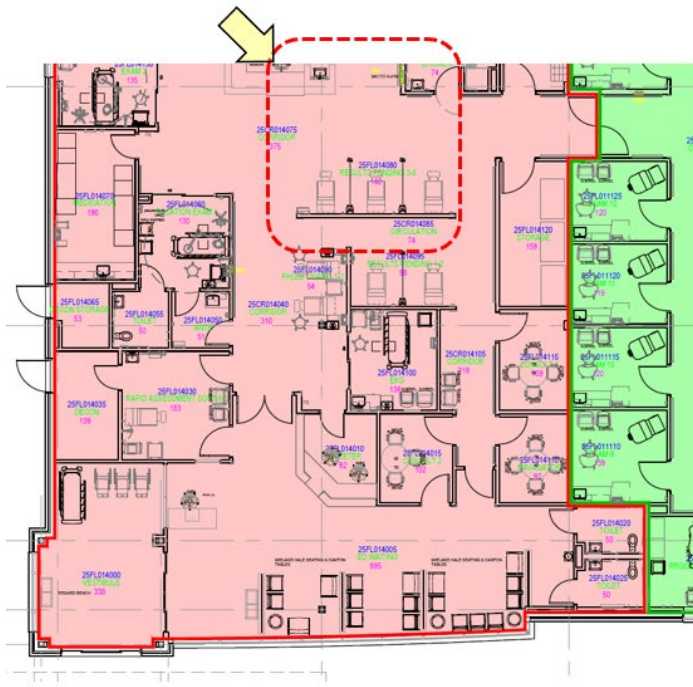




Plan and photo above of a Consult/Discharge Room.

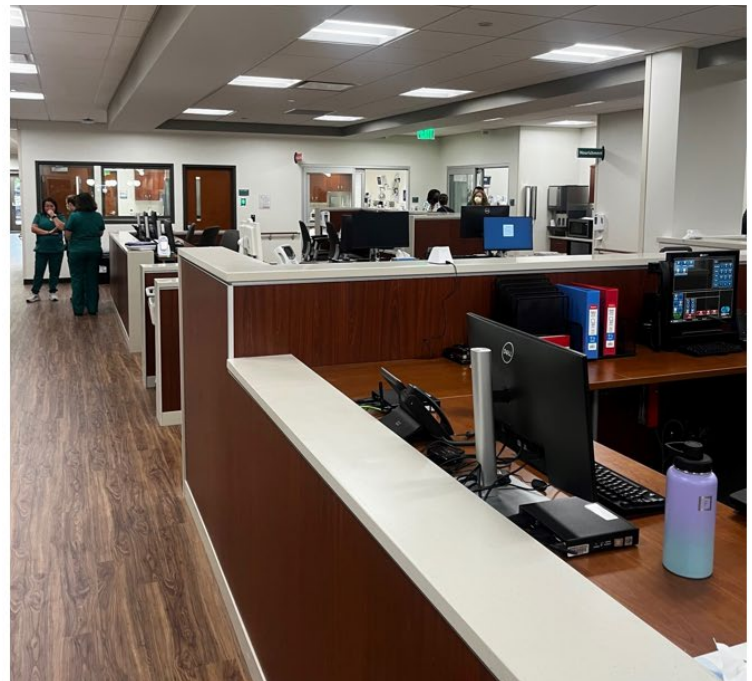
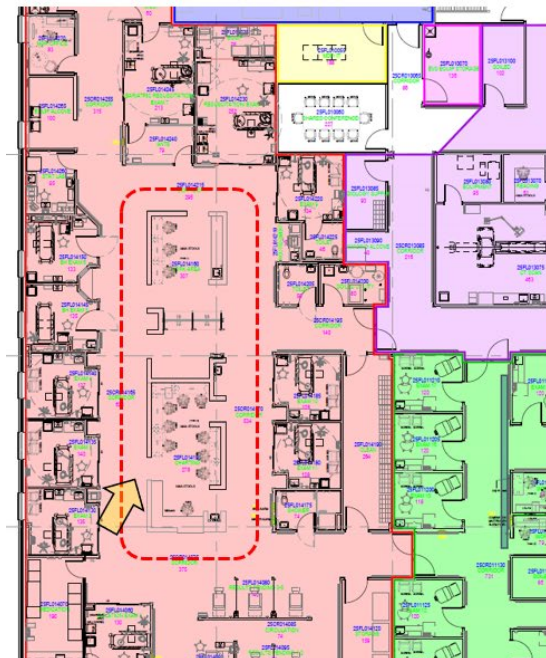


Plan and photo above of Phlebotomy/Rapid Evaluation chairs.



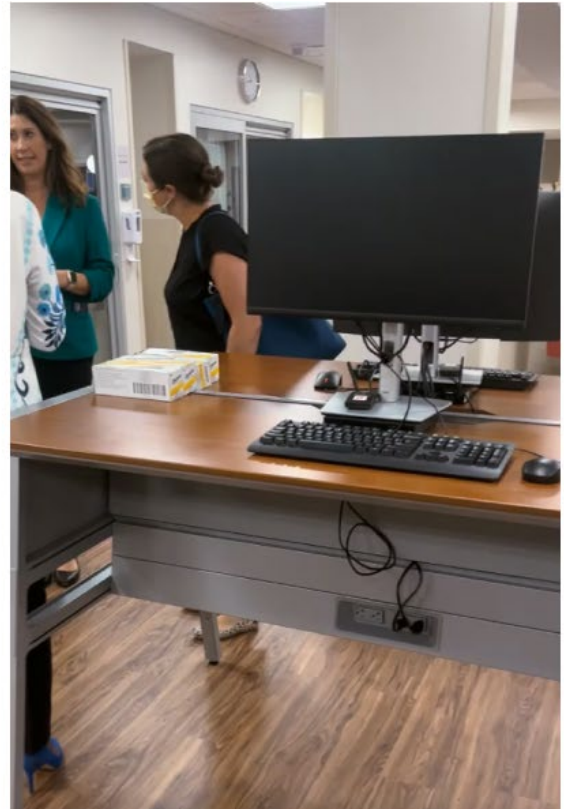
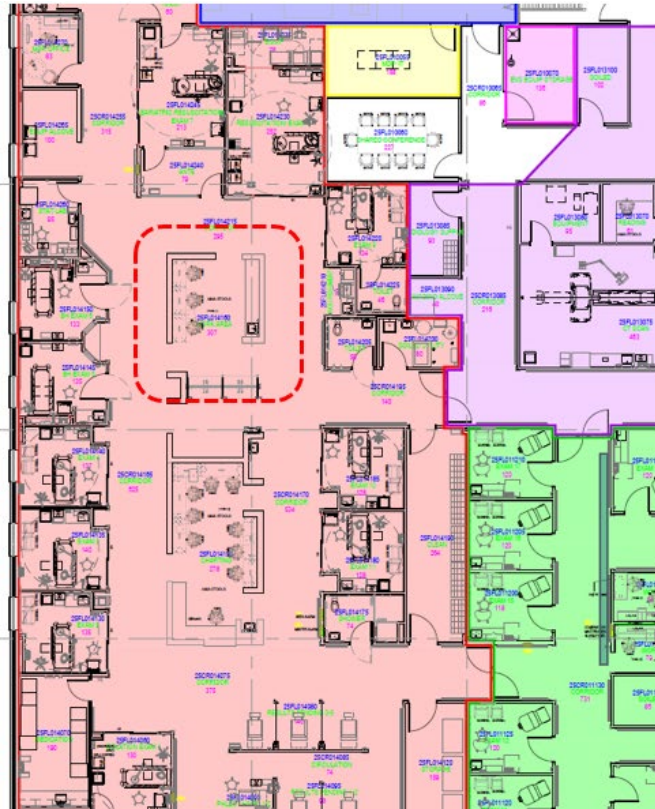
Plan and photo above of Results Pending recliners.

6.5.2 Central Core – Staff and Support Areas

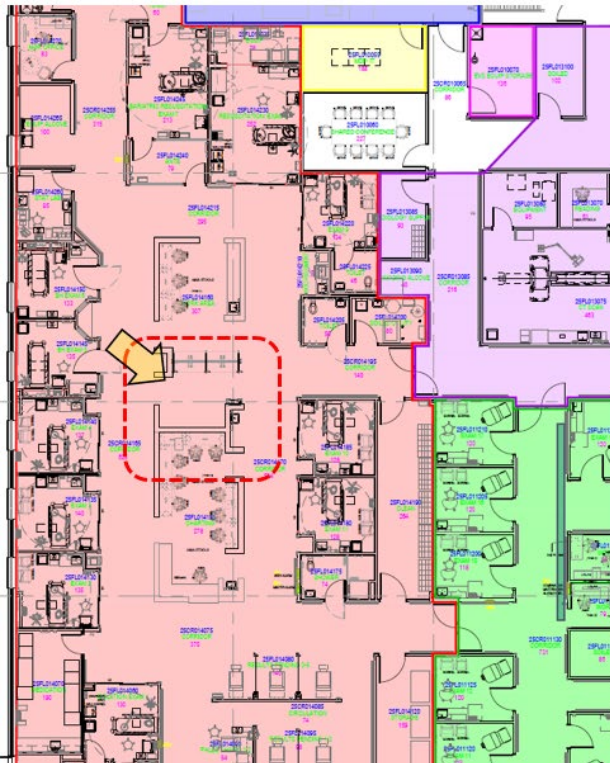


Plan and photo above of Central Core with open staff workstations.



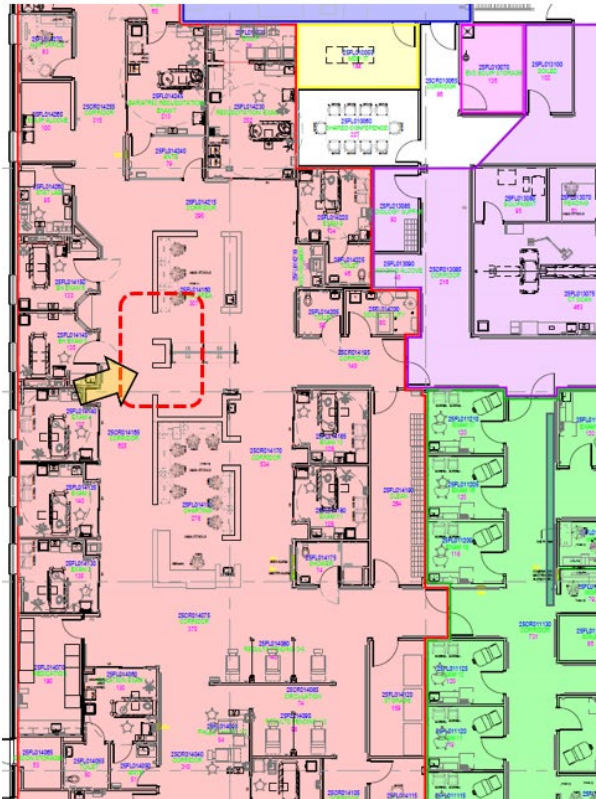


Plan and photo above of Central Core with open staff workstations.

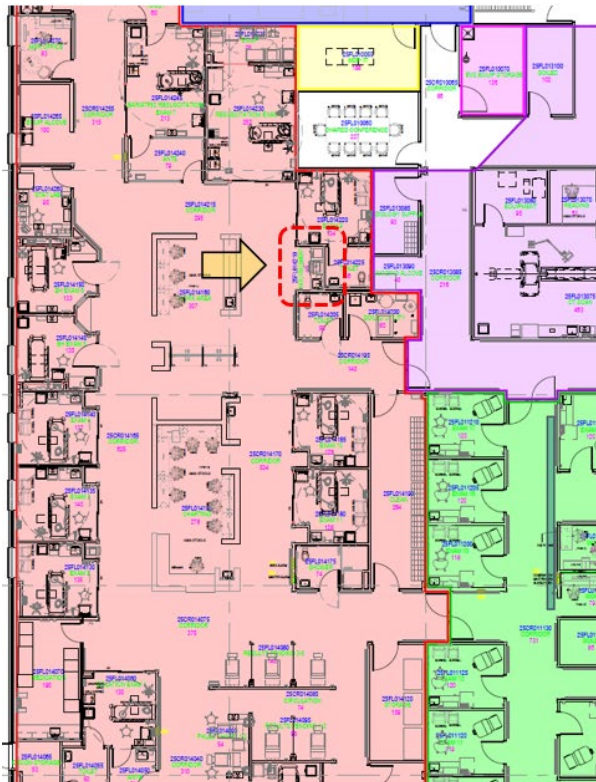


Plan and photo above of Central Core with equipment alcoves.





Plan and photo above of Central Core with equipment alcoves.



Plan and photo above of Nourishment alcove.



6.5.3 Exam / Treatment

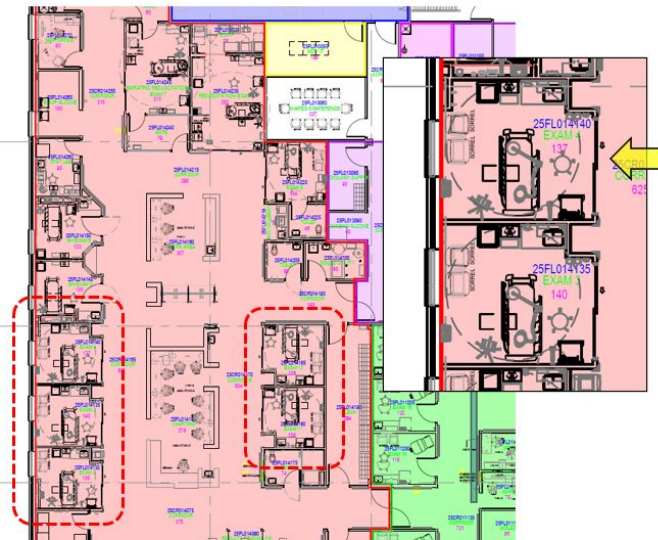


Photo above of the typical Universal Exam Room.



Photo above of the Universal Exam Room headwall.





Photo above of the Universal Exam Room exterior/side wall.

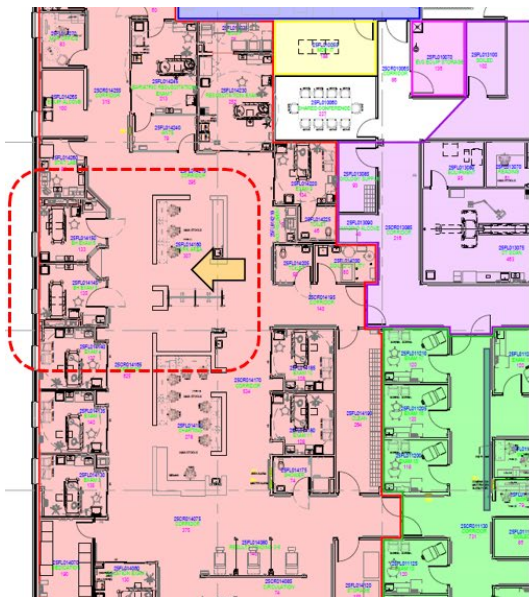


Photo above of the Universal Exam Room foot wall.



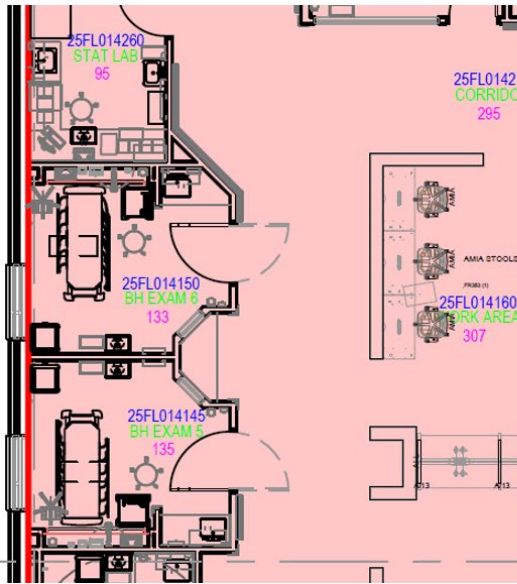


Photo above of the Universal Exam Room side/entry wall.



Plan and photo above outside the Behavioral/Flex Exam Room entry wall.



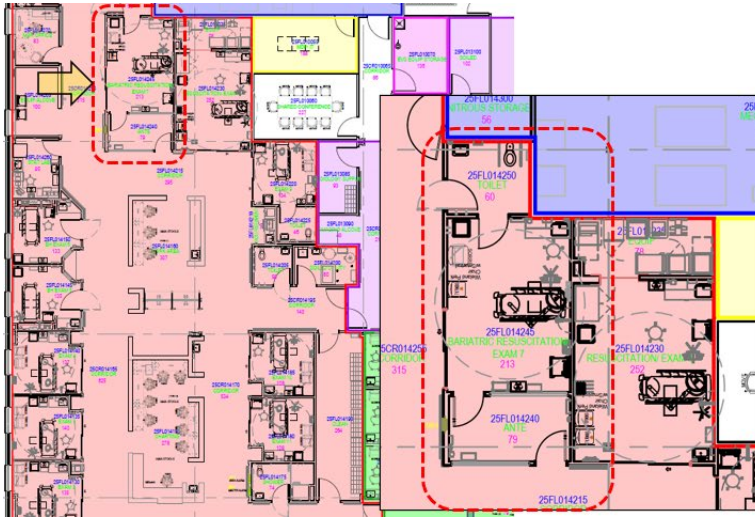


Plan and photo above outside the Behavioral/Flex Exam Room head wall.



Photo above Behavioral/Flex Exam Room observation window.



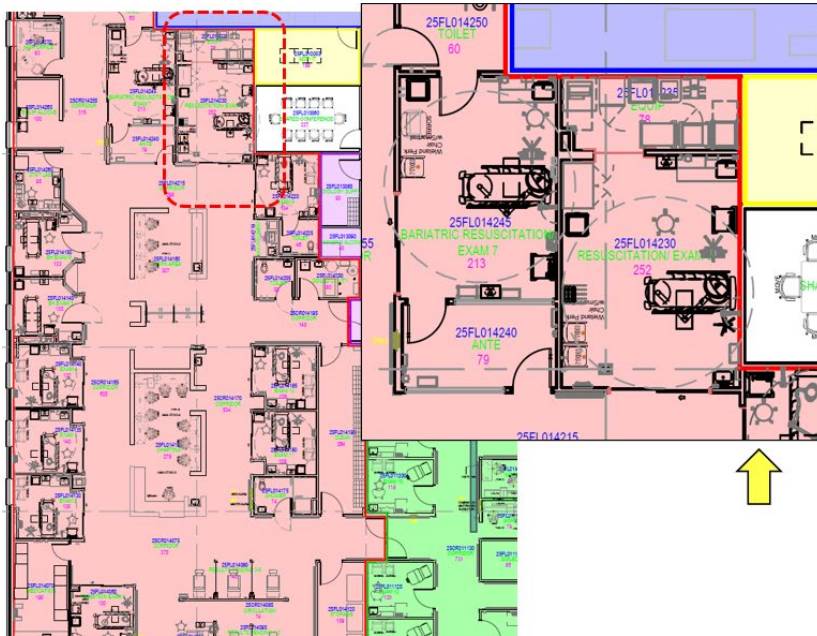


Floor Plan and photo above of a Bariatric/Isolation Room.

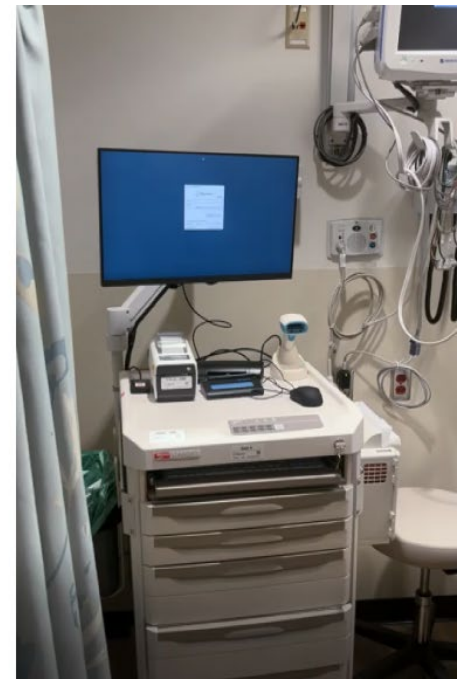
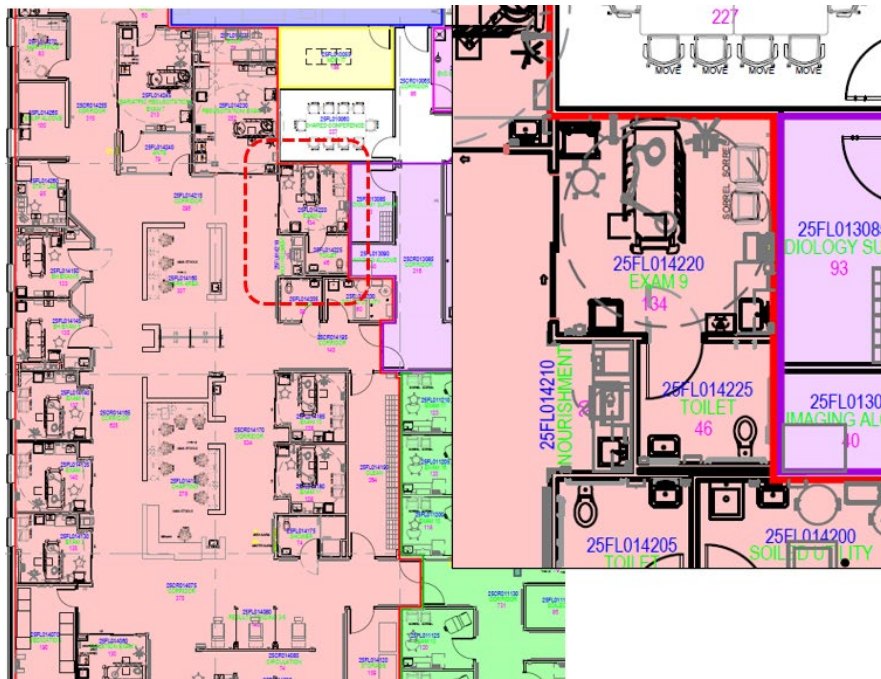


Floor Plan and photo above of a Bariatric/Isolation Room head wall.



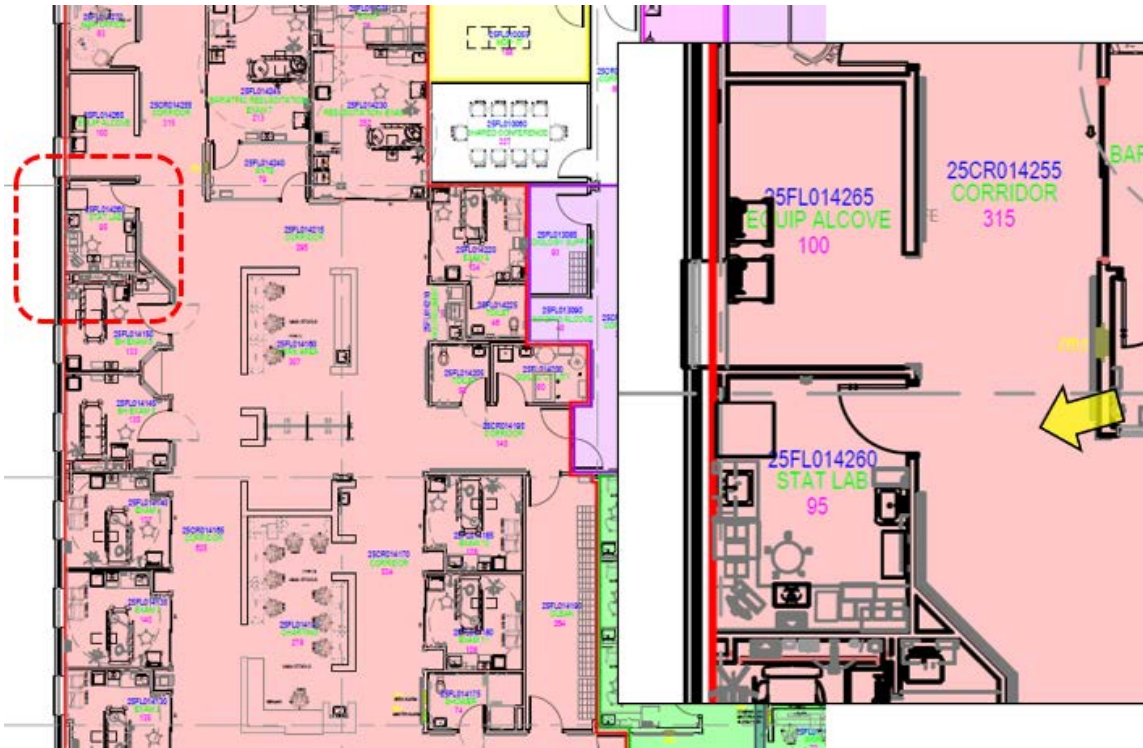


Plan and photo above of Resuscitation/High-Acuity Room.



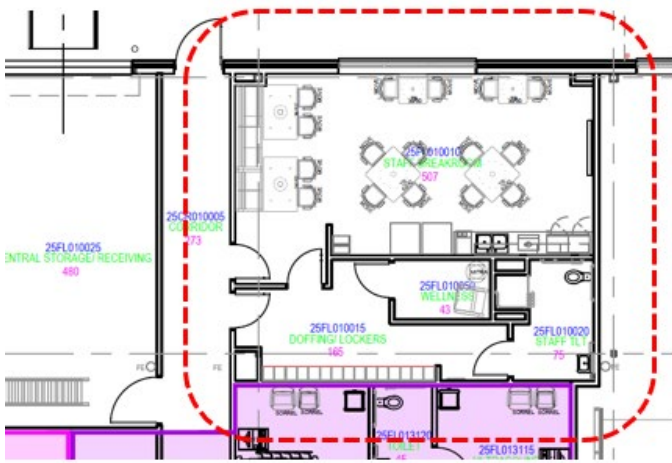
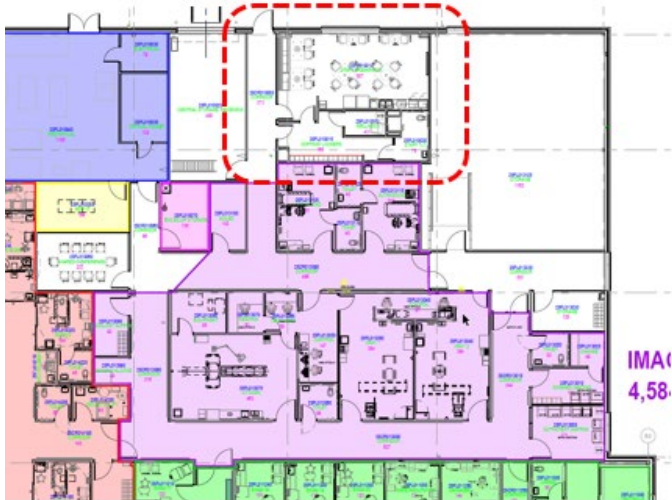
Plan and photo above of Universal Exam/GYN Room with dedicated Toilet Room.

6.5.4 Support and Staff Areas



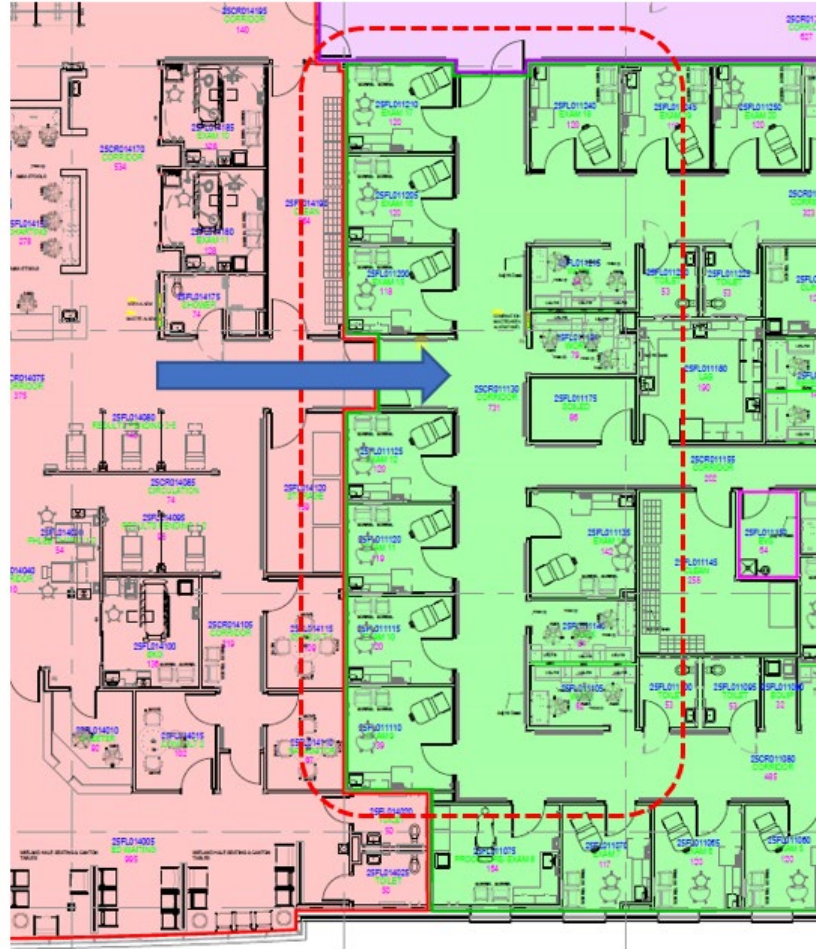
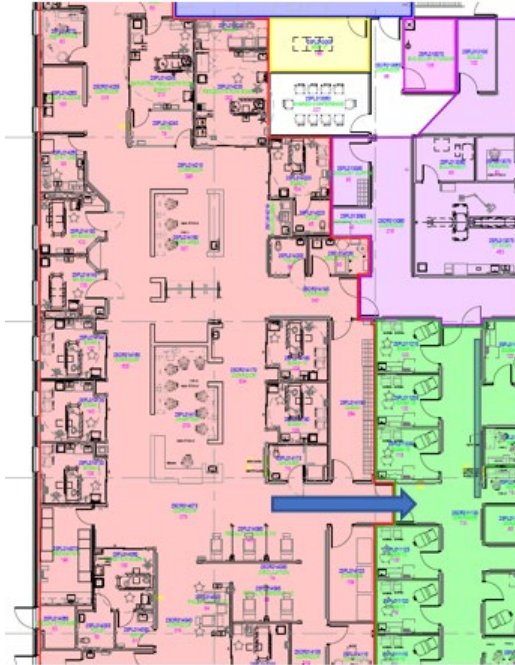
Floor Plan of Point of Care Testing Lab.





Plan and photos above, and below, of Staff Breakroom, Locker and Toilet/Shower Rooms.





Floor plans above of FSED Flex Space into adjacent Primary Care Space.

6.6 Metrics

Below is the data received by Mr. Huddy’s interview with staff.

6.6.1 Questions

1. 28,000 SF single story freestanding facility.
2. Emergency Department - 9,957 SF.
3. Imaging Center – 4,584 SF, not including MRI shell space.
4. Multi-Specialty/Primary Care Clinic – 9,360 SF for 12 providers.
5. Annual ED visits: *Designed for 14,000 to 21,000.*
6. Hours of Operation – *24 hours/day*
7. Peak times - *1000 to 2000*
8. # Exam/Treatment Rooms:
 - a. *11 Exam (including 2 MH, 2 Rescus./Bariatric)*
 - b. *2 Triage (1 defined for EKG)*
9. Mental Health encounters per day: *No data yet.*



10. Staffed counts:

- a. *Physicians – Single provider coverage with additional PA or NP.*
- b. *Nurses – Minimum 2, up to 4.*
- c. *Techs – 1*
- d. *Reg. - 1*

6.6.2 Space Utilization

1. Does your bed count (exam/treatment rooms) include any hallway or “chair” treatment spaces? *5 additional Results Pending chairs/recliners.*
2. Do you consider part of your UC as observation, “extended stay,” or admit holding patients or are they moved to a different location in the facility? *Not applicable at this point. Admin to main hospital 10 miles away.*
3. How has COVID-19 impacted your department - capacities, entrances, waiting, triage, etc.: *Ability to access ED down two separate corridors.*
4. Impact of virtual care; space & equipment: *Telemed capable.*
5. Need for General Radiology, or CT, if you do not have it now? *We have 1 CT, 2 Rad, 2 Ultrasound, Shell Space for Future MRI.*
6. Do you do stat lab testing in your department? If not, where is it sent? *Stat lab running point of care testing.*



CONCLUSION

The information collected at the site visits will be applied to the updated PG 18-9 VA Urgent Care Planning and Space Criteria and the new PG 18-12 VA Urgent Care Design Guide. Important information, and lessons learned, was gathered from each of these five visits. The COVID-19 pandemic of 2020 had made everyone rethink how healthcare is delivered. It impacts criteria and design standards for waiting rooms, for Airborne Infection Isolation rooms, for arrangement of staff work areas, of HVAC systems and finish materials.

VA hospitals generally have an older population they are serving, and no children. The number of women veterans is rapidly increasing. Setting standards that will appropriately serve all veterans, in healing environments, is essential. These visits pointed out the need for flexible treatment spaces rather than specialized space, ones that are designed to meet the needs of Geriatric patients, of Women veterans and of Bariatric patients.

Mental health has long been a big component of VA healthcare and is only growing larger. More consideration must be given to standards that will focus on these veterans with mental health concerns and for the staff and providers that serve them in urgent care situations. Proper visual observation will be important in locations.

Site visits with the providers and staff who serve our veterans every day, 24/7, is very compelling and humbling. Providing essential administrative spaces, work areas, break rooms, locker rooms and training/classrooms within urgent care are critical to keeping, and recruiting, these individuals to continue this excellent service.

Lastly, consider all the support spaces that are essential to efficient delivery of urgent care services. It was said repeatedly we don't have enough storage – for supplies, for PPE, for equipment. We can do better.

